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JUST BETWEEN THE TWO OF US

CLINICAL INTUITION AS A NON-CONSCIOUS PROCESS

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To my children who have always encouraged me to follow my intuition,
My academic tutors who have always supported me in exploring it,
My participants who spoke so willingly to me of their own intuitive experiences,
And my clients who share mine,

Thank you.

ABSTRACT

Intuition is a phenomenon widely acknowledged within psychological therapy, and yet it remains poorly understood. Historically its subjective and non-rational nature has prevented it from entering into mainstream psychological research, and to date studies of the phenomenon have concentrated on; proving the existence of intuition, anecdotal or descriptive accounts, and the measurement of accuracy. Research attempting to provide a comprehensive understanding of the process of intuition within the therapeutic dyad, and a theory of how information arrives in the unconscious mind of the therapist, is sparse. An argument is put forward for the importance of pursuing research in this area.

Using grounded theory and unstructured interviewing of experienced practitioners, this study explores the emergence and process of intuition in the therapeutic dyad. A case is made for the importance of recognising the contributions of the advances in the study of neuroscience and for considering the intersubjective nature of the therapeutic process in understanding the phenomenon. Using examples from participants it explores their subjective experiences and offers a theory of intuition as a non-conscious process, emerging between client and therapist, and experienced on a physiological, affective and cognitive level. Furthermore it suggests that intuition might be understood as a convergence of many systems and that this may be best explained through an application of complexity theory. The limitations of the study are discussed and suggestions are put forward for future research.

Lastly the implications of this study are discussed from the viewpoint of clinical practice and the training of practitioners, and the importance of the acceptance of the process of intuition as a natural and integral process within the therapeutic relationship is explored.

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1. INTRODUCTION

There is this lovely cartoon - I've lost it now, but it has this young mathematic student writing things on the blackboard. All kinds of equations, you know like this. And then in brackets in the middle it says, 'and then a miracle occurred' and then equals and this short equation here. And the professor is pointing to the stuff in the brackets and he's saying, 'we need a little more detail right here'. And that's what it is for me. (Participant 4)

*Ignorance more frequently begets confidence than does knowledge: it is those who know little, not those who know much, who so positively assert that this or that problem will never be solved by science (Darwin, *The Descent of Man*)*

I begin this work with two quotations, one from an anonymous participant in this study and another from possibly one of the greatest scientists. I do this for a reason, for I wish to argue that the exclusion of 'intuition' as a worthy subject of study in our profession, has not deleted it from the equation of what equals psychological therapy. Rather, as we have been unable to explain the phenomenon with current scientific understandings and paradigms, we have simply ignored it, or given it mystical powers. I hope in this research I may take a small step towards adding something to 'the equation' without detracting from the wonder that is the subjective human experience we call 'intuition'.

Derived from the Latin *intueri*, intuition is commonly translated to mean 'to look upon' or 'see within', and whilst anecdotally accepted as an important, perhaps even essential, part of the process of psychological therapy, (Laquercia, 2005, Reik, 1975, Welling, 2005) it has been poorly studied in

psychology and psychotherapy (Bastick, 2003, Rea, 2001, Welling, 2005). Whether this is the result of the historical division between intuition and reason, or whether it is due to the very nature of intuition making it an elusive subject to study through traditional positivist paradigms, it is nevertheless a subject not often broached in traditional training (Charles, 2004) or professional practice. Indeed my desire to research this area of clinical practice was initially met with a mix of dire predictions, sage head shaking and a frisson of illicit excitement.

My own interest in intuition predates my training in psychology and psychotherapy, although my formal education in a social 'science' led me to split off this interest, or at the very least to attempt to rationalise a phenomenon which felt anything but rational. However, as I moved more fully into my role as a practitioner researcher, and gained increasing clinical experience, I could no longer ignore the role that intuition played in my practice. Anecdotally this appears true for most (Laqueria, 2005) and Welling (2005) would go so far as to suggest that *'intuition may be considered a common factor in psychotherapy, characteristic of both client and therapist functioning'* (pg 19). If this is indeed the case, why then is the nature and role of intuition in psychological therapy not well understood?

1.1 THE PROBLEM OF POLARITIES

In attempting to answer this question one must first consider the place of intuition in psychology. However reducing 'intuition in psychology' to a few thousand words is an impossible task, and the ability of the subject to produce diametrically opposing camps of opinions as to; its existence, its nature, and its source, presents an additional challenge to providing a comprehensive overview in a limited format. Literature shows that across time intuition has been regarded as either beyond rational or as non-rational (Welling, 2005), viewed as originating from an external source (Zukav, 1990) or an internal source (Welling, 2005), and has been explained by both a

'super-conscious' process (Wilbur, 1996) and an 'unconscious process' (Reik, 1975). Although the moment in history, the paradigms of the time, and the theoretical understandings available have all influenced the fortunes of intuition in psychology, its emotive and nebulous nature has led to closely guarded beliefs with very little research to either support or challenge them. The result is that the concept and understanding of intuition in psychology remains elusive and divided, and plagued by a problem of polarities.

At the beginning of the 20th century when intuition became a popular subject of scientific study it was considered to be *'the pinnacle of rationality, a peak beyond rationality that was only reserved for the genius'* (Welling, 2005, pg 21), or as Dearborn, (1916) suggests, *'of the highest possible intelligence'* (pg 478). However, by the 1960's and 1970's the concept of intuition had moved to being seen as a counterpart of rational thought (Westcott, 1968 cited in Welling, 2005), equal to listening to, and relying on, one's feelings rather than one's mind (Welling, 2005). Welling (2005) suggests this was welcomed in some quarters as an alternative to rational-scientific modes of thinking, and to the influence of experimental psychology and behaviourism. I would argue however that in other quarters the perceived irrational nature of intuition consigned it to the 'subjectivity bin' of empirical psychology. Although there are still those today who would argue against the validity of intuition, for others who do recognise it as a phenomenon with a place in the study of psychology, this split between intuition as a 'higher order ability' and the notion of it taking a place alongside the more logical, rational processes of the conscious mind, continues.

Within the transpersonal understanding of intuition, it has often been conceptualized as a form of 'super consciousness' (for example Wilber, 1996, Rowan, 1993), and as something to be attained through individual development and personal progression, resulting in the ability to purposefully access information from sources of knowledge outside of the self. Myss, (1997) goes so far as to suggest that intuition can permit the personality to

receive information from external sources of guidance, in the form of 'other souls', and Zukav (1990) argues that *'intuition is the voice of the non physical world'* (pg 198).

However the psychoanalytic understanding of intuition offers a more prosaic understanding. For instance Reik (1975)¹, cited in all major works on intuition, and whose clinical examples are often used as a source of data in research on intuition, (See Charles, 2004, Petitmengin-Peugeot, 1999, discussed below), is quite clearly invested on the side of intuition as a normal human faculty, regarding it as an unconscious but essential process. He emphasises the evolutionary beginnings of intuition, suggesting that it is a natural ability that can and should be honed by all who are engaged in the field of psychology. Reik (1975) argues that the source of intuition can be found in internal processes, and that nothing that is experienced in our intellect can exist without having first been 'felt' through our senses. Sadly Reik's theories have been mostly ignored in current mainstream therapeutic practice (Arnold, 2006, Nobus, 2006). This is despite the fact that his ideas of intuitive practice anticipated current debates on intersubjectivity (Arnold, 2006), and were suggestive of the physiological and affective experiences now shown to be integral to the intuitive experience (Bastick, 2003, Laquercia, 2005).

Many other highly regarded leaders in the field of psychology and psychotherapy have acknowledged the importance of intuition in their work (for example Rogers, 1986), and again echo in their ideas some of the current findings in the field. Berne (1949), in writing on the subject of intuition in psychology, built on the conceptualisation of intuition as an unconscious process and argued that intuitive knowledge was based on previous experience and was acquired through preverbal and unconscious or preconscious functions through sensory contact with the other person. This is not dissimilar to more recent theorists, many of whom have

¹ A student of Freud

approached intuition as a manifestation of non-conscious or pre-conscious process occurring in relationship (Laqueria, 2005, Lieberman, 2000, Schore, 1994).

1.2 TAKING UP THE CHALLENGE

Charles (2004) suggests that one way that psychology has tried to navigate the dangerous waters of the study of intuition is to avoid the term 'intuition'. She argues that in the attempt to present the study of intuition as more scientific, psychology may have introduced terms that describe certain characteristics of intuition such as, 'unconscious concept acquisition', 'preverbal concept formation', 'social perception' or 'implicit learning', but has not addressed the subject in its totality. I would like to suggest that the time is ripe for a détente, and that an incorporation of relevant studies in these areas with qualitative and theoretical findings in the field of intuition, is overdue. For as Rea, (2001) eloquently argues;

It is rather like standing on one's own foot. Our meticulous logic certainly asserts its value convincingly, but it has done so by stepping on the very element with which it was meant to work in tandem. Rather than remain hobbled by our fear of the unknown, we should seek to find a balance between reason and intuition that better serves our clients and our profession. (pg 105)

It would seem to me that the study of intuition sits naturally within the remit of psychology, and that we therefore have a duty to expand the understanding of a phenomenon which falls so unequivocally in our path, and which informs much of our practice. For although Rea (2001) cautions that flexible and creative thinking will be required in the quest to explore the complex nature of intuition and its role in the clinical context, and Arvidson (1997) argues that this endeavour will require a change in theoretical foundation, I suggest that

we can no longer ignore that which we have yet to explain. Paradoxically, a literature search on intuition in the medical and nursing journals indicates a rich and vibrant area of study (for example, Davis-Floyd, 1997, Smith et al, 2004) and Boucouvalas (1997) argues that the medical profession is exhibiting an emerging receptivity to the role of intuition in quality medical care. This for me begs the question of whether the more established sciences, unencumbered by the need to prove their scientific status, are more open to creative considerations of a phenomenon which defies existing theoretical understanding.

Whilst Petitmengin-Peugeot (1999) calls our attention to the influence of both rationalism and positivism in the paucity of research into intuition, she also suggests that definitions of intuition as an 'immediate knowing' have precluded it from the application of causal, linear research methodology and that in fact intuition should not be viewed as a single phenomenon but rather as a process (see also, Bastick, 2003, Charles, 2004, Welling, 2005). She goes on to suggest that those studies of intuition which are not simply limited to the recording of anecdotes, have set out to prove the existence of intuition, identify popular beliefs about intuition, or evaluate the intuitive abilities of certain populations (Petitmengin-Peugeot, 1999).

Petitmengin-Peugeot (1999) argues that few studies have concentrated on the subjective experiences associated with intuition, but attempts to correct this in her descriptive study investigating the degree to which the intuitive experience mobilizes the whole being, including sensorial and emotional aspects. Investigating the non-conscious, subjective experiences of participants, Petitmengin-Peugeot (1999) included eight therapists within her sample of twenty-four, however did not concentrate exclusively on intuition in clinical practice, and added to her data examples from the writing of Reik (1975).

Charles (2004) in her two studies of intuition also presents a descriptive account of therapists' subjective experiences. The first of these studies is conducted through a focus group, and considers the broad question of 'what intuition means' to the therapist, and the implications of this to clinical practice. However Charles (2004) herself expresses disappointment at the low number of examples which were forthcoming. Her second study using a diary method and grounded theory expands on her initial research and questions how intuition is employed in psychotherapy. Sadly, whilst Charles (2004) presents her findings in a comprehensive and compelling manner, I would argue that this research should be read with a number of caveats. The most important of these being the quality of the data, 45% of which comes from clinical examples from the writing of Reik (1975), 36% from Charles' own diaries and only 19% from four other participants.

Welling's (2005) argument that most studies of intuition have to date not gone beyond a descriptive approach, would seem to be supported by the work of Petitmengin-Peugeot (1999) and Charles (2004). For although the more robust study of Petitmengin-Peugeot (1999) elicited rich descriptive data, together with a model of the emergence and process of intuition, it does not provide an explanatory theory of intuition. Welling (2005) calls instead for a model which can describe the '*underlying formal process that produces intuition phenomena*' (pg 24). He argues that to date explanatory models of intuition have centered on two areas; the notion of tapping into a 'source of knowledge'², and that of pattern recognition - himself coming down on the side of pattern recognition.

My own view is that given some of the emergent literature discussed below, neither explanation is *sufficient*, and that the duality is indicative of the ongoing problem of polarities - the rational/non-rational, and the internal/external split. I hope through the findings of this research to offer a third more integrated option. Namely that the source of knowledge into which

² Divine inspiration, collective unconscious, inborn knowledge or telepathy

intuition taps, is not one source but many, incorporating both internal and external, and that the process of intuition whilst predominantly experienced in a non-rational manner, incorporates the rational mind, together with physiological and affective processes.

1.3 NEW OPPORTUNITIES FOR UNDERSTANDING

Many authors agree that intuition is a non-conscious (Rea, 2001), pre-conscious (Bastick, 2003), unconscious (Reik, 1975) or implicit process (Lieberman, 2000), or simply suggest that intuition belongs to '*that dimension of experience which is not a part of thought out consciousness*' (Petitmengin-Peugeot, 1999, pg 45). Others point out that although this may be true, as the unconscious is still scientifically unverifiable, no light can be shed on the manner and form in which intuition appears in consciousness (Welling, 2005).

However, a search of the recent literature on intuition, whilst characteristically sparse, suggests that the burgeoning of new areas of understanding in the fields of psychology, psychotherapy, and neuroscience is presenting original and fertile opportunities for the study of intuition as a non-conscious process. Certainly the development of the 'relational' movement with its inclusion of the intersubjective nature of the therapeutic dyad (Beebe et al, 1998, Benjamin, 1995, Mitchell et al, 1999), the understanding of the non-conscious process which is an emergent factor of this relationship and includes the principle of affect regulation (Schore, 1994), and the increased recognition of non-linear complexity theory³ as a way of understanding the process of non-conscious transfer of information, have begun to inform writers in this field. Furthermore, not only are these writers considering new developments in psychological understanding in their theories of intuition, but they are as a

³ Discussed below on page 10

result of the integration of these ideas, beginning to address the problems of polarity and subjectivity which have plagued intuition historically.

Although I would agree that redefining intuition as a process creates more opportunity for the study of intuition (Petitmengin-Peugeot, 1999, Welling, 2005), I would argue that given the subjectivity and unpredictability of intuition, the use of positivistic, causal approaches will not suffice in the pursuit of an understanding of the process. Rather I would suggest that its very unpredictability makes it an ideal candidate for study through the application of a non-linear dynamic theory such as chaos or complexity theory, which specifically embraces 'variation and unpredictability' (Carroll, 2005). For as Kuhn (1970, cited in Rea, 2001) suggests, '*... intuition is a fundamentally different form of thinking from deductive reasoning; [and] the shift towards accepting intuition requires more than the usual incremental step forward of science*' (pg 105).

The principles of complexity theory, sometimes referred to as nonlinear dynamic systems theory, have been clearly identified and researched in biological, neurological, and psychological systems, (Barton, 1994, Butz, 1997, Chamberlain et al, 1998, Masterpasqua et al, 1998, Schore, 1994, 2003a) and many principles from complexity theory are evident, assumed or explicitly mentioned in writings on intersubjectivity (Aron, 2006, Carroll, 2005), affect regulation (Schore, 1994, 2003a) and neurobiology (Damasio, 2000, Schore, 1994, 2003a).

Some have expressed the need for caution with regard to the use of chaos theory, and by implication complexity theory, in the psychological sciences (Iwakabe, 1999, Eidelson, 1997). In particular the temptation to use it metaphorically without questioning ontological mismatches between theories, or the difficulty in testing precise hypotheses. However, whilst Iwakabe (1999) points out that there are challenges, he also recognises that a significant contribution can be made through the exploration of new ideas,

and that historically psychological theories have been greatly influenced by theories emerging from mathematics, physics and biology. Miller (1999, 2004) in particular advocates the use of complexity as a meta-theory when considering the system of an individual and their interaction in relationship with others and the environment, whilst Schore (2003a) argues strongly for the primacy of a dynamic systems approach in any theoretical model of affect or the unconscious.

Without using this forum to present an in depth explanation of complexity theory,⁴ a brief overview may be useful before turning to a discussion of its importance to an understanding of intuitive processes. Broadly speaking, complexity theory can be described as a *'study of evolving systems consisting of many agents whose joint transactions lead to self organised adaptation'* (Masterpasqua et al, 1998, pg 30). It argues that a system is influenced by both internal and external forces which continually affect the underlying order of the system, and cause it to *'self-organise'* in a *'self similar way'* on many levels. In order to be optimally adaptive, systems exist on the *'edge of chaos'*, open enough to change, yet closed enough to maintain stability. Complexity theory can be further extrapolated to introduce the concept of complex adaptive systems which in turn may be used to describe the therapist, the client and the intersubjective space which they co-create (Eidelson, 1997). Specifically, one could argue that both the therapist and the client are complex adaptive systems on the *'edge of chaos'* and therefore open to adjusting to their environment (including the influence of the other) and that between them, in the intersubjective space, they create a third adaptive system.

In defining complex adaptive systems Waldrop (1982, cited in Masterpasqua et al, 1998) cites four main characteristics. Firstly complex adaptive systems are not centrally controlled. Secondly they are constructed of *'heterarchically'*

⁴ For those unfamiliar with the concepts of complexity theory I have provided a glossary of terms in Appendix I.

(as opposed to hierarchically) arranged elements whose arrangement is responsive to the system's context, and are therefore constantly rearranging their components as they gain experience. Thirdly complex adaptive systems anticipate the future through earlier internal models that emerge as a result of system-environmental transactions, and lastly complex adaptive systems never reach equilibrium but continue to evolve. A further important factor to remember when considering the interaction and organisation of complex adaptive systems is their characteristic '*sensitivity to initial conditions*' (Masterpasqua et al, 1998), which sees exposure to small changes as having disproportionate effects on the structure of the system.

Turning our attention back to the discussion of intuition, we see in the current works on the subject, echoes of complexity theory. For Bastick (2003) in his comprehensive work on intuition and creativity, although not specifically alluding to complexity theory or dynamic systems theory, does successfully manage to integrate the phenomenon of intuition across many systems, such as science, psychology, business and education, whilst considering the interaction of systems such as emotion, unconscious process, neuropsychology and physiology in the understanding and emergence of intuition. His comprehensive 'Theory of Intuitive Thought' argues that intuition emerges as a result of interactive feedback between emotional states, cognitive processes and physiological responses, which is suggestive of the continual rearrangement of heterarchical elements as a result of influences from the environment. Furthermore, Bastick's (2003) marriage of creativity and intuition in his work leads us to reflect on the necessity that a theory of intuition must be able to account for the unpredictability of the phenomenon. The concept of sensitivity to initial conditions, as explored by complexity theory would, I suggest, allow for this non-linear, dynamic characteristic of intuition to be explained.

Lieberman (2000), who observes that theories of emotion-as-information are gaining popularity, also makes an argument for the understanding of intuition

based on the interaction of a number of systems. He reviews relevant neuropsychological, neurophysiological and neuroanatomical data, and considers the link between social intuition, emotion, and advances in neuropsychological understanding. Lieberman's (2000) suggestion that it might be promising to consider intuition as the subjective experience that is associated with the use of knowledge gained through implicit learning, allows for a dynamic interaction which does not reach equilibrium, but continues to evolve with new information. Proposing that the cognitive substrate of social intuition can be found in implicit learning processes, and that intuition can be seen to be the phenomenological and behavioural correlate of implicit learning, Lieberman (2000) argues that in making intuitive judgments we use implicit attitudes imbedded in earlier social learning, which we combine with information gained in the domain of non-verbal decoding⁵. All of which is done outside of our conscious awareness. This understanding of the process of intuition clearly emphasises a central tenet of complexity theory, namely that which suggests that complex adaptive systems anticipate the future through earlier internal models.

Lieberman (2000) makes two further important claims. The first of these is that he explicitly considers the role of neurophysiological structures in the understanding of the non-conscious nature of intuition, basing his theory on the observation that intuition and implicit learning both originate in the basal ganglia. The second important contribution of Lieberman's paper to the study of intuition is the distinction he makes between intuition and insight, which is not often clearly delineated in other writings on intuition (Charles, 2004, Reik, 1975). Lieberman (2000) suggests that whilst sudden insight also appears to rely on non-conscious processes, it does not involve judgment as is usually the case in intuition. Insight, Lieberman (2000) argues, is a process whereby one suddenly becomes aware of the logical relations between a problem and an answer, whilst intuition offers no such understanding. Rather intuition, according to Lieberman (2000), is

⁵ For example facial expressions

experienced as an impetus, judgment, or behavioural response. This subjective, a-logical experience is, he argues, inaccessible to consciousness (Lieberman, 2000).

Laquercia (2005) too considers intuition from the viewpoint of neuropsychological understanding and makes a case for the importance of the limbic system in the processing of information which leads to intuitive responses. He also, perhaps in a more explicit way than Lieberman (2000), makes reference to the importance of the relationship between client and therapist in the development of the resonance, non verbal communications or 'unknown thought' (Bollas, 1992 cited in Laquercia, 2005), which he sees as characteristic of intuitive responses.

Miller (2004) in speaking of therapist and client as complex adaptive systems suggests that the contents of the mind of either patient or therapist are at any given time the context specific reflection of mutual influence. He proceeds to argue that what is experienced and recalled is a result of adaptive responses to the activity of the other. This appears to offer an explanation of how one might 'intuitively know' the thoughts of another, and is reflected in Laquercia's (2005) assertion that the dynamic interrelatedness of therapist and client, which ebbs and flows from all levels of cortical functioning, is implicated in the experience of intuition. Reiterating that it is higher level reasoning that leads to interpretation, Laquercia (2005) argues that the attempt at deriving meaning is an intellectual effort, using a linear and logical way of thinking and involving the left hemisphere. However, he argues that the non-linear dynamic structuring of right hemisphere meaning, where creativity and intuition reside, must also be engaged in a process such as psychotherapy where abstraction and affect are paramount. This understanding is echoed in the work of Schore (2003a) who explicitly refers to the importance of complexity theory when considering the non-linear nature of the processing style of the right hemisphere. Drawing our attention to the multiple converging determinants involved, Schore (2003a)

emphasises the highly sensitive dependence on initial conditions characteristic of right hemisphere functioning.

If we are to consider the importance of lower brain structures in the understanding of intuition (Lieberman, 2000, Laquercia, 2005, Schore, 2003a), and propose that as a complex adaptive system, we build on earlier internal working models of our world, the ontological nature of intuition cannot be left unacknowledged. Laquercia (2005) addresses this point as he considers the infant's early deciphering of the world as being intuitive, with information gained from emotional and physiological 'senses'. He argues that as higher level functioning develops, the child resorts less to instinctual modes of communicating, and begins to use language to get his/her needs met – thus implicating the left hemisphere. However, earlier implicit models of the world which continue to influence feelings and actions are retained. Supported by studies of attunement and child development, (Beebe et al, 1998), and neuroscience (Cozolino, 2002, Schore, 2003a), Laquercia's (2005) argument for the ontological nature of intuition, provides a theoretical understanding which maps onto research into intuition which has indicated that children often outperform adults on intuitive tasks (Charles, 2004).

Schore, (2003) who does not speak extensively of intuition, and who cites Lieberman (2000) in his reference to the subject, does however provide the foundation stones for an understanding of intuition as a non-conscious communication between individuals in relationship. His theory of affect regulation (Schore, 1994, 2003a) and its manifestation in the therapeutic relationship offers a framework through which to understand the multi-dimensional nature of intuition, thus expanding the theories of Bastick (2003), Lieberman (2000), and Laquercia (2005) discussed above. It also supports the findings of writers such as Petitmengin-Peugeot (1999) who found that the experience of intuition involved the whole being, not just the intellectual functions, but also the sensorial and emotional dimensions.

Emphasising that much of the intersubjective influence of *'two affectively communicating minds'* (pg 215), occurs on an unconscious level, Schore (2003a) refers to this affective phenomenon as 'right-brain to right-brain' communication. Schore (2003a) suggests therefore that it is the role of the right hemisphere to process social and emotional information, and that insight⁶ in the therapeutic dyad can be regarded as insight into the mind of the client through non-conscious communication, and can be seen to originate in the right hemisphere (Figure I). He postulates that attachment is the right brain regulation of biological synchronicity, and that the therapist's attunement to the patient's activated unconscious working model triggers his or her own processing of visceral responses to the patient's non-conscious communication - ultimately leading to an understanding of the state of the client.

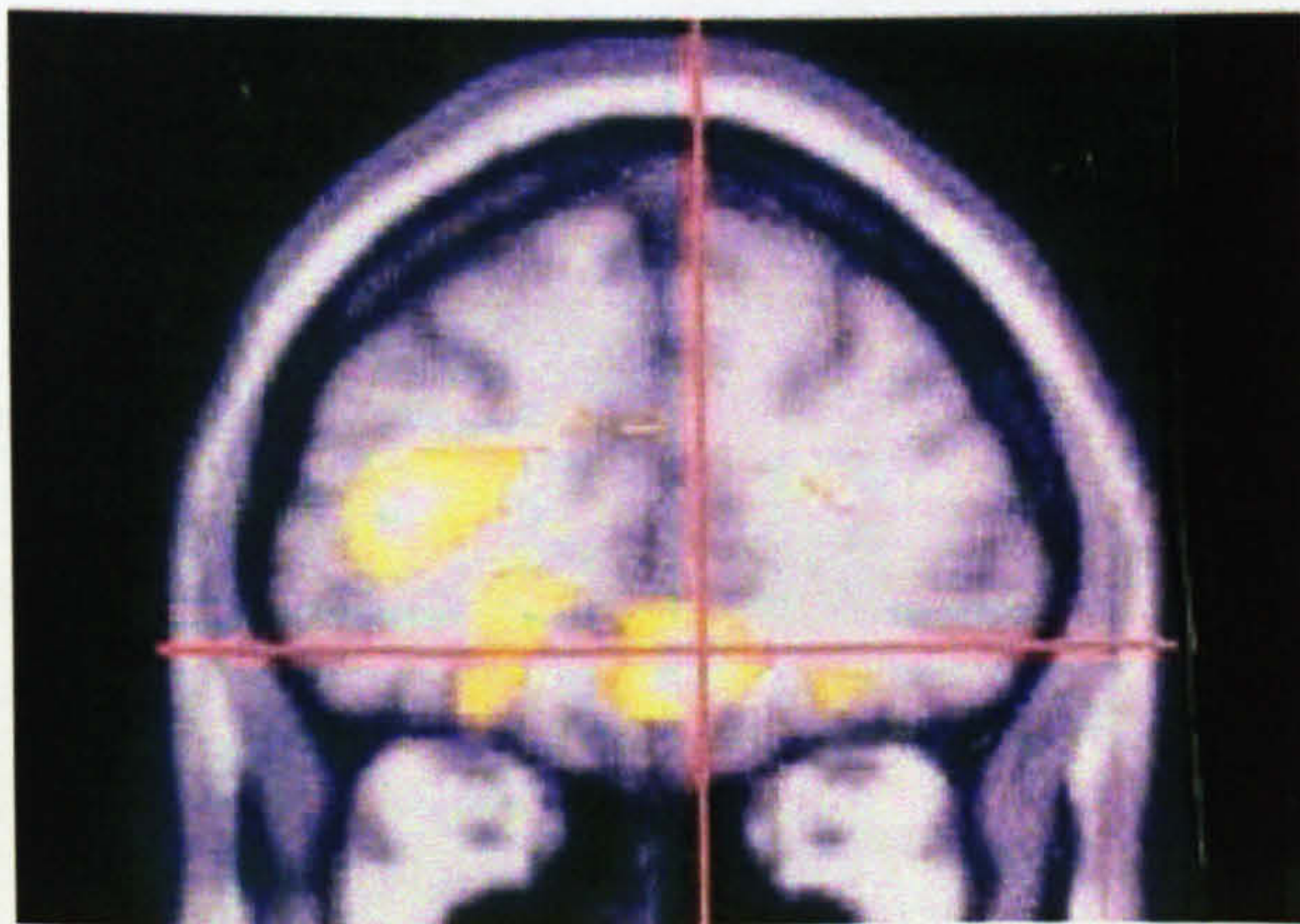


FIGURE I: Functional Magnetic Resonance Image of activation of Right Hemisphere while guessing in an unpredictable situation. Schore (2003a) equates this form of cognition to the generation of the therapist's intuitive hypotheses about moment to moment processes in the patient's internal world. Taken from Schore (2003a, pg 173)

⁶ As Shore (2003a) does not make the clear distinction between insight and intuition as proposed by Lieberman (2000), I have made the assumption that Schore's explanation of insight may be extrapolated to a discussion of intuition.

In conclusion therefore following a broad consideration of the literature on intuition, it was clear that many believe that intuition is an important part of clinical practice, (Laquercia, 2005, Reik, 1975, Welling, 2005) and the suggestion of it being either a non-conscious or unconscious process was common across many authors (Berne, 1949, Lieberman, 2000, Laquercia, 2005). Qualitative studies into intuition in the therapeutic dyad had produced some rich data supporting this (Charles, 2004, Petitmengin-Peugeot, 1999) and recent theorists (Lieberman, 2000, Schore, 2003a) offered new understandings. Yet I struggled to find research which presented a theory of how information which was known by the client arrived in the unconscious mind of the therapist. I therefore set out to explore therapists' subjective experiences of intuition within their clinical practice, in an attempt to address this dilemma.

2. DEFINITIONS AND AIMS

One of the first, and not inconsequential, challenges with tackling this topic of research was settling on a definition of what constitutes intuition. Welling (2005) points to the difficulty of there being no '*clear consensus regarding what phenomena should be classified as intuition*' (pg 20), and suggests that at least eleven different meanings can be identified. For the purposes of this study, it was clear that the definition chosen had to be specific enough to ensure that a common phenomenon was being explored with all participants, whilst at the same time remaining flexible enough to capture different subjective experiences. Influenced by my understanding of intuition as a dynamic, non-linear process (De Paul & Ramsey, 1998, Petitmengin-Peugeot, 1999, Rea, 2001, Welling, 2005), I chose to define therapist intuition by amalgamating a number of definitions which I believed covered the major concepts associated with the phenomenon. The definition I arrived at was as follows: *a non-linear process of knowing, perceived through emotional and physical awareness, which seeps into the conscious awareness without the conscious use of reasoning or deliberation*⁷.

Using this definition as my starting point my aim in this research was to explore the subjective experiences of intuition in the therapeutic relationship and in particular the conscious and non-conscious processes by which it occurs. Whilst the broader question of 'How can we explain the emergence and process of therapist intuition?' provided the impetus for this research, this was narrowed down to focus on the following sub-questions;

- What are individual psychotherapists' experiences of intuition?
- Are there commonalities in these subjective experiences, if so what do they suggest about the conscious and non-conscious process of intuition?

⁷ Boucouvalas, (1997), Rea, (2001), Smith et al, (2004).

- How can these experiences be explained within the current understanding of relational psychotherapy, neuroscience and complexity theory?

3. METHODOLOGY

3.1 METHODOLOGICAL CONSIDERATIONS

As the questions I hoped to explore encompassed subjective experience and process, a qualitative research method was clearly the most appropriate method to consider for this piece of research (McLeod, 2003). However it became evident early on in the consideration of this project that the design of the research needed to address two clear challenges.

The first of these was how to capture a subjective experience which - if my own intuition about 'intuition as a non-conscious process' was to be explored - would require more than a re-telling of an experience. Literature on the subject of intuition suggested that the phenomenon of intuition was not easily described, and often not easily accessible to conscious thought (Charles, 2004, Petitmengin-Peugeot, 1999).

Interpersonal Process Recall, a method of data collection involving the recording of the therapeutic session and subsequent reflection on the process, has been used successfully to gather subjective experiences and non-conscious process. It therefore offered a possibility for the collection of data in this study, but after consideration was rejected for the following reasons. Firstly given that an early reading of literature indicated that intuition often happened unexpectedly, there was likelihood that a large number of sessions would need to be recorded without any certainty that they would produce data from intuitive phenomenon. Furthermore the difficulty of interviewing therapists within an acceptable time frame following the recording of sessions presented a logistical challenge as I was unsure of the certainty of recruiting participants within easy travelling distance. Lastly I felt that obtaining a large amount of session 'content' which was not needed to explore my research question, and would therefore provide superfluous

data, posed an ethical question in the design of the research which needed to be carefully considered.

I therefore turned my focus towards using an interview methodology developed by Vermersch (1999), and used successfully by Petitmengin-Peugeot (1999) in her seminal paper on intuition. This method, named the Explication Method, had been developed to help capture non-conscious aspects of subjective experience through the use of conversational interviews, and it appeared to offer the most appropriate method of data collection. This process is described more fully below in Section 3.4, Data Collection.

The second challenge with this research was to avoid repeating previous research into intuition which centred on the description of intuition (Charles, 2004, Petitmengin-Peugeot, 1999, Welling, 2005). I had felt strongly from the beginning of this project that in order to facilitate acceptance of intuition in the therapeutic endeavour, and to open discussion in this area, any ongoing research into the subject had to begin to offer an explanation, or theory, that moved intuition from the realms of the purely mystical, or the merely cognitive. I was clear therefore that the method of analysis used in this research needed to provide the possibility of elevating the data from a descriptive level and needed to allow for the construction of a theory or 'explanation' of the process of intuition.

Interpretative Phenomenological Analysis (IPA), a popular choice in qualitative research methods in psychology, was initially considered as a method of data analysis through which I might explore the interior world of the therapist participants. Not only did it provide the possibility of understanding varying aspects of the participants' experience of intuition on many levels, with its *'theoretical commitment to the person as a cognitive, linguistic, affective and physical being'* (Smith, 2003, pg 52) but it also offered a possibility of exploring the interconnection of these levels. However IPA is

not ideally suited to the creation of new theories of process, and I was clear in my research question that the purpose of this research was not to explore the meaning therapists ascribed to their experience of intuition but rather to consider what their subjective experience could tell us about how the process of intuition might work.

Instead I settled on a research design based on Grounded Theory, as expounded by Charmaz (2003). Grounded theory, whilst enabling me to explore the subjective experiences of a number of therapists, also gave me the most appropriate methodology for constructing a tentative theory of the process of intuition. For as Charmaz (2003) argues, *'the grounded theorist's simultaneous involvement in data gathering and analysis is explicitly aimed towards developing theory'* (pg 88).

Traditional Grounded Theory, as proposed by Glaser and Strauss (1967), and Strauss and Corbin (1998), has been criticised for its emersion in positivist ideology and its tendency to 'sidestep reflexivity' (Willig, 2006), however the social constructionist version of Grounded Theory (Charmaz, 2003) attempts to address these criticisms. This version of Grounded Theory recognises that;

'categories do not simply emerge from the data, because they do not exist before the process of categorisation; rather they are constructed by the researcher during the research process' (Willig, 2006, pg 45).

In other words, it is accepted that it is the interaction between the researcher and the research which produces the data and indeed the subsequent theory. Given that I was placing my research with the wider meta-theory of Complexity Theory, which positions itself outside the ideals of positivistic traditions and objectivity, accepting this principle was essential to the authenticity of the work.

3.2 SAMPLING

Sampling Procedure

The starting point for recruiting participants for this research was the United Kingdom Council for Psychotherapy (UKCP) and British Psychological Society (BPS) listings of registered practitioners. These lists were sorted according to practitioner orientation and practice location, and resulted in a sample population as follows:

A list of all UKCP practitioners registered as *Integrative and Humanistic* and practicing in *East Sussex* - n = 35 (1 research participant)

A list of all UKCP practitioners registered as *Integrative and Humanistic* and practicing in *West Sussex* - n = 28 (4 research participants)

A list of all UKCP practitioners registered as *Psychoanalytic and Psychodynamic* and practicing in *East Sussex* - n = 21

A list of all UKCP practitioners registered as *Psychoanalytic and Psychodynamic* and practicing in *West Sussex* - n = 8

A list of *Chartered Psychologists specialising in Psychotherapy*, as registered by the British Psychological Society - This list was sorted according to locality and accessibility for interview - n = 20 (1 research participant)

9 e-mails were returned undelivered due to incorrect address details which resulted in a total population size of 103.

All potential participants were e-mailed a letter of introduction, which included the aim and rationale of the research, clarified the inclusion criteria and invited interested parties to reply either via e-mail or telephone (Appendix II). This elicited a total of 6 responses from therapists who were willing to participate in the research and one response which expressed interest but where the respondent was unable to participate due to ill health. Therefore a 6.7% response rate was recorded. Although this was higher than anticipated

given the subject matter, had the e-mail not been sent during the traditional summer break in August, one might speculate that it may have been higher. Although no response was received from therapists who were registered as psychoanalytic or psychodynamic on the UKCP lists, it was interesting to note that five of the six participants, named psychoanalytic or psychodynamic theory as influencing their integrative practice (Table 1).

Inclusion Criteria

Participants were selected according to locality and theoretical affiliation (see above) and further self-selected through their response to the initial e-mail according to the following criteria:

- Acceptance of intuition as an integral aspect of the therapeutic relationship and an understanding of it as a process with which they were familiar.
- Ability to provide in depth examples of intuition in their clinical experience.
- Sufficient experience and confidence to be able to recognise intuitive process within the therapeutic dyad, and to be able to contact pre-conscious processes and subjective experiences when providing examples of intuition in practice⁸. This was selected for by a stipulation of a minimum of five years post qualification experience.
- An integrative approach to theory and a relational practice, thus allowing for an open awareness and consideration of various elements of non-conscious process, for example counter-transference, physical and sensory information.

⁸ This was based on the assumption that some level of experience was necessary to allow for practiced self-reflection when accessing non-conscious process, as well as assuming that the confidence to speak of working intuitively may require some level of personal identity as a clinician. Therefore this criterion was included not because of a belief that length of experience increased intuition, but rather as an investment in collecting sufficient data from a small sample in a limited period.

Sample Size

My intention following the initial response to my request for participants was to extend the sample population to a larger geographical area in order to recruit further participants in this study. However after the first six interviews and the analysis of the data gained from these interviews, the decision was taken not to extend the sample for the following reasons. Firstly the use of depth interviewing and a conversational style, rather than a semi-structured interview (Morse 2000, cited in Robson, 2002), had facilitated the flow of information and resulted in rich data. Furthermore my own experience as a therapist together with participants' reflective ability created a relationship whereby questions became increasingly focused on issues of relevance – both within and across interviews (Morse, 2000, cited in Robson, 2002, Strauss and Corbin, 1998). Participants were highly motivated to provide examples and to explore experiences. A total of 19 examples of therapist intuition were elicited from the six participants, all of which provided rich details of participants' subjective experiences.

Secondly no further themes or constructs emerged from the interview with participant number six, thus suggesting that saturation point had been reached. Barker et al (2001) argues that even with small samples, sometimes as small as three, once no relevant new information emerges and relations among categories are well established, saturation can be seen to have been reached. Examples of published research illustrating this can be seen in Clarke et al (2004), Jinks (1999), and Price (2008), whose studies use six or less participants. Furthermore Morse (2000, cited in Robson, 2002) argues that a smaller sample size might be sufficient to reach saturation when the topic is obvious and clear.

Theoretical Sampling

Bearing in mind that 'theoretical sampling introduced too early may bring the analysis to closure prematurely' (Charmaz, 2000, cited in Fassinger 2005) especially in the case of very small samples (Fassinger, 2005), a decision was taken to use purposeful sampling⁹ in the early stages, followed later by theoretical sampling.

Theoretical sampling was not pursued through additional interviews (see sample size above) but was introduced in other ways (Charmaz, 2003, Fassinger, 2005). Firstly, existing participants were given copies of initial findings, asked to comment on the accuracy of the interpretation of data, and to offer any further clarification (see Section 3.6 - Validity). Secondly, as theory emerged the constant comparative method was used to re-interrogate earlier interviews against emerging codes and themes. Lastly the identification of a non-conscious process was tested through the analysis of the speech patterns and other phenomenological evidence taken from interviews (see Section 3.5 - Data Analysis).

3.3 PARTICIPANTS

Participant Characteristics

Of the six participants interviewed, four were men and two were women, and their average years' of experience was '*more than 15 years*' (range: '*more than 10 years*' to '*more than 25 years*'). Two of the men were registered as chartered psychologists, although both were practicing as psychotherapists, one exclusively. The other two male participants were both psychotherapists, with one originally training in social work and now working mostly in the corporate sector, and the other a trained Reiki master. Both

⁹ Collecting data from an information-rich group of participants. (Farringer, 2005)

women were practicing as psychotherapists, although one had a post graduate degree in counselling psychology and the other an undergraduate degree in psychology.

Participant	Practice Model and Influences	Clinical Practice	Years of Experience
1 – Male	Integrative – Influenced by transpersonal, humanistic. Also worked with psychoanalytic	Private	> 25 years
2 – Male	Integrative – Influenced by psychoanalytic, family therapy and systems	NHS, Private and Corporate	> 20 years
3 - Female	Integrative – Influenced by object relations, psychodynamic theory, and existential theory	Private and Charity	> 15 years
4 - Female	Integrative – Influenced by Jungian theory and CAT	Private with NHS clients	> 10 years
5 - Male	Integrative – Influenced by psychodynamic theory	Private and NHS	> 10 years
6 - Male	Integrative – Influenced by Transpersonal, EMDR	Private and NHS	> 15 years

TABLE I Practice Model, Clinical Practice and Years of Experience by Participant.

3.4 DATA COLLECTION

On receipt of an expression of interest through an e-mail response to my request for participants, each participant was contacted by telephone. Any questions regarding the research or interview process were addressed at this point, and a date and time were arranged for interviews to take place.

All participants were asked to read and sign a consent form (Appendix III) before interviews. This form, along with reiterating the purpose of the research, asked for permission to tape and transcribe the interview, provided information on the ethical guidelines which guided the research and gave participants the option to withdraw from the research at any point. Participants were also given contact details of the Head of Department for the Doctoral Programme, should they wish to make a complaint regarding the research or interview process.

Interviews

Of the six participants, three interviews took place in the participants' home, two in their consulting room, and one in a common area of a busy institution. All interviews were conducted face to face, and ranged from fifty minutes to one hour fifteen minutes in length with a mean length of fifty-five minutes. They were recorded using a Sony MP3 recorder, and transferred to the computer as audio files, where they were later transcribed. All recordings were saved using a numbered code, and were not identifiable by participant name. Any identifying information shared in the interview was anonymised during transcription.

The interview was conducted in a 'conversational' manner, using client led questions. An interview sheet with sub-headings and prompts was used (Appendix IV) and was expanded as the analysis of data and emergent theory suggested new areas for exploration. All participants were asked the number of years they had been in practice, and to give a brief description of practice and training at the beginning of the interview. Many participants were keen to share their theory of intuition, however whilst this was acknowledged it was not actively encouraged. Rather, as this research was centred on the exploration of the therapist's subjective experience of intuition, emphasis was placed on obtaining examples of intuition and exploring these in depth.

Anticipating the difficulty of accessing non-conscious process, an interviewing methodology applied in Petitmengin-Peugeot's (1999) study of intuition was used. This methodology is specifically designed to assist in obtaining information from pre-thought knowledge (Vermersch, 1999), and encourages participants to describe what they *'really do, and not what [they] think or imagine [they] do'* (Petitmengin-Peugeot, 1999, pg 46) - or feel, during an intuitive experience. Using prompts such, 'How', 'What', and 'When', participants were led through their examples of intuition with the intention of:

- Bringing the participant to the point of reliving the experience
- Helping the participant operate a 'thinking through' of their experience
- Enabling the participant to put into words or clarify this represented experience.

Other Data

Notes were also kept of other phenomenological aspects of the interviews, and included non-verbal responses of participants and interviewer counter-transference and understanding of process - emerging before, during and after the interview. Details such as the location of the interview were also recorded and considered for their influence on the interview process and data obtained.

3.5 DATA ANALYSIS

Data were analysed using the computer programme Atlas.ti V5, designed for the analysis of qualitative research data, and allowing for detailed coding and theory building.

Analysis of Transcripts

Following the practice of Grounded Theory, interviews were transcribed and uploaded into the Atlas.ti V5 programme as primary documents as they were conducted. They were then coded through the programme and emerging themes were used to aid the focus of subsequent interviews. All transcripts were coded in their entirety according to the principle of open coding (see Appendix V for an example of this), and each code was assigned a description. Atlas.ti V5 allowed for descriptions and quotations to be attached to each code for later consideration (See Appendix VI).

Although Glaser and Strauss (1967) advocate 'line by line coding', for this study the suggestion of Morrow and Smith (2000) that units of meaning may be one word or as large as a paragraph, was followed. As codes were developed from successive interviews they were checked against earlier codes, sometimes leading to separate codes being merged for increased coherence, or existing codes being split for better explanatory capacity. All changes to codes were recorded by Atlas.ti V5 by date and action. Initial open coding elicited 172 codes, however the concept of focussed coding (Charmaz, 2003) was then used to select those codes, numbering 130, which pertained specifically to therapists' subjective experience (Appendix VII). As the nature of the research centred on developing an understanding of the emergence and process of intuition, only these open codes were used for the emergence of theory. Atlas.ti V5 has the capacity to record the level at which codes were grounded in the data (Appendix VIII) as each transcript was coded, suggesting strong evidence already found for a code and allowing for this to be explored in subsequent interviews. It was also possible to sort the data by primary document (interview) to establish the spread of a code across participants (Appendix VIII).

The process of memo writing which had begun during the data collection process, in the form of a research diary, was continued through the memo

function on Atlas.ti V5, and memos were divided into those which formed reminders, and those which contributed to the developing theory (see Appendix IX for a sample of memos).

Axial coding began following the coding of the initial two transcripts and continued to be developed through the process of data collection¹⁰. Axial coding was achieved through a consideration of those codes which appeared most grounded and the use of the Atlas.ti V5 concept of 'code families' and 'networks'. Thirty broader categories (Appendix X) were established, and the network tool provided a diagrammatic depiction of the relationships between components (see Appendix XI for an example of this).

In the final stage of analysis theoretical categories were established from an integration of memos, and the networks and code families which arose as a result of the axial coding. Five overarching categories emerged. Once again the network function of Atlas.ti V5 was used to conceptualise the links within these categories through importing existing networks established at the axial code level (see Appendix XII for an example of a network at the category level), and this was assisted by the function of the Atlas.ti V5 programme designed to measure theoretical density of codes within networks.

Non-Verbal Analysis of Interviews

In order to test the validity of the interpretation of descriptions gathered from participants, a further level of analysis was introduced. This necessitated returning to interview transcripts, audio recordings, and notes taken at interview to determine whether participants were indeed accessing non-

¹⁰ Some have criticised this level of the coding process (Glaser, 1992) as 'cumbersome' (Charmaz, 2003) and as 'imposing structure on theorising which is inconsistent with the notion of allowing theory to emerge from data' (Fassinger, 2005, p 161). Therefore, given the importance in allowing for the possibility of a non-linear theory to evolve, axial coding was used as a 'catalyst for critical thinking' (Fassinger, 2005, p 161), but was not imposed in the formal sense as introduced by Strauss and Corbin (1998).

conscious processes. Six non-verbal markers indicative of access to non-conscious process were identified (Petitmengin-Peugeot, 1999, Vermersch, 1999) and used in this analysis:

- Slowing down rhythm of speech
- Moments of silence in narrative
- Direction of gaze either away or closing of eyes
- Using gestures to explain
- Current experience of affect or sensation linked to experience described
- Fragmentation of description
- Present tense

These were entered as codes within Atlas.ti V5 and transcripts were re-visited whilst listening to the recorded interviews, and coded against these new codes (Appendix XIII).

Analysis of Other Data

Information gained through observations made and recorded in the interviewer's notes were used to aid theoretical sampling, help formulate memos, included in the results section where appropriate, and used to aid understanding in the discussion.

3.6 VALIDITY

Validity of Coding

An independent coder in the form of a colleague was used to check the consistency and validity of the coding process. Following a clarification of the aims of the research, a list of the codes and their descriptions were provided along with the coded transcript from interview number 3 (Appendix

V), and the independent coder was asked to familiarise herself with these. She was then asked to code sections of text from interview number six (Appendices XIV, XV). Although this interview had already been coded for research purposes, an un-coded version was supplied and results were compared to the original coding. Sections of texts were chosen according to extracts which covered subjective experience, and which were most densely coded in the original research analysis. The results did not differ substantially from the original coding, and differences were explored and discussed. No further new codes were added, and no codes were changed, although additional quotations were coded according to existing codes as a result of this exercise. Although two further codes were suggested by the independent coder on further discussion these were not seen as marking subjective experience and were therefore not included in the analysis going forward.

Validity of Results

In order to check the validity of results, a draft of the preliminary results was shared with all participants prior to final analysis. This served two purposes. Firstly it provided an opportunity to test the validity of the findings, and secondly allowed for the possibility of theoretical sampling using existing participants.

A draft of the results, with an accompanying letter (Appendix XVI) explaining the importance of accurately reflecting their experiences was sent by e-mail to all participants who were then invited to respond. They were asked to comment on the validity of categories drawn from the raw data in accordance with their own experience. In particular they were encouraged to draw attention to any area of their own experience which was not covered by the proposed categories, or which was inaccurately reflected. It was expected that their responses would be accommodated into the research findings, thus checking the fit between emergent theory and data (Charmaz, 2003).

However although three respondents expressed their thanks in receiving the draft results and two later shared they had read them, none responded with any changes.

3.7 CONFIDENTIALITY AND ETHICAL CONSIDERATIONS

It was important that throughout this research the confidentiality of both the participant and their clients was maintained, for although the focus of this research lay in exploring the subjective experiences of therapists, rather than the specific content of examples of intuition, it was recognised that there existed an opportunity for inadvertently disclosing information which might identify either therapist or client. For instance, in speaking of their subjective experience of intuition, therapists were encouraged to describe specific examples from therapeutic work, which sometimes elicited client material. Furthermore, given the conversational nature of the interviews, and the level of trust established during the sharing of their subjective experiences of intuition, personal information regarding the therapist often emerged in the interview.

A number of precautions were taken in the design of this research to ensure that the confidentiality of the participants and their clients was protected. When possible all e-mails were sent individually to participants. If this was not viable care was taken to ensure that no e-mail addresses were visible to recipients. The subject of confidentiality was covered in the letter of introduction when sourcing participants and a more formal agreement was entered into in the consent form given to all participants. This was signed by both the interviewer and the participant, and a copy handed to the participant.

Whilst this consent form held the name of the participant, it was not linked in any manner to the interview either pre or post transcript. Interviews were stored on the computer in audio format with a code which established their place in the sequence of interviews, but held no information regarding the

identity of the participant. This code was followed through to the transcript and used in analysis. Care was taken when transcribing interviews not to record any personal information, for example, place of work. Any words or phrases which might identify the participant were replaced by 'xxx'.

The use of a colleague as a triangulation method in checking the validity of the codes did not pose any difficulty with regard to confidentiality, for the reasons mentioned above. Furthermore as this colleague did not practice in the same geographic region the likelihood of identifying participants was reduced. However, the importance of confidentiality was made explicit in a covering letter accompanying the transcripts (Appendix XIV).

With regard to the checking of the validity of conceptual categories using preliminary findings and the participation of existing participants, care was taken to ensure that no identifying data was shared. Although parts of interviews were quoted, they were not attributed to a participant, except by interview number, and participants were further encouraged to comment on whether they felt their anonymity was compromised in any other way.

Whilst consideration was given to the importance of confidentiality and ethics in the design of this research project, further areas for consideration emerged as a result of the relationships which developed between myself as interviewer and the participants in my research. Firstly it was apparent that the opportunity to speak about intuitive experience in the therapeutic dyad held deep personal meaning for all of my participants, as well as a sense of professional risk in sharing practice which was not always acknowledged to their peers. I was therefore acutely aware of my responsibility as a spokesperson for their experiences. Secondly, the emotional investment in these experiences naturally coincided with strongly held theories of the nature and source of intuition, which were not necessarily in accordance with those held by myself or indeed other participants. The sensitivity with which this needed to be approached influenced the course of some interviews, but

also allowed for the building of sufficient trust to ensure that subjective, non-conscious process could be accessed.

4. RESULTS

Five major categories were identified following the analysis of the data, Choice, Relationship, Multi-levels, Cues and In the Moment Process. The first two categories, namely the choice of whether to work intuitively and the importance of the therapeutic relationship in the emergence of intuition, could be recognised as being inter-psychic - existing between client and therapist, and mutually influenced. These appeared to be necessary pre-conditions to the experience of intuition.

The following three categories, the multi-level nature of intuition, the importance of cues, and an 'in the moment' experience - inaccessible to reflection, were suggestive of a further intra-psychic element in the experience of intuition. However, this was still clearly influenced by the pre-conditions, in particular the ongoing relationship between therapist and client. Cues and the 'in the moment' process were experienced on a physiological level, a non-conscious or affective level, as well as at a cognitive level, either simultaneously or as a movement between levels.

'Movement' and 'flow' were words used by participants when describing the course of intuition, whether experienced internally, or as a process influenced by the connection with the client. Thus the impression of a dynamic, many layered phenomenon, one not easily reduced to a linear, causal understanding, permeated the findings. I have attempted to capture this in Figure II, (pg 70) which is best understood following a reading of the results as presented in the following pages.

4.1 CHOICE

The category of choosing whether to work intuitively was influenced by a belief that it was available to all, and could be viewed as an added resource to clinical practice. The access and use of intuition was experienced as a conscious decision making process, and was determined by the need to work in an ethical manner.

Intuition is Natural

One aspect of therapists' experience of intuition which was clearly evident following the analysis of transcripts was that all participants experienced intuition as a natural part of being human. Although beliefs as to the source of intuition differed, ranging from inspiration from goddesses and connection on the level of the soul, to preferred personality type and evolutionary adaptation, there was a consistency in the responses that suggested that all participants felt intuition was something which was available to everyone.

It seems to me that it's the It's ... if there were not psychotherapeutic trainings, people called psychotherapists ... people with intuition, would still be practicing (i/v 2).

Um... maybe it's the label of it, I don't know but I think... if you break down what people do, I think you could make an argument that much of it is intuitive, intuitive, even if you don't call it intuition (i/v 6).

...intuition is part of the human sensing system ...You know its part of our way of perceiving our world.... It's not only natural, but it can be understood (i/v 4).

Some participants had had come to this realisation following training or personal exploration and development, whilst others described it as having always been a part of their approach to life. For instance one participant

described his acceptance of intuition as having evolved through his own personal growth and understanding and as something which was added to existing therapeutic skills;

... and a great kind of acceptance of intuition ... being a normal thing ... a normal way in which you think, um, it isn't a flash that comes through, who goes where and so forth, ah you are an intuitive person if you are working at that level...um, as if (laughter) the other thing, that is really a bit more artificial [speaking of more traditional therapeutic practice] (i/v 1).

Others described their experiences of intuition as familiar from childhood,

... so it's not something that I have learnt to do ...So its something that I've always had. It's an innate ... for as long as I can remember. I mean my, so far back as from early childhood. So I've always had it ... (i/v 2),

and as occurring outside of their therapeutic practice,

I would say that my way of being in the world is um, very gut based, very um feeling based um very um ah... intuitively based. So, yeah I mean it's certainly something that I use in my life (i/v 6).

I have always worked intuitively, um ... pre therapy, I worked intuitively as a nurse, and I think it's always been a very strong, element of who I am (i/v 3).

Intuition as a Resource

All participants believed that intuition was available as a resource, with one participant expanding;

it's how much are we responding to our intuitive knowing, and how much are we depending on something else ... If we don't allow it, it's, it's, you know there's the

emotional and the rational, and ah also a part of that wonderful mix is the intuitive. And if the intuitive is missing, we've sort of lost our, a resource (i/v 5).

There was a difference in opinion however as to whether we were constantly using it out of awareness, *'I think that, constantly we are using intuition' (i/v 4)*, and *'you know its part of our way of perceiving our world' (i/v 4)*, or whether we needed to make a choice to change one's level of consciousness to access it, *'as you go from one level of consciousness to the next, ... the first thing you always do, I think you have to do, is to disown the previous level (i/v 1).*

One participant mentioned the effect of his own physical and mental state on his ability to access an intuitive mode when with a client (i/v 6), whilst another felt that access to intuition was more about the attention paid to it (i/v 2).

The idea of intuition as resource was expanded with the theme of combining therapy skills with intuition - as one participant described, *'I've had to put the theory onto my practice' (i/v3).*

At other times the combination of intuitive practice and therapeutic knowledge was referred to as informing each other in some manner. For instance, either by preventing the inappropriate use of intuition, *'I think what therapeutic training does is, it deals with, it helps us prevent, it helps prevent us getting it wrong (i/v 2), and,*

'as I've got older and done training and stuff, its just that the intuition gets informed ... And it can be checked out ...I think, the intuition stays, but I can back it up' (i/v 3),

or else by allowing the expansion of clinical practice,

I started to talk about things I didn't usually talk about, in such an assessment you know..... And so I tried something (laughs) I completely gave up the whole sort of assessment plan that I had and I went off the deep end (i/v 4).

I think as I get more experienced, I think I begin to trust myself more to do things that are not always um, by the book, or um... necessarily clinically um I am thinking how to say this ...um... I would take clinical risks (i/v 6).

Talking to Others

All participants found it difficult to talk about intuitive clinical practice in some quarters yet used it extensively in their practice. This led me to question - 'If intuition was seen as 'natural', and as an 'added resource' to clinical skills, why we as psychotherapists and psychologists found it so difficult to be open about the influence of intuition in our clinical practice?' All participants indicated that they believed this was due to a misunderstanding of the role and nature of clinical intuition which was often seen as 'breaking the rules' or misunderstood as working against rational practice.

So ... um ... you know ... intuition has a bit of a bad knack to it because ... my thoughts are that there's a kind of implied um lack of clinical acuity, a lack of clinical um discernment that goes with it, right that would say 'oh I don't need to be trained, I just work intuitively' and that's not it at all, because its almost like as if ah you know, Picasso and Dali learnt how to do classical painting before ...they ah kinda broke the rule, so clinically yeah you need to have the foundations (i/v 6).

One participant brought attention to the possible cultural differences in talking about intuition in this country;

... and I wonder you know not being English, and you're not English, but I wonder if you know because, my training, most of my training was in xxxx ... and xxxx has a

reputation for being out there (laughter) yeah ... it's much more, ah much more comfortable talking about it (i/v 6).

Two other clear influences with regard to the perceived acceptability of free discussion of clinical intuition were the current state of the therapist, and the therapeutic setting.

Um... I think that would depend on ... my state of mind, if I'm feeling in a ... you know having a more confident moment, if I'm having a more assured moment I might be able to make a communication like, you know that I would use intuition, but if I'm not, or I'm not sure of the situation I certainly wouldn't go, you know, in a discussion with a psychiatrist or other colleagues like that, 'I just work intuitively, and see what happens'. I wouldn't convey it in that way, cause it could be misunderstood (i/v 6).

Some participants had managed this by discussing the intuitive process through the use of more 'acceptable' language.

Um ... I wouldn't hide it, I mean yes I might articulate it in a way that I might think that it can be received ...right, and certain, certain people are more receptive to different ways of thinking, and there are people who are rigid, so I guess its like anything, I have to know who my audience is (i/v 6).

So I think I've always worked intuitively, and not been able to necessarily um ah, articulate that ah, and obviously don't, I still don't (laughter) ...and you know, I thought that particularly ... um but um, can, I, you know, if someone needs me to justify my practice (i/v 3).

Although concern over acceptance of intuitive practice was expressed in interviews through the use of humour, 'I just hope I won't be locked up as a result of ... (laughter)... being delivered to the NHS. 'Sorry (participant's name), we are going to take you away to a very comfortable place...' (i/v 5) it was also

recognised that clinical intuition needed to be spoken about if we were to assert that it was being used responsibly.

...if I'm ashamed or embarrassed about something I did, then I shouldn't be doing it ... right, so, so if I feel bad about sharing I did something because I you know.... Because it felt right, and it's so you, I wouldn't not say it because, if I didn't feel I could talk about it I wouldn't do it (i/v 6).

Accessing and Using Intuition

All participants were able to choose to work intuitively if the conditions were right (including relationship, attunement, client, and state of therapist) and this appeared to include a conscious choice to open oneself in some manner, and to be aware of the possibility of intuition;

we have to be conscious that we have it in the first place...and I think that that's the really important thing. That's why I've been able to make the choice ...It's because I am conscious of it (i/v 4).

One participant believed that the ability to choose to work intuitively was linked to the level of the intuitive experience, differentiating between intuition which 'just happened' and that which 'you chose to do'. He went on to describe how he made this choice by purposely changing his 'level of consciousness' and entering another 'state' (i/v1). An offer was made by one participant to access the intuitive mode during the interview and he described it as follows;

... well I'll try. Uh huh, (sits back in chair and closes eyes) one has to try and access the feeling (opens eyes to tell me this - apologetic)I'll just sort of try... um (24 secs whilst sits with eyes closed)... It's difficult to describe it as feeling, because it's more an absence of bad feeling. So it's an absence of tension...um and I experience it not necessarily as a feeling, but as a, I can feel that I'm not tenseBut

how I imagine it, because I tend to be quite visual ...So how I imagine it is like sort of um ... ah ... like an open sea anemone (i/v 2).

Choice was not limited to whether a participant worked from an intuitive position, but also involved choices as to whether attention was paid to intuition or whether it was shared with clients. All participants described paying attention to these choices, and decisions were made based on a number of factors.

Responsible Practice

Factors which contributed to the decisions made by participants as to whether to work intuitively, or to use intuition either for their own understanding or for client insight, could be broadly categorised as state and type of client and impact on ethical practice.

As discussed below, the type of client and their current state, had bearing on whether the therapeutic relationship developed to a point where the emergence of intuition was possible. Therefore it was not surprising that it was linked to the participants' choice as to whether to work intuitively. Four participants described how they explored early in therapy whether the client would be open to their working from a more intuitive place, and then chose whether to pursue this. For example one participant explains how *'very often I introduce it and see how a client reacts'* (i/v 1), and another described how he changed his way of working according to his assessment of the client;

...then um if it's somebody who's absolutely closed to that possibility ... then (sigh) I find it really challenging to work with, and then we would tend to work ...you know on the sort of CBT, and um leaving all the, most of the emotional stuff out and working on the thought (i/v 5).

One participant (i/v 4) described how she had at one time approached all clients intuitively but had come to realise that some were not able to respond to this, leading her to modify her clinical approach with these clients.

Three participants indicated that the choice of whether to 'listen to' or 'share an intuition' was influenced by the client. One spoke of making *'different choices with different clients as to whether I would listen to it'* (i/v 6) and another suggested that if she was able to sense something but her client was not, she might make the decision that it was too soon to share the intuition (i/v 3). Sometimes the decision was based on the nature of the intuition in combination with client type;

I might have a sudden flash of intuition, a sudden insight I don't necessarily share that with them. I mean I had a flash of insight, at one point, somebody sat down, he no sooner sat down and opened his mouth, than I thought, 'This person's a paedophile'. Now am I going to share that? I don't think that's wise, or helpful (i/v 4).

It was interesting to note that although the state of client and type of client influenced decisions regarding the use of intuition, the clinical setting did not necessarily inform intuitive practice. Of the three participants who did not work solely in private practice, two felt the setting made no difference to whether they worked intuitively. When asked whether it was something that changed according to where they worked, one replied *'I wouldn't think so'* (i/v 3), whilst another answered *'I don't care'* (i/v 5). Although the third participant said the setting made some difference as he felt there was more leeway in private practice, he too felt he would not be influenced by the setting if he felt it was in the client's interests to work intuitively.

I don't really feel that anybody can tell me you know 'No, you can't listen to your intuition' because I just wouldn't listen to them ... you know I just sort of trust myself enough to make good decisions (i/v 6).

The importance of using intuition in a way that enhanced responsible practice was mentioned by all participants and was a significant determining factor in decisions as to whether to work in this manner.

One participant stressed the responsibility attached to paying attention to intuitive thoughts in the following way;

At the end of the day I'm responsible for my clinical work, I'm responsible for um, what I do in the session with the client and um, I take the boundaries, and I take integrity very seriously so I wouldn't use intuition to do anything I thought was questionable (i/v 6).

For another participant it was more about how they used intuitive understandings;

I think that ... there can be intuitive understanding ...Which I can hold for myself and not share ... I may not share my intuition overtly with my patient (i/v 4) .

Decisions were reported as being rapid, in the moment, and often described as being part of the initial emergence of intuition.

There's a feeling right, it's like 'mm might be useful', then a moment of you know checking it out, 'Is this going to be appropriate', 'Is this ...,' you know it happens quite quickly, but you know 'Should I do it?' 'Is it a clinical risk or not?' ... 'How is he going to respond?'... I think about it, what might be the impact, and make a choice about whether I want to do it or not. I certainly wouldn't listen to every single instinctual thing, intuitive thing that comes up (i/v 6).

They were also made in the interests of client safety and therapist safety, and attention was given in the interviews to the importance of personal therapy for the participants, both in developing an intuitive practice, and being able to work responsibly.

4.2 RELATIONSHIP

Intuition needs Relationship

The importance of relationship in the emergence of intuition was mentioned by all participants and illustrated in a number of clinical examples. Participant responses ranged from a description of their work as relational, *I suppose how I work, is that it's about the inter-action, the relationship between people. That I think is fundamental* (i/v 3), and *Yeah because you know again, like when it's happening, I'm engaged with the client, it's not like I'm sitting on my own* (i/v 6), to explicitly recognising the intersubjective nature of this relationship - *'something else is happening in the room, because there is interaction'* (i/v 3).

One participant explained the importance of relationship to intuitive process by describing her experiences of what it felt like when the relationship was not to the fore:

... when there isn't a connection, that still informs what going on between you, but for me it means that ah, that it's less likely that anything is going to happen, develop, um ah kinda you know there isn't anything that is growing from it (i/v 3).

Attunement

Attunement with the client emerged as an important characteristic of both the likelihood of intuition emerging and of the process itself, and was referred to by all participants. Two described this as the therapist and client being *'both on the same wave length'* (i/v1) whilst it was also referred to as being *'tuned in'* (i/v 5), *'feeling my way'* (i/v 5) and *'seeking to allow a resonance with a client'* (i/v 5).

One participant described it as follows;

More or less it is kind of a sort of a, um, touching the strings of the instrument... on both sides until they are harmonised and working in tune...(i/v 2).

Another participant who described in detail his ability to choose whether to move in or out of the intuitive moment gave an example of attunement at work when he spoke of the ending of an intuitive process in the following way;

And I'm usually right about that we both feel like an ending but, very very occasionally, the other person says no, I haven't quite finished with, that, ah er ... and er in that case, okay they're right you know (i/v 1).

Five participants alluded to being immersed in the experience, which they saw as being part of the process of attunement, and which one participant describes as *'responding to what's going on in the moment'* (i/v 6). An example of this was cited by a participant who described how attuning to a client's emotion might be experienced and might lead to intuition - *'I can feel myself, you know feel myself getting angry and I know, 'okay' then there is anger in the energy (i/v 5).* Another participant suggested that his experience could be described as follows, *'it's so concentrated, that I'm not really noticing anything else, very much, its like I'm totally in this one experience, to the exclusion of all else'* (i/v 1).

Enter the Other's World

Entering the world of the client in some manner was seen as being important to the emergence of intuition by five participants. Sometimes this was intentional;

ah well ah this woman brought in a ah a dream and ah so she talked about this dream and then we went into this dream together and we were sort of sharing our aahh experiences of ah walking about ... and I was, we were, exchanging views what it represented or what it had to do with, or, and er, it reminded her of ah childhood and I was able to fill in some of the details, like uh, you know, ... [details excluded from text] ... It's as if you are with the person in that situation, same as they are (i/v 1).

At other times the entering into the world of the client was described as being less intentional. An illustration of this can be seen in the description one participant gives of clients' reactions to intuitive interpretations;

There are a number of times when I will say something to a client, and they say 'how amazing you should say that' and then completely unconsciously I have tapped into something which is happening in their lives, or something which is significant to them (i/v5).

This participant went on to explain that, '*... reminding them that they knew what they didn't realise they knew, is maybe intuitive.... Um, and it's, occasionally I will say 'Look, you created me, I'm just part of your consciousness'*' (i/v5).

Further examples where participants described entering the client's world and the subsequent effect on the therapist and client are;

Um and um, there was, but she was so dead, you know it's, but she was so dead inside, and I, she kept saying to me, 'there's nothing for me' and I kept thinking 'she's right'. There isn't anything, there isn't anything (i/v 3).

And, but what I said to him in the split second was I said 'Never mind all this' and I put the papers down, I said 'What are you passionate about?' This was based on my sudden hypothesis. And you know something [name] this person changed in front of me (i/v 4).

The openness of the client to sharing their world, and the therapist to entering, created an intimacy and a feeling of a shared experience between client and therapist (six participants). When this was working well it was described as *'very striking'* (i/v 1), and *'engaging'* (i/v 6). One participant described the experience in the following way;

When I am at my best, I am working, I feel, by, if you like, establishing an intuitive field ...into which the client is putting things, I am looking at those, I am responding intuitively (i/v 5).

The shared experiences were also expanded from being purely about the therapist entering the client's world to being a co-created experience within the therapeutic dyad. The use of a *'shared language, a shared humour, ...or shared symbols, of all sorts, (i/v 4)* was spoken of as emerging as a result of the shared experience and development of an intimate relationship, and another participant spoke of how *'stuff will emerge, in that interpersonal field ...That will surprise both parties' (i/v 2)*.

Sometimes this shared experience and the need to understand it was situated in the present.

The hands of the clock started going around fast and, and so, my immediate thought was I wonder how the group is going to, you know ... what meaning that's going to have for the group.... But you know what will happen, and then ah ... sss... one of the group said, 'I wonder who is in the group with us?' (i/v 3).

At other times the importance of similar past experiences of therapist and client was cited as influencing intuitive responses. For example one participant named two different instances in her examples which indicated the impact of her own life experience. Firstly on the emergence of an intuitive response, *'and I don't know ... the thing that was probably connected to it*

was my own personal experience, of [omitted from text]' (i/v 4), and secondly the influence her experience had on a client's response;

And the horrors that he had been through, 'I could not have talked to you about this if I didn't know that you had experienced something similar.' - I'd never said a word to him (i/v 4).

Influence of Client

Within the themes of relationship and attunement was the connecting motif of the 'influence of the client' in the emergence of intuition, and in the therapists' decision to follow it.

Five participants cited the type of client as a factor in determining the emergence of intuition. Either as having an impact on the therapist's ability to work intuitively,

if I am assessing a client or seeing a client who is really angry, there is a lot of unexpressed anger, then I tend to um, get triggered out of my um sort of intuitive mode ... Um and I can get caught up in ah in that and then end up not responding to my intuition (i/v 5),

or by disallowing the emergence and process in some way. One participant describes her awareness of this as follows, *'I didn't feel disabled, but I felt that there wasn't ...I was pushed away (i/v 3),* and places this awareness within the relationship in her words, *'I'm thinking about a certain client, that, where it's blocked, you know where it doesn't ... So it's like there's something about the relationship' (i/v 3).* Two further participants also described being 'blocked' in some way by the client (i/v 5, i/v 6).

Mutual Influence

The mutual influence of therapist and client was another clear theme running through the interviews. As one participant expressed it, *'There is ... a relationship, a healing relationship, and I am just as capable of being healed through that interaction as they are'* (i/v 5). The sense of growth and the recognition of the effect on client and therapist alike is expressed by one participant as follows, *'there's an internal process going on ...each ...you know ... ah ... I mean happening for everybody'* (i/v 6).

One participant recognised the importance of intuition as a shared phenomenon by suggesting that it was not only the intuition on the part of the therapist which evolved from a mutual influence in a therapeutic relationship, but rather that it was 'intuition' per se (i/v 5). This would seem to be supported by two participants who spontaneously related examples of client intuition.

I mean, it was pretty well my own situation. And my first thought, my head said, 'Oh my god, what are you going to do with this?' And then another part of me a voice said, 'just listen, just listen to what you say'. And I listened, I listened to my voice, and I was not thinking about what I said, and I, I can't remember what I said, and it's not important, but I knew, that what I said was exactly what I needed to hear So, the client in that situation ... was triggering my own healing (i/v 5).

[He said] 'I could not have talked to you about this if I didn't know that you had experienced something similar.' ... I'd never said a word to him ...how does he know? ... He knows ... and not by some mysterious method, but by watching my face respond to his story ...About watching my body, my breathing, and my face ...and my heart attune to him as he speaks. That's how he knows (i/v 4).

4.3 MULTI LEVELS

Experienced on Many Levels

Intuition was described by all participants as occurring on many levels, although it was often difficult for participants to identify the order of emerging levels. One participant spoke of intuition being '*multi dimensional (i/v 2)*', and another experienced it as being a '*multi process phenomenon (i/v 6)*'.

The two most commonly mentioned levels were those of 'feeling' (physical and emotional), also referred to as 'a non-conscious process' by two participants, and 'thinking' sometimes referred to as intellectual or cognitive process. It was also clear that participants moved between, or had access to, both levels during intuitive experiences, as seen by the following extracts;

On one level I'm talking and listening to the client ... And then this other process comes up where you now there's a thought, there's a dual process that's happening at the same time ... okay so, you know is intuition a feeling? Is it a thought? I mean it's probably both (i/v 6).

Cause otherwise I am either going to go into my head, or I am going to go into my feelings ... And then my intuition ... Ah is, is, if I am in either of those modes, rather than a balanced integrated mode where I am allowing anything to come in ...Then I am not going to be as effective (i/v 5).

Although participants moved between levels it was not always evident whether any one level was experienced first. One participant was clear that although there were '*a whole lot of different levels all at the same time. There [was] not a leading bit and a following bit (i/v 1)*'. Another participant described it one way then questioned it;

'I think the cognitive thing happens first, or that's what I experience first ... It's hard to say, but I mean It probably doesn't actually, that's what I recognise first If I think about it I probably recognise the feeling response first' (i/v 2).

Whilst a third participant confirmed both the levels and the uncertainty in his words;

'If I had to describe it, it would be like a physical sensation and then a mental thought... and whether one is before the other I don't know... it's a thinking process that is also very much um like a physical feeling (i/v 6).

Reflection and the Difficulty in Expressing

The difficulty of describing the experience of intuition was evident in all interviews, from being able to contact the experience, to being able to express it in words.

'Um..... (7 secs) but you know, its, I'm trying to think of how it actually comes out, whether there's, whether it's a thought or a um ... (4 secs) a feeling. It's a hard thing to describe... Ah (8 secs) I'm not sure, I mean I, it's probably a mixture. It's hard to kinda analyse it, it's hard to do it now retrospectivelyIt's hard to think back (i/v 6).

One participant explained that there was a difference to being 'in the experience' and reflecting back on it, *'I mean I think what, one would need to do is almost sort of given in, at the moment its happening and reflect on the experiences (i/v 2).* He then pointed to the position he need to adopt in order to answer questions on the nature of his subjective experiences in his words, *That's me describing how it is sometimes when I ... When I imagine it now or in reflection (i/v 2).* Another participant also took up this theme and described it as *'I can trace it back, but at the time, I can't trace my process...Afterward I can piece it all together' (i/v 4).*

This difficulty in reflecting back led to participant uncertainty as to whether they could recall all aspects of the experience, *'I mean, I'm not ruling it out, it's just that I can't recall'* (i/v 1), and sometimes to frustration as interviewer and participant struggled to find commonalities in language and understanding.

There were also moments where the realisation of a component of the process was accessed through the interview itself (two participants);

I hadn't thought of it that way but yeah, I mean, this is a different process of using the intuitive ... this one was more of a series of intuitive things, whereas the other was a one off. So yeah I guess they were different (i/v 6).

Two participants described reflecting on the process of intuition in the therapeutic dyad, and the impact this could have on the therapeutic work, leading to greater clarity and deeper understanding or insight. For instance one participant explained how he sometimes left the intuitive mode during a session;

Stopping to say 'okay, so look this is what's happened between us, that's interesting You know, 'oh', you know 'I suddenly felt this and I was wondering, what you are communicating by this, the defence there that that triggered, and what that means?' All that is part of the process (i/v 2).

Three participants spoke of regularly reflecting on the experience of intuition and its content as part of reflective practice and supervision. For instance one shared that, *'it's part of my process of self supervision ...I think, and also my own supervision, my real supervision with my supervisor'* (i/v 4), whilst another elaborated;

I do peer supervision with a transpersonal therapist, and so you know we routinely and regularly talk about inspired, you know kind of just intuitive experience (i/v 6).

Evidence of Non-Conscious Access

In the findings resulting from the analysis of non-verbal markers, as suggested by (Petitmengin-Peugeot, 1999), there was evidence to suggest that participants were indeed accessing non-conscious process when relating examples of their intuitive experiences.

Interview	1	2	3	4	5	6
Change of gaze, loses eye contact, un-focuses	2	3				
Fragmented description	3	1	13	1	5	1
Gestures accompanying, or substitute for speech	1	1	2			1
Experiences affect in the present					1	
Uses present tense		2	2	2		2
Slowing down rhythm of speech	2	6	11	4	3	11
Broken by moments of silence	1	3	4		4	6

TABLE II Frequency of Non-Verbal Markers by Interview

Changes in rhythm of speech, and fragmented descriptions were evident in all interviews, whilst periods of silence, before or during the accessing of examples of intuition were recorded in five interviews. An interesting finding was that some participants resorted to speaking in the present tense although neither they nor I were aware of this at the time. One participant explicitly reported feeling an emotion connected to the original intuitive experience when relating it in the interview.

The level of accuracy of those measures which relied on phenomenological observation during interviews cannot be too highly regarded as the study was not originally set up to measure these aspects. For example the direction of gaze only relates to instances where participants closed their eyes when accessing experiences and gestures were only recorded if relating specifically to the physical locus of intuition.

These results do however have bearing on the validity of the interviewing process as a tool for accessing aspects of non-conscious process. Furthermore when added to other findings, such as 'difficulty in expressing', 'reflecting in the moment', and the multi-level nature of intuition, they support evidence for the theory of intuition as a non-conscious process.

4.4 CUES

Picking up Signals

All participants described 'picking up signals' of some kind as a component of the intuitive process. Sometimes this was described as being prepared for these precursors in a general way such as being open to '*whatever signs there are*' (i/v 2), '*as an emptying of the mind to enable it to come*' (i/v 5) or as some kind of process of knowing '*exactly that that's going to happen next And then, and then it happens*' (i/v 2).

Two participants stressed the early warning status of these intuitive signals, one with her words '*I think I picked things up, pre when they can be picked up by other signs*' (i/v 3) and another in describing a physical sign of emerging intuition, '*...and a slight tingling in my finger tips. So that happens ... um I'd forgotten about that, like an early warning*' (i/v 2).

One participant stressed that these signals were not theory based;

This completely transcends the intellectual and it's not a concept, an idea or a theory or any of that stuffIt's something which is a truth. And I can, I pay a lot of attention to that because it's almost as though I'm getting a signal from elsewhere. 'Hey that is significant, that is important' And um, um then I, and sometimes it surprises me (i/v 5).

Recognition and Premonition

Five participants reported instances of 'recognition' in their experiences of the emergence of intuition. The detail of the recognition varied from a sense of recognising that *'that's the way things are'* (i/v 1), to a recognition of patterns in the emergence and process of intuition (four participants). One participant described his moment of recognition as follows;

I get an almost kind of slightly humorous recognition, although humorous is the wrong word, of what's going on. So I'll get a sort of a, its difficult to describe, is like saying 'oh yes well, something is, yes I know exactly what to do here, and what's going on ... recognition is important Ah that you see how it all connects ... And it all makes sense, everything makes sense (i/v 2).

Another participant described the understanding of patterns in intuition as being *'about joining dots you didn't even know were there'* (i/v 4).

One participant emphasised both the role of recognition and of patterns at many levels in his experience of intuition;

It's like recognising a pattern Ah the way that I usually would describe it is that you get a sort of a pattern recognition, first, and a sort of a ah ha moment and a moment of great clarity and insight, and that's how it feels. It feels like that ... it's a pattern at all different levels. You know, and ah you can see exactly where it's come from and where it's going, and your part in how it all fits together, and it feels right. So it's the whole thing, its not just one bit (i/v 2).

A sense of premonition was reported by three participants, and was described as either knowing something was going to happen, as in the words, *'That's the thing that's really strange, is that you get, or I get um ... a awareness of what's going to happen, sort of just before it does'* (i/v 2), or as one participant explained in an example, knowing that *'something dreadful was*

going to happen' (i/v 4). Premonitions were also described as a 'feeling of something not right' (i/v 3) or as 'something going on' (i/v 4).

Visual Cues

All participants reported being aware of visual cues, which included being aware of signals picked up by watching the client, particularly their face and their eyes, and having 'visions' of some description which related in some manner to the work with the client. These were not mutually exclusive, with some participants reporting both.

The awareness of picking up visual cues from the body, (i/v 3, i/v 5, i/v 6), face (i/v 4) or eyes (i/v 4, i/v 5) of a client was available to participants after reflection on an intuitive moment, but was not something that they were necessarily aware of in the moment. The narrative of two participants suggested that the awareness of visual cues were linked in some way with emotional understanding. One through relating it to her own experience,

And then it was the look on his face when he talked about this 8 year old girl. And I don't know ... the thing that was probably connected to it was my own personal experience ... So I must have read something on his face (i/v 4),

whilst the other reported experiencing it more directly - *'My experience is emotional, my experience is visualSo I think there might be different ways of processing the same thingYou know, my experience is visual' (i/v 2).*

Three participants spoke of visions, two specifically related to working within the therapeutic dyad.

...and I would say something like, ah' I'm getting this figure, this image, of a figure in white, ah does that mean anything to you?' And ah you know they'd either say yes

or no. And ah sometimes it was yes and sometimes it was no. Um but you'd just accept that (i/v 1).

I get quite a lot of, I see things, I mean it's like suddenly a sort of video plays in my mind, somewhere and I see pictures, that make sense, and I get that when I'm working with people sometimes...I just see something (i/v 5).

Aural cues

Four participants reported being aware of aural cues, and spoke of aural cues taking the form of words, or verbal understandings, as well as being non-verbal in nature such 'tones of voice' (i/v 4). One spoke of hearing a voice which was not that of the client (i/v 2), whilst two referred to listening to an internal voice (i/v 5, i/v 6). Another described how attunement on a verbal level aided in picking up cues which led to intuition.

I am very tuned into words,And I am very, very aware of what people say, the word, the phraseology that they use,....Of the ummm, of what they don't say ...when they are direct and when they are indirect, ... ah when they're comfortable with saying something and when they would prefer um to avoid it. I'm really, really, acutely tuned into that (i/v 5).

Symbols

Symbols were mentioned in some form by three participants, but did not appear to play an overly important role in the 'cueing' of intuition. However one participant who described working with symbols a great deal in her work gave the following example.

I really knew they were okay, but it was like, they were going to be okay, but it was like, three years, um like, because they saw a bird (laughs) flying past the window, and that it was the first time that they saw something outside of them self in the

session. Um and um, but it was the way, the quality of how they described that bird. And of course the fact that the bird was not something they were used to seeing in that place. And um, I just knew they were going to be okay, that they were completely different as a result of their husband dying, but ultimately they were, something was going to be alright (i/v 3).

Somatic Awareness

The awareness of the physical state of both self and client was mentioned as being an important facet of the experience of intuition (six participants). Although this was not always easily attributable to the category of cues, with physical sensations also described by different participants as an integral part of the 'in the moment' process (see section 4.5 below), certain experiences did appear to occur as part of earlier signals or cues picked up by participants. For instance one participant explained that;

'sometimes I do get a very, very powerful, physical signal, which is my whole aura tingles ...I can feel it, it is as though um a sort of shell round my whole body is um, tingling ... And it, and it is really powerful. And when that happens, as I say that's the most common ... that is a really powerful signal. It's the most obvious one (i/v 5).

Other experiences ranged from the attention to one's own bodily sensations, to the awareness of the posture of clients. Using their own body as a way of picking up information from clients was mentioned explicitly by four participants. For instance one participant described the process as follows;

'So sometimes there might be a part of my body, which if I ... am particularly aware of what's going on with me, I will know whether that's about me or whether that's about what's going on in the room' (i/v 3).

Another spoke of allowing his body to signal the client's emotional state (i/v 5). One participant alluded to the symbolic interpretation of physical sensations in her own body with the words;

'I felt that um that a hand had come down on my shoulder, on my shoulder and pushed something downUm, ah and I thought, that person's blocking something, (i/v 3).

4.5 IN THE MOMENT PROCESS

The description of the intuitive experience was, as expected, challenging for all participants, with one describing it as *'difficult to describe experientially'* (i/v 4) and another noticing *'that it was difficult to separate it all out'* (i/v 3). Words such as *'incredibly intangible'* (i/v 3) and *'ephemeral'* (i/v 6) were used to express the nature of intuition. Although most tended to gravitate towards describing the experience through imposing theory, when asked to access the moment of intuition through the explication process, and to answer questions relating to the what, how and when of the subjective experience, it clearly became more difficult. As one participant put it:

I'm kind of feeling that I'm talking about something that I haven't really articulated before In this kind of way ... So it feels very um un-thought out (i/v 3).

Psychological Therapy is Intuitive

One of the reasons cited by participants for the difficulty in explaining in any definitive way what 'happened' during an intuitive process, was that therapy itself was intuitive (five participants) and therefore the process of describing in depth something which had become inseparable from the 'doing' of therapy became difficult. One participant suggested that it was easier to describe in detail the experience of intuition when she used an example

outside of therapeutic practice, for instance juxtaposed against a more scientific, fact driven practice such as nursing.

Experiences Differ

Another reason given for the difficulty in crystallising the experience of clinical intuition was the belief that intuitive experiences differed (five participants) according to client, situation, therapist and state of therapist. For instance one participant differentiated the experience of intuition into the 'wow what was that', kind of thing and intuition as a 'okay let's go into that' (i/v 1). This was elaborated by other participants as follows;

... but similarly, I have experienced that ah sort of just instant connection ...You know, just, no um, no ah no negotiation or activity at all, just instant straight zoom.... Um, and that's quite odd (i/v2).

No it's not always quick, but it can be.....And sometimes it goes on over long periods of time, and suddenly the thing...it's like a gestalt, it just distils (i/v 4).

I mean, this is a different process of using the intuitive ... more of a series of intuitive things, whereas the other was a one off. So yeah I guess they were different (i/v 6).

The influence of various forces on the emergence and subjective experience of intuition is expressed through the words of one participant;

I would say that with some clients I have moments of feeling more stuck, where maybe creative inspiration, creative clinical inspiration doesn't surface as much as I might want it to, um where sessions are either where I'm feeling sleepy or, where nothing is coming up that might make a shift. So I, you know that does happen, I don't know whether it is always the same client, or not um, ... I, I don't know but whatever, kind of flow rate would be, would like depend on my own state, whether I am refreshed, whether I am tired, whether it is at the beginning of the day, the end of

the day, ... had a good sleep or not, how much coffee I've had (laughter) um, it could be any of those factors. I can't say, but those are the kind of things I would think would make a difference. ... And every client's different, and needs something different and that's a very intuitive process and a dynamic creative process ... (i/v 6).

Intuition is a Feeling

Four participants described intuition as 'a feeling' at least on some level, saying things such as, '*I guess the nearest I can get to describing intuition is a 'feeling'..... so I can feel it, I can feel it.*' (i/v 3)¹¹ and '*you know is intuition a feeling? Is it a thought? I mean it's probably both*' (i/v 6).

One participant elaborated on the 'feeling of intuition' in the following way;

If I think about it I probably recognise the feeling response firstAh the way that I usually would describe it is that you get a sort of a pattern recognition, first, and a sort of a ah ha moment and a moment of great clarity and insight, and that's how it feels. It feels like that (i/v 2).

This generalised description of intuition being a feeling, was further elaborated into more specific feelings such as '*a great relief*' (i/v 1), '*a feeling of goodness*' (i/v 2), '*it just feels right*' (i/v 5), and '*a sense of sort of peace*' (i/v 2). Three participants described the feeling as one of 'correctness' and one referred to a '*sense of contribution*' (i/v 2). Three of the participants described the intuitive experiences as '*very beautiful*' or '*aesthetically beautiful*'.

Energy

Four participants mentioned the change in, flow of or experience of energy associated with intuitive process. They drew attention to the energy of the therapist as being important, '*I think my energy is better if I'm in touch with it, ...*

¹¹ Bold type indicates participant emphasis

there are times where my energy's different' (i/v 3) and 'almost as though, um, by simply opening myself energetically to them' (i/v 5) as well as recognising that the energy of the client played a role in intuition - 'Um, ah and it, yeah it's really a sense of the, the energy, it's what they are, they are giving off ...And that, and that can change' (i/v 5).

One participant described in detail what happened when the intuitive process ended, and explained it as being *'as if the, as if the energy has ... dropped...As if the energy to persevere and continue had dropped to a level where there isn't enough to fuel the engine' (i/v 1) .*

Opening up and Possibility

'Opening up' was another theme evident in participants' description of their experience of intuition, and was referred to by all participants in some form, whether it involved opening themselves up *'energetically to them' (i/v5)*, experiencing an opening up through a physical sensation, *'Yeah yeah, like an open sea anemone' (i/v 2)*, or being open to possibility in some way, such as;

...opening up to experiences of inspiration or acceptance, or whatever, and so um I gradually learnt that um , it was that state of mind so to speak, that lead to intuitive experiences (i/v 1).

This opening up was also described as a *'loosening' (i/v 3)* and as a *'process by which you drop the boundary' (i/v1)* or an *'experience of certain moments where the barriers drop (i/v 1).*

Acceptance

Acceptance of the process, and of the unknown, un-constructed and uncontrollable nature of intuition, was cited by all participants as being an

important part of their experience. Linked closely to the notion of acceptance was the idea of trusting one's intuition, and waiting for the process to unfold.

Described as having *'almost sort of given in, and at the moment it's happening'* (i/v 2) one participant explained the importance of waiting, *'So you just have to sit quietly, for long enough, and stop getting it wrong you know, and let your intuition work'* (i/v 2). Another emphasised the importance of acceptance and trust in allowing the intuition to unfold in the following words;

So if I don't trust it, ...or I don't listen to it, there might be, or I might come back to it, and think, 'I should have gone with that...but that's what's so important, is that if I don't .. no its not an 'if I don't', it is there is a lot of richness if I allow myself to go with it. If there is something that I, that my instinct hasn't quite followed it, I kinda think ... it's never usually anything disastrous, it's a, it's a missed moment (i/v 3).

Focus of attention

Although the importance of adding of therapy skills to the use of intuition in clinical practice was emphasised by all participants, when in the intuitive process, two participants explicitly made reference to the non-attention to therapeutic skills or theory. For example one explained that;

'You're aware, of all the different sort of theories somewhere at the back of your mind, but you're not, you're not mindful of them really and you're not leading with them (i/v 2).

Four participants also described a *'different type of listening'* as being a factor of intuition, describing it as being *'more intimate'* (i/v 1) and *'concentrated'* (i/v 1). The focus of attention often excluded the external world although participants described having *'sufficient awareness'*, whilst *'not really noticing anything else, very much, it's like I'm totally in this one experience, to the exclusion of all else'* (i/v 1).

Focussing on the experience was also described as;

'not focussing on you at all.... you know you don't, you're just, with a client, and you know that's going to bring, an effect, whatever happens ... It's almost as if you have to get to the point of, you know 'skillness' where, you can let the skilfulness go, yeah, because you don't feel concerned about what you're doing (i/v 2).

Heightened Affect

In describing their experience of intuition five participants alluded to heightened affect in both themselves and in their clients, either before, during or after the experience, as seen in the following extracts;

All of a sudden I had a very animated young man in my consulting room, waving his arms about and telling me very passionately about something to do with the internet, that I had no understanding of whatsoever, and he got more and more driven (i/v 4).

Terror ... So I must have read something on his face. You know that sinking feeling when something dreadful is going to happen, and I didn't, I didn't feel terrified for me (i/v 4).

You know, I'm moved now just to be aware of that (i/v 5).

... she had a tremendous reaction, a tremendous amount of emotion came up and all these images started coming up... and really quite profound (i/v 6).

Physical Sensations

Not only was somatic awareness of cues (see above) described as being a factor in the emergence of intuition, but all participants described the process of intuition as being experienced in the body. Sometimes this was alluded to in a general sense, for example, *'That's a physical sensation you get, alright, you*

get when it's working really well...' (i/v 2) and 'I just say something, or the client says something and, and then I get this really strong physical response' (i/v 5).

However when asked to elaborate further, all participants were able to be more specific, and included in their description physical sensations experienced in the, *solar plexus* (six participants), *heart* (five participants), *hands* (two participants), *'all over the body'* (two participants), *aura* (one participant), *centre* (one participant), and *brain* (one participant). Physical sensations were described as a *'vibration'* (i/v 6), a *'tingling'* (i/v 2, i/v 5), a *'warmth'* (i/v 2), an *'absence of tension'* (i/v 2), or an *'opening up'* (i/v 2). All except one participant reported the sensations as being in multiple physical locations, sometimes occurring simultaneously, and two spoke explicitly of a joining up, or connection between these. For example one participant describes the sensations as follows;

Well I, you get as I say a sensation in the hands and um,, its both you know so I feel that sort of both sort of solar plexus ...If you like, and brain ...and the two connected up (i/v 2).

Creativity

The concept of creativity was evident in the narrative in all interviews, and was linked to themes such as *'experiences differ'*, *'being open'* and *'possibility'*. One participant thought therapy was *'as much a creative process as it is a clinically learned'* (i/v 6) and felt that *'using intuition is quite important because it's linking to a creative, dynamic process'* (i/v 6). Another linked creativity to growth and possibility in the words;

'Well that's when you've got creativity.... Because, and I suppose, that is what I mean by growth, that is that something else is happening in the room, because there is interaction, so therefore, rather than it being shrunk down, ... there is a possibility (i/v 3).

Furthermore the notion of 'breaking the rules' in intuitive practice, was suggestive of a 'dynamic, creative process' (i/v 6). One participant described his experience of working intuitively in a way which encapsulated the creativity of the process;

'When I am working at my best I feel that, it's like, it's um, I'm not a musician, but I have this picture of an organist with this wonderful, sort of semicircular, um sort of key board. And I did actually work with a um, top ah perfume, parfumer and he, and apparently that's how, they have the perfumes around ...And I can take anything from any place, so you can play any noteYou know, and or, or and, if I'm really at my best, I feel that I can, I can go anywhere on the keyboard to select anything I need for the client at that moment (i/v 5).

Control

All six participants suggested in their recounting of intuitive experiences that the process was not controlled, and this did not differ depending on whether intuition was experienced as 'instant' (six participants) or 'not instant' (five participants). This non-controllable aspect of intuition was often linked to 'acceptance' and to 'trusting the intuitive process'. Being led by intuition was mentioned by four participants, whilst three participants described 'following' the process of intuition rather than attempting to direct it. For instance one participant described the experience as *'a following process, rather than a constructed process.... It's a process lead by intuition (i/v 2)*, whilst another described her experience as;

I just thought 'something's caught your attention [name]' and I just went and followed it and ah got there. ...So it's like if, follow the thing, follow that if there is a question or a difficulty (i/v 3).

One participant described the intuition as being *'an evolving in the moment process (i/v 6)* whilst two referred to 'not planning' the process. One in the

words, *'I hadn't planned it, I hadn't thought about it, hadn't even formulated the two different polarities that came out of the session'* (i/v 6), and another by referring to his part in the intuitive process in the following ways;

'There was nothing that I did deliberately...you know, and I take no credit for it, it was just something that happened you know, and that was completely intuitive (i/v 2).

'there's this really, really important part, which is that - you're in the flow, and you say and do things, you invent things in the moment, or you don't , you don't invent them, things happen in the moment (i/v 2)¹².

¹² Bold type indicates participant emphasis

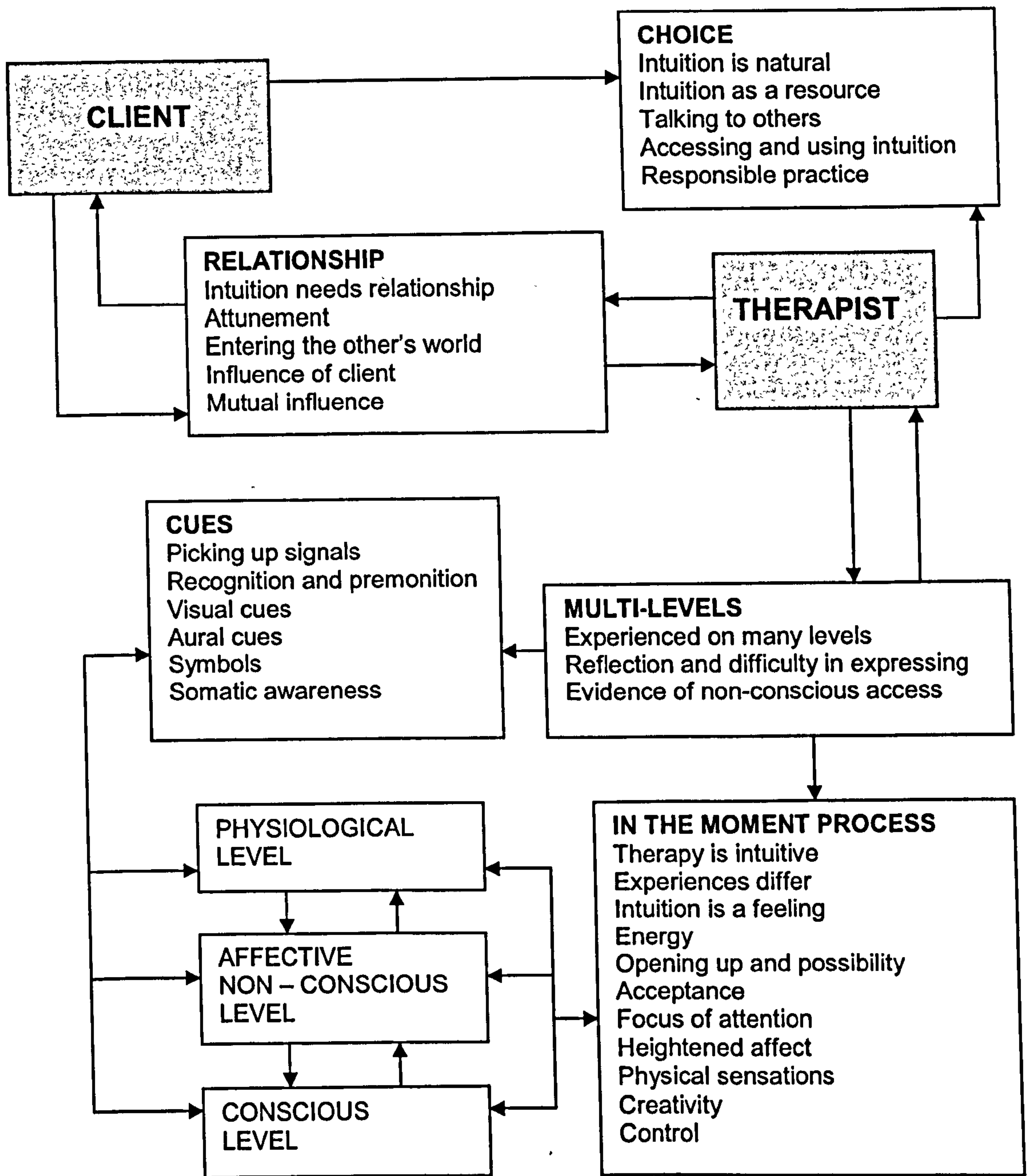


FIGURE II: Results of Grounded Theory Analysis of Therapists' Subjective Experience of Intuition

5. DISCUSSION

In this section I aim to put forward a theory of the intuitive process as understood through my immersion in the research. I wish to argue that my data would seem to indicate that intuition is not 'only' about a therapist's subjective, non-conscious experience, but also rather importantly about the intersubjective, non-conscious experiences of both therapist and client, together with the communication of this information in a non-verbal, non-linear manner. One could say truly reflecting the Latin translation of *intueri* as meaning 'to look upon' *and* 'see within'.

I place my proposed theory of intuition within a meta-theory of complexity theory believing as I do that traditional, positivistic approaches to this phenomenon have not afforded past researchers the epistemological breadth needed to consider the dynamic, multi-layered, and interactive nature of the process of intuition. Complexity theory as an epistemological stance, arguing as it does for the recognition of the interplay between dynamic adaptive systems, provides the possibility of exploring the seemingly non-linear nature of intuition. As my research suggested evidence of interacting systems, complexity theory as a framework or lens, allows for a consideration of the importance and mutual effect of these systems in explaining the process of intuition.

It must be recognised however that in developing my own theory of intuition, as understood by the data presented in this study, I am limited to identifying the different systems implicated in the emergence and process of intuition and to suggesting the possible importance and probable interaction of these systems. In order to understand more completely how these systems interact my theory must be amenable to deeper consideration using theories which explain more fully the systems identified in this research. For this

reason, and to be true to my practice as an integrative practitioner, and therefore researcher, I have presented my findings in the light of other pertinent theories within the field - attempting to integrate these where possible in order to understand in greater depth the phenomenon of therapist intuition. Please note I do not presume to suggest that my data supports these theories merely that they provide ways of understanding further the systems and processes suggested by participants' experiences.

5.1 EXPANSION OF THEORY

In considering my theory of how the intuitive process might develop within the therapeutic dyad I wish to draw the readers' attention to the following main points which be expanded in detail in Section 5.2, Section 5.3, and Section 5.4. The first of these is that my theory is based on the evidence from my research which suggests that therapist intuition is a process and not a singular 'sudden' event. The second point is that this process would seem to be the result of the convergence of a number of systems both intra-psychic and intersubjective. The interaction of these systems appears to create the conditions necessary for the emergence and usefulness of intuition, and also to promote the development of intuition as experienced by the therapist. Participants' reports suggest a dynamic movement on many levels within and between these systems, and indicate that this movement is actively experienced by the therapist as part of the process of intuition. Data indicate that the process is not linear, and does not necessarily follow the identical subjective experience each time, but differs according to context. *Thus the theory which I offer in this work is a theory of process dependent on the interaction and response of systems.*

The third and fourth points I wish to make build on the identification of interacting systems, and are essential to the understanding of how information held in the mind of the client might become known to the therapist. They can be seen to form the lynch pins of my theory and are as

follows. Firstly participants' reports imply that therapist intuition does not emerge in a vacuum but may be the result of intersubjective connections formed between client and therapist. Secondly their reflections on the subjective experience of intuition would seem to suggest that the information gained non-consciously in this intersubjective space is processed intrapsychically, on a cognitive, emotional and physical level, before being recognised as an intuitive thought or action.

I suggest that these four key findings support a theory of intuition which can be summarised in this way. Therapist intuition originates in the interaction between the client and therapist within the therapeutic relationship. The quality of this relationship determines in the first instance whether intuitive understanding is possible, and also whether it may progress further. Attunement which develops between client and therapist, and which is experienced as 'entering the world of the other' and described as 'mutual influence' appears to be a precursor to the emergence of intuition. Although the development of intuition may be 'blocked' by either client or therapist at any stage of the process, should the intuitive process be allowed¹³ to continue to evolve from this intersubjective space, non-conscious information is then processed intra-psychically by the therapist, before being 'understood' and acted upon. Described by participants as being experienced as a variety of 'cues', the internal processing of this information by the therapist happens on a number of levels, namely a physiological level, an affective or emotional level, and a conscious or reflective level.

Subjective reports would seem to suggest that this early intra-psychic processing is at some level non-conscious, or at least pre-conscious, and cannot be simultaneously processed in a conscious form. However, once having processed this information on an emotional and physiological level, therapists described the intuitive process as culminating in an intuitive 'understanding' which becomes conscious and which they are then able to

¹³ Either intentionally or non-intentionally

reflect upon¹⁴ and feed back into the therapeutic relationship when appropriate (Figure III).

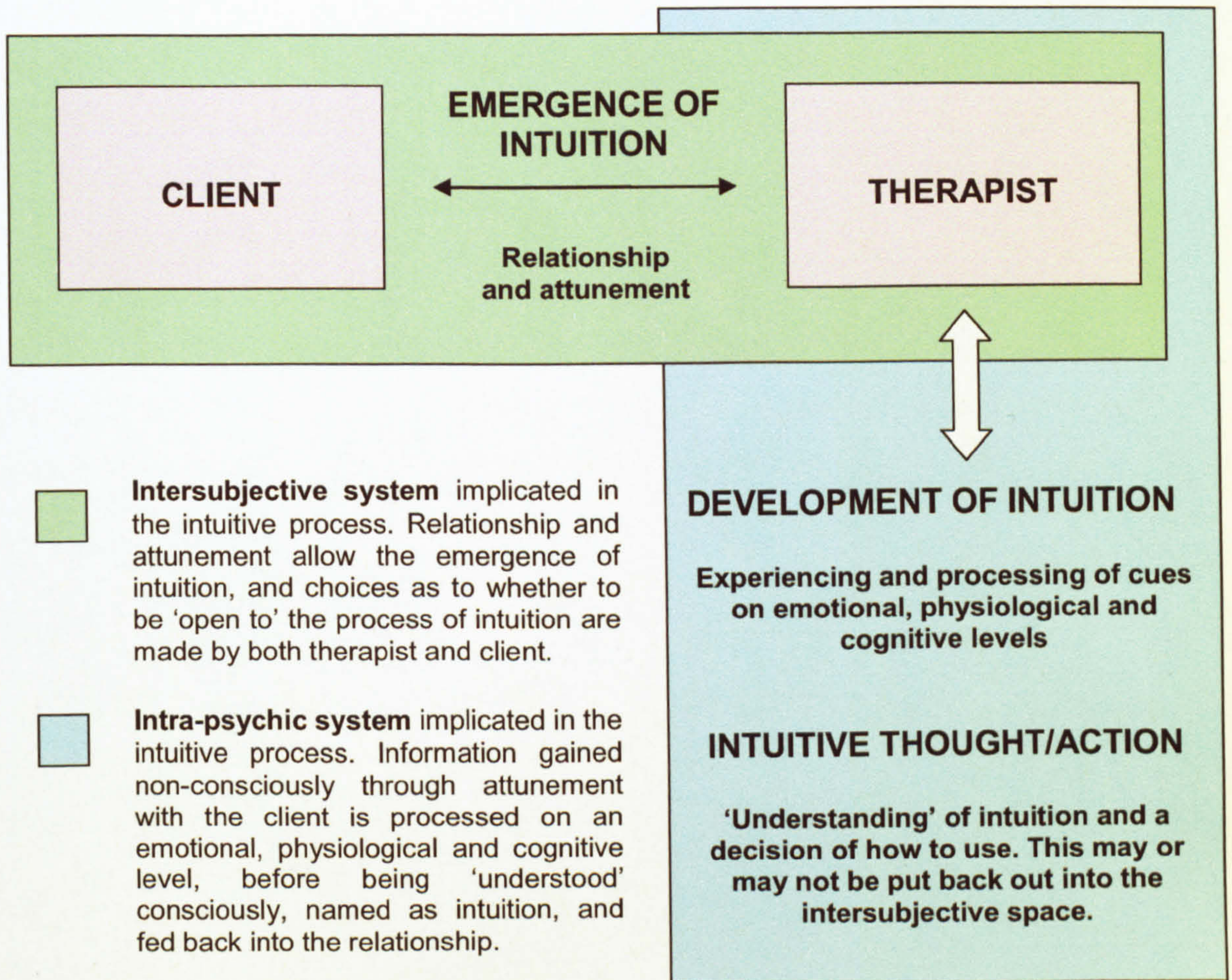


FIGURE III: Inter-related systems within the Intuitive Process as suggested by analysis of therapists' subjective experience of intuition

Referring back briefly to the introduction of this work, I suggest that this tentative theory of the process of intuition may allow for an integration of the historical understandings of intuition, including many of the polarities which have plagued the subject. No longer would intuition fall foul of the rational or non-rational dichotomy, for although it would appear to be primarily a non-

¹⁴ Sometimes experienced as 'immediate knowing' due to the preceding non-conscious process being inaccessible

conscious process, the recognition of the meaning of an intuition, as it comes into conscious thought allows for the inclusion of a rational, verbal understanding of the phenomenon. Furthermore intuition as conceptualised here, proposes that the phenomenon originates neither from an external source, nor from an internal source, but makes an argument for the necessity of both in the interaction of inter-personal and intra-psychic systems.

In the sections below I expand my theory of the emergence and process of therapist intuition through placing it alongside other research into intuition, and suggesting concepts from intersubjectivity theory and neuropsychology which may further elucidate the intra-psychic and the intersubjective processes indicated in the data from this research.

5.2 INTUITION AS A PROCESS OF INTERACTIVE SYSTEMS

In the light of the findings from this research I would argue that intuition is best conceptualised as a process - an outcome which is supported in the work of others (Petitmengin-Peugeot, 1999, Welling, 2005). This becomes evident when one considers that various elements which were described by participants and identified as components of intuitive experiences, for example attunement, cues and physiological sensations, *preceded* an understanding of what the experience might mean to therapist and client, or what some might argue is the 'moment of intuition'. For although all participants reported instances of 'sudden intuitions', this was not the norm, and on reflection most were able to access precursors to this experience of immediacy. However, in exploring the data further it was clear that these elements which made up the experience of the process of intuition did not emerge along a clear sequential pathway. This suggested that the development of intuition, whilst clearly a process, was not a linear process but rather developed in a creative and individualised manner.

The reason for this non-linear development may be found in the understanding that the process of intuition would appear to be the result of the convergence of a number of systems, which interact and determine the emergence and outcome of intuition. The same systems appear to be present in all participants' reported experiences, but do not always subjectively appear to follow a predetermined path in their mutual influence¹⁵.

In exploring further the systems implicated in the process of intuition, I suggest that systems occurring prior to the emergence of intuition provide our starting point. Subjective accounts of therapists indicated that the individual systems of therapist and client which meet in the therapeutic space and provide the potential for the creation of an intersubjective system are paramount to the possibility of intuition. All participants reported that the states of the client and the therapist have a bearing on the emergence and development of intuition, and that 'intuitive experiences differed' according to various influences, contexts and clients. Furthermore, whilst most participants chose to work with intuition when possible regardless of the professional system within which they practiced, all recognised the influence this system had on their clinical work.

Should these 'pre-intuition' systems converge and interact in a manner which supports the emergence of intuition, namely a relationship between client and therapist within a supportive setting, then further systems are called into play. The first of these being the intersubjective system which emerges as a result of the attunement between client and therapist, and which provides the shared space in which both therapist and client have access to information, albeit in a non-conscious manner. This system is important in that it provides the basis from which therapist intuition about the client or the therapeutic process might emerge. However in order to progress into a 'shared understanding' between client and therapist the non-conscious information

¹⁵ It must be acknowledged that this may be a factor of the inability of participants to fully access all elements of the intra-psychic and non-conscious components of intuition.

projected by the client into this intersubjective space must be processed internally by the system of the therapist. At this point a series of further systems can be identified through the reports of participants.

The emotional, physiological and cognitive components of the therapists' subjective experiences of intuition suggest that within the intra-psychic processing of information there are at least three broad systems which are implicated in the development of the process of intuition. This is explored in more detail in section 5.4 below. But suffice to say it is this intra-psychic processing as experienced by the therapist which moves the information into a crystallised intuitive thought which can be reflected upon. The decision as to whether to feed this back into the intersubjective system shared by therapist and client is then made by the therapist based on this understanding of the intuitive thought and on an assessment of the client's individual system or state.

One of the important implications of considering intuition as a process of interacting, non-linear, individual systems is that it allows for the possibility of creativity. Furthermore it explains the evidence of varying subjective experiences whilst allowing for the identification of common factors in the emergence and development of intuition. This conceptualisation of intuition as an interaction of systems is supported by the work of others (Bastick, 2003, Laqueria, 2005), and both Schore (2003a) and Lieberman (2000) suggest the co-existence of inter-psychic and intra-psychic elements of intuition.

Using complexity theory as a scientific model to follow the process of the interaction of the systems implicated in intuition as identified in my research, I would suggest the following. The intuitive process may be seen as

'beginning' with a connection of at least two complex adaptive systems¹⁶, that of the client and that of the therapist. If the conditions are optimal and both systems are open enough¹⁷ to the possibility of change this is followed by a moment of deep attunement, or attractor state. Experiences of client 'blocking', or therapist interference with the process by moving towards left hemisphere processing, are, I would suggest, evidence of systems closed or closing and, as participants' reports have indicated, prevent the emergence of intuition.

The subsequent self organisation of the therapist's adaptive system occurs as a result of intra-psychic processing of information and precipitates the understanding of the meaning of the intuition in a conscious rational sense. This moment of understanding might be conceptualised as a bifurcation point. The therapist's choice as to whether to feed back the understanding into the intersubjective system, either through action or reflection, provides the opportunity for this intersubjective system's adaptation and self organisation, resulting in a shared knowledge between client and therapist.

5.3 THE INTERSUBJECTIVE NATURE OF INTUITION

The discovery that the relationship between therapist and client was experienced as being fundamental to the emergence and the process of intuition highlights the importance of the inter-personal nature of intuition and reinforces the consideration of the intuitive experience through an 'intersubjective' or 'relational' theoretical lens. It is perhaps not surprising that the primacy of the relationship was highlighted by participants in this study, nor that many believed that 'therapy is intuitive', given the ascendancy

¹⁶ It could be argued that there are at least three systems if one includes the setting, however as most participants did not believe the setting prevented them working intuitively when the relationship between client and therapist was optimal I have not discussed it here.

¹⁷ In order to be affected by the environment an adaptive system must remain on the edge of chaos and open to experience, therefore if the system of the client or the therapist is not open, the possibility of the therapist's self organisation is precluded and intuition will not occur.

of the relationship in psychological therapy, and more recently the discussion of the mutually influencing and intersubjective nature of this therapeutic relationship (Beebe et al, 1998, Benjamin, 1995, Schore, 2003a). However participants' subjective experience of 'intuition as natural', and a recognition that it had been present in their lives prior to therapeutic training, suggests that the process may be a factor of normal human interaction that is utilised in the therapeutic setting. Indeed Bastick (2003) and Charles (2004) both suggest that intuition is an innate human ability, and Laquercia (2005) argues that it is a function of earlier developmental stages.

The importance of attunement was described by all participants in this research when referring to their subjective experience of intuition. Furthermore, their description of 'entering the client's world', or the 'creation of a mutual space' is echoed in other works on the subject of intuition (Bastick, 2003, Marlo et al, 1998). Petitmengin-Peugeot (1999) in her research into the intuitive process identifies a category 'Getting into Resonance' which she describes as *'harmonising with the rhythm with the other'* (p65), and of *'welcoming the other into one's self'* (p65). Whilst Laquercia (2005), speaking of intuition in the therapeutic dyad, also emphasises the necessity of attunement and notes that *'a true connection is made when the primitive unconscious processes of both the analyst and patient are in tune'* (p 62). These ideas are echoed in the words of my participant who described the intuitive co-created space as being an 'interpersonal field' into which both client and therapist contributed and from which each gained. This is of course suggestive of concepts familiar to intersubjectivity theory such as mutuality (Mitchell et al, 1999) and the 'analytic third' (Aron, 1999, Ogden, 1999) and I would suggest of a co-created complex adaptive system (Eidelson, 1997).

The importance of the relationship and attunement in intuition, when considered with the need to provide an understanding of how information in the client might reach the therapist, suggests that attachment theory might

provide a deeper understanding of the interpersonal system of intuition. In particular the current understanding of attachment, which proposes that it is the mutual attunement of mother and child in relationship that allows for the transfer of information before the development of speech (Beebe, et al, 1998, Schore, 1994, Stern, 1985) through right hemisphere activity (Schore, 1994) and that the same process occurs in the therapeutic dyad (Schore, 2003a). If this is so then it is not unconceivable that the transfer of information in the experience of intuition may be expected to follow a similar pathway.

A further indication of the possible importance of attachment in the emergence of intuition is the finding that heightened affect in therapist and client was shown to be a factor in the experience of intuition both in the results of my research, and that of others (Bastick, 2003, Lieberman, 2000). I would suggest that Shore's (2003a) theory of affect regulation¹⁸, grounded in the neuropsychological understanding of attachment and intersubjectivity, provides a way in which this heightened emotion may be understood in both the intersubjective system and in the intra-psychic system of intuition.

The concept of choice evident in my findings and relating to decisions made by my participants as to whether to work intuitively or to share an intuition, is, I would argue, made within this 'attuned' space, or co-created system. The notion of choice is also alluded to by Petitmengin-Peugeot (1999) in her 'Phase of Letting Go' which she describes as a way her participants entered an intuitive state, and by Bastick (2003) who acknowledges that some individuals are able to deliberately choose to employ intuition in their work. This may indicate a choice on the part of the therapist to be open to forming a relationship with a client at a level at which both the client's and the therapist's systems might be affected by the interaction, thus allowing for intuition to develop. However it should be noted that the client too holds a position of choice in this process, for one of the reasons given by my

¹⁸ Discussed in more detail below

participants for choosing against working intuitively was that the client 'blocked' this process in some manner.

The importance of emotion in the emergence of the intuitive process (Bastick, 2003, Lieberman, 2000) and in non-conscious communication (Schoore, 2003a, Damasio, 2000), may explain this notion of 'blocking' ascribed to clients. For if as Bastick (2003), describes, the therapist's intuition is *'developed through a 'controlled' empathy in which he evokes feelings subjectively similar to the patient's as 'emotional information''* (pg 18), then the inability to connect with a client in a manner which would allow for this process, may, I suggest, be subjectively experienced as 'blocking'. Interestingly Bastick (2003) speaks specifically of 'emotional blocking' as referring to the state of the one receiving the intuition. However whilst Bastick's (2003) concept supports my finding that the emotional state of the therapist influenced the accessing of intuition, it also, when placed within an intersubjective framework, could reasonably be applied to the client.

5.4 THE INTRA-PSYCHIC COMPONENT OF INTUITION

Just as the intersubjective system provides the conditions needed for the emergence of intuition, the intra-psychic system of the therapist provides the arena for the subsequent development of the intuitive process. However it should be noted that this is not done without constant readjustment within the inter-personal space.

The results of this research, supported by others, indicated that within the intra-psychic system of the therapist the intuitive process was experienced on multiple levels, including the affective or non-conscious (Bastick, 2003, Lieberman, 2000, Petitmengin-Peugeot, 1999) and the physiological (Bastick, 2003, Lieberman, 2000, Petitmengin-Peugeot, 1999). It was further influenced by interaction with the conscious rational mind (Laquercia, 2005, Rea, 2001). There was additional evidence which suggested that these

levels were not always subjectively experienced as separate or distinct from one another and participants were often uncertain as to the order in which they became aware of different levels. However all participants recognised them as being elements of the intuitive experience.

Whilst identifying these intra-psychic components and suggesting that they appear to be interacting in the process of intuition, the data from this research cannot provide an in depth, objective understanding of how this might occur. Indeed, apart from Bastick (2003), Laquercia (2005) and Lieberman (2000), few studies recognising these different levels, have attempted to provide a theory of how they might co-exist and inform each other within the process of intuition. I hope therefore to elaborate below on my theory of intuition in a way which allows for the consideration of the intra-psychic levels reported by my participants, whilst simultaneously applying current understandings in the field of neuropsychology to further explore their possible roles and interactions.

Many who have examined the nature of intuition in the past, have regarded it as either emerging from an irrational response to a subjective experience, or as a cognitive piecing together of information so as to allow for an educated guess. However the results of this research suggest that the therapists interviewed were aware of the existence of both non-conscious process and rational thought in their experience of intuition. Furthermore it appeared that they experienced a movement between these levels that was necessary for a number of reasons. Firstly a *movement away from* rational thought was reported as being important in allowing intuition to emerge and develop. However, in order to reflect and to make sense of the intuitive experience, a *movement towards* rational processing of information was needed. Participants were both clear as to where they were positioned at any one time, *'I mean I think what, one would need to do is almost sort of given in, at the moment its happening and [then] reflect on the experiences (i/v 2),* and unambiguous as to how this might be experienced, *'at the time, I can't trace my*

process...Afterward I can piece it all together' (i/v 4). They described how they used this movement away from the immersion in the moment as a way of reflecting on both the intuition, and how it might be incorporated within theory and their current knowledge of the client. The identification of rational thought processes, including choice, and non-conscious process inaccessible except in reflection, leads me to suggest that both the left and right hemisphere are implicated in the process of intuition.

Interestingly this movement between non-conscious and rational thought was mirrored in the accessing of intuitive experiences for the purpose of exploring examples in the interview - as indicated by the results which showed evidence of non-conscious process (pg 55). Others writing in the field of intuition (Petitmengin-Peugeot, 1999, Rea, 2001) have also found this to be true. Petitmengin-Peugeot (1999) asserts that research participants in her study experienced difficulty in re-living an intuitive experience whilst simultaneously putting it into words, and Rea (2001) suggests that even when implicit cognitive processes can be communicated the verbalisations often seem to lag behind the depth of intuitive understanding.

The need to deliberately place one's attention outside of the intuitive process in order to reflect appears to act in reverse when participants describe how they remain open to the development of intuition. In this situation the process would seem to consist of simultaneously shutting out rational thought processes and expanding the consciousness. Just as my participants argued for the importance of 'waiting', and 'not paying attention to skills or theory in the moment', so too did those in other studies (Bastick, 2003, Charles, 2004, Petitmengin-Peugeot, 1999, Reik, 1975). Furthermore the 'focus of attention', which subjectively moved from left hemisphere rational reflection to right hemisphere non-conscious processing in the reports of participants, appeared to correlate with Welling's (2005) proposal that a modification of attentional stance is important in detecting intuitive phenomena. This action of changing attentional stance could arguably also

be inclusive of reported experiences such as 'opening up', 'letting down boundaries' and the consideration of 'possibility', and would support the importance of the 'reverie state' described by Bastick (2003).

Rea (2001) too points out that in contrast to deliberate analytical thinking, intuitive listening is designed to 'welcome in' information rather than 'to seek it out'. Schore's (2003a) description of the expansive attention mechanism of the right hemisphere may help to explain this experience of 'opening up', and the inclusive quality of attention in intuition (Bastick, 2003, Charles, 2004). The importance of resisting the influence of conscious left hemisphere processing of information in intuition has been further illustrated in the work of Schooler et al (1993, 1999) who found that the use of rational thinking was indicated in the blocking of the perception of intuitive processes.

However, despite the left hemisphere's influence on intuition as prohibitive in the early stages of the process, I would argue that it does in fact have a role in the process of intuition, for it *'builds a pragmatically convenient, but simplistic model of reality which has already been tested by the right hemisphere'* (Schore, 2003a). Two important illustrations of the use of this complimentary function are; the decisions participants made as to whether they chose to interact with the process of intuition or allowed it to develop, and the 'distilling' of the intuitive process into a symbol, verbalisation or 'understanding' which allowed it to be tested within the therapeutic relationship. Furthermore the ability to move from the non-conscious, 'in the moment process of intuition' to a more reflective stance is an important finding in this research, as it provides some evidence of choice in the intuitive process and thus argues against intuition being a purely irrational, subjective response. This of course has particular relevance to the suggestion that, with self understanding, intuition can be used responsibly in a therapeutic setting.

All participants emphasised the importance of cues in the process of intuition. This was not unexpected and has been widely reported in other

studies (Bastick, 2003, Charles, 2004, Lieberman, 2000, Petitmengin-Peugeot, 1999, Reik, 1975, Welling, 2005). Although participants sometimes referred to cues as 'picking up signals' in the intersubjective space and through internal process, it should be mentioned that participants' reflection on the picking up of signals does not in this instance refer to the interpretation of these cues, but simply to the subjective experience itself. The most common experiences were grouped into, aural, visual, or somatic cues, however reports varied both between and within participants.

Cues were reported as being subjectively experienced within the intrapsychic system rather than as a sign from the client. Internal images which appeared in the mind of the therapist were the most common visual cue with visual hallucinations reported more rarely. Aural cues (sounds or words) were not interpretations of the client's words, but were either heard internally, or pronounced out loud unexpectedly by the therapist - before being reflected on. This mirrored the results of Petitmengin-Peugeot (1999). Somatic cues, were described as either indicative of emerging intuitive process, such as vibrations in the hands, or as signalling to the therapist some facet of the clients state which in time gained 'meaning' and became part of the intuitive understanding.

The variety of cues experienced is, I would argue, an expression of the multitude of systems which are activated intra-psychically, as well as being a reflection of the influence of the unique individual systems of both client and therapist. For although all participants indicated that no two experiences were the same and that different cues might be experienced at different times, all appeared to have 'preferred' cues of which they were more aware. This I suggest would be a factor of their own perception of the world and of their unique complex adaptive systems.

The physiological experience of intuition, as described by my participants, includes both 'somatic cues' of intuition, and the subjective understanding of

participants that intuition was somehow 'felt in the body'. The areas of the body which were most commonly mentioned in the findings of this research, the solar plexus, the heart, and the hands, were also reported in the research findings of Petitmengin-Peugeot (1999), who refers to '*the hand, the heart, the stomach or the spinal column*' (p 64) as being the source of connection in intuitive experiences. When we consider these findings together with the primacy of affect in intuition and place this alongside the importance of the vagus nerve which '*delivers viscerosensation from the stomach, bowels, heart, lung, pancreas, and liver*¹⁹ to awareness' (Zagon, 2002 cited in Schore, 2003a, pg 82) in the non-conscious processing of affective information (Schore, 2003), it would seem that once again there may be a neuropsychological explanation for these somatic experiences. The physical sensations such as 'vibrations', or 'tingling' experienced by participants in this study, often in the hands, were also found by Petitmengin-Peugeot (1999) to be common in intuitive experiences, and are too perhaps indicative of the involvement of the nervous system in the processing of non-conscious affective information (Schore, 2003a).

Pausing briefly to apply a neuroscientific lens to the discussion so far, I offer the following as a possible explanation of the intra-psychic process as described through the subjective experiences of participants. I would suggest that in situations that are experienced as 'intuition' or intuitive process non-conscious affective information communicated through the relationship with the client may be processed and filtered through the right hemisphere of the therapist, before moving to the activation of the limbic system as a result of the connections between the orbitofrontal cortex and lower limbic structures. This, as Schore (2003a) explains, and as my participants describe, would in turn affect the central nervous system and the autonomic nervous system, resulting in physiological arousal (Figure IV). Schore (2003a) suggests the response of the 'lower' autonomic nervous system is returned through non-conscious communication to the client via

¹⁹ All of which are placed in the stomach or the heart area

right hemisphere arousal, and in the case of intuition I propose that in addition to this, the involvement of the left hemisphere of the therapist may enable him or her to reflect on the process, or 'conceptualise', 'verbalise', or 'symbolise' the experience. It is at this point that choice re-enters the process, and decisions of whether to share the experience with the client, or to act on the intuition in some other way are made. The reporting of participants that they experienced intuition on many levels, sometimes seemingly simultaneously, could perhaps be explained by the extremely rapid process of the transfer of information through the right hemisphere²⁰ as suggested by Schore (2003a). However this would require further research.

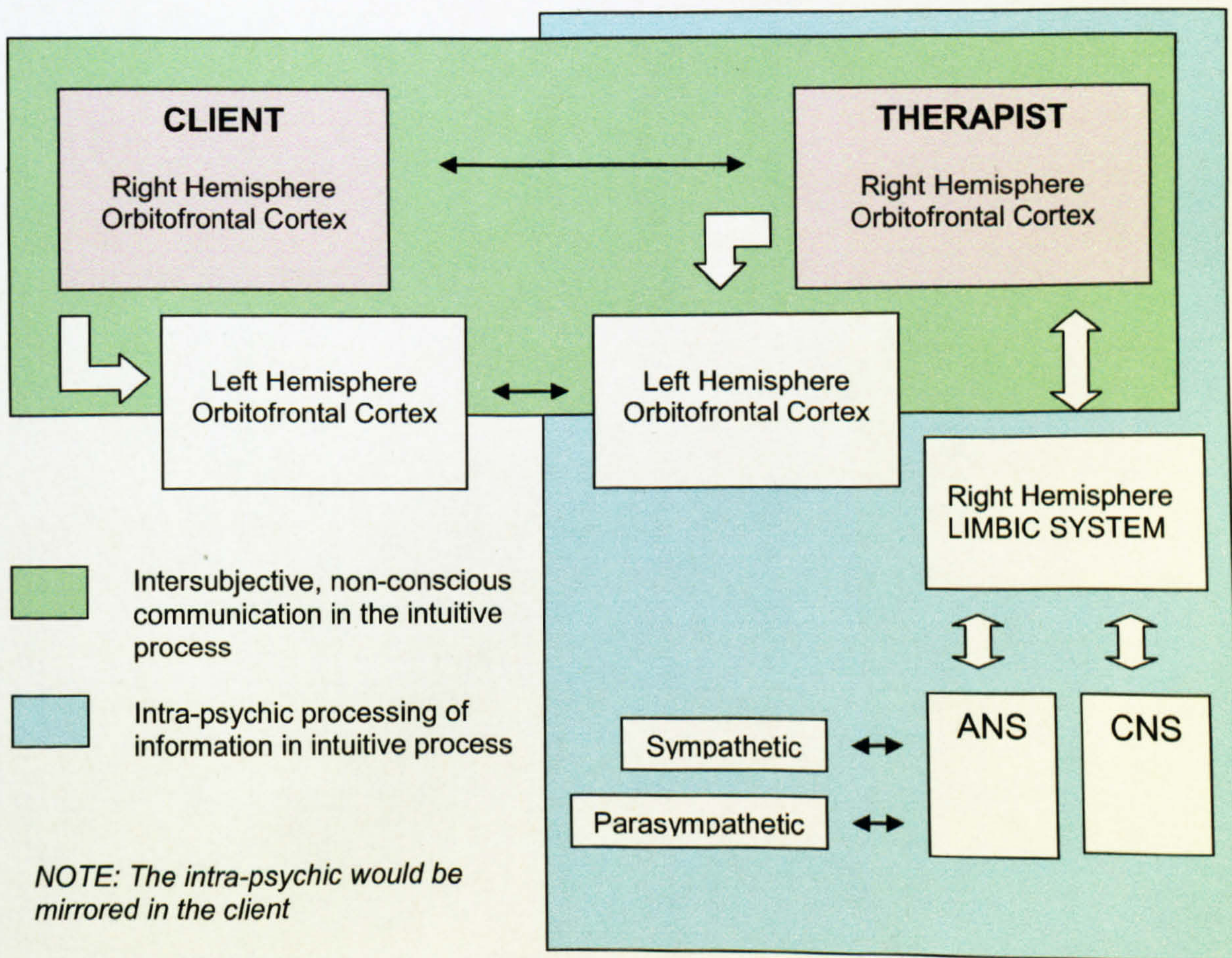


FIGURE IV Intersubjective and Intra-psychic aspects of Intuition as explored through the Application of Neuropsychological Understanding

²⁰ Schore (2003a) suggests this happens in as little as 2 milliseconds, 'far beneath levels of awareness' (pg 224)

Feelings of recognition and premonition are well documented in the intuition literature, both across history and disciplines, and this is echoed in the more recent writings on intuition (Bastick, 2003, Charles, 2004, Lieberman, 2000, Welling, 2005). Participants in this study spoke of 'knowing', 'awareness', 'humorous recognition' and 'clarity', whilst others have described feelings of 'certitude', 'meaning', and 'premonition' (Petitmengin-Peugeot, 1999). Welling (2005) suggests that pattern recognition or pattern diversion may present the underlying reason for these feelings of recognition and premonition. Given the importance attributed to patterns in the intuitive experiences of the therapists I interviewed, as well in the research of others, (Petitmengin-Peugeot, 1999, Reik, 1975, Welling, 2005) I wish to consider this point further. I would argue that the patterns identified by participants during an intuitive process, may be indicative of the internal models of the complex adaptive system of the therapist coming into contact with outside influences, for example the client's non-conscious communication, and then beginning to self organise²¹ in order to make sense of incoming information. Patterns of information which do not align with a therapist's own systems are subjectively experienced as premonitions whilst those which form familiar patterns are experienced as recognition.

Although participants were usually unable to describe the nature of the pattern, most recognised a 'feeling' or 'sense' of making or identifying patterns which they felt in some way clarified the intuitive understanding. This response can be better understood when one acknowledges that pattern forming has been identified as a non-conscious process as well as a rational operation (Bastick, 2003, Schore, 2003a) and that this right hemisphere processing of patterns might explain the inability of participants to verbalise the nature of patterns experienced on a more 'affective' level.

The importance of creativity in intuition, found in this research and written about extensively in the literature (Bastick, 2003, Charles, 2004, Rea, 2001),

²¹ Patterns could be argued to be evidence of attractor states.

does however emphasise that the role of patterns in intuition is not simply one of match or mismatch. The non-linear nature of right hemisphere functioning (Laqueria, 2005, Schore, 2003a) would, I suggest, allow for a more dynamic construction of patterns than is available in logical left brain applications. In addition, as incoming clinical data may be organised into patterns in a non-conscious process and then related to existing knowledge and experience (Bohart, 1998), an infinite number of novel combinations of information are possible.

The last point I wish to mention in this section is the attention given to energy in the accounts of my participants. In this research it was reported only as a subjective experience, however it was recognised by participants as existing both in the intersubjective space of the therapeutic dyad, and in the intrapsychic self organisation of non-conscious processes as experienced through physical sensations. Whilst much has been made of the importance of energy in intuition by those writers speaking from a transpersonal viewpoint, the nature of this energy remains elusive. However, energy is paramount to the understanding of complexity theory, in particular systems changing or 'self-organising'. Therefore in attempting to understand how the experience of intuition might include 'changes in energy' we may theorise that it signals changes to systems between client and therapist and within the system of the therapist. Furthermore, the theory of affect regulation which has been useful in understanding how my theory of intuition might be enriched by an application of neuropsychology emphasises the importance of energy transmissions in non-conscious, emotional, mind-body states (Schore, 2003a). It is unsurprising therefore that if we are to argue for intuition as a non-conscious process, that energy changes would be reported by participants experiencing the process of intuition.

5.5 ALTERNATIVE UNDERSTANDINGS

Can the experience of intuition be understood through concepts such as countertransference and projective identification? This is a question which arose for me both during the interview process and during the analysis of this research - leaving me at times querying whether they are different processes, different interpretations of the same process, or different facets of the same process. Whilst recognising that the definition of countertransference varies between a strict Freudian sense of the word, to the understanding of the phenomenon of countertransference as conceptualised through intersubjectivity theory (Aron, 1999, Mitchell et al, 1999), this research has led me to consider that there is likely considerable overlap between the phenomena of countertransference, projective identification and what we call intuition.

Tempting though it is to debate the argument '*Can intuition be explained as countertransference?*', I suggest that this was never the purpose of this work. A comparison of the two would run the risk of comparing 'descriptions' rather than elucidating the process of intuition. Certainly I would agree that both those experiences described as intuition and those understood as countertransference follow a similar route to the position whereby the therapist gains deeper understanding of the client, and that both might be explained through an understanding of complexity theory and the neuropsychological process of non-conscious communication (Schore, 2003a, 2003b). Does this make them interchangeable? I would suggest that further research is needed, but the response of my participants, most of who had trained in either a psychoanalytic or a psychodynamic model, would seem to indicate that they at least subjectively differentiated between the two phenomena.

Lastly, although I have chosen to explore my findings through the paradigm of complexity theory and the lens of neuroscience, and recognise that this is

a factor of my own interests and understanding of psychological process, I at no time wish to suggest in this study that the rich literature of the transpersonal understanding of intuition (for example Wilber, 1997, Rowan, 1993) has no place. Nor do I wish to assert that an application of transpersonal theories would have been inappropriate. Certainly if one continues to place the process of intuition within a complexity paradigm, and considers the principle of 'self similarity' then it would seem reasonable that other systems such as the transpersonal might also influence both our relationships and our personal systems, thus adding to our experience of intuition.

5.6 COMPLEXITY IN RESEARCH

Placing myself as I do within an epistemological framework of complexity theory I cannot discount the fact that the principles apply not only to the subject of my research, but that they also influenced the research process. I wish therefore in this section to consider briefly some of the effects of systems outside that of the therapist/client dyad on the outcome of this research. In particular their influences on the nature of the sample, the course of the research, and my own influence and learning as a researcher. There were of course an infinite number of systems which met and interacted in the research process. However two are of particular interest. Firstly the profession of psychology - with its ambivalent regard of intuition as a subject worthy of study and its influence on the individual participants, and secondly the intersubjective system created through the meeting of researcher and participant.

My reading on the subject of intuition had indicated that it was not widely discussed in mainstream psychological practice however I had sought my sample from a population of practitioners who placed themselves within this camp. As complex adaptive systems are sensitive to the context in which they find themselves it was unsurprising therefore that the professional

system and its belief structure would have a bearing on the characteristics of the participants who responded to my initial inquiry. For whilst the selection of participants was based on certain basic criteria such as locality, minimum length of practice, and type of practice, once these criteria were met, participants self-selected from the recruiting e-mail.

The result was the emergence of two clear unexpected groupings. Firstly it was interesting to observe that four out of six participants were men. As the ratio of women to men in the population sample e-mailed was 2:1, one might have expected the response to have been more reflective of this ratio - particularly as it is often suggested that women are more intuitive than men (Dearborn, 1916). Although Graham and Ickes (1997) suggest this may be more a factor of motivation than ability. Given that participant details indicated that most worked within a professional or clinical setting where it took courage to speak out about intuitive practice, one possible explanation for the gender split is that in response to the common belief that women are less 'rational', they declined to speak about intuitive practice because of a greater 'risk' of being judged.

The second grouping which emerged was the average length of clinical experience. Although the minimal length of experience for inclusion of this study was set at five years, the average years of experience of participants was more than fifteen years - with all participants having more than ten years practice. Responses of participants indicated that intuition had always been part of their life and practice and there was no suggestion that the length of practice affected the appearance of clinical intuition. Why then did this grouping arise? Again I would suggest that the influence of the 'acceptability of intuition' within the profession may have influenced this outcome. Increased experience and years of practice, rather than increasing intuition, perhaps increased the freedom and confidence with which they were prepared to discuss its influence on their practice.

The potency of the system of the profession of psychology extended onwards into the relationship between researcher and participants, and it was clear from the first participant contact that volunteering to be interviewed included more than a simple willingness to contribute to research in the field. Participants' need to express their views on, and experiences of, intuition suggested an additional, more personal purpose. In interviews I was constantly aware of a desire in participants to give voice to an aspect of the therapeutic process which received little attention outside of the therapeutic dyad, and yet clearly had great intra-personal and inter-personal impact.

As two separate complex adaptive systems, participants and I met with individual but not exclusive needs, but perhaps most importantly we met with an openness to accommodate those of the other. The nature of the interviews was therefore, by necessity, an intersubjective process. Allowing for my research question to be explored whilst honouring the desire of participants to 'speak of intuition' in more general terms required ongoing attunement by both interviewer and interviewee. This emotional investment, together with the high levels of energy and creativity which were experienced by both myself and the participants during the interviews, was indicative of the mutual influence of systems and mirrored the findings of the research data. Whilst on a practical level, the increased trust encouraged participants to become more open to detailed questions regarding their experiences and therefore less likely to avoid giving specific examples.

Although one attempts to practice grounded theory research without preconceived ideas, as a complex adaptive system one cannot deny the earlier internal models with which one approaches the subject. However, as my interviewing skills improved over the period of the interviews, and as the theory began to emerge, my own relationship with the subject developed and my understanding was influenced by experiences shared with my participants.

In concluding this section on complexity theory in research I wish to make one final point. Given the constant rearranging of components within a complex adaptive system as it comes into contact with other systems, the emergent theory, a system in its own right, must be conceived of as the result of more than just an understanding of the data. It is a reflection of the interaction of my own complex adaptive system with the professional systems, the participants, and the data.

5.7 STRENGTHS, LIMITATIONS AND FUTURE RESEARCH

The strength of this research and the emergent theory is that it takes up the challenge of Welling (2005) to produce a *‘model that can describe the underlying formal process that produces intuition phenomena’* (pg 24). Through the identification of interacting systems in the process of intuition, historical polarities in the understanding of intuition are addressed, and a theory which can account for the unpredictability of the phenomenon is provided. The ability of developments within the fields of psychology and psychotherapy such as relational psychotherapy and neuroscience to further elucidate the results of this research suggests that this model of intuition is built on a firm foundation of theories which have already been well researched and accepted with the scientific community.

Furthermore the inclusion of complexity theory and non-linear dynamics provides a creative and inclusive scientific lens through which to view the intuitive process. By focussing this lens on the therapeutic dyad in general and the therapist's subjective experience in particular, the findings are grounded in a practical arena whereby the theory can be applied back into the therapeutic process in a way which can be directly translated into clinical understanding. In addition, the use of the explication method of interviewing produced useful and rich examples from participants' own clinical practice - the lack of which has been mentioned in other research (Charles, 2004, Petitmengin-Peugeot, 1999).

As there is as yet no satisfying qualitative method to research non-linear process or dynamic theory, any study of a phenomenon conceptualised through a complexity theory paradigm must accept that a snapshot within time, and within ever expanding systems, is all that is available. However, whilst bearing this in mind, there are areas where I believe this project would have benefited.

Firstly the definition of intuition (prepared before interviewing participants for reasons stated in Section 2) uses wording and concepts which might have contributed to the self selection of participants and influenced the nature of the data – for instance it speaks of intuition as a non-conscious process. A repeat of this study without a formal definition may elicit different results, although it must be mentioned that participants' belief systems, and understanding of the source of intuition, did not always agree with my definition. Secondly, whilst there were indications of saturation in the data, a larger sample may have enriched the findings and enabled the expansion of certain areas of understanding. Lastly the design was not aimed towards recording non-verbal, non-conscious processes in the interview. The formal inclusion of which would have added to the understanding of the role of the right hemisphere in the intuitive process.

I would suggest that future research would benefit from both an expansion of the sample, as mentioned above, and a more in depth exploration. In conceptualising intuition as a non-conscious interpersonal communication process, increased understanding may be gained through an inclusion of the entire therapeutic complex adaptive system. For instance, a single case study design, where the experiences of both the therapist and the client are explored, would add the 'missing dimension' of the client. In setting up a methodology whereby video recordings and a qualitative research method such as Interpersonal Process Recall is used, additional information regarding non-conscious communication and mutual influence may also become available.

6. CLINICAL IMPLICATIONS

The importance of this research to clinical practice must be considered from a number of viewpoints. To do this we need to ask three questions. Firstly, if as I argue intuition is a 'natural non-conscious practice available to all', what are the implications for the therapist, their training and their practice? Secondly in understanding the source of intuition as a non-conscious process originating in the client, and developing as a result of a mutual influence within the therapeutic dyad, how could this be translated to working with different client groups? Lastly, will arguing for the place of intuition within a 'new' scientific paradigm, help to recognise and accept it's centrality in the therapeutic endeavour?

Rea, (2001) reminds us that '*a therapist is more than a technician*' (p102) and that therapy should be viewed not as an application of predetermined theory, but rather as a multifaceted relationship occurring between complex individuals. If we to are consider intuition as a non-conscious process between therapist and client, and to accept the opinions that 'therapy is intuitive' and 'intuition is natural' as pronounced by participants in this study and others (Charles, 2004, Lomas, 1993, Petitmengin-Peugeot, 1999, Rea, 2001, Reik, 1975), then the understanding of intuition's place within this multifaceted relationship, must surely be integral to successful clinical practice.

Many recent authors have written about intuition with a view that it is a complement to rational thought processes within therapeutic practice (Lomas, 1993, Shapiro, 1995), and the experience and practice of therapists interviewed for this study would seem to confirm this – with most naming it a 'resource' available them in their practice. Laquercia (2005) describes the

importance of the combination of non-conscious intuitive practice with theoretical knowledge as follows;

The art of psychoanalysis requires that a practitioner's highest cortical centre, the repository of theoretical knowledge, be in consonance with the deeper paralimbic centre so that our intuitive knowledge may become fully integrated with our theoretical knowledge and thus help us to resonate better with our patients.
(pg 71)

Welling (2005) expands on this use of intuition in therapy when he makes the point that in practice intuition may be the methodology that integrative therapists use 'to select from the eclectic base of available analysis options and decide what approaches or interventions to use on a moment-by-moment basis' (p 43). Furthermore, if Welling's argument is correct, and examples in the findings of this research would suggest that he is, an understanding of how we access, develop, and use intuition becomes imperative to responsible practice.

However developing intuition within clinical practice can be challenging, for as Laqueria (2005) describes, clinicians are;

...inclined to use the evolved cortical system to do the work of understanding while we struggle simultaneously with arousals from the primitive limbic system. Logic and reason press for accommodation when we listen to patient process, yet we know there is more to be understood. (pg 62)

Bohart (1998) suggests that the way forward in developing intuitive practice is for therapists to aim for a state of attunement based on experiential rather than theoretical knowledge, whilst Rea (2001) highlights the importance of

both an understanding of oneself²², and of appropriate theoretical mastery of clinical diagnosis and intervention. This he cautions will safeguard against the *'danger of confusing intuition with inappropriate or unhelpful intervention'* (pg 104).

As theoretical understanding of the intersubjective nature of the therapeutic dyad has progressed, and the relationship between therapist and client has become central to the work, clinicians have gained the opportunity to include in their practice an understanding of the primacy of affective non-conscious processes and their effect on the intra-psychic organisation of both client and therapist. The ability to choose whether to 'use' intuitive practice when working with clients, as described in this research and other's (Petitmengin-Peugeot, 1999), would seem to indicate that on some level the therapist is an active participant in the intuitive process. For although not all participants were able to purposely access the intuitive state, when arriving there more spontaneously, they were still able to choose whether to allow it to develop or to stay with it. Petitmengin-Peugeot (1999) and Welling (2005) both argue that it is not whether intuitive sensations are present but rather the therapist's willingness to acknowledge them and to apply him or herself to their presence.

In considering a theory of intuition as a non-conscious communication between client and therapist, intuition, which has been acknowledged as an important but 'hidden' factor in therapy, is integrated with current understandings of how therapy works. This raises the question, 'Can intuition be taught?'. Charles (2004) in her study of 23 training institutes believes that it can and it is, but I fear there is a confusion over whether this is 'intuition' itself which is being taught, or whether it is simply the *'nature of intuition which is being explained'* (Charles, 2004, pg 197). Welling (2005) suggests that it is difficult to *'devise a technique for promoting intuition'* (p40).

²² The findings in this research support these views, with participants clearly stressing the importance of the therapist's own therapy.

However I would argue that rather than devising a technique - for after all to reduce intuition to a technique may be to return it to a linear paradigm, it is more important that we understand how the conditions conducive to the emergence of intuition may be cultivated.

In fact, if we take intuition to be a natural non-conscious process, a product of right hemisphere communication and affect regulation (Schore 2003a), then it seems to me that 'Can intuition be taught? is the wrong question to be asking. Rather I suggest we should be addressing questions such as, 'How do we teach the concepts of attunement, intersubjective process and relationship in such a way so as to encourage the experience and understanding of non-conscious process and intuition?', or 'How can we assist trainees to develop both theoretical understanding and personal connections with their own and other's non-conscious and intuitive process?'

Rea (2001) discussing intuition in clinical practice, suggests that a tolerance of ambiguity, confusion, frustration and doubt, is what allows a psychologist or therapist to think creatively, and to stop to consider unclear intuitive experiences. His advice to therapists wishing to increase their intuitive awareness is pragmatic - know thyself, know thy craft, stop struggling, cultivate optimal sensitivity to one's internal experience and accurate perception of cues, and stay open and attentive (Rea, 2001).

Laquercia (2005) makes an argument for an investigation of the sources and curative potential of intuition to be incorporated into both class experience and supervision, and I would add to this the importance of personal therapy for trainees. Given the primacy and effects of attachment and attunement in the therapeutic dyad (Beebe et al, 1998), and their implications in affect regulation (Schore, 2003a), the importance of the therapist's own therapy whilst in training cannot be too greatly stressed. Non-optimal non-conscious communication resulting from the therapists own attachment difficulties, will greatly affect the ability to work at an intuitive level. This argument applies

equally to the supervisory relationship. Therefore I would suggest that the capacity to use all that is available *within* oneself, and *between* the client and oneself, is what will give therapists the ability and the choice to attend to and use intuition in their practice.

Intersubjectivity is always present in the therapeutic dyad (Benjamin 1995), as is a level of right brain communication in the form of affect regulation and attunement (Schore, 1994). The same might be argued for intuition as a non-conscious process. Although critics have suggested that the subjective nature of intuition renders it unpredictable at best and dangerous at worst, many others argue that a lack of understanding of intuition in the therapeutic dyad can lead to the disregarding of important insights (Petitmengin-Peugeot, 1999, Rea, 2001, Reik, 1975). The importance of research such as this is that an increased understanding of the emergence and process of intuition will foster more responsible use of this form of non-verbal communication. The results of this study would seem to indicate that the responsible use of intuition in the therapeutic relationship depends firstly on the therapist's awareness of attunement with client. The recognition that this attunement may not always be optimal, and may therefore potentially interfere with the accuracy of non-conscious communication, intuition and cues, is both an important diagnostic tool, and a choice point in the accessing of intuition.

Intuition in the therapeutic relationship offers to clinicians opportunities for access to levels of client experiences which are not available through conscious, verbal communications. The recognition that therapeutic change happens on a non-conscious, affective level (Schore, 2003a) would suggest to me that our ability to access and understand non-conscious communication between the client and ourselves, in the form of intuition, is an essential part of our clinical practice. When we turn to consider particular client groups this becomes even more pertinent.

The effect of early trauma on attachment patterns and right hemisphere development is well documented (Schore, 2003a), as is its effect on the access of implicit memory, (Damasio, 2000, Schore, 1994, 2003a) and dissociation, (Liotti, 2004, Schore, 2003b, Soloman et al, 1999). Therefore the ability of the therapist to access non-conscious communication of affective states in the client, through the acknowledgement and understanding of intuitive process, becomes an essential part of the therapeutic relationship, especially when working with those whose trauma predates verbal, left hemisphere development.

This argument can be extended to working with clients with serious mental health diagnoses such as schizophrenia or personality disorders, many of whom have experienced severe trauma, abuse or neglect, (Liotti, 2004, Schore, 2003b, Soloman et al, 1999) and whose chaotic worlds do not sit comfortably with a verbal or linear theoretical approach. Meeting these clients in a non-linear, dynamic and creative space, where intuition flourishes, and non-conscious communication abounds, would seem to me to offer a far more respectful and useful environment. As Laqueria (2005) suggests *'when confronted with the language of psychosis and the difficulty of making sense of psychotic production, our intuitive perceptions should be welcomed and appreciated'* (p 65).

Services addressing the needs of foreign language speakers, such as asylum seekers, or victims of torture, face the dual challenge of working with clients who present with severe psychological trauma, and whose language skills may not be sufficiently robust to express their suffering. Whilst the use of interpreters is common, paying attention to the non-conscious, intuitive process between client and therapist would surely address more directly the client's pain, and perhaps also supersede the cultural challenges inherent in the work. Other client groups where verbal skills are not well developed, such as children and learning disabled clients, present further opportunities for considering the importance of intuition as a resource. For, in the words of

one of the great voices in child psychology; *'clearly the best therapy is done by the therapist who is naturally intuitive and also guided by the appropriate theory'* (Bowlby, 1991, pg 16).

New theoretical understandings in the field of relational psychotherapy call for the acceptance of intuition into clinical practice, and complexity theory and neuroscience add weighty scientific possibilities to the explanation of the phenomenon. Through speaking out within the profession of the role that intuition *already* plays in clinical practice, we will further expand the role it *may play in the future*. The reinterpretation of intuitive practice into 'acceptable' language for colleagues or supervision hinders this process, not only for the broader discussion of intuitive practice, but also for the practice itself. For Rea (2001) cautions that;

when an explanation is forced onto an inherently non-verbal, non-linear task, one has to come up with salient reasons for the judgement that may sound plausible but were not necessarily involved in the original intuitive thinking. Now conscious of these assumed grounds for decision, one continues using those criteria while de-emphasising or abandoning the non-conscious criteria that could not be delineated. (pg 99)

In summary then, how do we translate into clinical practice the subjective experiences of therapists and the findings of research into intuition? Firstly by ensuring that conditions are favourable for the emergence of intuition. This would include therapists with theoretical and self knowledge which promotes access to and understanding of non-conscious communication. Secondly through the promotion of an understanding of intuition as a non-linear, creative, and non-conscious process which develops in an atmosphere of 'openness' and 'possibility'. This will help to minimise premature interpretation of meaning, and encourage an ethical use of intuition alongside the appropriate application of theory. Lastly, through the

acceptance and discussion of intuition as an important element of therapeutic work, not replacing deductive reasoning (Rea, 2001), but allowing us as clinicians to access our full potential.

I cannot conclude this section without reflecting on the influence and implications of this research on my own clinical practice. The beginning of this research project coincided with my accepting a full time position within a Clinical Health Psychology department working with clients referred for individual therapy to assist with their management of chronic pain. Often presenting with histories of trauma, either in childhood, or specifically linked to a physical injury which resulted in the pain, many are unsure of the referral into psychology. Constrained by the number of sessions available to us, the difficulty many have with accessing emotions, and the habitual framing of emotional pain within physiological symptoms, I have found that acknowledgment of the intuitive process and increased attention to non-conscious communication correlates with the development and quality of the therapeutic relationship and thus the possibility of change.

Throughout my research I have gained from listening to the experiences of participants and from reading more deeply the work of others. In developing my theory I have integrated my own understanding and experience of the intuitive process. This has resulted in a 'permission' to work in a way which I believe honours my contribution to the therapeutic relationship, and which enables me to 'hear' more clearly the non-conscious, affective communications within the room. According to complexity theory, systems cannot return to earlier organisations, and nor would I want to, for my own 'self organisation' resulting from this research is one which will continue to have an influence on both me and my clients throughout my professional career.

7. APPENDICES

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APPENDIX I

Glossary of Complexity Theory Terms

Attractor State

A pattern of behaviour towards which an evolving dynamic system tends to converge. (Masterpasqua et al, 1999)

Bifurcation

The bifurcation point is the point where chaos and order meet. The term bifurcation is used to describe the dynamic that initiates a transformation. (Chamberlain et al, 1998)

Chaos

The unpredictable and irregular evolution of the behaviour of many non linear dynamical systems. Although chaos means unpredictability, it should not be understood to mean that the system was not or is not determined. (Masterpasqua et al, 1999)

Edge of Chaos

The transition between order and chaos in complex adaptive systems. Complex systems at the edge of chaos seem to be those most capable of adapting to the vagaries of their contexts.

Heterarchy

A network of elements sharing common goals in which each element shares the same horizontal position of power and authority, each having an equal vote (Wikipedia).

Nonlinearity

The concept that qualitative not quantitative change describes the course of a system over time (Masterpasqua et al, 1999).

Self – Organisation

New levels of form, organisation, and complexity arise within organisms from the interchanges between them and their environment.

Self-Similarity

Describes how forms at one level are patterned after forms of an earlier level, and subsequently become forms for a later level. (Butz, 1997)

Sensitive Dependence on Initial Conditions

Also known as the 'Butterfly Effect' suggesting that small influences on the system can have disproportional effects on its structure and organisation.

APPENDIX II

E- mail to Sample Populations

Dear Fellow BPS Member,

In order to complete my dissertation for the award of Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych), I am looking for research participants for a qualitative study on the emergence and process of intuition in the therapeutic dyad.

Although current interest in clinical intuition would seem to suggest intuition is a common factor in psychotherapy, it is not well understood (Laquercia, 2005, Rea, 2001, Welling, 2005). Recent developments in neuropsychology and relational psychotherapy have, however, opened new possibilities for the study of intuition, as well as eliciting renewed interest in its clinical significance.

This research project aims to undertake an exploration of clinical intuition as a non-conscious, intersubjective process, through a consideration of the therapist's experience of intuition in the therapeutic dyad. For the purpose of this study I have used the following definition of intuition: *a non-linear process of knowing, perceived through emotional and physical awareness, which seeps into the conscious awareness without the conscious use of reasoning or deliberation.*

Focussing on the experience of therapists, rather than the clinical content, I am looking for first person experiences of clinical intuition. In particular, I would like to interview practising therapists who have at least five years post qualification experience together with:

- An acceptance of intuition as an integral aspect of the therapeutic relationship and a process with which they are familiar
- The ability to provide in-depth examples of intuition in their clinical experience
- An openness to exploring pre-conscious processes and subjective experiences when providing examples of intuition in practice.

All information will be kept strictly confidential, and the research will be conducted within the UKCP and BPS guidelines for ethical research. Preliminary analysis of findings will be shared with participants and a summary of findings will be available on completion of dissertation. Participants may withdraw from the project at any point.

I would very much like to hear from you if you would be interested in participating in this research. A contact telephone number and an indication of times when I could contact you would be appreciated. Also do feel free to contact me if you have any further questions.

Many thanks

Lucia Swanepoel
Psychotherapist and DCPsych Candidate – Metanoia Institute

luciaswanepoel@hotmail.com
Tel: 07986 723 724

Laquercia, T. (2005) Listening with the Intuitive Ear. *Modern Psychoanalysis*. 30 (1) 60 - 71
Rea, B.D. (2001) Finding our Balance: The Investigation and Clinical Application of Intuition. *Psychotherapy*. 38 (1), 97 – 106.
Welling, H. (2005) The Intuitive Process: The Case of Psychotherapy. *Journal of Psychotherapy Integration*. 15(1), 19 – 47.

APPENDIX III

Participant Consent Form

Dear Research Participant,

Thank you for volunteering your time to assist me in completing my dissertation for the award of Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych).

As you are aware I am undertaking research into the emergence and process of intuition in the therapeutic dyad which I hope will add to the understanding, acceptance, and development of the non-conscious, intersubjective processes present in the therapeutic dyad.

I look forward to hearing from you your own experiences of intuition in your clinical practice, and hereby ask your permission to record and transcribe this interview. Please feel free to ask questions during this process, or to contact me at any time.

Although my area of interest is the experience of the therapist, rather than clinical content, it is highly likely that context and content will also form part of the shared experience. I wish therefore to reassure you that your confidentiality and that of your client will be maintained. All data will be kept confidential and anonymised according to ethical guidelines as laid out by the BPS and UKCP.

Should you be willing, I may also wish to contact you for feedback on preliminary findings. This will help me to ensure that I have captured your experience accurately, and will help test the validity of the findings. I will also make available to all participants a summary of research results on completion of my dissertation.

You have the right to withdraw from this project at any time during the research, and to refuse permission for this interview (or any part of it) to be used as data.

I hereby consent to the above:

Signature: _____ Date: _____

Signature: _____ Date: _____

Lucia Swanepoel
Psychotherapist and DCPsych Candidate – Metanoia Institute
36A Clermont Terrace
Brighton
BN1 6SJ
Tel: 07986 723 724

luciaswanepoel@hotmail.com

Although I sincerely hope that this will be a interesting and rewarding experience, should you wish for any reason to make a complaint about the nature of this research or the manner in which this interview is conducted you may write to:

*Professor Vanja Orlans
Programme Leader DCPsych
Metanoia Institute, 13 North Common Road, Ealing, W5 2QB*

APPENDIX IV

Interview Questions/Prompts

1. General Information

Years of Practice
Type of Therapist – Training
Years of Practice
Private or NHS
Reason for responding to my e-mail

2. Subjective Experience

Is intuition something you recognise from your own practice?
Has it always been so?
Is the likelihood of an intuitive experience influenced by anything?
 Context where working
 Own state influences
 Type of client influences
 Relationship influences

Can you give me an example of an intuitive experience in your practice?
 Time line
 Emergence
 Process
 Eureka moment?

Explication Method – Prompts: How, What, When

3. Closing

Is there anything you wish to add?
May I contact you if there is anything I need to clarify?
Would you be prepared to give feed back on preliminary analysis of your interview?

4. Questions added as a result of emerging theory

Are there times you wouldn't work intuitively?
What control over process? (Ending, or choosing to work intuitively?)
Physical locus?
Movement between states of consciousness?
Do you speak to colleagues about using intuitions?

APPENDIX V

Sample Transcript – I/V 003

P 4: IN 003.rtf

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Media: RICHTEXT

Printed: 2009-04-09T14:01:37
By: Super

From HU: INTUITION

HU-Path: [C:\Documents and Settings\Lucia Swanepoe\My Documents\Scientific Software\ATL\TextBank\INTUITION.hpr5]

Codes: 92

Memos: 0

Quotations: 238

Families: <none>

Comment: <none>

001 INTUITION

002

003 INTERVIEW 003

004

005 24 September 2007

006

007

008 *Could we just sort of start of with a bit of your background*

009 Uh huh

010 *I know in your e-mail, and our conversation you were doing things that sounded really interesting but a little different from the*

011 Mmmm

012 *Um, straight therapist work,*

013 So, from when I, from my training?

014 *Just whatever you feel you need to, you know feel you'd like to tell me to get an idea of the way you work and who you are.*

015 Ah, um I started of ah doing a psychology degree, as a mature student, after I had been nursing for some time, and that wasn't what I was looking for at all,

016 *Uh huh*

017 But I completed my degree and clearly realised that it was counselling and therapy that I was interested in. Um went on to do a counselling course at XXXX, went on to do my psychotherapy training at the XXXXX,

018 *Right okay*

019 So my training is integrative,

020 *Uh huh*

021 Although I probably, based mostly around, ah object relations, um

Training~

Therapist Influences~ integrative~ Integrative~

therapist practice~

psychodynamic, existential,

022 *Okay*

023 That's kinda mostly what used to inform my work, but I mean its sort of developed much more over the years

024 *Uh huh*

025 But um, er and I had a private practice for 12 years in London, did a lot of HIV and aids work,

026 *right*

027 In the early days, um a lot of health work, around difference and diversity,

028 *Was that linked to your nursing background?*

029 Um originally it was, yeah

030 *Right*

031 Um and I did a lots of um kind of palliative care.

032 *Uh huh*

033 And um bereavement work, which has been the consistent theme, throughout

034 *Right*

035 Um, and ah refugees, victims of torture, the xxxxxx xxxxxxxxxx. Moved down to the xxxx xxxx and um, decided not to um continue with private practice. Family,

036 *Right*

037 Because I have a family. So I decided I would do something different. Currently work for a xxxxxxxxxxx xxxxxxxxxxx xxxxxx, xxxxxxx xxxxxx xxxxxx, xxx. As a psychotherapist, but I also uh developing a service down in xxxx xxxxxx. It's a new service in xxxx xxxxxx.

038 *So you're working with child, with the children*

039 And the family

therapist practice~

therapist experience~

therapist experience~

therapist experience~

- 040 *And the family, okay*
- 041 Yes, um, in groups, in the family, and individually.
- 042 *Right*
- 043 So that's um. And we're a kinda multi-professional team, so psychological training differs.
- 044 *Great, that's a great sort of synopsis. You've told me a little about your training, how many years have you been practicing?*
- 045 Since '92
- 046 *Okay, so that's about 15 or so.*
- 047 Mmm
- 048 *Okay*
- 049 *Have you ever worked in the NHS or have you always been private?*
- 050 As a therapist I haven't but I did as a nurse.
- 051 *What sort of nursing did you do?*
- 052 General nursing, yeah
- 053 *Okay. And the reason for responding to my e-mail? I've had varying response to this question*
- 054 Ah oh that was very much a gut response. (laughter)
- 055 *Yeah*
- 056 Because I'm actually, really quite, you know a lot of stuff comes through on the e-mail, and um I'm usually quite, you now I probably don't really pay it that much attention, but I think it was intuition, I think it was just the word intuition,
- 057 *So that stirred something for you*
- 058 Yeah no that, that absolutely captured something, and ah as I wrote in the e-mail, um there are two reasons, one is that I have always worked intuitively, um, .. pre therapy, I worked intuitively as a nurse,

years of experience~

therapist experience~

response to e-mail

interest in intuition~

In. Natural~

- 059 *As a nurse, right*
- 060 And I think it's always been a very strong, element of who I am, [] In. Natural~ [] In. Natural~
- 061 *Uh mm*
- 062 Um..
- 063 *So would you say it pre-dates your nursing even?*
- 064 Yeah
- 065 *You know when you say its an element of who you are*
- 066 I think I've always gone with gut, [] In. Natural~ [] In. Natural~
- 067 *Uh huh*
- 068 Um and um, ... and its just that as I've got older and done training and stuff, its just that the intuition gets informed, [] Adding therapy skills to Intuition~
- 069 *Right*
- 070 And it can be checked out. Um [] Adding therapy skills to Intuition~
- 071 *So the nature of the intuition, changes? When you say* [] Justify Intuition~
- 072 No I think, the intuition stays, but I can back it up, [] talk about intuition
- 073 *Right okay*
- 074 Um, more, [] Justify Intuition~
- 075 *Back it up for you? Or back it up for others?*
- 076 Well, mostly I'd say if someone, was asking me to um talk about um, work with a particular client, um I might say how in the room, in the relationship I'm working in, in a particular kind of way, and I follow something, I can then, actually support what I am following.
- 077 *Right*
- 078 Um, kinda other ways of understanding it,
- 079 *Okay*
- 080 Other than intuition,
- 081 *Okay, I'm following you there,*
- 082 Mmmm
- 083 *Um. So obviously its something that you recognise from your*

own practice, has it been different in different practices? Is it something that changes with where you work?

084 I wouldn't think so.

085 No? Okay, so pretty constant

086 Its consistent. How it changes is my relationship to it,

087 Okay

088 So if I don't trust it, um, and I don't um, or I don't listen to it, there might be, or I might come back to it, and think, 'I should have gone with that'.

089 Right

090 That, you know that, that was, that was the right thing to have done, if I'd followed that then I would, I would have heard that.

091 Right okay so that almost a looking back at the experience,

092 Yeah a reflection,

093 Right okay. Is that something you do when you use intuition and it works or when you don't use it or you ignore it? Do you reflect on it regardless?

094 No I reflect on it regardless

095 Okay okay

096 Yeah

097 So, I'm sort of trying to get a feel for the process, there's a reflecting back once the,

098 Yeah, yeah.

099 Process is gone. And with different clients, is there, does that make a difference?

100 Yeah I think it probably does, you know I haven't really thought about it. Um, I think that, and um I'm talking just off the top of my head, I'm thinking about a certain client, that, where it's blocked, you know where it doesn't. So its

Setting Influence~

attention~

attention~ Reflection~ Trust intuition~

following~ End of intuitive state~

Reflection~

multi levels~ process

Type of client~

blocked~ Relational~

like there's something about the relationship, and maybe it means... there's a particular guy who is in a group, um .. 10 days ago .. um.. and um my intuition was to push him a little bit, um but there was some uncertainty about that, um and um and he, ah I couldn't get anywhere with him where as with the other guy ... and maybe that's about where the people are, the individuals are, ... it was possible

101 *It sounds like its quite a mutual experience from what you are saying? That there's a mutuality in it somehow?*

102 Well I would, I suppose how I work, is that its about the inter-action, the relationship between people.

103 *Uh huh*

104 That I think is fundamental

105 *Uh mmm*

106 And um, when there isn't a connection, that still informs what going on between you, but for me it means that ah, that it's less likely that anything is going to happen, develop, um ah kinda you know there isn't anything that is growing from it.

107 *Right*

108 It kinda gets blocked

109 *Do you see that as creativity? Is it? I'm kinda bringing that word in, because you talked about growing, and the way you used your hands, but thats*

110 Ah well this particular guy, said that he was relaxed at the beginning of the week-end group intervention, which was 2 seven hour sessions. Its very intensive. And he said he was relaxed, and he was absolutely not relaxed. At all. You know it was not, how he was. It might have been his xperience of himself, you know but it wasn't my experience, or the experience of my co-coordinator. So

Type of client~

Client driven~

Type of client~

Mutual influence~

Relational~

Mutual influence~

Relational~

creativity~

growth~

blocked~

example~

shared experience~

Heightened affect~

uh, um, however on day two he was significantly more relaxed

111 *Uh huh*

112 Than he was. And so I'm, um we were just going around doing a check in, um and he used the same word, I tried to suggest the possibility of opening that up for him and if there was any difference between, um how he was relaxed this morning and how he was relaxed the day before. Um and um, er and he said 'no, I'm just relaxed'. And I wanted to go that bit further and um, but he .. wouldn't allow, .. I mean maybe, there's a confusion between intuition and other processes that are going on, but he didn't go any further and actually my intuition was not to go any further at that stage.

113 *Uh huh*

114 Um, and it was about him, his rigidity, it didn't, I couldn't interact any further with him, and that then, he then didn't shift any further. Um until the last hour.

115 *Okay. And where does it feel in you when you feel that blocked-ness?*

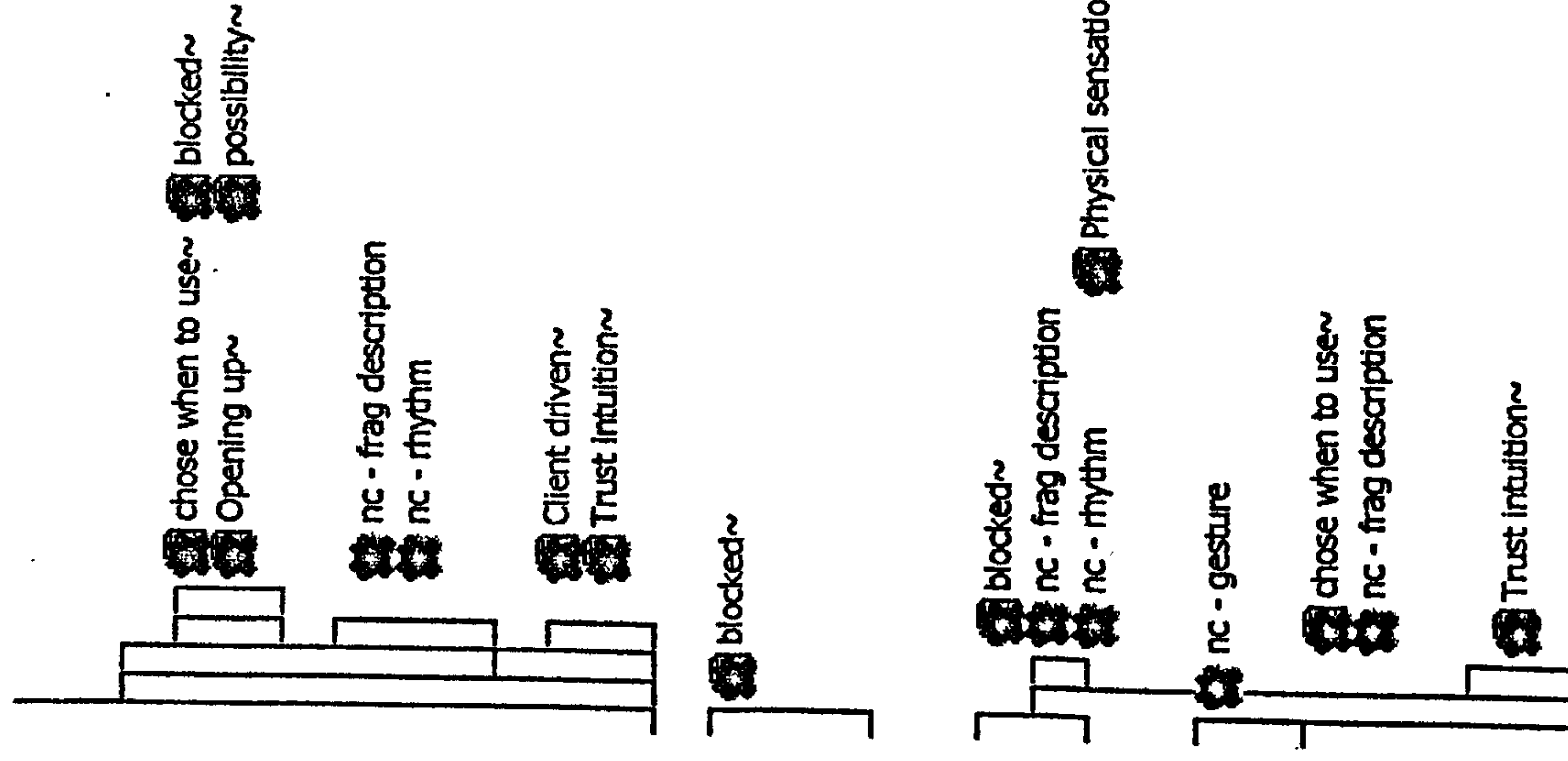
116 Um ... Well last week-end, it felt um ... I didn't feel disabled, but I felt that there wasn't it er um, I was pushed away.

117 *Okay*

118 Pushed away

119 *You use your hand when you do that, as well. So was it quite a physical,*

120 Yeah, it was to do, it was kinda like a, and when we would do some reflection at the end, um the therapists, one of them said, you know, 'I noticed your pause' um, and about 'whether you were going to go further or not' Um and er I think it was probably right, not to have continued



- 121 *Uh huh*
- 122 *Yeah so ,*
- 123 *Okay*
- 124 *I don't think he would have gone any further.*
- 125 *So if that's your sense of being blocked, and you've given me a sort of quite graphic example of that and I can really sort of feel that and from my own experience what that feels like.. How does the opposite feel? How does it feel when*
- 126 *Well that's when you've got creativity.*
- 127 *Right*
- 128 *Because, and I suppose, that is what I mean by growth, that is that something else is happening in the room, because there is interaction, so therefore, rather than it being shrunk down, which is like you know there is a possibility, with this one guy, where it could, it could open things up, and it actually closed them down. So when it works, its just like it opens things up and things can then develop,*
- 129 *Okay*
- 130 *Um, you have to be careful, because you, because they might not be ready for where it could go*
- 131 *Right*
- 132 *Um so um, you know and that ah, its difficult talking about intuition because it brings in all the other stuff around you as well.*
- 133 *Right, mm mmm*
- 134 *Ah but um.*
- 135 *But how do you experience that opening up, how do you experience that in yourself?*
- 136 *Loosening*
- 137 *Loosening, in your body?*
- ┌ ──┐ use responsibly
- ┌ ──┐ blocked~
- ┌ ──┐ creativity~
- ┌ ──┐ mutual influence~ growth~
- ┌ ──┐ possibility~ growth~
- ┌ ──┐ non-constructed~ Opening up~
- ┌ ──┐ Client driven~ danger to client~
- ┌ ──┐ Diff. in express~
- ┌ ──┐ loosening Opening up~

138 Yeah, loosening, ah, a general sense of possibility, so so that a, rather than a kinda like closing down and even you can hunker down like this (*physical movement of closing body*). I am very aware of body and movement in the room

139 *Uh huh*

140 For both the client and the therapist so I'm er ... but I'm ... it more than that you know its not just physical, its something that um is incredibly in tangible.

141 *The feelings?*

142 Yeah, incredibly intangible, you know its um er, I'd use sort of um, ah its 'otherness' I mean I'm not a religious person, um, but I do have a sense of spirituality,

143 *Uh huh*

144 And I think it connects into that level too,

145 *Okay*

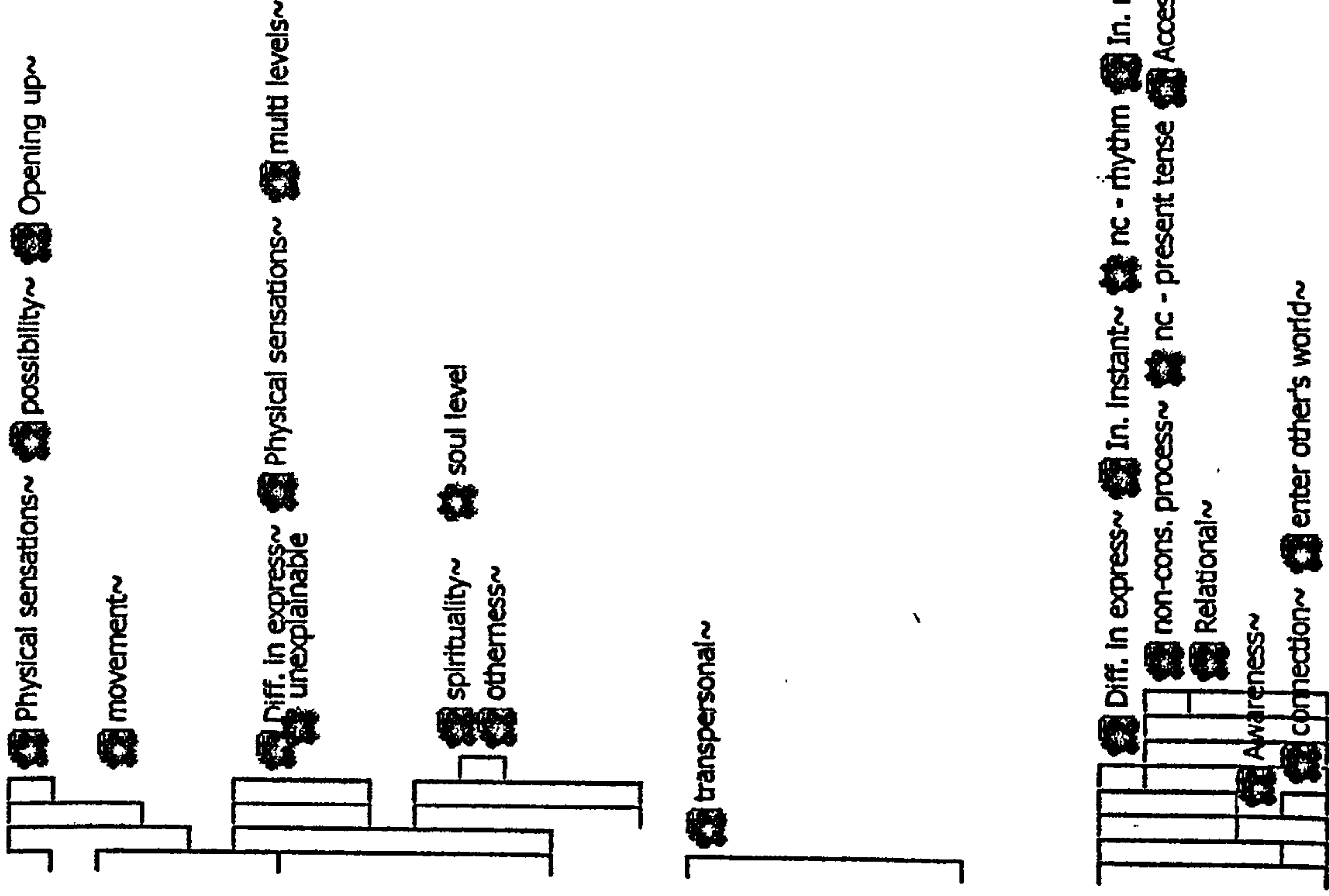
146 I mean I don't have a transpersonal background

147 *Uh huh*

148 Um but um, you know, I guess, hearing you, think about, saying transpersonal. I can imagine transpersonal people are very grounded in that. Intuition would be something that would be very powerful for them

149 *mmm. And what is the connecting to the other level, again that is , how does that feel for you in the moment? Is it a process? Is it a sudden connecting?*

150well its very immediate, um er, how I um, ...or what I mean what I do in the room is I um Think about my experience or I you know, or no I don't think, cause it doesn't work like that, or I am aware of my experience, and just trying to connect what it is with the other person.



151 Uh huh

152 Or the group, um so um, when um, because bereavement and grief, is um peoples mooring has gone and people's sense of self gets so fractured for a while, and ah and you know it can be so critically decide, ah defining for them for what goes on for the rest of their life, that when someone actually has a sense of possibility again or insight, an awareness, a belief, um ah a feeling, which is I guess the nearest I can get to describing intuition is a 'feeling',

Heightened affect~

possibility~

Feeling of Intuition~ insight~

153 Uh huh

154 I um, might be able to sense it for them and they're not sensing it

155 Right, okay

156 So therefore its too soon for me to bring that in,

157 Okay. I just really interested in that 'sensing it for them'

enter other's world~ Client driven~ Relational~

mutual influence~

Client driven~

use responsibly

158 Mmmm

159 Which I thought was a really interesting concept

160 Mmm, yeah and, and, and um I'm thinking of a particular person, who I worked with some years ago, who I really knew they were okay, but it was like, they were going to be okay, but it was like, three years, um like, because they saw a bird. (laughs) flying past the window, and that it was the first time that they saw something outside of them self in the session.

example~

symbols~

Relational~

161 Right okay

162 Um and um, but it was the way, the quality of how they described that bird.

163 Uh huh

164 And of course the fact that the bird was not something they were used to seeing in that place. And um, I just knew they were going to be okay, that they were completely different as a result of their husband dying, but ultimately they were, something was going to

otherness~

know something is going to happen~

be alright.

165 *Can I pick up on that because, it brings up something really interesting in some of the work I've read about intuition and peoples experience of it, is this whole thing about symbols.*

166 Uh huh

167 *And how symbols can often evoke an intuition, or there's something that perhaps someone sees or, hears or notices,*

168 Yeah

169 *That evokes that sort of intuition out of themselves in some ways, and I'm wondering whether that is something you would identify with?*

170 I don't know. I mean I'm kind of feeling that I'm talking about something that I haven't really articulated before

171 *Mmmm*

172 In this kind of way

173 *Sure, sure*

174 So it feels very um un-thought out.

175 *mmm*

176 Very you know kinda going, I mean I actually use metaphor and symbolism, I bring it in, it come from there

177 *It comes in yeah*

178 So where I'm working, I've only been in my current post 4 months, and where I'm working at the moment drives me nuts (laughs) because they provide the symbolism for the families and for the children

179 *Oh okay*

180 Now, I, whilst I understand why they are doing that, and there's a very, very strong cognitive behavioural leaning

181 *Right*

Diff. in express~

symbols~

- 182 I think it really, really dampens down the possibility. I mean that
not that, . they do allow people to find their own symbolism as
well, Client driven~
- 183 *yeah*
- 184 But I wouldn't be so directive.
- 185 *Mmmm*
- 186 Um ah, ah but um ah that's just difference, different ways of
working,
- 187 *Sure, sure, I'm just you know interested in you working very
intuitively and yet you say, there is a strong cognitive behavioural
element, in*
- 188 In the organisation
- 189 *Yeah*
- 190 Yeah, no I'm quite interested why I'm there. And again it was an
absolutely, it was a .. I wasn't looking for a new job, I was, I am
currently, in the space of the next, as I think I mentioned to you on
the phone, in the space of something, will, is going to change over
the space of these next few years. And my direction, and where I
go is going to be significant
- 191 *Uh huh* example~
In. Natural~
- 192 But I don't know what that is
- 193 *Right* Acceptance~
Trust intuition~
- 194 And I'm incredible open to it. Um I was ready to move on from
where I had been working previously, but probably was, you know
wasn't looking, um and then I met somebody who said 'Oh', I just
'I'm bored, I'm going to find, get some private practice going',
you know do something a bit different, do some training or
whatever, and they said 'why don't you apply for the job at
XXXX?' And I said 'I don't work with children' - its not true, but
Opening up~

primarily I work with very complex adults um and ah, ah and some group work and some training, kind of and it just, was there, and I just thought 'something's caught your attention J' and I just went and followed it and ah got there.

195 *Uh mm*

196 And um

197 *So quite an intuitive*

198 Very intuitive, but, but that's what's so important is that if I don't .. no its not an 'if I don't', it is there is a lot of richness if I allow myself to go with it.

199 *Uh huh*

200 Potential. And it's the same with things that might go wrong.

201 *Right okay*

202 So its like if, follow the thing, follow that if there is a question or a difficulty or a you know

203 *And that plays out in the therapeutic relationship as well?*

204 It does too, yeah, yeah. If there is something that I, that my instinct hasn't quite followed it I kinda think,.. its never usually anything disastrous, it's a, it's a missed moment

205 *Uh huh*

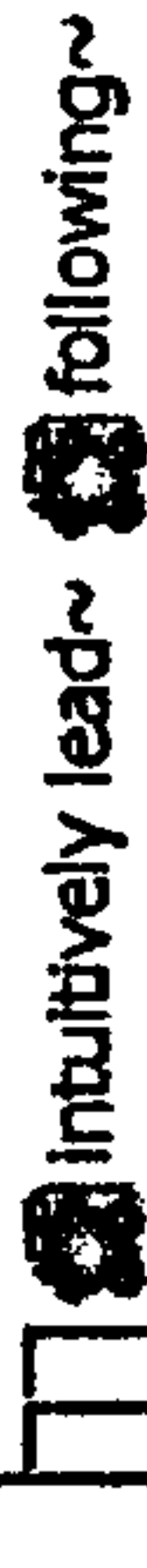
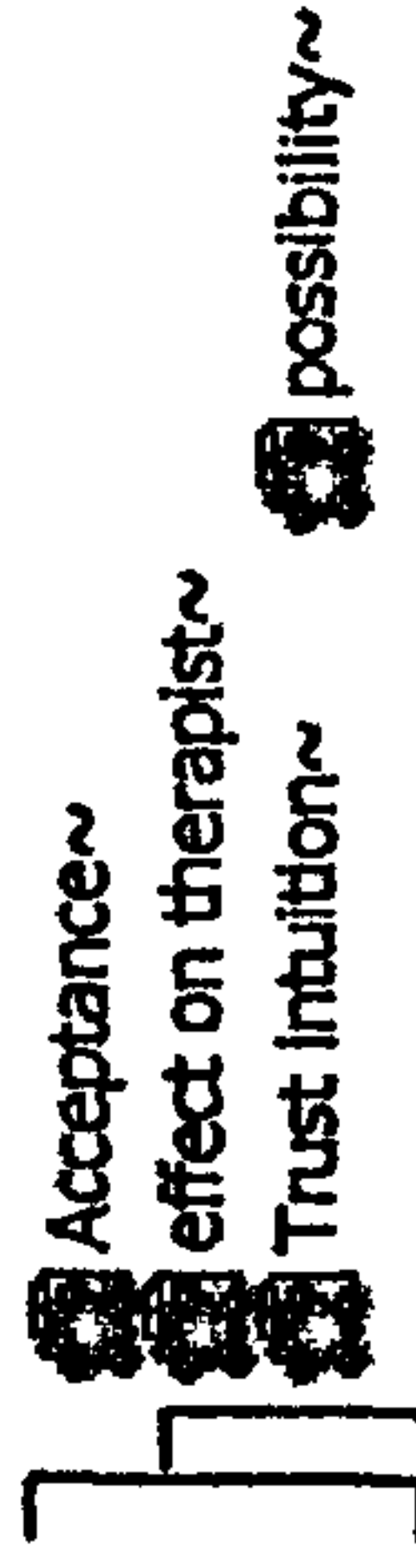
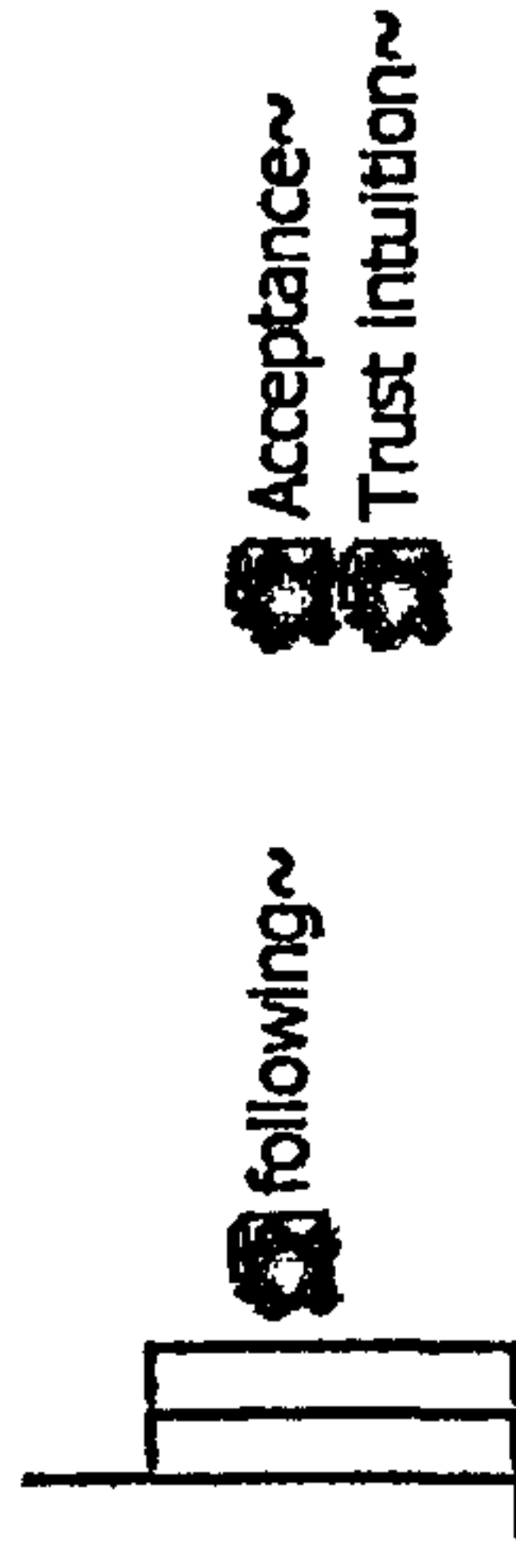
206 On ah, and on occasion I've got things wrong. So which, ah I mean we all have.

207 *Absolutely, absolutely. And in the research I'm doing, its not really about whether the intuition is right or wrong,*

208 Mmmm

209 *Its just you know that its there you know and the experience of it, following it or not following it.*

210 *You talked about it being difficult articulating something like this, because it isn't perhaps something that we do talk about a lot,*



and I'm wondering whether it would be useful if we focussed on a particular example?

211 Uh huh

212 *And trying to sort of follow that through*

213 Uh huh

214 *The actual process of it through, whether that would um, perhaps be easier to grasp some of the nebulous bits of what happens in intuition?*

215 Uh huh

216 *Can you think of an example, that we might be able to try that on?*

217 (9 secs) .. I'm trying to not think of a current one...ah I can, it was, ah the one that has come into my mind, I don't know why, um ah, but its an elderly woman, and my um instinct was, cause I was interested in working, I had a lot of older people who were in, who were needing some support of some kind and what I was very clear about, and this is in previous work, was very clear about, what is counselling and what's support.

218 *Right*

219 Um, ah and that it, in the world of bereavement the majority of people don't need counselling. They need some support, it's a normal process, and its devastating and life changing, but they actually just need someone to sit alongside them telling them that, or affirming, or listening but, its, 'its awful, but this is normal'. And there was a woman in her eighties, um and I must have got hooked into something, and I'm not quite sure what it was but I think that it was someone else's anxiety. Um and um, she, and I was told that she was suicidal, um and could I go um, and she was referred to me. So um I went along .. to see her.. um worked out

nc - frag description nc - silence example~
nc - rhythm

nc - frag description
nc - rhythm

of her home, um ah because she was disabled. And one of my hooks can be that people who are disadvantaged, who don't have access, um, er, I might try that little bit harder.

220 *Uh huh*

221 Or I might offer something that's not

222 *Right*

223 But, I'm quite aware of that. And my ... and this is, obviously this is reflecting, but I think that my gut instinct, my gut intuition was that this person didn't need me. That she didn't need counselling, that she, it wasn't, it wasn't about need, it was that she wouldn't be able to usefully use counselling.

224 *Right. And was that before you saw her, or after you met with her?*

225 No it was after I met with her

226 *Okay*

227 But, there was this um, doubt in my mind, around her suicidal intent. I thought there was some possibility, that she might take her own life. Um and I thought, and I didn't know if she had the means, but my sense was that she probably did. She was very intelligent, her first husband had died 15 years ago, and you know she intrigued me, as well. (laughs quietly) Because she had then got, together with her first husband's brother, who was a widower, and they found something together. Um and they never got married, but they had the same names,

228 *Uh mmm*

229 Because she'd married his brother

230 *Right*

231 Um and um, there was, but she was so dead, you know its, but she was so dead inside, and I, she kept saying to me, 'there's nothing

Heightened affect~

Reflection~ insight~

Relational~

Heightened affect~

Heightened affect~

enter other's world~

for me' and I kept thinking 'she's right'. There isn't anything, there isn't anything. What is meaningful, what is good, she got one son, who doesn't care so, ... and I saw her weekly for a year, so

232 *Okay*

233 I um .. to this day I do not know what was achieved other than there was something, that I kept going, I, I used to be incredibly bored, in the sessions, although the space would be empty, and there would be very little said, there was a lot of silence, it wasn't, she was perfectly okay with it, it was, I found it a very difficult experience. And my gutis that she didn't need me

234 *Uh huh, and interestingly you felt that really early on?*

235 And I, well first session,

236 *Yeah. Do you remember how that felt? How, how, if you go back to that first session, kinda think back to that first meeting with her and*

237 ... Well its so difficult, its so difficult to separate it all out,

238 *Mmmm*

239 Um, because so many people I've met have that kind of deadness about them when they're bereaved. Um

240 *Did this deadness have a different sense to it?*

241 It didn't have any life (gentle laughter) um(13 secs as tries to access) ... Its something that's very particular to people who at the end of their life, when they're in the end phase of life. Um and I wasn't so experienced with working with the elderly. As I was later on. Um so it was the question of, a fairly new experience of working with older people, was around, but I mean that just me trying to

242 *I was quite interested in that when you said that because you talked about intuitively.. you knew .. what you knew, and it didn't*

nc - rhythm

CT vs Intuition~
Heightened affect~

nc - present tense

Diff. in express~
therapy is intuitive

nc - rhythm Diff. In express~ nc - silence

No specific knowledge~

seem to be linked to experience.

243 No cause it

244 *So somehow you knew it even though you didn't have the experience.*

245 No, and so that's where my doubt would come in, and that's where I would question myself, I can't back it up with experience. So therefore I'd question myself more, um and um,

246 *And that's what happened?*

247 And I think, yes, and I think, possibly, I didn't even take this particular client to supervision very much, because there were so any other more complex um clients to focus on where there was something.. I did used to take her every now and again, so that I didn't have to hold the weight,

248 *Right*

249 So its like I would, my use of supervision would be to offload the weight

250 *Uh huh*

251 And then actually I could, I had some energy, It was like the energy was sucked out of me, um ah, ... but she ended. She said 'no I'm alright', um.. 'I feel can manage on my own now'. Ah over time

252 *Right*

253 I mean it wasn't sudden

254 *Yeah*

255 Ah, and it was just like um, and there was something, lighter about her, not very much (laughs), but there was something, you know, she had started to cook,

256 *Uh huh*

257 Um, and I did something that I rarely do, um I'm quite boundaried,

No specific knowledge~

Heightened affect~

Change in energy~

nc - frag description

nc - rhythm

breaking the rules

um, even when I have a very flexible frame,

258 *Right*

259 But um, I have quite clear, I am quite clear, around boundaries, and um, er so if I'm working um in the home environment, the boundary is quite clearly set, within that environment

260 *Uh huh*

261 About what. And she asked me if I would um, change her light bulb, (laughter) ... and I did (incredulous). Which is just something just so completely um, and I was, she was, and it was something about profound loneliness, and that she had never changed this type of light bulb before, and she wasn't going to have anyone else in her house. She probably saw people once or twice a week,

262 *Mmmm*

263 Um ah and there was something very human about doing that ..

264 *It feels very symbolic though, having listened to the story, and you know you saying and then she finishes, she did feel a bit lighter,*

265 *Laughter*

266 *And then you talk about changing the light bulb.*

267 *Her light bulb*

268 *And it was one she never changed before, you know*

269 *yeah*

270 *Having to deal with something that was very different for her,*

271 *Yeah, so, yeah absolutely that's true, ... that's right.. hadn't ah seen that. So I don't know if any of that gives any sense of how it feels?*

272 *I was interested, and I'm picking up something that came up in another interview, that I'd like to xxx with you okay. You talked about energy, you know feeling that you're energy was dampened*

lessening of boundary~

nc - rhythm

Heightened affect~

humaness~

Insight~

Feeling of intuition~

with her, and I was wondering whether you have a sense of different energy when you are working intuitively, or you're in that intuitive space, or you feel blocked

273 I think my energy is better if I'm in touch with it, um, ah, er, I, there are times where my energy's different

274 *Mmm*

275 Um ah, which most of the time I can understand, and sometimes I don't

276 *Mmm*

277 Um but um, if I'm working, um if I allow my intuition to have, to have a space, then everything flows better.

278 *Uh huh*

279 Whereas if I ... whether it's in hindsight, or become aware, that's there's, that that part of me is not working, um actively, um then its like a part of me is not there.

280 *Okay*

281 *When you say a part of you, this may be a tricky question, um,*

What part of you? Do you have a sense

282 An essence

283 *An essence?*

284 Yeah

285 *Is that somewhere in your body? That essence?*

286 It's all over

287 *Okay*

288 Yeah, I mean it, locates itself here, quite often

289 *Here in your sort of solar plexus*

290 Yeah, solar plexus region, which is pretty standard

291 *mmm*

292 Isn't it? Um and um, ah .. but, when the whole of me is working, it

Change in energy~

Insight~

Acceptance~

Flow~

Trust intuition~

In. Natural~

Reflection~

essence

In. Natural~

Physical locus~

all over body

Physical locus~

solar plexus,~

nc - gesture

movement~

nc - frag description

Flow~

can flow.

293 *Right*

294 So I can feel, I can feel it. Um so sometimes there might be a part of my body, which if I .. am particularly aware of whats going on with me, I will know whether that's about me or whether that's about what's going on in the room.

295 *Okay, Okay*

296 So,

297 *Can you give me an example of it?*

298 Um..

299 *Because you have sort of gesticulated around your head, and you're using your hands when you are talking.*

300 Yeah, um,(7 secs) silly example, completely unexplainable thing happened in um group um which was the clock started going round really fast.

301 *Uh mmm*

302 And um I just

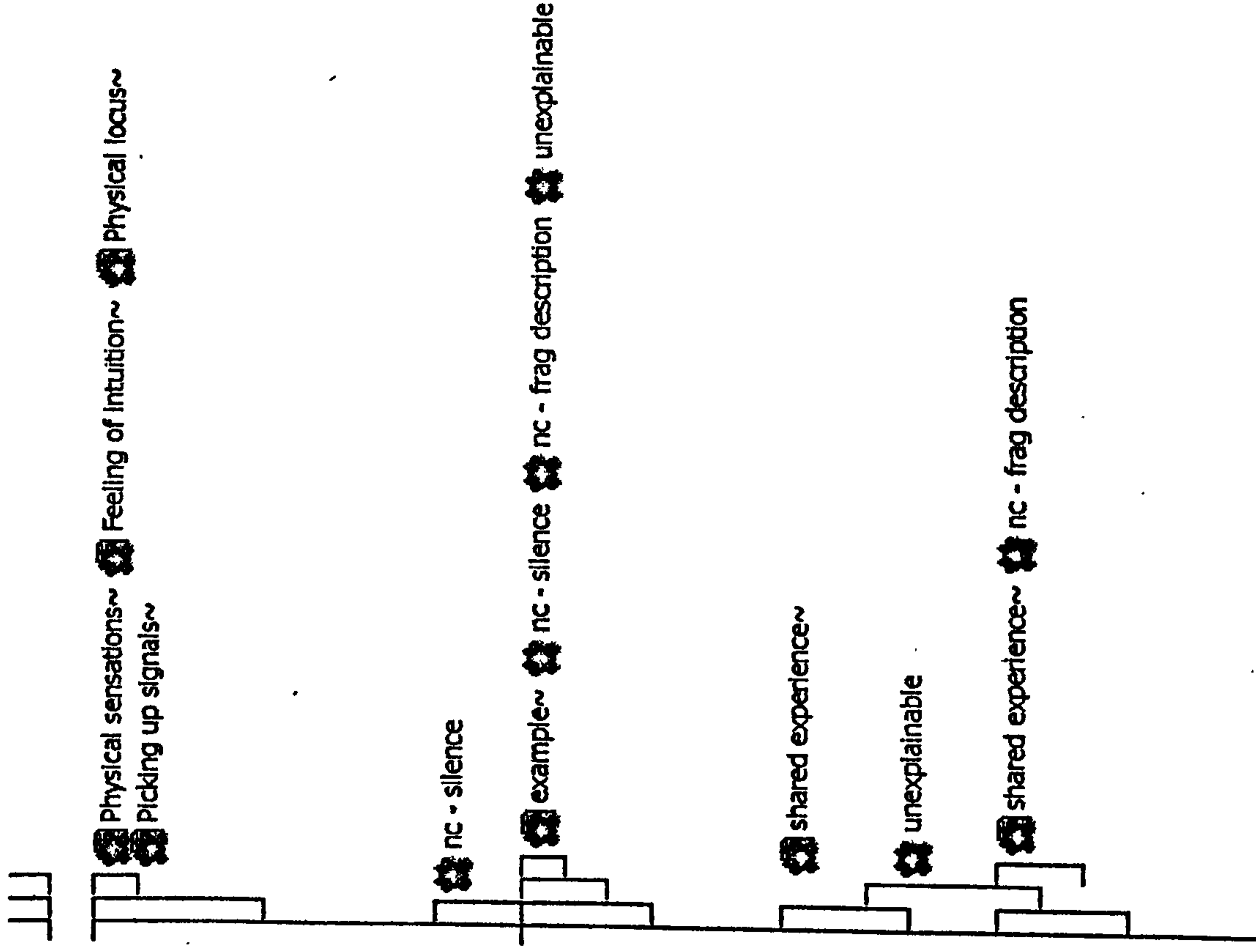
303 *The hands on the clock?*

304 The hands of the clock started going around fast and, and so, my immediate thought was I wonder how the group is going to, you know .. what meaning that's going to have for the group. I don't have an understanding about why that's going round, I'm aware that that's a bit spooky, but actually you know equally there could be very easily understood. But you know what will happen, and then ah .. sss... one of the group said, 'I wonder who is in the group with us?' It stopped exactly 8 hours later,

305 *Uh huh*

306 To the, to the minute as well

307 *Right*



308 Um, and again I don't have a, I don't have a plausible reasoning to know why that happened. So, someone said 'I wonder who's in the room with us?' And um, because of you, um I've worked a lot with people um who have inexplicable things, about things moving, an or visions or that kind of other type of experience, um and um, and then when someone said 'oh it's a battery surge'. I felt that um that a hand had come down on my shoulder, on my shoulder and pushed something down

309 *yeah*

310 Um, ah and I thought, that person's blocking something,

311 *Right, okay*

312 Um, she, she's got to have a concrete understandable,

313 *Uh huh*

314 Reason for why that happened. It's not possible for her, to at this moment in time, be with, with the spookiness of it all. But it was very much like, and then when I moved to another person, that went away

315 *Right okay. That's really interesting, again it's that physical um*

.... Some kind of physical connection linked to

316 *Mmmm Mmmm*

317 *That intuition that you made about where she was*

318 *Mmmm*

319 *In the process and what she was able to*

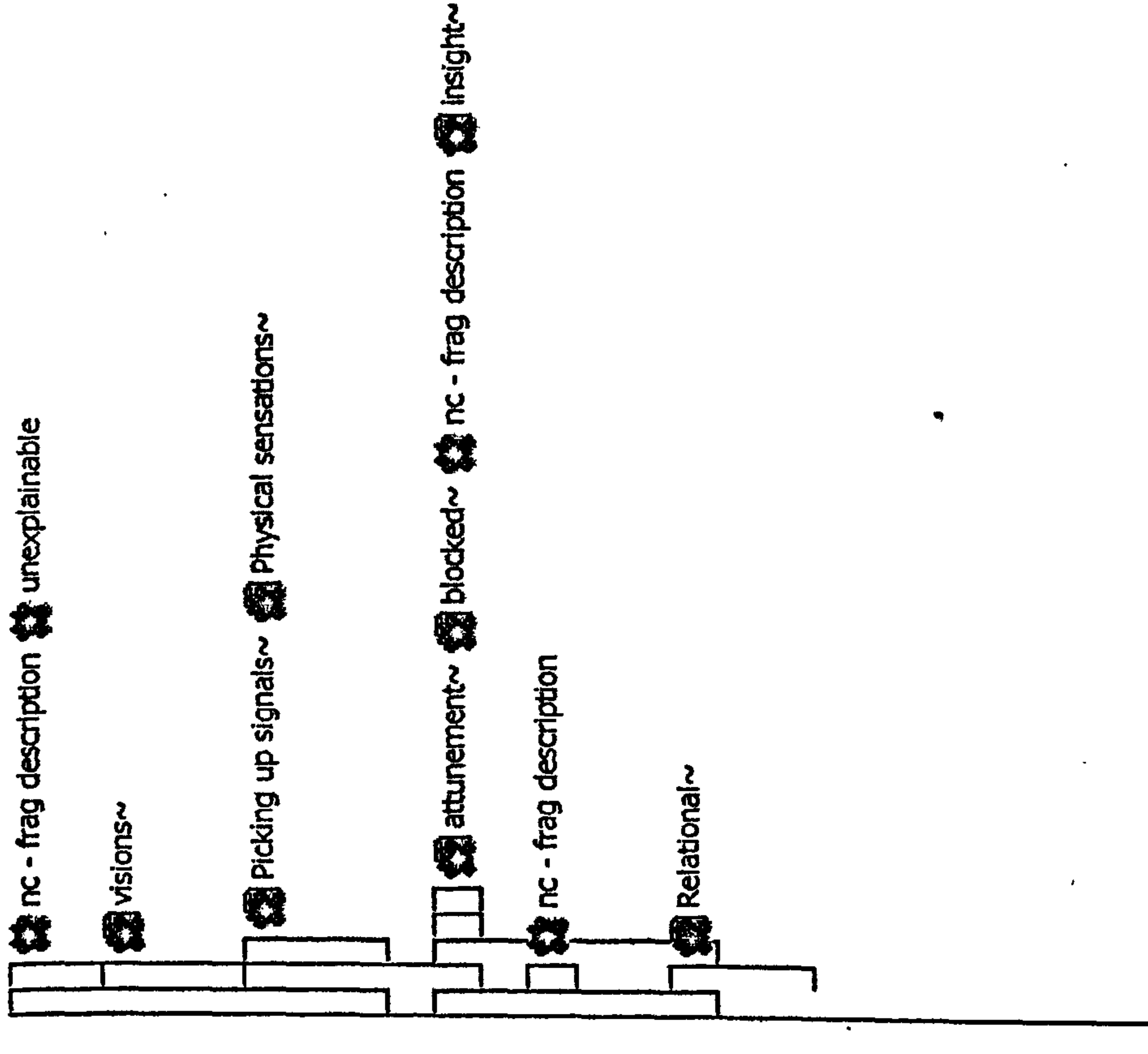
320 *Mmmm*

321 *What she was able to cope with*

322 *That's really interesting you know it's great talking to somebody who, although it's difficult to articulate*

323 *Mmmm*

324 *It's certainly gives a lot of, a sense of what goes on for you. Um*



one the things, you know not linked to any of the questions that I've asked other people, but I'm interested that you come from a nursing background

325 Mmmm

326 And in doing the literature search, there's a lot more being done in clinical research, ah in clinical intuition, in the medical field, you know there's in surgery, there's quite a lot written in nursing, and there's so much less written in the, you know in terms of research in the psychotherapy world.

327 Mmmm

328 And I'm wondering whether you know relied on your intuition there, if you found

329 I, it was all up to

330 If you used it?

331 It was to the risk of my patients if I didn't use it

332 Really

333 Um, that is to say, I think I picked things up, pre when they can be picked up by other signs.

334 Right

335 Um, now I could explain it as a nurse through sudden change in colour, ah slight movement of the patient or, whatever, um but um, I mean I could give you far easier descriptions of using my intuition in nursing

336 Okay

337 than I can in my

338 *Would you be comfortable*

339 Yeah. There was a um ah ah a patient who to all intent and purposes was really on the mend um, she was a diabetic, that was all absolutely fine, so in recording all her physical signs um er she,

nursing~

use responsibly

No specific knowledge~
Picking up signals~
Visual cues~

Diff. in express~
nursing~

example~ unexplainable

she wasn't someone to worry about. You know, ward of 28 people, on night duty kind of you, you do your quick assessment of who you are worried about. Um ah we would always check in you know walk round, ah every half hour or so, just to, as you always do, before you um, and then um suddenly.. she was behind, in a room behind, um and um, I got up and I just glanced at her um and I said, and I said, 'there's something not right with so and so' and a colleague, I said 'could you go check'. She came back and she said, 'she's absolutely fine'. And then um, 10 minutes later she arrested. But because I, because I was aware, I had

340 *Uh mmm*

341 Her in my focus, um it meant I was able to respond quick enough to that

342 *Uh huh*

343 Um, and there wasn't, you know her signs were all okay, there wasn't, you know there wasn't an obvious ..ness.

344 *Mmm*

345 I think you, or I think I don't know but I think That a lot of medic, healthcare professionals would say they use their intuition

346 *Their intuition*

347 *Mmm*

348 *Yeah*

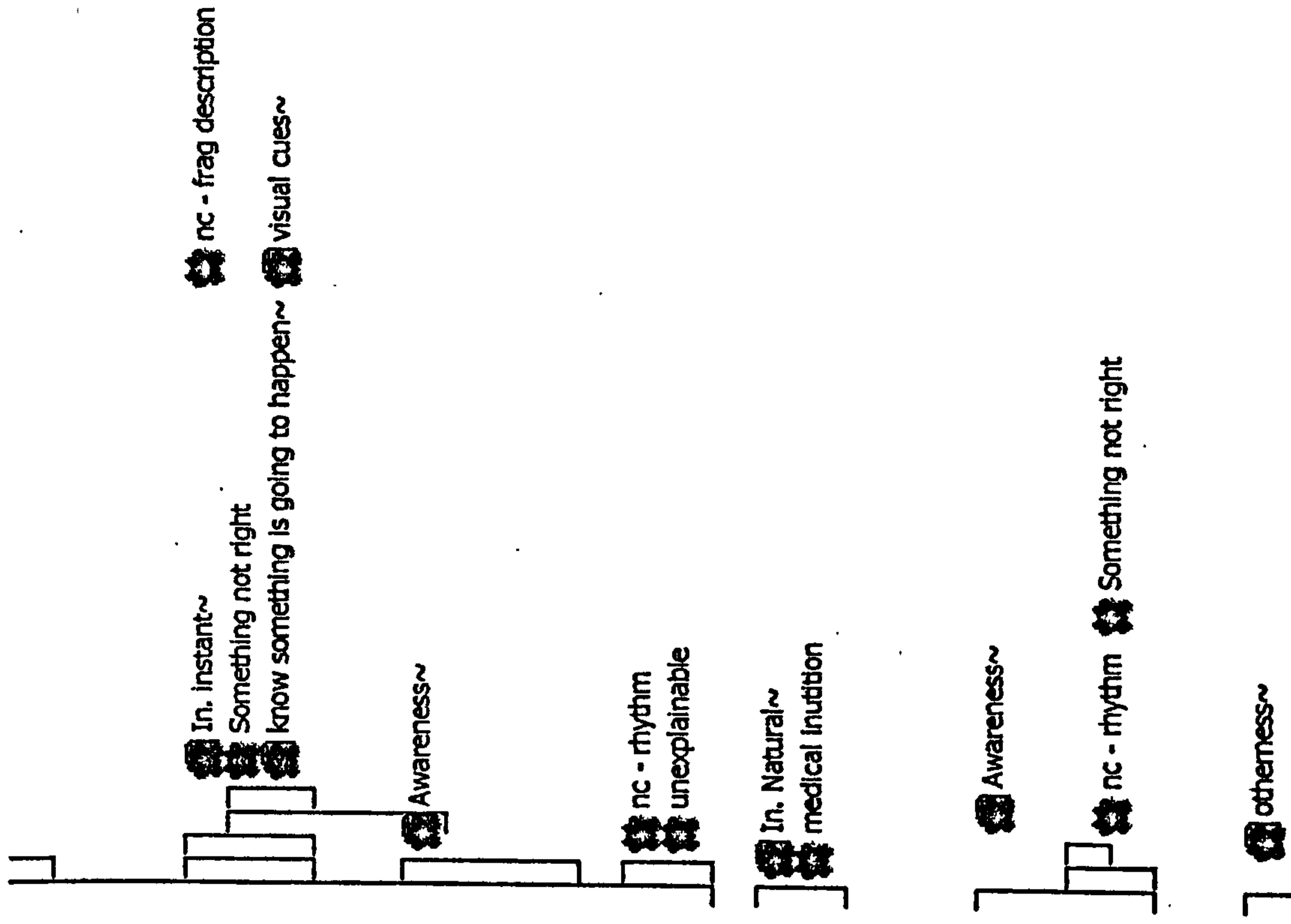
349 *Do you have a recollection of what it was that you felt that you knew that she wasn't okay?*

350 ah ah .. I just noticed something different ... there was an awareness

351 *Okay*

352 *Um*

353 *And yet said you said you couldn't notice something physically*



- 354 No her signs were fine
 355 *So there was something*
 356 There was something other
 357 *Yeah*
 358 Than how we would measure
 359 *Okay*
 360 How we would assess, when someone's, you see whereas I think
 within therapy its natural to use intuition
 361 *Yeah*
 362 Um, and when I do training, with people I do basic training I talk
 about, there is something called and assumptions exercise, um and
 the idea of that is to bring to people's, and this is really basic, I'm
 not talking about training counsellors, um er about how, how when
 we meet somebody we always make assumptions about them. Um,
 and the way I do it, it is a bit of fun as well, and um er, so we meet
 someone and we are flooded with information and where what's
 really important is to have, to know what we are assuming about
 that person, so as a result of all our own projections and stuff,
 but I don't use that language with them. And what it is that we are
 picking up.
 363 *Uh huh*
 364 That is useful, that is meaningful to be able to support, to give
 someone, some support. Um and so I think that, constantly we
 are using intuition
 365 *Mmm Uh huh*
 366 In that kind of way
 367 *As therapists?*
 368 *Yes*
 369 *Mmm*

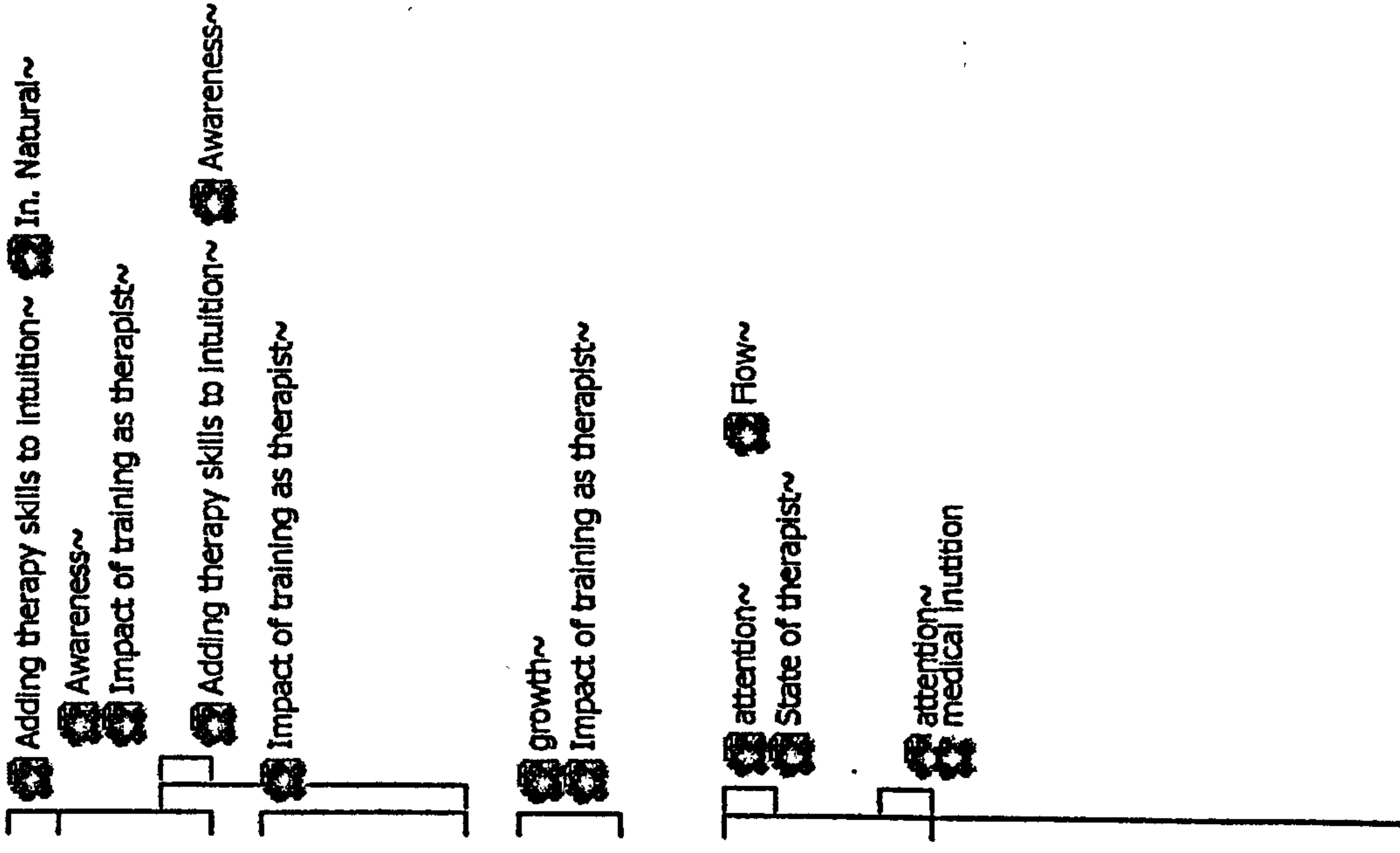
therapy is intuitive

CT vs Intuition~
 Relational~

Picking up signals~

In. Natural~

- 370 Um
- 371 *And with ordinary people?*
- 372 Yeah, but with therapists, I think we're trained to use intuition.
- 373 *Do you think, picking up on that point, do you think that your intuitive ability has changed or improved or*
- 374 I think that I am more aware of it now
- 375 *Aware of it, okay*
- 376 Mmmm
- 377 And so therefore, I think that probably it is more fine tuned.
- 378 *Right okay*
- 379 Through training and experience
- 380 *Uh huh*
- 381 I couldn't say, whether it's grown, um because I haven't thought about it. I would suggest that it probably .. has
- 382 *Through being aware of it?*
- 383 Yeah, yeah
- 384 But not hugely, I think it can ebb and flow, depending on what's going on for me
- 385 *Right, okay*
- 386 So I might have less space for it (9 secs pause)
- 387 *And just one question that I thought of when you were talking about the nursing, um example*
- 388 Mmmm
- 389 *And you quite spontaneously, I felt the energy, 'it much easier' to give you an example*
- 390 Mmmm
- 391 *I wonder why it was easier*
- 392 Because you, because its so measured
- 393 *Okay, you've got the contrast?*



- 394 You've got the contrast
 395 *So you can measure?*
 396 Right
 397 Ah, what's going on for a patient, you can take their blood, you
 can take their, this, that and the other.
 398 *Uh huh*
 399 You, you know someone is going into shock, you've got he
 physical signs, whereas I think psychological, in the psychological
 world, its less, its less measurable
 400 *Right, and I suppose too you, thinking about relationship, and
 you're talking about nursing, you've got those very observable,
 measurable ways*
 401 Mmmm
 402 *Of assessing somebody*
 403 Mmmm
 404 *And the relationship is kind of a separate thing*
 405 Mmm yeah,
 406 *no that makes sense*
 407 And that's why, you know the therapy world is there needs to
 be some weight given to um, how we can trust our experience
 408 *Mmm*
 409 And how we talk about our experience. Um rather than be
 scientifically measurable
 410 *Mmmm*
 411 I think you know that one of my difficulties, with the way the
 government is driving psychological therapies,
 412 *Mmm*
 413 Forward, and, and, and using ones that are measurable. They have
 a place, they have a very good place, but its limited. How do you

Diff. in express~

Justify Intuition~
 talk about intuition

Trust intuition~

limitations of not working intuitively

measure meaning?

414 *Mmmm*

415 How do you measure the existential?

416 *Absolutely*

417 Anxiety of someone,

418 *And my argument it becomes very left brain, you know, how can you ignore all the non-conscious communication that goes on that we can't see or measure.*

419 *Mmmmm* (pause for reflection)

420 *It must be really, really, and I'm aware that you're xxxx of time, you've got things to do, but I was wondering whether there was anything else that you wanted to add, or felt that you wanted to ..*

421 No, but it certainly got me thinking about how we talk about it, because I wouldn't, you know because it I was to talk about it with therapists, or colleagues, um .. there is a, ah in the organisation I am working for at the moment, um is very good, because I do, um I do, I do evidence some of their thinking, and the chief executive is an incredibly good writer. But she has an e-mail that went round the other day about um, you intuitively know what a XXXX (name of organisation) xxxxxx is, but how can we describe that. How can we describe that? How can we put our finger on that? Um, um and one way that they described some one who works for the organisation is that they have the 'xxxxxx xxxxxx'

422 *xxxxx?*

423 *Yeah*

424 *Okay*

425 Which is that they can, xxxxx xxxx, (laughter) on the ground with the kids,

426 *Right okay*

☛ talk about intuition

- 427 You now, yeah there's something about being able to interact with
the kids,
- 428 *That feels like such a visceral*
- 429 Yeah
- 430 *Thing, doesn't it. xxxxxxxx*
- 431 Yeah, um you know and ah, clearly that yeah, but there's
something more, because it means that because they have to be
able to work with the kids, and move in with the adults
- 432 *Uh huh*
- 433 As well, um and um, er yeah, its just interesting. How would I,
how would I, inform that debate
- 434 *Yeah*
- 435 How would we, you know . Because I also think that as soon as
you start writing it down,
- 436 *Mmm*
- 437 You loose something
- 438 *Yeah I think you do. I think you do, cause I think that you move
from that very right handed, affect driven whatever, part*
- 439 *Yeah*
- 440 *Part of us,*
- 441 *Mmmmm*
- 442 *Um into formulating words which is*
- 443 *Mmmmm*
- 444 *A different modality isn't it*
- 445 *Mmmmm Mmmmm*
- 446 *Just listening to you talk, and saying you know how we don't talk
about it and it's something that I was stuck by um in the other
people that, this kinda of sense of people really wanting a space
to tell somebody, um that it's not necessarily available to us when*

we are working, certainly in different organisations. I was just thinking how fun it would be to get a group or a you know, just a sort of a, I don't know a

447 Group that interested about

448 *Yes a therapists*

449 Intuition you know

450 *Sitting down and having a space to talk about this elephant*

451 Uh huh

452 *You know everybody acknowledges that its happening but nobody wants to talk about it*

453 Uh, my first, my first year training, or rather my second year of my psychotherapy training. One of the tutors in our supervision group said, that there was no right or wrong way, and that this is a space to make mistakes, and I actually saw that as permission

454 *Mmmm*

455 To just, .. go

456 *How wonderful, yeah*

457 You know with whatever,

458 *Yeah*

459 And um not worry about making mistakes, um um and ah and that something I always try and create within whatever team it is that I am working with.

460 *So its sort of a moment, where you were, where that opened up for you*

461 That, that really is an absolute, before and after moment.

462 *Mmmm*

463 That you know 'you have permission to make mistakes' You, you know and um, um so it was completely freeing,

464 *mmmm*

Acceptance~
butterfly
permission to use
Trust intuition~

] butterfly

] permission to use

- 465 *It interesting you say that because I had a similar moment my last year. Um where a tutor said, you know we had to give feedback to each other whatever, and she said to me you know, you work so intuitively and you know you're, you're bright but you work so intuitively. And I hadn't sort of stopped to think about it,*
- 466 Mmmmm
- 467 *Because all the sort of training up there, putting all these models and theories in place, and that*
- 468 Mmm
- 469 *For me was an before and after moment*
- 470 Mmm
- 471 *And kind of why I went off and did the you know the*
- 472 Mmmmm
- 473 *Particular research project that I have.*
- 474 *And for me I've had to put the theory onto my practice*
- 475 Mmmmm
- 476 *So I think I've always worked intuitively, and not been able to necessarily um ah, articulate that ah, and obviously don't, I still don't (laughter)*
- 477 *Yeah*
- 478 *And you know, I thought that particularly,*
- 479 *yeah*
- 480 *Um but um, can, I you know, if someone needs me to justify my practice,*
- 481 *Mmm*
- 482 *What I put in is, then I can do so*
- 483 *Fascinating, you put the theory on to*
- 484 *Mmm*
- 485 *The intuition*

Adding therapy skills to intuition~

Diff. in express~
In. Natural~

Adding therapy skills to intuition~ Justify intuition~ talk about intuition

486 Yes,
487 *So the intuition is something that was there*
488 Mmmm, and
489 *The theory informed, or gave you space to talk about*
490 Mmm
491 *Ways of expressing it?*
492 And then there are other things around, like at the moment I'm
reading a book which is um about how we work with the children
and how society treats children you know and how, in actual fact
they're just another human being that doesn't need to be measured
and contextualised, and you know put into boxes, and, and, and
you know, what, how much more there will be, would be if we
could get to understand about any particular child if we could get
them out of that
493 *Mmmm, mmm*
494 And
495 *And saw them as just*
496 You now rather than putting on, you know all the various,
497 *Well we get back to that assumption thing don't you, you bring all*
those assumptions in.

498

APPENDIX VI

Codes with Descriptions and Quotation References

HU: INTUITION

File: [C:\Documents and Settings\Lucia Swanepoel\My Documents\Scientific Software\ATLAs\T...\INTUITION.hpr5]

Codes-quotations list

Code-Filter: Code Family Subjective Experience

Code: above and below {3-0}

"Connection above and below simultaneously"

P 2: IN 001.rtf
271 -271, 275 -275, 283 -283

Code: acceptance {24-6}

"Acceptance of state or what is going on"

P 2: IN 001.rtf
175 -175, 289 -289, 357 -363, 381 -383, 437 -437
P 3: IN 002.rtf
290 -290, 358 -358, 646 -646
P 4: IN 003.rtf
192 -194, 194 -194, 198 -198, 277 -277, 453 -459
P 6: IN 004a.rtf
26 -28
P 8: IN 005.rtf
227 -227, 229 -229, 538 -539, 545 -549
P10: IN 006.rtf
50 -52, 86 -86, 164 -166, 320 -320, 426 -426,
428 -430

Code: access in. mode {6-2}

"Accessing intuition either by doing so in interview or by describing process"

P 2: IN 001.rtf
267 -271
P 3: IN 002.rtf
413 -417
P 4: IN 003.rtf
150 -150
P 6: IN 004a.rtf
88 -94
P 8: IN 005.rtf
431 -431, 538 -539

Code: adding therapy skills to intuition {38-2}

"Psychotherapeutic training has added to something that is already there - skills add another layer. Sense of intuition there before - skills help, work better with it in some way either by enabling access or justifying"

P 2: IN 001.rtf

101 -101

P 3: IN 002.rtf

106 -106, 124 -130, 227 -231, 693 -693, 757 -76, 791 -791, 821 -823, 829 -829

P 4: IN 003.rtf

68 -68, 70 -72, 372 -372, 374 -379, 474 -474, 480 -491

P 6: IN 004a.rtf

32 -32, 34 -34

P 8: IN 005.rtf

101 -101, 433 -433

P10: IN 006.rtf

34 -34, 38 -42, 50 -50, 60 -64, 74 -74, 86 -90, 156 -156, 160 -162, 178 -178, 196 -210, 210 -212, 262 -264, 270 -276, 276 -276, 306 -310, 314 -320, 340 -340, 348 -348, 386 -386

Code: agency in change {2-1}

"Therapists agency in effect of intuition"

P 3: IN 002.rtf

565 -567, 791 -795

Code: all over body {2-1}

P 4: IN 003.rtf

285 -286

P 8: IN 005.rtf

239 -239

Code: attention {13-8}

"Therapists relationship to intuition and attention pays to it at any point"

P 3: IN 002.rtf

156 -157

P 4: IN 003.rtf

86 -86, 88 -90, 384 -386, 386 -386

P 6: IN 004a.rtf

88 -94

P 8: IN 005.rtf

205 -215

P10: IN 006.rtf

86 -90, 94 -94, 114 -118, 214 -214, 306 -306, 352 -352

Code: attunement {36-6}

"Therapists attunement to client in intuitive examples"

P 2: IN 001.rtf

197 -197, 213 -213, 322 -322, 385 -393

P 3: IN 002.rtf

573 -575, 601 -601, 611 -611, 755 -757, 763 -773

P 4: IN 003.rtf

310 -314

P 6: IN 004a.rtf

38 -38, 50 -50, 56 -56, 122 -122, 126 -128, 154-154, 205 -205, 221 -223, 306 -308, 309 -312, 336 -340

P 7: IN 004b.rtf

38 -40, 64 -64, 70 -74

P 8: IN 005.rtf
123 -123, 127 -127, 131 -131, 143 -143, 221 -221, 385 -385, 409 -409, 431 -433, 433 -435

P10: IN 006.rtf
108 -108, 326 -326, 328 -328

Code: aura {4-2}

P 8: IN 005.rtf
161 -161, 225 -225, 237 -237, 239 -239

Code: aural cues {2-2}
"Before or during intuition"

P 3: IN 002.rtf
445 -445
P 8: IN 005.rtf
135 -143

Code: awareness {16-10}
"What therapist is aware of during intuitive experience"

P 2: IN 001.rtf
309 -311, 313 -313, 343 -351, 404 -407
P 3: IN 002.rtf
198 -198, 439 -439
P 4: IN 003.rtf
150 -150, 339 -341, 349 -350, 373 -374, 374 -374
P 6: IN 004a.rtf
225 -225
P 8: IN 005.rtf
135 -135
P10: IN 006.rtf
74 -74, 122 -122, 306 -306

Code: awareness of physical state {6-5}
"Awareness of physical state whilst working intuitively"

P 3: IN 002.rtf
282 -282, 417 -419, 435 -435
P 8: IN 005.rtf
131 -131, 135 -135
P10: IN 006.rtf
56 -56

Code: awareness of precursors {2-2}
"Awareness of precursors to intuition"

P 3: IN 002.rtf
645 -646
P 6: IN 004a.rtf
126 -126

Code: beautiful experience {5-6}
"Description of intuitive experience as beautiful"

P 2: IN 001.rtf

197 -197, 197 -197
P 3: IN 002.rtf
717 -717, 799 -803
P 8: IN 005.rtf
495 -495

Code: blocked {11-4}
"Intuition blocked"

P 4: IN 003.rtf
100 -100, 108 -108, 112 -112, 114 -114, 116 -116, 124 -124, 310 -310
P 8: IN 005.rtf
173 -173, 205 -215, 369 -377
P10: IN 006.rtf
114 -114

Code: brain {2-1}
"Experience of brain in intuitive process"

P 3: IN 002.rtf
409 -409, 472 -480

Code: breaking the rules {19-7}

P 4: IN 003.rtf
257 -257
P 6: IN 004a.rtf
26 -26, 30 -30
P 8: IN 005.rtf
91 -91
P10: IN 006.rtf
34 -34, 42 -42, 50 -52, 100 -100, 140 -140, 156-156, 156 -156, 160 -160, 162 -162, 178
-178, 316 -316, 348 -348, 352 -352, 372 -372, 374 -374

Code: centre {1-1}
"Subjective experience of intuition as being in the centre"

P 2: IN 001.rtf
275 -275

Code: change in energy {10-4}
"Any changes in energy as a result of intuition or as precursor to."

P 2: IN 001.rtf
365 -365, 367 -367, 386 -391
P 4: IN 003.rtf
249 -251, 273 -273
P 6: IN 004a.rtf
30 -30
P 8: IN 005.rtf
111 -111, 111 -111, 123 -125, 219 -219

Code: change in state of consciousness {1-4}
"As part of accessing intuitive mode"

P 2: IN 001.rtf
265 -267

Code: chose when to use {35-10}

"Able to make the choice to access intuitive way of working"

P 2: IN 001.rtf

56 -56, 60 -60, 60 -60, 97 -97, 113 -115, 209-209, 215 -215, 216 -219, 242 -244, 258 -259, 260 -263, 410 -411, 418 -421

P 3: IN 002.rtf

156 -157

P 4: IN 003.rtf

112 -112, 120 -120

P 6: IN 004a.rtf

26 -26, 44 -44, 64 -66, 72 -76, 85 -92, 88 -94, 107 -118

P 8: IN 005.rtf

97 -97, 107 -107, 173 -177

P10: IN 006.rtf

34 -34, 86 -90, 92 -92, 94 -94, 95 -98, 102 -102, 106 -106, 318 -318, 320 -320

Code: clarity {8-2}

"Intuition results in sense of clarity, makes sense, understanding"

P 3: IN 002.rtf

358 -358, 379 -379, 383 -383, 385 -385, 387 -391, 391 -391

P 6: IN 004a.rtf

149 -156

P10: IN 006.rtf

156 -156

Code: client driven {38-11}

"Choices in whether to work intuitively, to use intuition (or to follow intuition) are client driven"

P 2: IN 001.rtf

60 -60, 197 -197, 205 -205, 207 -207, 209 -209, 213 -213, 385 -385, 391 -393

P 3: IN 002.rtf

298 -298

P 4: IN 003.rtf

100 -100, 112 -112, 116 -116, 130 -130, 154 -156, 156 -156, 182 -184

P 6: IN 004a.rtf

8 -8, 8 -8, 30 -30, 44 -44, 46 -46, 50 -50, 64 -64, 68 -70, 72 -76, 132 -132, 326 -326

P 8: IN 005.rtf

80 -82, 97 -99, 101 -101, 293 -295, 409 -409, 415 -419

P10: IN 006.rtf

50 -50, 92 -92, 106 -106, 110 -110, 144 -146

Code: client intuition {7-2}

"Example of client intuition about therapist"

P 7: IN 004b.rtf

66 -66

P 8: IN 005.rtf

263 -263, 287 -289, 291 -295, 297 -301, 457 -465, 527 -531

Code: cognitive process {12-2}

"As a description/experience of intuition - not as an explanation of"

P 3: IN 002.rtf

358 -360, 441 -441, 715 -715, 715 -717
P 6: IN 004a.rtf
28 -28, 120 -120, 130 -130, 149 -156
P10: IN 006.rtf
86 -90, 216 -216, 220 -220, 302 -302

Code: connection {17-3}

"Connection whilst in intuitive process"

P 2: IN 001.rtf
273 -273, 421 -421
P 3: IN 002.rtf
116 -116, 152 -152, 317 -319, 387 -391, 407 -411, 585 -587
P 4: IN 003.rtf
106 -106, 150 -150
P 6: IN 004a.rtf
156 -156, 191 -191
P 8: IN 005.rtf
105 -105, 223 -223, 247 -247, 269 -269, 395 -400

Code: control of intuition {7-1}

"Levels of control over intuition"

P 2: IN 001.rtf
244 -244
P 3: IN 002.rtf
106 -110, 154 -154, 271 -271, 719 -721
P 8: IN 005.rtf
364 -369
P10: IN 006.rtf
374 -374

Code: creativity {22-6}

"Links between creativity and intuition"

P 2: IN 001.rtf
236 -238, 236 -236
P 3: IN 002.rtf
271 -271
P 4: IN 003.rtf
106 -106, 126 -126
P 6: IN 004a.rtf
26 -26, 28 -28, 30 -30, 122 -122
P 8: IN 005.rtf
364 -369, 431 -433
P10: IN 006.rtf
42 -44, 50 -50, 114 -114, 156 -156, 160 -160, 318 -318, 384 -386, 388 -388, 398 -398,
400 -400, 426 -426

Code: danger to client {2-2}

"Any mention of danger to client related to intuition"

P 4: IN 003.rtf
130 -130
P10: IN 006.rtf
94 -94

Code: danger to therapist {2-1}

"Any mention of danger to therapist linked to intuition"

P 2: IN 001.rtf
113 -115, 431 -431

Code: deeper understanding {3-1}

"For either client or therapist or both"

P 2: IN 001.rtf
320 -320, 322 -322, 324 -324

Code: difficulty in expressing {28-6}

"Difficulty in describing the experience of intuition"

P 2: IN 001.rtf
365 -365
P 3: IN 002.rtf
252 -253, 275 -279, 329 -331, 335 -337, 373 -379, 412 -417, 437 -437, 569 -569, 645 -
646
P 4: IN 003.rtf
132 -132, 140 -142, 150 -150, 170 -174, 237 -237, 241 -241, 335 -335, 399 -399, 476 -
476
P 8: IN 005.rtf
241 -241, 403 -403
P10: IN 006.rtf
60 -60, 66 -66, 78 -82, 84 -86, 148 -155, 224-224, 228 -234

Code: discomfort {1-4}

"Therapist discomfort"

P 3: IN 002.rtf
159 -159

Code: effect on client {17-7}

***** Merged with: effect of shared experience
(2007-11-18T14:16:04) ****

"Effect on client of experience of therapist working intuitively"

P 2: IN 001.rtf
201 -201, 324 -324, 329 -335
P 3: IN 002.rtf
273 -273, 294 -294, 745 -749, 835 -835
P 6: IN 004a.rtf
30 -30
P 8: IN 005.rtf
223 -223, 437 -443, 465 -465, 523 -525
P10: IN 006.rtf
50 -52, 156 -158, 162 -162, 170 -172, 372 -372

Code: effect on therapist {11-8}

"Effect on therapist of intuitive experience, or working intuitively"

P 2: IN 001.rtf
412 -413
P 3: IN 002.rtf

159 -159
P 4: IN 003.rtf
198 -198
P 6: IN 004a.rtf
30 -30, 42 -42, 191 -195, 200 -203
P 8: IN 005.rtf
223 -223, 459 -461, 465 -465, 467 -467

Code: end of intuitive state {8-1}

"How it ends, how therapists experiences, choice of whether to end, premature endings"

P 2: IN 001.rtf
341 -341, 353 -355, 356 -363, 381 -383
P 3: IN 002.rtf
159 -159, 811 -813
P 4: IN 003.rtf
90 -90, 204 -204

Code: enter other's world {21-10}

"Therapist immerses himself in client's world or client enter therapist's world (in client intuition) - subset of immersion in experience"

P 2: IN 001.rtf
62 -62, 64 -64, 68 -68, 255 -255, 289 -289, 291-291, 295 -295, 322 -322, 329 -335
P 3: IN 002.rtf
290 -290, 365 -370
P 4: IN 003.rtf
150 -150, 154 -154, 231 -231
P 6: IN 004a.rtf
30 -30, 205 -209
P 8: IN 005.rtf
133 -133, 219 -219, 409 -415, 413 -413, 457 -465

Code: essence {1-1}

P 4: IN 003.rtf
281 -282

Code: example {19-0}

"Examples of intuition"

P 2: IN 001.rtf
255 -341
P 3: IN 002.rtf
282 -298, 449 -451, 664 -687
P 4: IN 003.rtf
110 -112, 160 -164, 190 -194, 217 -271, 300 -320, 339 -343
P 6: IN 004a.rtf
26 -30, 132 -132, 184 -239, 211 -223
P 8: IN 005.rtf
457 -457, 495 -515
P10: IN 006.rtf
38 -74, 156 -182, 370 -374

Code: experiences differ {27-8}

"Subjective experience is not always the same for a particular therapist or for different therapists"

*** Merged with: Individual experience
(2007-11-11T17:42:21) ***

"Peoples subjective experiences of intuition differ"

P 2: IN 001.rtf

244 -244

P 3: IN 002.rtf

392 -395, 579 -581, 585 -589, 593 -595, 605 -611, 619 -619, 622 -633, 636 -642, 656 -
656, 658 -662

P 6: IN 004a.rtf

76 -80, 137 -144

P 7: IN 004b.rtf

106 -106, 146 -152

P 8: IN 005.rtf

167 -167, 171 -171, 245 -247

P10: IN 006.rtf

114 -118, 184 -190, 192 -192, 262 -266, 278 -280, 394 -394, 398 -398, 406 -410, 418 -
422

Code: exploration {2-4}

"Exploration of client's experience"

P 2: IN 001.rtf

197 -197, 322 -322

Code: expression {2-2}

"Therapist able to express intuition in words"

P 3: IN 002.rtf

709 -715, 745 -747

Code: feeling of correctness {8-1}

P 3: IN 002.rtf

321 -321, 398 -401

P 8: IN 005.rtf

227 -227, 229 -229, 549 -551

P10: IN 006.rtf

50 -50, 50 -52, 396 -396

Code: feeling of goodness {4-1}

P 3: IN 002.rtf

321 -323, 340 -340, 342 -344, 398 -401

Code: feeling of intuition {11-6}

"Intuition = feeling, experienced as feeling, described as a feeling"

P 3: IN 002.rtf

326 -331, 340 -342, 377 -379, 719 -721

P 4: IN 003.rtf

152 -152, 271 -271, 294 -294

P 8: IN 005.rtf

111 -111, 227 -227, 247 -247

P10: IN 006.rtf

302 -302

Code: fits together {4-2}

"Description of how intuition makes sense"

P 3: IN 002.rtf

159 -159, 385 -385

P 6: IN 004a.rtf

149 -156, 195 -197

Code: flow {7-1}

"Sense of intuition flowing, when working intuitively participants report experiencing a flow"

P 3: IN 002.rtf

271 -271, 709 -709, 789 -789

P 4: IN 003.rtf

277 -277, 292 -292, 384 -384

P10: IN 006.rtf

114 -114

Code: focus of attention {17-5}

"What therapist is focussing on when working intuitively or intuitive moment"

P 2: IN 001.rtf

62 -62, 301 -301, 311 -313, 373 -373

P 3: IN 002.rtf

265 -265, 789 -789, 791 -791, 793 -793, 799 -803, 831 -831, 833 -833

P 4: IN 003.rtf

150 -150

P 6: IN 004a.rtf

30 -30, 225 -225

P 8: IN 005.rtf

315 -315

P10: IN 006.rtf

108 -108, 238 -238

Code: following {9-3}

"Therapist follows in intuitive process"

P 3: IN 002.rtf

715 -715, 717 -717, 719 -721, 791 -791

P 4: IN 003.rtf

90 -90, 194 -194, 202 -202, 204 -204

P10: IN 006.rtf

176 -176

Code: get it wrong {3-1}

"Sometimes get it wrong"

P 4: IN 003.rtf

200 -206, 206 -206

P 8: IN 005.rtf

485 -485

Code: gracefulness {3-1}

"Description of how intuitive process feels"

P 3: IN 002.rtf

157 -157, 158 -159, 713 -713

Code: growth {4-3}

"Experience intuition as a process of growth"

P 4: IN 003.rtf

106 -106, 128 -128, 128 -128, 381 -381

Code: heart {10-1}

P 2: IN 001.rtf

209 -209, 209 -209

P 3: IN 002.rtf

429 -429

P 7: IN 004b.rtf

74 -74

P 8: IN 005.rtf

103 -103, 103 -103, 109 -109, 115 -115, 119 -119

P10: IN 006.rtf

232 -232

Code: heightened affect {31-2}

"Client or therapist"

P 3: IN 002.rtf

290 -290, 293 -293, 296 -296, 346 -346

P 4: IN 003.rtf

110 -110, 152 -152, 219 -219, 227 -227, 227 -227, 233 -233, 247 -249, 261 -261

P 6: IN 004a.rtf

30 -30, 128 -128, 187 -187, 195 -195, 200 -203, 205 -209

P 7: IN 004b.rtf

66 -66

P 8: IN 005.rtf

111 -111, 131 -131, 133 -135, 219 -219, 467 -469

P10: IN 006.rtf

40 -40, 68 -70, 162 -162, 170 -172, 300 -300, 304 -304, 370 -370

Code: holding back {2-3}

"Therapist"

P 2: IN 001.rtf

83 -83

P10: IN 006.rtf

86 -90

Code: human-ness {1-1}

"Sense of humanity in action"

P 4: IN 003.rtf

263 -263

Code: immersion in experience {11-6}

"Linked to enter client's world"

P 2: IN 001.rtf

301 -301, 304 -307, 311 -313

P 3: IN 002.rtf

263 -263, 271 -271, 365 -370, 799 -803

P 6: IN 004a.rtf

30 -30
P 8: IN 005.rtf
133 -133
P10: IN 006.rtf
108 -108, 370 -370

Code: importance of own therapy {8-0}

P 2: IN 001.rtf
117 -117, 133 -133, 248 -248
P 3: IN 002.rtf
106 -106, 784 -787
P 8: IN 005.rtf
327 -327, 336 -339, 341 -350

Code: intuition as resource {2-1}

P 8: IN 005.rtf
301 -301, 447 -449

Code: intuitive experience not controlled {17-10}

"As it says but general descriptions, not broken down"

P 2: IN 001.rtf
357 -361, 365 -367, 377 -381, 418 -425
P 3: IN 002.rtf
265 -267, 271 -271, 290 -290, 304 -306, 321 -325, 695 -695
P 4: IN 003.rtf
150 -150
P 6: IN 004a.rtf
187 -187, 197 -197, 225 -225
P10: IN 006.rtf
164 -164, 180 -182, 204 -207

Code: intuition instant {13-2}

"Instant connection to something, idea, person, level"

P 2: IN 001.rtf
244 -244
P 3: IN 002.rtf
587 -587
P 4: IN 003.rtf
150 -150, 339 -339
P 6: IN 004a.rtf
26 -26, 28 -28, 78 -78, 132 -132, 137 -144
P 8: IN 005.rtf
229 -229
P10: IN 006.rtf
156 -156, 204 -207, 374 -374

Code: intuition natural {45-3}

"Normal way in certain state of consciousness, part of way therapist lives life - Intuition is part of self"

*** Merged with: part of me (2007-11-11T16:36:57) ***

"Intuition = part of self"

P 2: IN 001.rtf

50 -50, 52 -52, 79 -79, 81 -81, 177 -177, 434-445

P 3: IN 002.rtf

71 -72, 85 -94, 95 -100, 101 -104, 106 -110, 112-118, 119 -122, 124 -124, 157 -157, 310 -312

P 4: IN 003.rtf

58 -58, 60 -60, 60 -60, 66 -66, 66 -66, 190 -194, 279 -279, 281 -286, 345 -345, 364 -364, 372-372, 476 -476

P 6: IN 004a.rtf

8 -8, 58 -58, 78 -80, 219 -223, 237 -239, 259-261, 283 -285, 289 -289

P 8: IN 005.rtf

163 -163, 263 -266, 285 -287, 287 -287, 291 -295

P10: IN 006.rtf

246 -250, 258 -258, 300 -304, 326 -332

Code: intuition not instant {7-2}

"Intuition is not experienced as instant"

P 2: IN 001.rtf

52 -52

P 3: IN 002.rtf

589 -589

P 4: IN 003.rtf

150 -150

P 6: IN 004a.rtf

137 -144, 195 -199, 199 -199

P10: IN 006.rtf

164 -164

Code: influence of left hemisphere {9-3}

"Addition of left hemisphere reasoning"

P 3: IN 002.rtf

670 -680, 689 -691, 693 -693, 706 -715, 729 -729

P 8: IN 005.rtf

207 -215, 437 -443

P10: IN 006.rtf

86 -90, 94 -94

Code: insight {9-1}

"Moment/or sense of - insight linked to intuition"

P 3: IN 002.rtf

358 -358, 379 -379

P 4: IN 003.rtf

152 -152, 223 -223, 271 -271, 275 -275, 310 -314

P 6: IN 004a.rtf

132 -132

P 8: IN 005.rtf

145 -147

Code: instant connection {2-1}

"Experience an immediate connection with another person"

P 3: IN 002.rtf

605 -605, 607 -611

Code: intimate {2-3}

P 2: IN 001.rtf
64 -64
P 6: IN 004a.rtf
298 -300

Code: intuitively lead {9-4}

"Led by intuitive process not controlled by therapist"

P 2: IN 001.rtf
357 -367
P 3: IN 002.rtf
152 -154, 719 -721, 745 -749
P 4: IN 003.rtf
202 -202, 204 -204
P10: IN 006.rtf
164 -164, 174 -174, 176 -176

Code: just works {3-2}

**** Merged with: inexplicable (2007-10-20T21:02:44)

"Sense of not being able to explain, or control"

P 3: IN 002.rtf
292 -292, 791 -795, 799 -803

Code: know something is going to happen {6-3}

"Premonition – but not necessarily knowing what will happen though"

P 3: IN 002.rtf
439 -439, 451 -451
P 4: IN 003.rtf
164 -164, 190 -192, 339 -339
P 6: IN 004a.rtf
205 -209

Code: lessening of boundary {10-4}

"By choice or not"

P 2: IN 001.rtf
66 -66, 66 -66, 74 -74, 83 -83, 291 -291, 419 -419
P 4: IN 003.rtf
259 -263
P 8: IN 005.rtf
113 -113
P10: IN 006.rtf
136 -136, 140 -140

Code: levels of consciousness {5-4}

P 2: IN 001.rtf
107 -113, 425 -429
P 8: IN 005.rtf
247 -249
P10: IN 006.rtf
238 -23, 242 -248

Code: loosening {1-3}

P 4: IN 003.rtf
135 -138

Code: movement {12-4}

"Within the dyad and in the experience of intuition"

P 2: IN 001.rtf
276 -277, 279 -279, 280 -281
P 3: IN 002.rtf
427 -429, 429 -429, 811 -813, 819 -819
P 4: IN 003.rtf
116 -116, 138 -140, 288 -292
P10: IN 006.rtf
42 -44, 54 -58

Code: moving between levels of cons {9-4}

"Prior, during or after intuitive process"

P 2: IN 001.rtf
95 -97, 343 -351, 410 -411
P 3: IN 002.rtf
811 -813
P 6: IN 004a.rtf
225 -225
P 8: IN 005.rtf
205 -215, 267 -267, 355 -361
P10: IN 006.rtf
238 -238

Code: multi levels {35-5}

"Mention of levels other than consciousness"

**** Merged with: simultaneous places (2007-11-27T14:56:09) ****

"In two places at one time"

P 2: IN 001.rtf
101 -101, 280 -283, 283 -283, 304 -309, 373 -373
P 3: IN 002.rtf
360 -370, 373 -379, 381 -381, 383 -383, 407 -409, 412 -417, 441 -443, 461 -464, 709 -
715, 723 -731, 821 -823
P 4: IN 003.rtf
93 -96, 140 -140
P 8: IN 005.rtf
267 -267, 297 -299, 364 -371, 435 -437
P10: IN 006.rtf
70 -72, 78 -78, 86 -90, 180 -180, 216 -216, 220-220, 238 -238, 240 -240, 242 -248, 246
-250, 282 -284, 302 -302, 392 -392

Code: mutual influence {17-4}

"Sense of working together, or influencing each other, shared meaning"

P 2: IN 001.rtf
324 -324, 385 -385, 386 -391
P 3: IN 002.rtf
198 -198, 294 -298, 319 -319, 571 -573, 601 -601

P 4: IN 003.rtf
101 -102, 106 -106, 128 -128, 154 -154
P 6: IN 004a.rtf
306 -308
P 8: IN 005.rtf
459 -465, 487 -493, 595 -595
P10: IN 006.rtf
370 -370

Code: no attention to skills in moment {6-2}
"Linked to direction of attention"

P 3: IN 002.rtf
791 -791, 791 -791, 821 -823, 836 -836
P 8: IN 005.rtf
227 -227, 433 -433

Code: no specific knowledge {8-4}
"About context when working intuitively or experiencing intuition in the moment"

P 3: IN 002.rtf
290 -290, 294 -294
P 4: IN 003.rtf
241 -244, 245 -245, 333 -335
P 8: IN 005.rtf
227 -227, 409 -415, 427 -431

Code: non-cons. process {22-11}
"Suggestive of non-conscious process"

P 3: IN 002.rtf
267 -267, 412 -417, 445 -447, 457 -457, 472 -480, 617 -617, 808 -809, 811 -813, 819 -
827
P 4: IN 003.rtf
150 -150
P 6: IN 004a.rtf
124 -124, 160 -176, 225 -225
P 8: IN 005.rtf
211 -215, 219 -219, 219 -219, 403 -403
P10: IN 006.rtf
76 -82, 234 -236, 282 -282, 284 -284, 328 -330

Code: non-constructed {9-4}
"Don't purposefully construct process"

P 3: IN 002.rtf
265 -265, 717 -717, 791 -795, 815 -817
P 4: IN 003.rtf
128 -128
P 6: IN 004a.rtf
26 -26
P10: IN 006.rtf
174 -174, 374 -374, 426 -426

Code: non linear {11-4}
"Not causal or linear - rather is dynamic or complex"

P 2: IN 001.rtf

373 -373

P 3: IN 002.rtf

265 -268, 353 -354, 373 -377, 615 -615, 621 -621, 815 -817, 827 -827

P 6: IN 004a.rtf

172 -176, 396 -396

P10: IN 006.rtf

216 -218

Code: not magic {7-1}

"Intuition is not magic"

P 6: IN 004a.rtf

122 -122, 223 -223, 245 -249, 257 -259, 279 -279, 289 -289

P 7: IN 004b.rtf

70 -70

Code: not sufficient energy {1-3}

P 2: IN 001.rtf

367 -367

Code: open to possibility {11-6}

"Therapist is open to possibility"

P 6: IN 004a.rtf

26 -26, 26 -26

P 8: IN 005.rtf

101 -101, 131 -131, 203 -203, 357 -361, 387 -387, 395 -397, 397 -399

P10: IN 006.rtf

50 -52, 136 -136

Code: opening up {21-5}

"Any sense of opening up in the intuitive process - physical, emotional"

P 2: IN 001.rtf

169 -171, 181 -181, 289 -289, 291 -291, 324 -324

P 3: IN 002.rtf

265 -265, 271 -271, 294 -298, 427 -428, 430 -435, 449 -449, 793 -793

P 4: IN 003.rtf

112 -112, 128 -128, 135 -136, 138 -138, 194 -194

P 8: IN 005.rtf

190 -203, 219 -219, 349 -361, 387 -387

Code: otherness {4-1}

**** Merged with: something other (2007-11-11T19:20:21) ***

"Not normal way of making sense of situation"

P 4: IN 003.rtf

142 -142, 164 -164, 353 -360

P10: IN 006.rtf

50 -50

Code: own personal experience {2-4}

"Influence of therapists experience on intuition"

P 6: IN 004a.rtf
191 -193
P 7: IN 004b.rtf
66 -66

Code: pattern recognition {17-7}
"Intuition as a recognition of patterns"

P 3: IN 002.rtf
319 -321, 360 -362, 379 -379, 381 -381, 385 -387, 393 -395, 445 -447, 715 -715
P 6: IN 004a.rtf
120 -120, 122 -122, 124 -124, 149 -156, 195 -197
P 8: IN 005.rtf
437 -443
P10: IN 006.rtf
156 -156, 176 -176, 404 -406

Code: permission to use {3-1}

P 4: IN 003.rtf
453 -459, 463 -463
P 8: IN 005.rtf
91 -97

Code: physical locus {17-8}
"Where in the body the intuition is located
*** Merged with: essence (2007-11-11T18:56:19) ***

"Intuition is essence of self - linked to part of me"

P 2: IN 001.rtf
276 -276
P 3: IN 002.rtf
346 -348, 352 -352, 407 -407, 407 -411
P 4: IN 003.rtf
281 -286, 288 -290, 294 -299
P 6: IN 004a.rtf
200 -207
P 7: IN 004b.rtf
74 -74
P 8: IN 005.rtf
103 -103, 109 -109, 119 -119, 234 -235
P10: IN 006.rtf
94 -94, 230 -230, 232 -232

Code: physical sensations {23-6}
"Physical sensations whilst working intuitively"

P 2: IN 001.rtf
453 -457
P 3: IN 002.rtf
346 -352, 356 -356, 407 -407, 417 -419
P 4: IN 003.rtf
116 -120, 138 -138, 140 -140, 294 -294, 308 -308
P 6: IN 004a.rtf
200 -207
P 8: IN 005.rtf

119 -119, 131 -131, 135 -135, 225 -225, 229 -229, 234 -235, 239 -239, 375 -379
P10: IN 006.rtf
216 -216, 220 -220, 222 -222, 225 -226

Code: picking up signals {23-10}
"Before intuition, or part of intuition,"

P 3: IN 002.rtf
321 -325, 326 -327, 352 -352, 356 -356, 445 -447, 449 -449, 455 -455, 461 -461
P 4: IN 003.rtf
294 -294, 308 -310, 333 -335, 362 -362
P 6: IN 004a.rtf
120 -120, 187 -187, 187 -187
P 8: IN 005.rtf
123 -123, 131 -131, 135 -143, 145 -147, 225 -225, 229 -229, 241 -241, 242 -245

Code: possibility {9-3}
"Intuition involves a sense of possibility"

P 4: IN 003.rtf
112 -112, 128 -128, 138 -138, 152 -152, 198 -198, 200 -200, 204 -204
P 8: IN 005.rtf
364 -369
P10: IN 006.rtf
426 -426

Code: powerful {4-1}

P 8: IN 005.rtf
121 -121, 223 -223, 241 -241, 247 -247

Code: precursor to intuition {9-7}
"Refers to states, physical sensations, before intuition or deciding to work intuitively – preparation"

P 2: IN 001.rtf
181 -181, 283 -287, 450 -457
P 3: IN 002.rtf
259 -268, 373 -379, 393 -395, 399 -411, 441 -443
P 8: IN 005.rtf
215 -215

Code: process {8-0}

P 3: IN 002.rtf
346 -391
P 4: IN 003.rtf
93 -96
P10: IN 006.rtf
164 -164, 180 -184, 190 -192, 216 -220, 216 -216, 398 -398

Code: pushed away {1-6}
"By client - stopped from working intuitively"

P 4: IN 003.rtf
116 -116

Code: recognition {18-7}

"Recognition of something whilst working intuitively"

P 2: IN 001.rtf

359 -359, 364 -365, 381 -383

P 3: IN 002.rtf

358 -358, 360 -362, 387 -391

P 6: IN 004a.rtf

26 -26, 149 -156, 156 -156, 193 -193, 205 -209

P 7: IN 004b.rtf

83 -84

P 8: IN 005.rtf

163 -163, 227 -227, 229 -229, 239 -239

P10: IN 006.rtf

66 -66, 108 -108

Code: reflection {30-4}

"Therapist reflecting on intuitive experience, either with client or self-reflection"

P 2: IN 001.rtf

463 -465

P 3: IN 002.rtf

373 -377, 412 -417, 445 -445, 629 -629, 645 -646, 811 -813, 811 -813

P 4: IN 003.rtf

88 -88, 91 -94, 204 -204, 223 -223, 279 -279

P 6: IN 004a.rtf

185 -185, 205 -205, 225 -233

P 8: IN 005.rtf

152 -153, 163 -163, 173 -173, 241 -241, 403 -408

P10: IN 006.rtf

66 -66, 76 -76, 78 -82, 94 -94, 102 -102, 190-192, 232 -232, 234 -234, 370 -370

Code: relational {38-8}

"Relationship - between therapist and client, or as a necessary component for intuition"

P 2: IN 001.rtf

83 -83, 85 -85, 87 -87, 93 -93, 197 -197, 255-255, 255 -255, 418 -425, 425 -429

P 3: IN 002.rtf

142 -144, 192 -196, 319 -319, 571 -571, 575 -575, 827 -827

P 4: IN 003.rtf

100 -100, 102 -104, 106 -106, 150 -150, 154 -154, 160 -160, 225 -225, 314 -314, 362 -362

P 6: IN 004a.rtf

298 -300, 306 -308

P 7: IN 004b.rtf

38 -40, 42 -46

P 8: IN 005.rtf

221 -221, 379 -385, 385 -385, 409 -415, 457 -465, 465 -465

P10: IN 006.rtf

238 -238, 242 -242, 370 -370, 378 -378

Code: relief {2-2}

"Experience of therapist"

P 2: IN 001.rtf

70 -70, 79 -79

Code: sense of peace {1-3}

"Experience of therapist"

P 3: IN 002.rtf
403 -403

Code: sensitised {1-1}

"Experience of therapist"

P 3: IN 002.rtf
148 -148

Code: setting influence {6-3}

"Influence of setting on working intuitively"

P 3: IN 002.rtf
595 -597
P 4: IN 003.rtf
83 -84
P 8: IN 005.rtf
91 -91, 261 -263
P10: IN 006.rtf
128 -130, 134 -136

Code: shared experience {32-6}

"Client and therapist share experience either by therapist entering client experience or because it is something that evolves"

P 2: IN 001.rtf
197 -197, 197 -199, 255 -255, 291 -291, 295 -295, 322 -322, 322 -322, 336 -336, 385 -
385, 386-391
P 3: IN 002.rtf
198 -198, 290 -290
P 4: IN 003.rtf
110 -110, 304 -304, 304 -304
P 6: IN 004a.rtf
191 -193
P 7: IN 004b.rtf
42 -44, 46 -46, 48 -56, 58 -62, 66 -66
P 8: IN 005.rtf
115 -115, 123 -123, 127 -131, 223 -223, 379 -385, 385 -385, 431 -433
P10: IN 006.rtf
108 -108, 238 -238, 242 -246, 372 -372

Code: solar plexus, {7-1}

"Mention implicitly or explicitly as factor in working intuitively or being in intuitive place"

P 2: IN 001.rtf
276 -276
P 3: IN 002.rtf
407 -407, 412 -417, 427 -428
P 4: IN 003.rtf
288 -290
P 6: IN 004a.rtf
204 -207
P10: IN 006.rtf
232 -232

Code: something not right {8-4}

P 4: IN 003.rtf

339 -339, 350 -350

P 6: IN 004a.rtf

26 -26, 187 -187, 189 -189, 213 -213, 215 -215, 217 -217

Code: source of intuition {9-4}

"Subjective experience of where it comes from"

P 2: IN 001.rtf

48 -48, 273 -275

P 3: IN 002.rtf

148 -150, 152 -152, 154 -154, 271 -271, 455 -461

P10: IN 006.rtf

106 -108, 214 -214

Code: specific in larger context {1-2}

P 3: IN 002.rtf

284 -288

Code: state of therapist {11-4}

"Influence on being able to work intuitively"

P 3: IN 002.rtf

137 -140, 159 -159

P 4: IN 003.rtf

384 -386

P 8: IN 005.rtf

127 -127, 306 -313, 315 -315, 336 -337, 339 -339, 349 -353

P10: IN 006.rtf

114 -122, 418 -420

Code: states of consciousness {12-4}

"Reference to different states of consciousness and intuition being one"

P 2: IN 001.rtf

50 -50, 56 -56, 58 -58, 60 -60, 62 -62, 95 -97, 127 -127, 181 -181, 265 -265, 285 -285

P 3: IN 002.rtf

259 -259, 259 -259

Code: sudden urge {2-1}

"Uncontrolled urge to do something, say something"

P 3: IN 002.rtf

284 -284, 290 -290

Code: symbols {5-1}

"Relating to how works intuitively"

P 2: IN 001.rtf

46 -46, 277 -277

P 4: IN 003.rtf

160 -164, 176 -176

P 7: IN 004b.rtf

42 -44

Code: talk about intuition {17-7}

P 3: IN 002.rtf
11 -17

P 4: IN 003.rtf
72 -80, 407 -409, 420 -421, 480 -482

P 6: IN 004a.rtf
237 -239, 322 -326

P 8: IN 005.rtf
251 -251

P10: IN 006.rtf
314 -314, 333 -340, 348 -353, 364 -366, 370 -370, 376 -380, 402 -402, 420 -422, 426 -430

Code: therapy is intuitive {15-1}

P 3: IN 002.rtf
253 -253, 275 -279

P 4: IN 003.rtf
237 -237, 360 -360

P 6: IN 004a.rtf
237 -239

P 8: IN 005.rtf
221 -221, 402 -403, 527 -527, 595 -595

P10: IN 006.rtf
34 -34, 96 -98, 258 -258, 270 -276, 278 -282, 402 -406

Code: transcends {3-1}

P 8: IN 005.rtf
227 -227, 247 -247, 267 -267

Code: transforming {4-1}
"Client transforming"

P 3: IN 002.rtf
745 -749

P 6: IN 004a.rtf
30 -30, 42 -42

P10: IN 006.rtf
372 -372

Code: trust intuition {16-6}

"Importance of trusting intuition - link to acceptance"

P 3: IN 002.rtf
695 -695, 732 -739

P 4: IN 003.rtf
88 -88, 112 -112, 120 -120, 192 -194, 194 -194, 198 -198, 204 -204, 277 -277, 407 -407, 453 -459

P 8: IN 005.rtf
265 -265, 267 -267, 445 -445

P10: IN 006.rtf
34 -38

Code: type of client {10-2}

"Influence of on ability to work intuitively"

308 -308
P 8: IN 005.rtf
163 -163, 167 -167, 421 -421

Code: visual cues {14-3}

"Mention of visual cues or experiences"

P 2: IN 001.rtf
297 -297, 437 -437, 450 -453
P 3: IN 002.rtf
421 -423, 445 -445, 664 -664
P 4: IN 003.rtf
333 -335, 339 -339
P 6: IN 004a.rtf
191 -191, 205 -205
P 8: IN 005.rtf
113 -113, 161 -161, 165 -165, 171 -171

Code: voice {8-0}

P 2: IN 001.rtf
459 -459
P 3: IN 002.rtf
445 -445
P 6: IN 004a.rtf
122 -122, 223 -223
P 8: IN 005.rtf
372 -372, 457 -457, 457 -457
P10: IN 006.rtf
214 -214

Code: waiting {1-2}

"Linked to trusting, and acceptance"

P 3: IN 002.rtf
695 -695

Code: whole thing {1-1}

P 3: IN 002.rtf , 387 -387

APPENDIX VII

List of Open Codes

SUBJECTIVE EXPERIENCES

Above and below	Feeling of goodness	Own personal experience
Acceptance	Feeling of intuition	Pattern recognition
Access in. mode	Fits together	Permission to use
Adding skills to intuition	Flow	Physical ex less energy
Agency in change	Focus of attention	Physical locus
All over body	Following	Physical sensations
Attention	Get it wrong	Picking up signals
Attunement	Gracefulness	Possibility
Aura	Growth	Powerful
Aural cues	Heart	Precursor to intuition
Awareness	Heightened affect	Process
Awareness physical state	Holding back	Pushed away
Awareness of precursors	Human-ness	Recognition
Beautiful experience	Immersion in experience	Reflection
Blocked	Importance own therapy	Relational
Brain	In. as resource	Relief
Breaking the rules	In. ex. not controlled	Sense of peace
Centre	In. instant	Sensitised
Change in energy	In. Natural	Setting influence
Change in state of Cons	In. not instant	Shared experience
Chose when to use	Influence left hemisphere	Solar plexus
Clarity	Insight	Something not right
Client driven	Instant connection	Source of intuition
Client intuition	Intimate	Specific in larger context
Cognitive process	Intuitively lead	State of therapist
Connection	Just works	States of consciousness
Control of intuition	Know s/thing will happen	Sudden urge
Creativity	Lessening of boundary	Symbols
Danger to client	Loosening	Talk about intuition
Danger to therapist	Movement	Therapy is intuitive
Deeper understanding	Move btw levels of cons	Transcends
Diff. in express	Multi levels	Transforming
Discomfort	Mutual influence	Trust intuition
Effect on client	No attention skills	Type of client
Effect on therapist	No specific knowledge	Type of listening
End of intuitive state	Non-cons. process	Unexplainable
Enter other's world	Non-constructed	Up and down
Essence	Non linear	Use responsibly
Example	Not magic	Visions
Experiences differ	Not Sufficient energy	Visual cues
Exploration	Open to possibility	Voice
Expression	Opening up	Waiting
Feeling of correctness	Otherness	Whole thing

APPENDIX VIII

Codes sorted by Level of Groundedness and Primary Document

CODES-PRIMARY-DOCUMENTS-TABLE (CELL=Q-FREQ)

HU: [C:\Documents and Settings\Lucia Swanepoel\My Documents\Scientific Software\ATLAsTi\T...\INTUITION.hpr5]

Code-Filter: Code Family Subjective Experience
PD-Filter: A

CODES	PRIMARY DOCS ²³								Totals
	1	2	3	4	6	7	8	10	
In. Natural	0	6	10	12	8	0	5	4	45
Client driven	0	8	1	7	11	0	6	5	38
Adding therapy skill	0	1	8	6	2	0	2	19	38
Relational	0	9	6	9	2	2	6	4	38
Attunement	0	4	5	1	11	3	9	3	36
Multi levels	0	5	11	2	0	0	4	13	35
Chose when to use	0	13	1	2	7	0	3	9	35
Shared experience	0	10	2	3	1	5	7	4	32
Heightened affect	0	0	4	8	6	1	5	7	31
Reflection	0	1	7	5	3	0	5	9	30
Diff. in express	0	1	9	9	0	0	2	7	28
Experiences differ	0	1	10	0	2	2	3	9	27
Acceptance	0	5	3	5	1	0	4	6	24
Picking up signals	0	0	8	4	3	0	8	0	23
Physical sensations	0	1	4	5	1	0	8	4	23
Non-cons. process	0	0	9	1	3	0	4	5	22
Creativity	0	2	1	2	4	0	2	11	22
Opening up	0	5	7	5	0	0	4	0	21
Enter other's world	0	9	2	3	2	0	5	0	21
Example	0	1	3	6	4	0	2	3	19
Breaking the rules	0	0	0	1	2	0	1	15	19
Use responsibly	0	3	2	3	3	0	1	6	18
Recognition	0	3	3	0	5	1	4	2	18
In. ex. not controll	0	4	6	1	3	0	0	3	17
Physical locus	0	1	4	3	1	1	4	3	17
Pattern recognition	0	0	8	0	5	0	1	3	17
Mutual influence	0	3	5	4	1	0	3	1	17
Connection	0	2	6	2	2	0	5	0	17
Talk about intuitio	0	0	1	4	2	0	1	9	17
Effect on client	0	3	4	0	1	0	4	5	17
Focus of attention	0	4	7	1	2	0	1	2	17
Trust intuition	0	0	2	10	0	0	3	1	16
Awareness	0	4	2	5	1	0	1	3	16
Therapy is intuitiv	0	0	2	2	1	0	4	6	15
Visual cues	0	3	3	2	2	0	4	0	14
Attention	0	0	1	4	1	0	1	6	13

²³ Primary documents relate to interviews as follows: PD2 = IV1, PD3 = IV2, PD4 = IV3, PD6 and PD7 = IV4, PD8 = IV5, PD10 = IV6

In. instant	0	1	1	2	5	0	1	3	13
States of consciousn	0	10	2	0	0	0	0	0	12
Cognitive process	0	0	4	0	4	0	0	4	12
Movement	0	3	4	3	0	0	0	2	12
Effect on therapist	0	1	1	1	4	0	4	0	11
Feeling of intuition	0	0	4	3	0	0	3	1	11
Open to possibility	0	0	0	0	2	0	7	2	11
Blocked	0	0	0	7	0	0	3	1	11
State of therapist	0	0	2	1	0	0	6	2	11
Immersion in experie	0	3	4	0	1	0	1	2	11
Non linear	0	1	7	0	2	0	0	1	11
Heart	0	2	1	0	0	1	5	1	10
Change in energy	0	3	0	2	1	0	4	0	10
Type of client	0	3	0	3	1	0	2	1	10
Lessening of boundar	0	6	0	1	0	0	1	2	10
Influence of left h.	0	0	5	0	0	0	2	2	9
Source of intuition	0	2	5	0	0	0	0	2	9
Intuitively lead	0	1	3	2	0	0	0	3	9
Possibility	0	0	0	7	0	0	1	1	9
Moving between level	0	3	1	0	1	0	3	1	9
Precursor to intuiti	0	3	5	0	0	0	1	0	9
Non-constructed	0	0	4	1	1	0	0	3	9
Insight	0	0	2	5	1	0	1	0	9
Following	0	0	4	4	0	0	0	1	9
Clarity	0	0	6	0	1	0	0	1	8
End of intuitive sta	0	4	2	2	0	0	0	0	8
Something not right	0	0	0	2	6	0	0	0	8
Voice	0	1	1	0	2	0	3	1	8
Process	0	0	1	1	0	0	0	6	8
No specific knowledg	0	0	2	3	0	0	3	0	8
Importance of own th	0	3	2	0	0	0	3	0	8
Feeling of correctne	0	0	2	0	0	0	3	3	8
Flow	0	0	3	3	0	0	0	1	7
Client intuition	0	0	0	0	0	1	6	0	7
Type of listening	0	4	0	0	1	0	1	1	7
Visions	0	3	0	1	0	0	3	0	7
Solar plexus,	0	1	3	1	1	0	0	1	7
In. not instant	0	1	1	1	3	0	0	1	7
Control of intuition	0	1	4	0	0	0	1	1	7
Not magic	0	0	0	0	6	1	0	0	7
Unexplainable	0	0	1	6	0	0	0	0	7
Setting influence	0	0	1	1	0	0	2	2	6
Access in. mode	0	1	1	1	1	0	2	0	6
No attention to skil	0	0	4	0	0	0	2	0	6
Awareness of physica	0	0	3	0	0	0	2	1	6
Know something is go	0	0	2	3	1	0	0	0	6
Levels of consciousn	0	2	0	0	0	0	1	2	5
Beautiful experience	0	2	2	0	0	0	1	0	5
Symbols	0	2	0	2	0	1	0	0	5
Otherness	0	0	0	3	0	0	0	1	4
Fits together	0	0	2	0	2	0	0	0	4
Transforming	0	0	1	0	2	0	0	1	4
Feeling of goodness	0	0	4	0	0	0	0	0	4
Growth	0	0	0	4	0	0	0	0	4
Aura	0	0	0	0	0	0	4	0	4
Powerful	0	0	0	0	0	0	4	0	4
Deeper understanding	0	3	0	0	0	0	0	0	3
Permission to use	0	0	0	2	0	0	1	0	3

Gracefulness	0	0	3	0	0	0	0	0	3
Just works	0	0	3	0	0	0	0	0	3
Transcends	0	0	0	0	0	0	3	0	3
Get it wrong	0	0	0	2	0	0	1	0	3
Above and below	0	3	0	0	0	0	0	0	3
Holding back	0	1	0	0	0	0	0	1	2
Exploration	0	2	0	0	0	0	0	0	2
All over body	0	0	0	1	0	0	1	0	2
Awareness of precurs	0	0	1	0	1	0	0	0	2
Brain	0	0	2	0	0	0	0	0	2
Instant connection	0	0	2	0	0	0	0	0	2
Sudden urge	0	0	2	0	0	0	0	0	2
Expression	0	0	2	0	0	0	0	0	2
In. as resource	0	0	0	0	0	0	2	0	2
Intimate	0	1	0	0	1	0	0	0	2
Own personal experie	0	0	0	0	1	1	0	0	2
Agency in change	0	0	2	0	0	0	0	0	2
Aural cues	0	0	1	0	0	0	1	0	2
Relief	0	2	0	0	0	0	0	0	2
Danger to client	0	0	0	1	0	0	0	1	2
Danger to therapist	0	2	0	0	0	0	0	0	2
Sense of peace	0	0	1	0	0	0	0	0	1
Sensitised	0	0	1	0	0	0	0	0	1
Centre	0	1	0	0	0	0	0	0	1
Loosening	0	0	0	1	0	0	0	0	1
Discomfort	0	0	1	0	0	0	0	0	1
Not Sufficient energ	0	1	0	0	0	0	0	0	1
Pushed away	0	0	0	1	0	0	0	0	1
Human-ness	0	0	0	1	0	0	0	0	1
Waiting	0	0	1	0	0	0	0	0	1
Specific in larger c	0	0	1	0	0	0	0	0	1
Whole thing	0	0	1	0	0	0	0	0	1
Up and down	0	1	0	0	0	0	0	0	1
Essence	0	0	0	1	0	0	0	0	1
Change in state of c	0	1	0	0	0	0	0	0	1

Totals	0	197	298	223	155	20	227	247	1367
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APPENDIX IX

Sample of Memos taken from Atlas.ti V5

HU: INTUITION

File: [C:\Documents and Settings\Lucia Swanepoel\My Documents\Scientific Software\ATLAsTi\T...\INTUITION.hpr5]

Memo-Filter: All

MEMO: Check - 20/10/07 (0 Quotations) (Super, 20/10/07 20:39:41)

Code(s): [Intuition vs not intuition]

No memos

Type: Memo

Intuition vs not intuition - Not convinced this is a worthwhile code - perhaps link into CT vs Intuition code. And check through quotations

MEMO: ME - 18/11/07 [1] (0 Quotations) (Super, 18/11/07 14:56:38)

No codes

No memos

Type: Theory

Examples of having to leave intuitive mode process before being able to reflect seems important for non-conscious process. codes non consc, and reflection

MEMO: ME - 18/11/07 [3] (0 Quotations) (Super, 18/11/07 15:19:40)

No codes

No memos

Type: Theory

Reflection - Seems to be important part of process - link to left and right hemisphere and non-conscious process?

MEMO: ME - 20/10/07 (0 Quotations) (Super, 20/10/07 21:13:07)

No codes

No memos

Type: Theory

Levels of intuition link into intuition as immediate or not - theory

MEMO: ME - 21/10/07 (0 Quotations) (Super, 21/10/07 10:50:50)

No codes

No memos

Type: Theory

Relationship as a necessary component for intuition

MEMO: ME - 21/11/07 [1] (1 Quotation) (Super, 21/11/07 21:14:52)

P 6: IN 004a.rtf

340 -340

No codes

No memos

Type: Memo

Use in write up

MEMO: ME - 25/11/07 (0 Quotations) (Super, 25/11/07 16:59:45)

No codes

No memos

Type: Memo

Breaking the rules - coded in IN006 - check for more evidence through other interviews.

DONE 3/12/07

MEMO: ME - 25/11/07 [1] (0 Quotations) (Super, 25/11/07 18:09:32)

No codes

No memos

Type: Memo

Check state of therapist through IN's

MEMO: ME - 25/11/07 [2] (0 Quotations) (Super, 25/11/07 20:27:13)

No codes

No memos

Type: Memo

Look for more examples of code: process

MEMO: ME - 25/11/07 [3] (0 Quotations) (Super, 25/11/07 20:36:10)

No codes

No memos

Type: Memo

Do search on vibration as code

MEMO: ME - 27/11/07 (0 Quotations) (Super, 27/11/07 10:28:46)
No codes
No memos
Type: Memo

Can differentiate out client driven into those that relate to chose when to use by searching for when the two codes appear together

MEMO: ME - 27/11/07 [1] (0 Quotations) (Super, 27/11/07 11:41:19)
No codes
No memos
Type: Theory

In 002 and IN 005 both describe physical vibration but appear (my intuition) to make some kind of decision to share this just before they do. What does this mean? 006 also speaks of vibration

MEMO: ME - 27/11/07 [2] (0 Quotations) (Super, 27/11/07 11:56:48)
No codes
No memos
Type: Theory

Experiences differ - would pertain to Complexity Theory as each system would bring something different - however common factors would indicate use of RH non conscious process with actual experiences differing according to therapist, client, context and within therapist at different points.

MEMO: ME - 27/11/07 [3] (0 Quotations) (Super, 27/11/07 13:06:35)
No codes
No memos
Type: Theory

5 out of 6 interviews mentioned feeling in solar plexus as part of intuition

Also link both solar plexus and heart in 002, 005, 006

MEMO: ME - 27/11/07 [4] (0 Quotations) (Super, 27/11/07 13:14:16)
No codes
No memos
Type: Theory

002 and 006 both described process as both thinking and feeling at the same time - do others?

MEMO: ME - 27/11/07 [5] (0 Quotations) (Super, 27/11/07 13:40:43)
No codes
No memos
Type: Theory

Note amount of laughter in interviews - linked to
creativity/attunement or something else? Subject matter?

MEMO: ME - 27/11/07 [6] (0 Quotations) (Super, 27/11/07 14:05:37)
No codes
No memos
Type: Theory

All speak about having to reflect on the process of intuition
after the fact. Even though conscious of multi level process
happening - linked to non-conscious process?

MEMO: ME - 27/11/07 [7] (0 Quotations) (Super, 27/11/07 14:25:45)
No codes
No memos
Type: Theory

Surprise finding - multi levels rather than just non-conscious.
Not one or other, not a following one from the other, but somehow
both - NB for non-linear and complexity - change in CAS at many
levels simultaneously

MEMO: ME - 27/11/07 [8] (0 Quotations) (Super, 27/11/07 14:47:52)
No codes
No memos
Type: Theory

Would make sense that intuitive process not controlled because
non-conscious?

MEMO: ME - 28/11/07 (0 Quotations) (Super, 28/11/07 22:25:35)
No codes
No memos
Type: Theory

Is pattern recognition part of attunement? I think it might be!

MEMO: ME - 30/11/07 (0 Quotations) (Super, 30/11/07 18:12:46)
No codes
No memos
Type: Memo

Intuition as a resource - check for more coding egs: esp. in 006

MEMO: ME - 30/11/07 [1] (0 Quotations) (Super, 30/11/07 18:34:48)
No codes
No memos
Type: Theory

Intuition is an added level used together with other cog or cons and not instead of?

MEMO: ME - 30/11/07 [2] (0 Quotations) (Super, 30/11/07 20:09:19)
No codes
No memos
Type: Theory

Seems to be that therapists will feel something intuitively, reflect on, using therapy skills, including CT, clients state, to decide whether to use.

MEMO: ME - 30/11/07 [3] (0 Quotations) (Super, 30/11/07 20:29:06)
No codes
No memos
Type: Theory

Pattern recognition happens but seems to be on a non-conscious level, RH makes connections across many levels?

MEMO: MP3 - 20/10/07 (0 Quotations) (Super, 20/10/07 17:08:46)
No codes
No memos
Type: Memo

Remember when coding MP3 to use this code (change in energy) for noting changes in interview

MEMO: Theory - 18/11/07 [1] (0 Quotations) (Super, 18/11/07 14:51:59)
No codes
No memos
Type: Theory

Its not just physical - implies must be physical plus - implications for right brain influence? - see quote in IV 004 line 135

MEMO: To do - 21/10/07 [1] (0 Quotations) (Super, 21/10/07 10:52:53)
No codes
No memos
Type: Memo

Explore codes relating to complexity theory family in more depth

MEMO: To do - 21/10/07 [2] (1 Quotation) (Super, 21/10/07 11:01:30)
P 2: IN 001.rtf
280 -283

No codes
No memos
Type: Memo

In two places at one time, there are more examples than one -
retrawl through transcripts

MEMO: to do - 21/10/07 [5] (1 Quotation) (Super, 21/10/07 20:04:06)
P 3: IN 002.rtf
11 -17

No codes
No memos
Type: Memo

Do a search though PD's for 'talking about intuition' - possible
link to 'difficult to express' code

DONE 3/12/07

MEMO: To do - 18/11/07 (0 Quotations) (Super, 18/11/07 14:19:24)
Code(s): [Reflection]
No memos
Type: Memo

Check for more evidence of ending prematurely

Check for more evidence of insight - in P 2

Check for more evidence of Code: Recognition esp. from 004
onwards

Check for more codes on effect of setting

MEMO: To Do - 18/11/07 (0 Quotations) (Super, 18/11/07 14:24:03)
No codes
No memos
Type: Memo

Word search for feeling, affect, etc - any other words which
might add weight to the non-conscious argument

MEMO: Triangulation - 20/10/07 (0 Quotations) (Super, 20/10/07
20:12:14)
Code(s): [Influence of left hemisphere]
No memos
Type: Memo

Influence of left hemisphere - Not sure of strength of some of
these quotations - check with triangulation

APPENDIX X

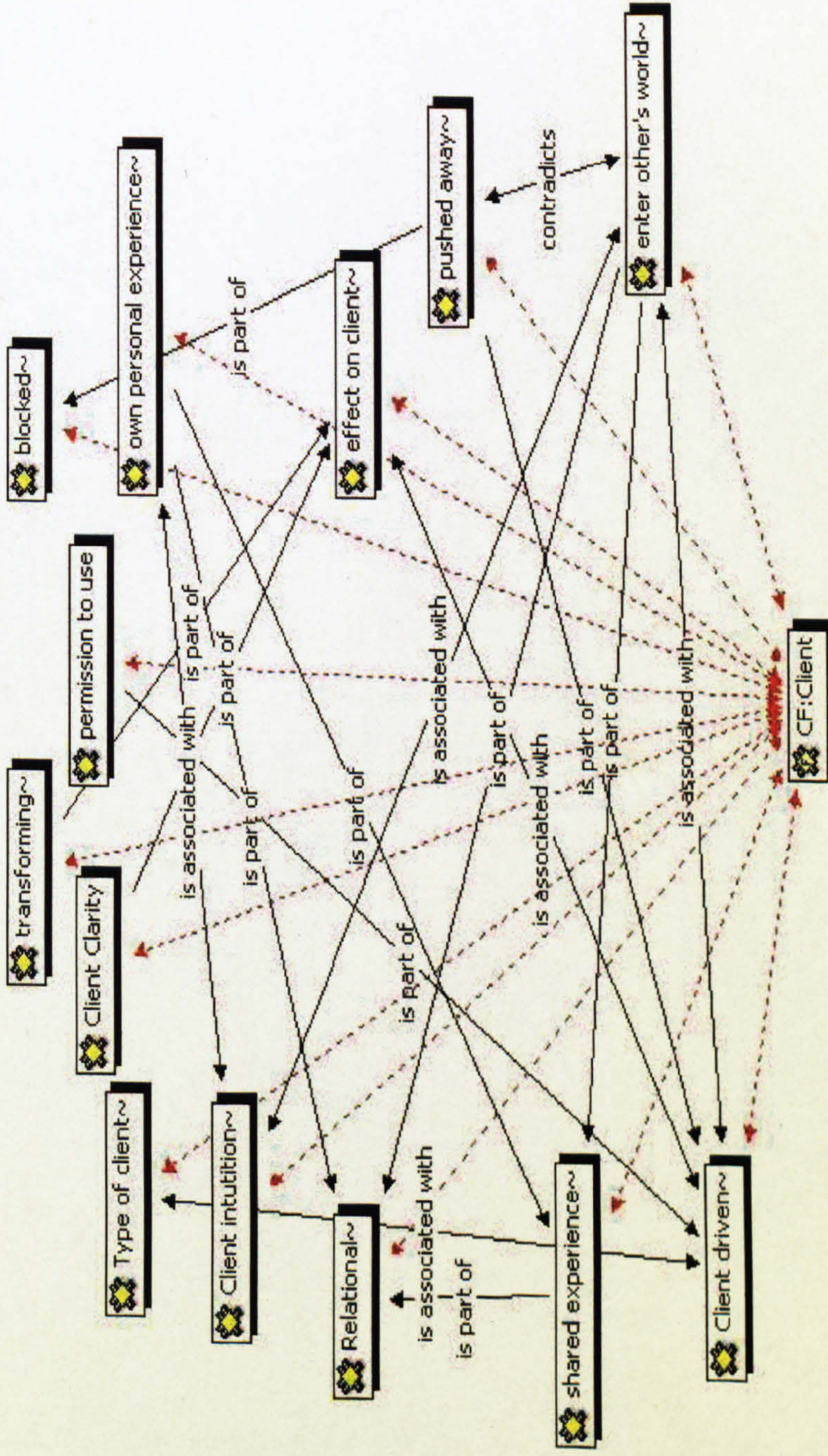
List of Axial codes

Acceptance
Accessing and using intuition
Attunement
Aural Cues
Client
Control
Creativity
Difficulty in Expressing
Energy
Entering the other's World
Experiences Differ
Focus of Attention
Heightened Affect
Intuition as a Resource
Intuition is a Feeling
Intuition is Natural
Multi Levels
Mutual Influence
Non-conscious access
Opening up and Possibility
Physical Sensations
Picking up Signals
Recognition and Premonition
Relationship
Responsible practice
Symbols
Somatic Awareness
Talking to others
Therapy is Intuitive
Visual Cues

APPENDIX XI

Example of Atlas.ti V5 Network – Axial Code Level

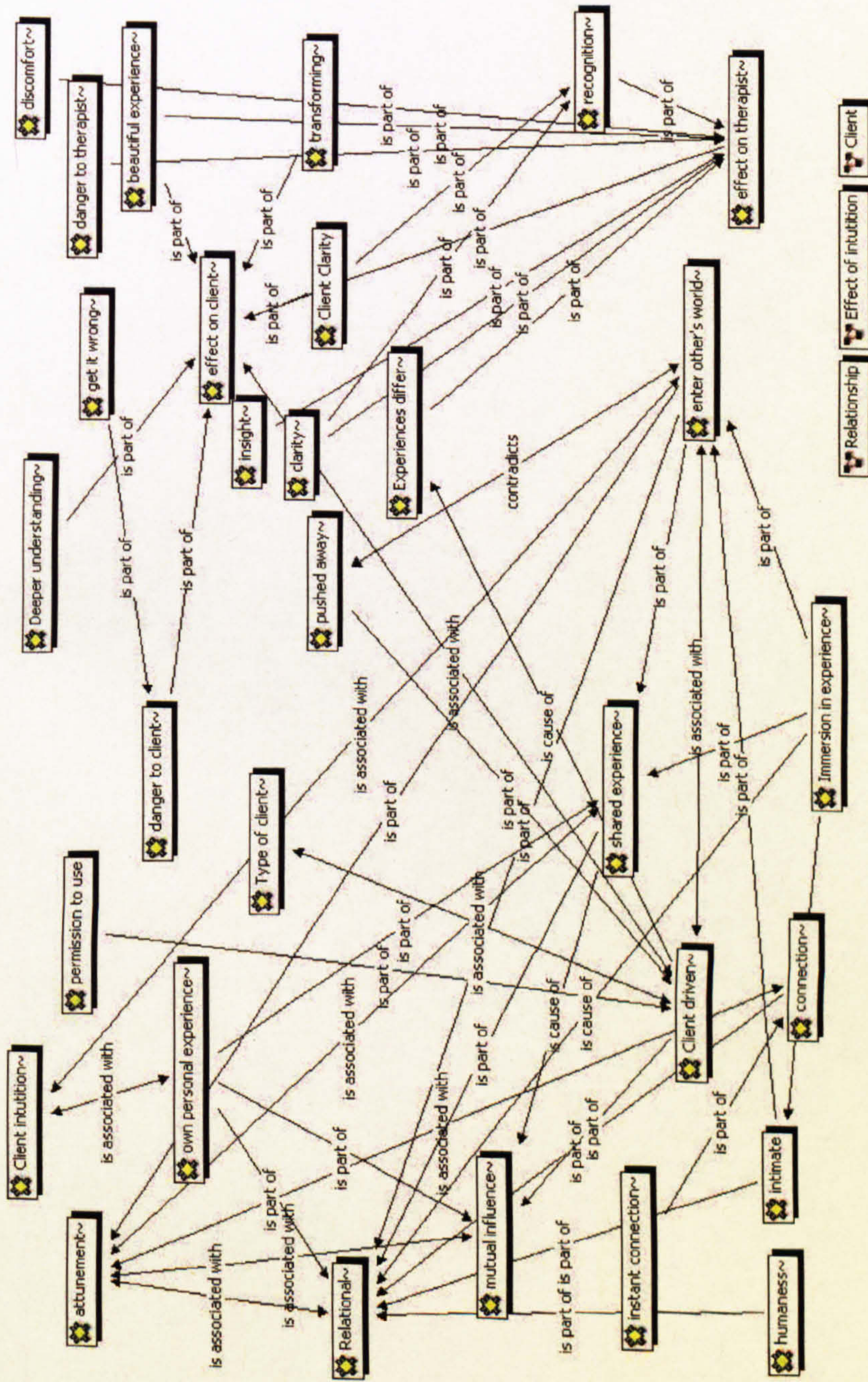
AXIAL NETWORK – CODE CLIENT



APPENDIX XII

Example of Atlas.ti V5 Network – Category Level

CATEGORY NETWORK – RELATIONSHIP



APPENDIX XIII

Codes for Non-Conscious Process Analysis of Transcripts

CODES-PRIMARY-DOCUMENTS-TABLE (CELL=Q-FREQ)

HU: [C:\Documents and Settings\Lucia Swanepoel\My Documents\Scientific Software\ATLAsTi\T...\INTUITION.hpr5]

Code-Filter: Code Family Non-Verbal Analysis

PD-Filter: All

CODES	PRIMARY DOCS								Totals
	1	2	3	4	6	7	8	10	
nc - rhythm	0	2	6	11	4	0	3	11	37
nc - frag. description	0	3	1	13	1	0	5	1	24
nc - silence	0	1	3	4	0	0	4	6	18
nc - present tense	0	0	2	2	2	0	0	2	8
nc - gesture	0	1	1	2	0	0	0	1	5
nc - direction of gaze	0	2	3	0	0	0	0	0	5
nc - present affect	0	0	0	0	0	0	1	0	1
Totals	0	9	16	32	7	0	13	21	98

APPENDIX XIV

Covering Letter - Code Validity Checking

Dear xxx,

Thank you for offering your time and expertise to support me in my research project, and for providing a further opinion of the application of codes to participant interviews.

As discussed on the telephone I would appreciate it if you would read the coded transcript, with reference to the list of codes, and then consider the second, uncoded interview transcript, applying codes as you deem appropriate. To this end, please find enclosed the following:

- A list of all codes filtered by the family 'subjective experience', together with comments explaining meaning of code
- A complete transcript of interview number 3 – coded
- A complete transcript of interview number 6 – uncoded

I have supplied you with complete transcripts of the two interviews, rather than selected excerpts as I believe this will give you a greater understanding of the nature and format of the interviews as well as some continuity in terms of the data. Although all data and participant information has been anonymised, I would appreciate your keeping all information strictly confidential in accordance with BPS guidelines on research.

Some notes on the enclosures are as follows:

In the transcript for interview number 3, there will appear markings against quotations that will not have a corresponding code. This is because I have filtered out codes that did not relate to subjective experiences. For example those codes that related to information such as type of training, or date of qualification, have not been included.

In the transcript for interview number 6, I have marked the areas which in my coding appeared the most densely coded, and which relate most directly to subjective experiences. I hope this will help to make your task less onerous, however please do not feel constrained by this in anyway as the transcript appears to be quite rich in data.

Once again thank you for your assistance, and I look forward to your response.

Kind regards

Lucia Swanepoel
Psychotherapist and DCPsych Candidate

APPENDIX XV

Transcript of I/V 006 with Evidence of Independent Validation of Codes

P10: IN 006.rtf

Path: C:\Documents and Settings\Lucia Swanepoel\My Documents\DOCTORATE\Research\Interviews\Transcripts\Atlas transcr...VN 006.rtf
Media: RICHTEXT

Printed: 2007-12-14T21:03:28

By: Super

From HU: Intuition 181107

HU-Path: [C:\Documents and Settings\Lucia Swanepoel\My Documents\Scientific Software\ATLAS\TextBank\Intuition 181107.hpr5]

Codes: 70

Memos: 0

Quotations: 189

Families: <none>

Comment: <none>

001 INTUITION

002

003 INTERVIEW 006

004

005 DATE 22/11/07

006

007

008 *If you could just give me a run down in terms of your experience, you practice, where you trained, what sort of training that was*

009 My training was transpersonal in the
010 *Uh huh*

011

And then I went back and did a Masters in counselling psychology and a Phd in transpersonal psychology.

012 *Right*

013 So transpersonal, I'm very integrative, I'm very open to kind of non-conscious, intuition

014 *Uh huh*

015 That was an integral part of the training

016 *Right*

017 Was becoming aware of those non-verbal, and intuitive xxx as well

018 *Right*

019 Um I finished in Phd in '99, .. Yeah 99. And then I moved to the UK in January 2000, and I have been working here, the first couple of years in the alcohol service, addiction, and then

020 *In the NHS?*

021 In the NHS and privately, and um, and then the last 4 or 5 years in the trauma service. So I now work two days a week in the NHS and the rest private

022 *Right*

023 The private work is more psychotherapy, more long term, depth, integrative, transpersonal kind of

of therapy, and here its more trauma focussed, you know with complex PTSD, and EMDR

024 SO would you describe yourself as an integrative

025 Yeah, yeah I would yeah

026 And the reason for responding to my e-mail, or responding to my looking for research participants

027 Oh partly um, knowing what its like to be a student and begging, and (laughter)

028 So it was pity?

029 (laughter) there's that and ah yeah its something that I'm interested in intuition?

031 Yeah, Um because I think I work very intuitively, and um Be curious to see what you find

032 Mmmm

033 Have you always worked, would you say you've always worked intuitively, or that it was something that developed?

034 Yeah cause you sort of, when you know you start seeing clients you haven't got a clue what you're doing really, ah so I think there is always an element of because as much as you get the theory and the practice in the dyad work in your training, you know when you are sitting with the client in the beginning you really, you know, in my experience, you don't have a clue what's going on. Xxx things are done, you think, may be coming from some kind of background, some kind of education back there, that you know, but it not always readily accessible, um, but I think as I get more experienced, I think I begin to trust myself more to do things that are not always um, by the book, or um, necessarily clinically um I thinking how to say this ...um.... I would take clinical risks

035 Right

036 I would say, um

037 Based on an intuitive knowing?

038 Yeah, so let me give you an example, just this week, I was working with a Kurdish guy, a victim of torture, really very complex trauma presentation, severe PTSD and um you now finally we, after almost a year, almost a year prep work we got to do EMDR on his imprisonment and

5 ADDING TR. SKILLS TO INT. ✓
111 This is intuitive ✓
65 INTUITION NOT INSTANT ✓
17 BECOMING THE RULES ✓
114 TRUST INTUITION ✓

39 EXAMPLE

(39) contd.

torture,

039 Mmm

040 And um, he came in the next session and um was quite, still distraught,

041 Uh huh

042 And ah .. um We spent most of the session doing kind of grounding work and stabilising work and bring back this person and just sort of orientating and I did something I've never done before, which was you know, with him,

043 Right

044 Which was I asked him to stand up

045 Uh huh

046 And actually feel his feet on the ground, and look around the room and walk,

047 As part of the orientating,

048 As part of, and, and you know, bringing him into the present,

049 yeah

050 you know having him walk and talk, and kind of orient, but that was a kind of, bit of a intuitive kind of thing where okay, you know I have done that before with some client's in different context, but in that particular one I haven't and it seemed like quite useful because he gets in a very stooped posture and when distressed and kind of gets into his head, and its sort of not keeping in the rules, now that's not traditional you know

051 Mmm

052 Normal therapy, you wouldn't ask your client to stand up, usually he stays in the chair whereas I just felt that was, and ended up being something very useful for him

053 Mm. And watching you do it, I'm sort of wanting to record the movements as you're doing that, when you've explained how he is normally you're kind of quite sort of bundled up almost

054 Yeah he would sit like this right, stooped over, hands clenched, you know, ah when he's got very distressing xx in his mind

055 Yeah

056 And you know, we worked quite a lot with him sitting back, and posture and body and all of that

code for highlighting p. 10 with 100% accuracy?

(67) INT. LEAD

(9) ATTUNEMENT

(17) Break rules ✓

(32) Open up

(43) feeling of connection ✓

(118) LINK to movement. ✓

(48) focus of attention = body. ✓
only movement
of p. 17 of text

insurg of the in suggesting this is
without. - SAYS IT IS OVER PAER.

Over code (48) relate to body movement.
HE... P... 17...?

which again is um, a lot of intuitive work um.

057 Mmm

058 You know particularly asking him to stand up and walk around the room, ah

059 Yeah I feel a sort of (talk over each other can't hear)

060 You know, whether that come from an intuitive thing might be not it, where it came from..

061 mm

062 You know, part of my training, things I have done in the past,

063 Mm

064 But, obviously my own intuition as far as bodily input and um so to say exactly

065 Do you have a sense of what you were feeling at the time? When you, when you connected with that thought, or that suggestion?

066 um well it was recognising that he was, (slowing pace) very stuck

067 Uh huh,

068 in his kind of cognitive xxx of feeling like he's engaged in now, right, and his kind of verbal conversation, you know, where he cognitively knows he's not in danger now, in

069 Uh mm

070 He's an intelligent man, he knows that that's not reality, but emotionally he feels it so and so the, you know the 15, 20 minutes cognitive work, you know classical therapeutic talk therapy

071 Yeah

072 Wasn't actually shifting his physical, and emotional sense of danger,

073 Uh huh

074 So ah, later on, you know I xx work with trainings of trauma working with the body you know, sensory motor, you know xxx (indistinct) ah but it just felt like you know it would be useful to him to move his posture, and change his posture, and actually snap him

075 Do you feel it in your own body. I mean are you aware of any physical sensations yourself? On that particular occasion? If I could just sort of take you back to that particular example,

076 ...(6 secs) (intake of breath) I can't say with that example that I necessary felt anything

077 Uh mm

uncertain if inhibition? code? - a code for uncertainty

} 5 Add to th. skills. ✓

39 Example

43 feeling of connection

44 Attention to body

45 feeling of inhibition.

code for not feeling a part of experience?

8: hand notes
11: sound sensation
13: ...
6: x

078 Um..... (7 secs) but you know, its, I'm trying to think of how it actually comes out, whether there's, whether it's a thought or a um, ... (4 secs) a feeling.

(32) Diff. to describe experi. ✓
(74) multi levels ✓ ADD.

079 Mmm

080 It's a hard thing to describe,

081 It is

082 Yeah, ah yeah. Ah (8 secs) I'm not sure, I mean I, it's probably a mixture. It's hard to kinda analyse it, its hard to do it now retrospectively

(74) ✓
(32) ✓

083 Yeah,

084 It's a very

085 Yeah

086 It's a very um ... ephemeral kind of moment of 'I'm gonna ask him to stand up'

087 Mm

088 And then of course there's a 'oh should I?'

089 Right, okay, so it sounds like there's almost two levels, the oh should I

090 There's a feeling right, it's like 'mm might be useful', then a moment of you know checking it out, 'is this going to be appropriate'

(25) Description of input
(50) Insigne
(65) Instant Connection
(76) No attr. to status
(78) Non-consc.
(12) Awareness

091 Mm

092 'Is this ...' you know it happens quite quickly, but you now 'should I do it?' 'is it a clinical risk or not?' you 'how is he going to respond?', you know I have the interpreter sitting there um,

(122) waiting - missing interpretation
(82) DESCRIPTION

093 So you're checking with yourself how he's going to respond as well?

094 Well checking out, you know its not just blind intuition, it's ah, it's in, the inspiration for it might be, kinda of something that surfaces inside, but I'm not, not going to do it unheeded, per se, I'm going to reflect whether I think it's going to be useful, so I do have to engage my thinking,

(23) observation
(12) Awareness
(18) Centre
(103) Source
(96) capture
and specification

095 So you chose whether to use it? The intuitive thought

096 Oh absolutely, I mean it's not, um ... I think it's, you know therapy's about continuous choice, about what we say or don't say, about what we share or don't share, and I think it's a constant, there are hundreds of choices in the kind of dialogue.

(23) what

For duration of interview?

(25) description - no verbal description
(95) recognition

097 Mm

098 So yeah, but I think there's something that's intuitive in that way, you know there's other intuitive things in there that are kind of much more subtle, you know like asking someone to stand up,

099 Mm

100 For something like that it's definitely out of the norm, (17) breath rules ✓

101 Yeh

102 Um, it's most definitely, I think about it, what might be the impact, and make a choice about whether I want to do it or not. I certainly wouldn't list to every single instinctual thing, intuitive thing that comes up like code? Vw rny n n 2 hny

103 Yeah

104 Um yeah

105 Would you, would you feel that it makes a difference then, on the type of client that you have? I mean, when you say that you are checking something, do you work differently, do you work less intuitively with different clients? Or?

106 ... Yeah I wouldn't say I work ah less intuitively with different clients, I'd say I might make different choices with different clients as to whether I would list to it and, but I think that in a way that probably is an intuitive process that different things will come up with different clients. } (23) check led? x where wants be
* 2nd ref to list to not sure code? } (23) check led!

107 Uh huh

108 Um depending on what's going on, and that's not even intuition, it sort of, it comes up in responding to what's going on in the moment, ?

109 Uh mm

110 It's not pre client, xxxx you know 'I'll think of something cooler to do' ? (77) ?! - phew drawing

111 No sure

112 Xxxxx (indistinct)

113 I guess I was just wondering whether there's a, whether you experience, um a difference in whether you, have intuitive moments depending on the type of client that you are with, whether some clients are ...?

114 Mm (7 secs) well, um I'm not sure. I would say that some clients I have moments of feeling more stuck, where maybe creative inspiration, creative clinical inspiration doesn't surface as much as I might want it to um where sessions are either where I'm feeling sleepy or, where nothing is coming up that might make a shift. So I, you know that does happen, I don't know whether it is always the same client, or not um, I, I don't know but whatever, kind of flow rate would be, would like depend on my own state, whether I am refreshed, whether I am tired, whether it is at the beginning of the day, the end of the day,

115 *Uh huh*

116 Had a good sleep or not, how much coffee I've had (laughter) um, it could be any of those factors,

117 *Mm*

118 I can't say, but those are the kind of things I would think would make a difference. If I think back you know some days I might see three clients, someday I might see seven clients,

119 *Mm*

120 And I think that would depend

121 *And that would have an affect*

122 I would imagine that that would have an affect. Um But you know I ... I'm very you know, a big influence in my work is mindfulness, and so I'm always um trying to be aware of what's going in the moment, and really bringing you know trying to integrate present with past. I don't work predominately ah, psychodynamically xx so I'm not always necessarily wanting to bring it back to the past, momentarily yes, but all my work is about being, keeping it in the present, especially with trauma work,

123 Sure

124 Because of dissociating, it's, a lot of it is about you know 'you're not in danger now'

125 *Mm*

126 But they still feel in danger, so a lot of it is about being in the present, so

127 *So a lot of your work would be about, sort of the relationship in the now between you and your client, because you*

code for intruder when stuck?

where - surface? (105) surface.

cc.

(107) State of Th. (51) Energy?
(25) Describe.

- 128 Yeah I mean again I'm thinking you, there is a slight difference between private work and NHS,
129 *Is there?*
- 130 Um, I tend to work longer term privately, just because the client is paying, and so they have, the
131 xx is up to them, as to how long, and I tend to work with more depth so I
132 *Right*
- 133 Um where with the NHS you can't really justify seeing people for 4 or 5 years,
134 *Uh huh*
- 135 Weekly, (laughter) I'd clog up the service, so ah, I think you know, NHS, its often a little more
136 focussed and results driven and kind of um, ... do the best you can with the time you have.
137 *Yeah*
- 138 Whereas privately there's a, I think there's more leeway and flexibility and need for intuitive
139 work, because there's much less, there's no, absolutely no sense of I need to finish in 12, 20, 50
140 sessions
- 141 *You mean the pressure can xx (talk over each other)*
- 142 The pressure xxxxx.
- 143 *Yeah*
- 144 So it freed up some space I think, um, but even so the case I have given as an example is here in
145 the NHS
- 146 *Mm. Do you have any other examples? That we could ...*
- 147 I do couples work,
- 148 *Uh huh*
- 149 Um privately, u m that's often quite, where I'll get ... you know, inspiration to do certain
150 exercises in the room, or what's happening, I don't work with couples, I work with them all
151 differently
- 152 *Uh huh*
- 153 As far as what they do, sometimes I'll have them you know face each other, sometimes, um you
154 know, do different exercises, with .. um with one to one work, ah ... I might do ... ah .. you
155 know mindfulness meditation with them, I might have them lie on the floor, um,

147 Do you have a particular example that you could... sort of look at in some depth. That you could perhaps describe?

148 Um, (exhale of breath) try and think, ah ... (10 secs) okay so I'll be working with someone, um and be dealing with an issue they had from the past from childhood,

149 Is this a particular person you're talking of?

150 Yeah, I mean I've done this with a number of different clients, and um,

151 I'm sorry to be picky, but I'm just, because I'd like to get a feel for the um, your subjective experience

152 Yeah

153 Within a moment of intuition

154 Yeah

155 Or process of intuition. I you could, maybe if you could think in your own mind, you don't have to share the details, of a particular person that we could you know perhaps try to stay with

156 There was this client I was doing some work with privately, and um she was struggling with an issue about um, she lived in the west and had a relationship there, it ended, now she is living here in the XX area, and um she'd been struggling with the loss of the relationship and living in a new, you know more of a natural setting, versus the more kind of creative work that is going on here, and she struggled with these two issues and you know these are not new they had been around for a while, and what popped in my head, was ah something that we do in EMDR. Now I had done, EMDR with her, we weren't doing EMDR, but there is this thing in EMDR that you have two different issues and you kind of hold them in your hand (*demonstrating as speaking*) and you weigh it, and you physically have between this issue and xx, you know and then you begin to do that, and do some xxx. And so in that person, she was polarised between two different issues, and you just sort of think 'okay', and you, the kind of intuitive moment was 'lets use that thing from EMDR' but in a completely different context, which I hadn't which was to just to put the two issues out there to get it out of her head,

157 Uh huh

158 And to feel it more viscerally

MS of intuition

87 physical locus

69 Intention

78 Non-constructed

79 creativity

80 Symbol

72 movement?

82 clarity

159 Uh huh

160 And so she would hold, and I would say 'okay explain this' and she would explain, and explain this one, and she did that and she's kind of holding it and then there was, and as she was kind of describing, I said 'you know what, lets do some bilateral stimulation' so I didn't set up a formal EMDR session, she knows what EMDR is in the past,

161 She 'd done it, yeah

162 I just got the chair closer, and I started tapping while she describing, and she had a tremendous reaction, a tremendous amount of emotion came up and all these images started coming up, a feeling of being on the cross and really quite profound, and it wasn't standard, EMDR,

163 Uh huh

164 I hadn't thought I was going to do the tapping, I was just, the original thought was to just do that (gesticulates weighting motion) it sort of progressed. It's sort of a

165 Uh huh

166 Um, in the moment being

167 Uh huh

168 Yeah? (checks interviewer's understanding)

169 Uh huh

170 You now, she went away and came back the next week and she worked, and drew the images, quite a profound shift,

171 Mm

172 A tremendous sense of loss, and tremendous amount came to the surface,

173 Uh mm

174 From the xxx up front doing this, and I hadn't planned it, I hadn't thought about it, hadn't even formulated the two different polarities, that came out of the session, so that was an example

175 Mmm

176 Of sort of just following a thought about how to formulate something that she is struggling with which is two different places and two different things in her mind and then, and actual intervention technique

67 Inher led
68 opening up

74 strange
78 non-conscious
63 insistent? - when put on her

A3 process

177 Uh huh

178 And then the actual EMDR bilateral but, which is not EMDR proper but it is you know

179 yeah

180 Is xxx. So it was a kind of a combination of things, but there was kind of almost a number of those,

181 yeah

182 like two, three intuitive, kind of inspirations, as we were working with the material, sorts of things } ^{cos. process} ~~connection~~

183 So some kind of a process?

184 Yeah, well that one was, yeah, whereas the first example was just getting up, he was just doing it and } ^{process vs one st - no code?}

185 mm

186 Doing, you know it was happening, it seems like a one off thing.

187 Uh huh

188 This was a kind of a series a kind of a process of

189 So it sounds like you experience intuition differently at different times.

190 Um, well I hadn't thought of it that way but yeah, I mean, this is a different process of using the intuitive, } ^{usefully experience ✓}

191 Mm

192 Thoughts about clinical intervention, and this one was more of a series of intuitive things, whereas the other was a one off. So yeah I guess they were different

193 Yeah. And I just wanted to check, there was something when you were talking, made me think about um, you talked about the intuitive moment of getting her to put her hands up, and then you talked about using bits of clinical skill and knowledge, or theory. And I wonder whether that is something that happens sometimes, that it might be intuition but that you might draw on, or add to the intuition clinical.

194 Well, (sigh) you know I didn't invent this

195 Mm

177 Uh huh

178 And then the actual EMDR bilateral but, which is not EMDR proper but it is you know

179 yeah

180 Is xxx. So it was a kind of a combination of things, but there was kind of almost a number of those,

181 yeah

182 like two, three intuitive, kind of inspirations, as we were working with the material, sorts of things

*(25) cos. process
(26) commentary*

183 So some kind of a process?

184 Yeah, well that one was, yeah, whereas the first example was just getting up, he was just doing it and

process vs one st - no code?

185 mm

186 Doing, you know it was happening, it seems like a one off thing.

187 Uh huh

188 This was a kind of a series a kind of a process of

189 So it sounds like you experience intuition differently at different times.

190 Um, well I hadn't thought of it that way but yeah, I mean, this is a different process of using the intuitive,

(30) diff experience ✓

191 Mm

192 Thoughts about clinical intervention, and this one was more of a series of intuitive things, whereas the other was a one off. So yeah I guess they were different

193 Yeah. And I just wanted to check, there was something when you were talking, made me think about um, you talked about the intuitive moment of getting her to put her hands up, and then you talked about using bits of clinical skill and knowledge, or theory. And I wonder whether that is something that happens sometimes, that it might be intuition but that you might draw on, or add to the intuition clinical.

194 Well, (sigh) you know I didn't invent this

195 Mm

219 Okay so it's not necessarily following one on from the other? The thought following.
 220 Not necessarily, but xxx it's a thinking process that is also very much um like a physical feeling.] (74) multi level ✓

221 Uh huh
 222 A sense um, you know a physical um, some kind of physical ... vibration? (80) Physical sensation ✓
 223 Uh huh (81) Pick up signal

224 It's hard to describe, but a ...
 225 You feel it as a vibration?

226 A sensation?
 227 Uh huh

228 A, a ah ... some ... yeah it's a ...
 229 Any particular part of your body?

230 I generally ah I guess in my torso (indicates chest and stomach area) (82) ✓ (83) ✓

231 Okay
 232 It's hard to think back, but ... um ... my chest and stomach ... (87) ✓
 233 Uh mm

234 ...area. But I have to, you know now I'll start paying attention to it. When these things happen, but ah ..

235 You sound like you're saying that you are not necessarily aware of it in the moment

236 Yes, .. um ..
 237 That you don't think about it

238 Yeah because you know again, like when it's happening, I'm engaged with the client, it's not like I'm sitting on my own, it's like you know, there is a multi process phenomenon, cause on one level I'm talking and listening to the client

239 Uh mm

240 And then this other process comes up where you now there's a thought, there's a dual process that's happening at the same time

241 Uh mm

(26) Completion ✓
 (77) Relational ✓
 (74) Multi level ✓

possibly?
 25
 24
 23

242 So Ah It's a split awareness. I guess in some way um, it has to be because there's two things going on, at least two things going on, probably a dozen things going on at the same time but you know but at that moment I am engaging with the client

243 Uh huh

244 And there's an internal process going on } (18) in center - who can't assume.

245 Uh huh

246 Each .. you know ... ah .. I mean happening for everybody

247 Uh huh

248 That kind of dual process

249 Sure, sure

250 I don't think it's any different

251 Sure, sure.... When you say you don't think it's any different, I was, I thought that was quite interesting, talking about, I think that is something that has come up with other people that I have spoken to have said well therapy is intuition

252 Yeah

253 And they've found that often quite hard to split out, why I'm doing that, that's how I'm doing therapy kind of thing

254 Yeah

255 So, I was just interested in that you know 'I don't think it's any different' and yet I hear you say there is moments that feel quite in that they feel more intuitive, than the sort of, I want to say the 'day to day' type of therapy. It's not really what I mean but

256 Yeah

257 It seems like there is some, some subjective difference to it when ..

258 Well, it isn't very different when, that specifically was around all therapists are listening and thinking at the same time

259 Right

260 So that's a concrete sort of 'is not different'

261 Yeah, okay

262 So whether you are listening to you know your CBT tape, if that's what you do or listening to an inspiring thought

263 *Mm okay*

264 You're still listening to something more than in dealing with your client

265 *Yeah*

266 So that's what would be different

267 *Okay*

268 Now ... what gets inspired

269 *Uh huh*

270 If you're a... you know ... let's say you work as a complete behavioural therapist, not engaged with intuition at all

271 *Uh huh*

272 I would think you still have a multitude of things to choose from

273 *Uh huh*

274 And what would make you choose one thing over the other in that moment?

275 *Right*

276 Right? So I think no matter what the content would be ah there is a process of decision making as you said earlier, you're making a choice right, um you know ... I would venture a guess that is inspired as much by clinical decision making as by intuitive subjective personal feeling about it

277 *Uh huh*

278 Right, cause you, every client different, every moment's different

279 *Uh huh*

280 So you are going to make different choices,

281 *Sure, sure*

282 Now is that a cognitive clinical process? Or is there some other sort of intuitive, you know non-conscious process, ah I imagine there has to be.

283 *Mm*

⑤ Adding the summary to it.

78 Non-conc. Queen ✓

- 284 But we don't know because it's non-conscious, it's going to be operating out of that field of awareness
- 285 *Yeah, yeah, yeah, at the time definitely*
- 286 *Yeah,*
- 287 *I just wanted to pick up on something you said though, which links into an earlier comment that you made, ah when we first started talking about ah the development of intuition, and you were saying, you know when you first start practicing a lot of it's done intuitively ah and then you said something now which made me wonder whether you feel that intuition is something that is quite natural, and its developed or used, or not used?*
- 288 *Um .. well, I'll just give you an example. I'm working with a first year trainee,*
- 289 *Uh huh*
- 290 *Pretty fresh, pretty new, and she's explaining her first client in her first session, and she talked about feeling confused, lost and didn't know what was happening,*
- 291 *Uh huh*
- 292 *Right, now what does that xx, right, now that feeling came up in her, so that's important information right,*
- 293 *mm*
- 294 *The first would be to check if the client is feeling that,*
- 295 *Uh huh*
- 296 *I would venture a guess from what she described the client was feeling lost and confused and didn't know what was happening in their life and so they, and you know that says something about her as well,*
- 297 *Uh huh*
- 298 *She is bound to, of course you feel*
- 299 *Yeah*
- 300 *Like that, this is your first client, (laughter) so now is that intuition, is that just feeling, you know there's something, you know she had a sense that she was confused and lost. Now, now*
- 301 *Uh huh*

- 302 She listened to it, okay so, you know is intuition a feeling? Is it a thought? I mean it's probably both,
- 303 *Uh huh*
- 304 Know I don't know if that per se intuitive hit, but it certainly was an emotional sensation that she was able to articulate
- 305 *Uh huh*
- 306 You know I said 'well that, those kind of feelings' I said, 'those kind of feelings are really important in therapy' So encouraging her to be aware of those sensations, and thoughts and feelings and to register when you use them therapeutically, now whether that's actively teaching someone to actively listen to their intuition, I don't, you know I don't know, but I don't consciously say, you know 'I'm teaching you how to listen to your intuition' but I am saying 'listen to the thoughts and feelings that you get because they are important clinically', and also you know encouraging her, 'how you work with somebody is up to you, I'm not making you a clone, but
- 307 *Mm*
- 308 You need to, ah you know evolve..
- 309 *Have options*
- 310 Into the therapist you're going to be, your style, personality ..' so now, I wouldn't label that intuition but I would label it as, a personally relevant process of self awareness
- 311 *Uh huh*
- 312 Right, right
- 313 *Yeah, yeah*
- 314 So ... um ... you know ... intuition has a bit of a bad knack to it because .. my thoughts are that there's a kind of implied um lack of clinical acuity, a lack of clinical um discernment that goes with it, right that would say 'oh I don't need to be trained, I just work intuitively' and that's not at all, because its almost like as if ah you know, Picasso and Dali learnt how to do classical painting before
- 315 *Sure*
- ? code for listen.

- 316 They ah kinda broke the rule, so clinically yeah you need to have the foundations,
 317 *Uh huh*
- 318 And then you might you know be a lot freer to ah exercise that, that discernment of trying something, you know, like I said a clinical risk,
 319 *Uh huh*
- 320 Right, so I don't know if I am going to ask him to stand up in a session, ah with out training, you know probably not, right, I certainly feel more comfortable to do it now.
- 321 *Yeah*
- 322 *Yeah, so*
- 323 *Yeah I kind of feel, cause again I am hearing in that something about the choice that having the experience, or xx whatever to make an informed choice*
- 324 *Sure*
- 325 *Yeah, in some way. Do you experience intuitive, intuition outside of the therapy. I mean is it something that's part of the rest of your life? Or ..*
- 326 ... I would say that my way of being in the world is um, very gut based, very um feeling based um very um ah .. intuitively based. So, yeah I mean it's certainly something that I use in my life ... um .. you know perhaps why I choose to be a therapist it's sort of ... feeling like I get sense of people or situations or xxx of things that are going on and ah um you know from having a feeling of who is calling.
- 327 *Uh mm*
- 328 You know on the telephone, before I answer it or ah um what somebody might be thinking or feeling, you know that kind of, now whether that's um you know reading situations or intuition, but yeah its some kind of non-verbal knowing
- 329 *Uh huh*
- 330 Which I quite clearly use and
- 331 So, it sounds like you're saying that intuition is very much a part of who you are as a person as well as a therapist.
- 332 *Yeah, I'd have to say, yeah*

19 Constant
 64 Natural
 82 Physical
 88 physical sensation

78 Non-verbal knowing

333 Mmm. When you talked about, I know I'm jumping around but it's while I remember. When you talked about um, how intuition is perceived um you know where the concept of intuition is perceived clinically, does that stop you talking about it in the profession? Is it something, that you have 'found a way' to talk about?

334 Um... I think that would depend on ... my state of mind, if I'm feeling in a ... you know having a more confident moment, if I'm having a more assured moment I might be able to make a communication like, you know that I would use intuition, but if I'm not, or I'm not sure of the situation I certainly wouldn't go you know in a discussion with a psychiatrist or other colleagues like that, 'I just work intuitively, and see what happens'. I wouldn't convey it in that way, cause it could be misunderstood

335 Mm

336 As flying by the seat of my pants

337 Sure

338 Just um, certainly something that happens a lot (laughs) ah ... but it's, it's a kind of informed ... ah chosen flying by the seat of your pants

339 Uh huh

340 But ah it's based on experience, and it's based on um things that I've learned, different trainings and whatever, but ah

341 The reason I asked that is that

342 Yeah

343 Its something that's come out a number of times among other therapists that I've spoken to who do work intuitively have, ah found ways of, for example in supervision, found words or theories or concepts or something to be able to you know communicate something that's happened that's felt quite intuitive to them. Ah, but then actually to talk about it freely and be understood, rather than to be misinterpreted I

344 Yeah

345 Suppose is what I am saying

346 Yeah

25 Description
27 physical spec
5 Add Th. status ✓

347 *Just really getting a feel for*

348 Um, you know I venture a guess that many therapists have a streak of anti authority and
 rebelliousness in them right, its something about bucking against the system. Now I have that
 part of my personality which is like 'I'm gonna do what I'm gonna do, and nobody is really
 going to tell me what I can do' (laughter) so I have that in my personality xxx and um so you ...
 I think that's part of me um naturally, I wouldn't have problems really saying, 'Yeah it was
 intuitive inspiration' xxx that is now, yeah I might need to be challenged about where that's
 been based from, and tied back to a theoretical orientation so, you know, standing up might be
 you know based on some of my trainings on somatic psychology and you know, the two arms is
 based on you know having learnt to use EMDR, and xxx on you know different bodily based
 you know relaxation xxx, mindfulness, whatever it might be, back to some kind of education or
 training, if I you know if I had to um ... at the end of the day I'm responsible for my clinical
 work, I'm responsible for um, what I do in the session with the client and um, I take the
 boundaries, and I take integrity very seriously so I wouldn't use intuition to do anything I
 thought was questionable, (119) we resp. ✓

349 *Uh huh*

350 *Right*

351 *Sure, sure*

352 But barring that, I don't really feel that anybody can tell me you know 'No, you can't listen to
 your intuition' because I just wouldn't listen to them

353 *Mmm, mm*

354 it just wouldn't, you know I just sort of trust myself enough to make good decisions

355 *Sure*

356 And ah, you know if I'm ashamed or embarrassed about something I did, then I shouldn't be
 doing it

357 *Right, yeah*

358 *Right so, so if I feel bad about sharing I did something because I you know*

359 *It felt right*

(114) Trmb. - muslimin protestations
 or work

360 Because it felt right, and it's so you I wouldn't not say it because, it I didn't feel I could talk about it I wouldn't do it right.

361 *Mm*

362 So, and I run my life the same way, so I'm, not, I'm not going to do something I couldn't announce on a loud speaker, you know what I mean, because it's sort of like, I don't, I don't want to live in fear so

363 *Mm*

364 Um, ... I wouldn't hide it, I mean yes I might articulate it in a way that I might think that it can be received

365 *Yeah*

366 Right, and certain, certain people are more receptive to different ways of thinking, and there are people who are rigid, so I guess its like anything I have to know who my audience is

367 *And I suppose that gets back to choice as well*

368 *Yeah*

369 *Somehow, how speak you speak about it*

370 Yeah, so you know I do peer supervision with a transpersonal therapist, and so you know we routinely and regularly talk about inspired, you know kind of just intuitive xxx, and I recalled her giving an example where you know something was going on with the client, and she just stood up and said to the client 'get out' right, xx cause you know

371 *Mm*

372 And it was like this huge moment, and they worked it through, and it ended up being a transformative moment in the therapy, but absolutely valuable because the client had a history of being a bully, and all that and no one had ever stood up to her, you know and so that

373 *Yeah, mm*

374 Inspired, intuitive, moment that, that, you know, what my colleague did, turned out to be absolutely vital, she couldn't have planned it, and it certainly wasn't something you would ever recommend anybody to do, to tell your client to get out, (*laughter*) right, but that you know, it worked

NOT OWN
BY ANNA ?

- 375 *Yeah*
- 376 And we were talking it about it, we were safe enough to share because you know
- 377 *And something went about that particular relationship that*
- 378 Exactly, now she'd been working with this client for years and they had an established relationship, and you know, you know that was the context of it
- 379 *Yeah*
- 380 But it was still, you know again we were safe enough and similarly trained to be able to talk about doing something as risky as that
- 381 *Mm*
- 382 *So... (laughter)*
- 383 *Okay, I'm sort of aware of the time, um ... I think I've actually covered just about everything that I wanted to ask. Is there anything that you wanted to sort of add particularly that um ?*
- 384 (intake of breath) ... well I thought that intuition is linked to creativity, and
- 385 *Uh huh*
- 386 I think of therapy as much a creative process as it is a clinically learned
- 387 *Uh mm*
- 388 You know process, and um, um .. (4 secs) I guess I get bored easily and so using intuition is quite important because its linking to a creative, dynamic process, and I think of therapy in a Right, and the dynamic process is between two people or .. part of the ...?
- 389 *Well, um*
- 390 *Profession or ...?*
- 391 Well, I mean, I guess there are circles upon circles upon circles. I mean, for now I'm thinking every client is different
- 392 *Uh mm*
- 393 As Jung said, you have to create a new therapy for every client, and you know that is something I read, while I was training and it just stuck in my mind because that felt right. Even though it makes it harder, I mean sometimes I wish clients just had one xxx, and out that there was one xxx, so 'let me go with that model' (laughter), it would be so much easier, xxxxx (laughter) and

} (28) link to creativity ✓
 } (28) creativity ✓
 } (13) process

'that's the way I'm working, and that's it'. You know and part of me, and moments where 'Gosh that would be nice',

395 *Yeah*

396 And um, but it just doesn't fit with what feels right for me, and ah

397 *Mm*

398 And every client's different, and needs something different and that's a very intuitive process and a dynamic creative process

} 28 creativity ✓
95 process ✓

399 *Sure*

400 Um so I would link intuition with creativity and inspiration

401 *Uh huh*

402 Um .. maybe it's the label of it, I don't know but I think .. if you break down what people do, I think you could make an argument that much of it is intuitive, intuitive, even if you don't call it intuition

403 *Mm*

404 I think much of the decision making process is you know ... intuitive, now you could argue, no it's calculated thought patterns from you know, techniques,

405 *Mm*

406 ..and maybe sometimes it is that, but so often it's not,

407 *Mm*

408 And maybe you, you know it might depend on the type of the person, and how you work

409 *Mm*

410 You know maybe integrative therapists are more intuitive, whereas you know analytically trained, or CBT trained might be less intuitive, like you know that would be an interesting study

411 *yeah*

412 to try to study different orientations

413 *(talk over each other difficult to hear) xxx a mixture of people applying with different orientations, which was quite interesting*

414 *yeah*

- 415 *There were a big mixture of trainings*
416 *Yeah*
417 *Which was interesting as well*
418 *Yeah. Um ... Yeah ... and I wonder you know not being English, and you're not English, but I wonder if you know because, my training, most of my training was in*
419 *Uh huh*
420 *And ... has a reputation for being out there (laughter) yeah xx, it's a much more, ah a much more comfortable talking about it, and I wonder if that, British have a reputation, Britain has a reputation for being much more analytically kind of influenced,*
421 *Uh huh*
422 *And um, I wouldn't say, well we could argue that free association is very intuitive um, you know if you take into analytic thought and British reserve... on the surface it wouldn't look like you'd be very intuitive*
423 *Mm*
424 *But um,*
425 *Or if you were whether you would feel comfortable talking about it, mm*
426 *Well exactly, that's the point, I'm saying I think there has been a bit of a 'Ooh we can't talk about intuition' and I think if you look underneath I think that if people are honest enough they would say 'I'm honoured xxxxxxx' because they really don't know what's happening with the client, in many, you know it's an evolving in the moment process so ah*
427 *Sure*
428 *I think it has to include some of that, If you are to respond in the present*
429 *Mm*
430 *And to actually listen, then you can't know what's going to happen,*
431 *Yeah absolutely*
432 *Yeah.*

APPENDIX XVI

Covering Letter – Draft Results

Dear XXXX,

I have now completed the analysis of the data to which you very kindly contributed, and I attach for your interest a copy of my preliminary findings. As you will see a number of themes emerged, and there was a fair amount of consensus between participants' experiences.

Please do feel free to comment and to contact me should there be anything that you would like me to consider adding or changing – perhaps as a result of misrepresentation of something you have said, the possibility that you or a client may be identifiable, or if you feel you would like to elaborate in any way.

I would ask however, that as this research still at draft stage, you keep these findings confidential in the interests of both my dissertation and the confidentiality of other participants. If you would be interested in an abridged copy of the final research, I would be happy to forward this to you once it has been submitted.

Thank you once again for your interest and support in this endeavour, and for taking the time to share your experiences with me. It has been both a rewarding experience and a tremendous privilege to have been allowed the opportunity to 'talk of intuition' with you.

With best wishes

Lucia Swanepoel

Psychotherapist and DCPsych Candidate

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