Is intuition embodied?

A phenomenological study of clinical intuition in somatic psychotherapy practice

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Intuition in psychotherapy practice is often confused with terms such as emotional insight, body language, gut feeling, or psychic ability. These terms generalize a common experience, yet do not adequately describe the lived experience of intuitive phenomena. This phenomenological study explored intuition in clinical practice from an embodied perspective, based on two questions: 1) How, if at all, is intuition embodied? 2) What is the role of nonverbal expressions while describing clinical intuitive phenomena? Purposive sampling was used to recruit somatic psychotherapists who claimed to experience intuition during clinical practice. An original methodology was created by synthesizing a body-focused interview with descriptive analysis. Findings 1) challenged the current parameters of embodiment by expanding upon the experience of intuition beyond "gut feelings," and 2) suggested that gestures reveal implicit information regarding the ways in which intuition arrives into consciousness. Further studies are needed to investigate clinical phenomena from an embodied perspective, which could augment the value of somatic psychology practice and clarify the role of embodiment in traditional clinical practice for adjacent fields of psychology.

Keywords: psychotherapy; embodiment; intuition; implicit communication; Focusing; qualitative inquiry

Introduction

Psychotherapists use a variety of skills to help their clients in the clinical setting. Training involves the use of a theoretical perspective, such as psychoanalysis or humanistic psychology, and techniques such as observation and listening are used to create therapeutic interventions. In addition to the explicit, conscious ways in which therapists use information to inform interventions, a simultaneous unconscious-to-conscious information process is at work. Therapists' intuition is a quick and unpredictable experience that reveals information about a client that could not otherwise be recognized through training, theory, logic, or experience. While intuition is frequently used in psychotherapeutic sessions, it is the most misunderstood tool in a therapist's skill set. The present study is an attempt to clarify some of the ambiguity

attributed to intuition by analyzing both verbal and nonverbal data, with the intention of revealing a holistic perspective of an elusive phenomenon.

Psychoanalysis, as well as other fields of psychology, have recently suggested that psychotherapy practice is moving away from verbal communication as a primary source of knowledge, and recognize the value of nonverbal communication in the treatment setting (The Bruschweiler-Stern, et al., 2010; Schore, 2007, 2009, 2011). Sociologist Gabriel Ignatow (2007) contends that culturally, we are in a "post cognitive revolution" (p. 116) that now embraces the psychological integration of body and mind. The transfer of focus from the exclusivity of words, to movements, tone of voice, and proximity between therapist and client has been called a paradigm shift (Bruschweiler-Stern, et al., 2010; Ignatow, 2007), that recognizes a difference between explicit and implicit communication. While explicit communication focuses on what is said, implicit communication concentrates on how it is said.

Borrowing from Berne's term *clinical intuition* (1949), Schore (2007) stated, "It is derived from stored nonverbal representations, such as 'images, feelings, physical sensations, metaphors," (p.11). Shore's later work included "body movements (kinesics), posture, gesture, facial expression, voice inflection and the sequence, rhythm, and pitch of the spoken word" (Dorpat, 2001, in Schore, 2011, p. 78). As Schore supports physical sensation as a factor in intuition that is shared between client and therapist, he refers to the whole process as *affectively driven clinical intuition* (Schore, 2011). In contrast, somatic psychology articulates emotions and sensations in the body each as separate experiences, prior to integration. The current study takes Schore's descriptions of clinical intuition one step further by deconstructing his description of "affectively driven" intuitive phenomena into separate parts.

Many branches of psychotherapy research have explored clinical intuition from a purely verbal perspective. Counselling (Daley, 2006; Weis, 2009; Williams & Irving, 1996), marriage and family therapy (Jeffrey, 2008), social work (Michaud, 1998), organizational psychology (Lodato, 2008; Ryslinge, 2009), eclectic psychotherapy (Benford, 1996; Sucre, 2008), psychoanalysis (Charles, 2004) and even music therapy (Bresica, 2008) have explored intuition verbally. Most of these studies have suggested that intuition is experienced bodily, yet ended at that discovery. Understandably, the way that embodiment is taught (or not) precedes the way that it is handled in research. Williams and Irving (1996) state, "Perceptions/sensations, however derived are 'experienced' and have no other valence but this quality; the sense made of them, the meanings ascribed to them, is wholly depend[e]nt on the (conscious) process of knowing" (p. 223). The unfortunate presumption seems reminiscent of Sartre's play, "No Exit," in which the characters believed that they were eternally locked in a room together, simply because nobody actually tried to open the door.

For instance, Charles (2004) conducted several comprehensive studies on clinical intuition and found that "intuitive" and "sensing" types had the greatest body awareness of intuitive experience. Charles also concluded that reporting intuitive experience through sensation was the only way that the participants could report intuitive awareness. Unfortunately, Charles missed the value of embodied knowledge by concluding that sensation-accompanying intuition was nothing more than reactions to clients' body language. In an excerpt from one of Charles's interviews, nonverbal gestures were acknowledged, but then quickly interpreted by "R," the interviewer:

> R: (Laughs) And you made this gesture with your hand?
> L: Mmm.
> R: Something rounded and global and sort of…
> L: Yes, because it was a body feeling for me as well…something like this in me (repeats the gesture).

> R: …A coming together? And you do this kind of rotating gesture…all fitting together? (2004, p. 61)

Charles's data were limited to labelling gestures as "gesture," followed by her immediate interpretation of the participant's words ("Something rounded and global and sort of…"). Her inclusion of the word "gesture" was perceptive, yet only minimally described the participant's actual movement. Charles suggested ways for therapists to increase their intuition by "apprehending client's unspoken feelings and thoughts through picking up nonverbal signals" (2004, p. 211). Although Charles had an intuition toward recognizing the nonverbal, her application was a good example of the ways in which spoken words restrain experience.

Rather than apprehending clients' unspoken feelings, somatic psychotherapists describe gestural details just as they are seen in the moment. This is done by reflecting back to the client what the therapist observes, rather than interpreting the client's actions. For instance, instead of interpreting a rounded gesture as "global," a somatic therapist might simply verbalize that the client's hand is moving in a circular motion. By reflecting rather than interpreting, the client has an opportunity to increase self-awareness by articulating his or her own interpretation or feeling about the movement, rather than accepting the therapist's interpretation. The present study takes the concept of "gesture" to a comprehensive level of detail by reporting both words and movements verbatim and analyzing the participants' conscious and unconscious gestures during the interviews.

This study investigated the relationship between intuition and embodiment from a somatic psychology perspective, and was guided by two questions: 1) How, if at all, is intuition embodied? 2) What, if at all, is the role of nonverbal expressions while describing clinical intuitive phenomena? The intention of the study was to explore intuition from an embodied perspective that included both verbal and nonverbal data for the purpose of providing a more

comprehensive description of clinical intuition that has not yet been articulated in the extant literature.

Theoretical framework

The first theoretical assumption for the present study is from an embodied epistemology. Embodiment, as described by Husserl is the manifestation of *lieb*, or "the lived body." The very description emphasizes that embodiment is not an object to be observed, but a living, breathing, moving, present-time experience. A second theoretical presumption was adopted from a somatic psychology perspective that the body is the threshold between implicit knowledge and the explicit realization of that knowledge (Chodorow, 1991), and that movement, posture and gesture help form cognition (Sheets-Johnstone, 2011). Eugene Gendlin's (1981) method for embodied inquiry called "Focusing," mobilizes these very concepts into practice and creates an opportunity to indulge a holistic experience of interoceptive awareness called a "felt sense" (p. 10).

The unique treatment methods used in somatic psychotherapy also reflect these theoretical constructs and illustrate the very nonverbal intersubjective sensitivity that Schore (2007, 2009, 2011) theorizes. In practice, however, somatic psychotherapy takes Schore's postulations a step further. By directing a client's attention to visceral as well as emotional experience, new knowledge is revealed and unconscious information is made conscious through embodied awareness. Furthermore, in somatic psychotherapy, there exists an even subtler gateway between *unconscious* and *implicit* experience. It is a type of awareness that emerges as a vague bodily-felt sense or unintentional movement that is not fully conscious, yet accessible. This process challenges the presumption that "implicit" is synonymous with "unconscious," a

limitation that both Schore and other researchers have accepted (BCPSG, 2012; Schore, 2009, 2011). To elaborate, according to Gendlin, the implicit is a type of semi-consciousness:

> Please note that "explicit" and "implicit" meanings are both in awareness. Implicit meaning is often confusingly discussed as if it were "unconscious" or "not in awareness." It should be quite clear that, since the direct efferent is felt and is a direct datum of attention, it is "in awareness.' Anything termed "implicit" is felt in awareness. (1964, in Koch, Fuchs, Summa, & Muller, 2012, p. 389)

The current study which adopts Gendlin's perspective investigates how a complex phenomenon such as intuition can be studied from an embodied angle, and how implicit information can be made explicit for data collection. It also addresses the gap in the literature that lacks embodied experience in research by introducing a methodology that adapts parts of somatic psychotherapy practice into a research design.

Current embodied approaches to research

Embodied inquiry has recently emerged in phenomenology research literature. Some authors have discussed the importance of including embodied experience in the phenomenological interview (Ellingson, 2006, 2008, 2012), while others have suggested embodiment as a source for gaining knowledge in grounded theory (Rennie, 2006). Still others have argued specifically for the use of Focusing as a method for interpretive phenomenological inquiry (Todres, 2004, 2007; Todres & Gavin, 2008; West, 2011). Researchers in adjacent fields, such as creative arts therapy[1], are also developing qualitative methods that include body-based inquiries such as artistic inquiry in dance/movement therapy (Hervey, 2012), art-based research (Leavy, 2009) and somatic pedagogy (Johnson, 2011). These systems for studying the intricacies of embodiment provide excellent perspectives for gathering embodied material. However, they tend to rely upon interpretation as a source of data analysis, and sometimes, as in Charles's example above, for

[1] In the UK, this field is termed, "arts therapies."

data collection.

When a researcher includes his or her interpretation as part of data collection, much of the participant's lived experience is lost. Smith and Osborne (2003) explained, "The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (p. 53). This two-layered process that results in the researcher interpreting the participant's interpretation is an acceptable part of phenomenological inquiry. However, it seems to produce problems when applied to embodied experience. As Welling (2005) suggests, "There is no cognitive theory about intuition [but] what is needed is a model that can describe the underlying formal process that produces intuitive phenomena" (pp. 23-24). The original methodology offered in the current study addresses this need from a somatic psychology perspective.

Methodology

The methodology for the current study was adapted from traditional qualitative interviewing and data analysis methods to fit the needs of somatic psychology research. The interview was borrowed from Focusing (Gendlin, 1981), a body-oriented style of self-inquiry. Data were analyzed using Giorgi's (2009) Descriptive Phenomenological Psychological Analysis, which was also adapted by including postural and gestural descriptions in addition to verbal data. The adaptation of these two methods created an original methodology that focused on lived embodied experiences rather than cognitive reflection of a narrative, and used descriptive analysis, rather than interpretation**.** In-depth details of the methodology that are beyond the scope of this article can be found in Tantia (2013).

Participant recruitment and sample size

Following approval from The Chicago School of Professional Psychology's Internal Review Board, participant recruitment was first conducted using social media networking sites, email and electronic mailing lists targeting groups and emails to known colleagues who had previously expressed interest in the study. Approximately 30 responses were excluded due to lack of background in somatic psychology training or professional licensing. A more successful attempt to recruit participants came from this researcher's attendance at two somatic-oriented conferences in the United States.

Screening was conducted via phone or in person to determine qualifications and appropriateness for the study. Affirmation of three criteria determined inclusion: a) participant has had intuitive experiences that he or she felt in the body, b) participant felt comfortable describing embodied experiences, and c) participant was willing to be video recorded. Those who verified traumatic history were excluded from the study, as body-focused processes may produce unexpected flashbacks and traumatic memories.

Nine participants were selected for the study. Six female and three male somatic psychotherapists who ranged in clinical experience from 5 to 35 years participated in the study. The sample of participants practiced a variety of psychotherapy perspectives that included; clinical psychology, psychiatry, social work, creative arts therapy, marriage and family therapy, and psychoanalysis. Each participant also practiced a somatic form of psychotherapy that included Hakomi, Focusing, Somatic Experiencing, dance/movement therapy, and Gestalt therapy. One participant identified as having an "eclectic" perspective, practicing a variety of somatic therapy styles without an emphasis on one in particular.

Data collection

The contract of informed consent was signed at the beginning of each interview and delineated all ethical considerations (confidentiality, right to withdraw, benefits of the study and privacy of information) and included a separate clause for the participant's permission to be video recorded, which was granted by all. Interviews lasted between 45 and 60 minutes and took place at the participants' psychotherapy offices in the United States between 2012 and 2013. After the interviews were transcribed, each participant was contacted again and invited to view his or her interview transcript for triangulation, with minor revisions to further conceal client privacy.

The interview began with an informal friendly discussion to build a relationship with the participant. An overview of the interview was provided, as well as an invitation for the participant to sit where they felt most comfortable in the room. This researcher intentionally referred to the video camera at this stage of the interview in order to allow the participant to voice any discomfort, or to opt out of video recording. This may be considered to be akin to the first step of Focusing, called "clearing the space," in which the participant is settled into the environment and offered a moment to focus on the task at hand while clearing non-related issues from their mind. The interview segued into having the participant discuss their general ideas about intuition, to allow the participant to "warm up" to the topic. After general thoughts and ideas were collected, the formal interview was conducted**.**

As an alternative to traditional interview questions, the researcher conducted a body-focused interview. This type of interview encouraged participants to bring their attention to one or more of their five senses in addition to imagery, interoception (sensations that are felt inside the body),

or proprioception (movement-oriented experience). The body-focused interview followed six parts. Participants were: 1) asked to recall an intuitive moment in clinical practice, 2) asked to imagine the client sitting across from them, and 3) asked to speak in the present tense as if the event was happening in the present time. 4) The researcher would then interrupt the verbal narrative and invite the participant to slow down their words and bring attention to their sensorial experience in the moment. 5) Participants would then describe his or her sensorial experience in that moment, and 6) the researcher would continue asking questions about their embodied experience, using an adaptation of the Focusing process to explore the felt sense of their intuitive experience.

The Focusing process

Following the moment when the participant brought direction to their embodied experience (step 5), the researcher proceeded with the rest of the Focusing protocol: 2) *felt sense*, 3) *handle*, 4) *resonating*, 5) *asking*, and 6) *receiving* (Gendlin, 1996). A "felt sense" is usually discovered in the torso area and provides a response to a question from a visceral sensation. Subsequently, a "handle" is a word used to identify that felt sense. Gendlin offers bodily-felt words like, "sticky," "stuck," "heavy," "antsy," and "helpless" (1996, p. 73) to describe the type of sensation being experienced. By checking in with how the handle fits or does not fit the felt sense, one might feel a sense of relief once the word is found that truly "fits" with the feeling. This is called "resonating," and it occurs between the sensation and the word or handle that describes it. "Asking" is the step in which the focuser refers back to the original issue at hand (that which stands between the focuser and feeling fine) and asks how the felt sense is related to the original issue. Sometimes the answer will arrive immediately, and sometimes the answer emerges slowly.

When the latter happens, the focuser is to take time to allow the felt sense to emerge. Finally, "receiving" is the act of accepting whatever answer arrives is the final step. This is sometimes congruent with what the focuser wants, and sometimes incongruent. Gendlin recommends receiving the answer without trying to change or second guess what arises as the answer, especially if the answer seems strange or unwanted.

Data analysis

Data analysis methods that were not chosen for the present study included Interpretive Phenomenological Analysis (Smith, Flowers, & Larkin, 2009), hermeneutics (Gadamer, 1990), and Moustakas' (1994) Heuristic Inquiry. Interpretive Phenomenological Analysis and hermeneutics relied on interpretation and Moustakas' (1994) Heuristic Inquiry, which focuses heavily on the researcher's experience. To capture the true essence of embodied intuitive recognition by somatic psychotherapists, Giorgi's (2009) Descriptive Phenomenological Psychological Analysis (DPPA) was adapted for this study to extract the "lived experience" of participants' verbal and nonverbal intuitive experience. Following DPPA protocol, verbatim units were extracted and analyzed. Verbal and nonverbal themes were extracted and coordinated into tables as illustrated in the next section.

Findings

This study described therapists' intuitive experience with clients as a phenomenon in which the therapist gains new information about a client that could not have been determined from the therapist's training, logic or experience, or knowing the client's history. Based on verbatim data and this researcher's observations of nonverbal communication, findings suggested that: 1) clinical intuition was experienced as a sensorial movement through the body, 2) intuitive "hits"

manifested in visual, auditory and kinaesthetic/spontaneous movement experiences and 3) gestures described the process that preceded the intuitive "hit," and provided further information about intuition than verbal reports alone. The following table depicts the themes that described intuitive process from nonverbal experience, to the therapist's emotional and cognitive recognition of it, and the effect that the intuitive intervention produced:

Table 1. Description of intuitive experience

Partici-pant	*From the right side of the head	*Travels down through the body and out toward client	Image Auditory Kinesthetic	Surprising	Out of normal practice	Intervention produced positive results
KB			I,A	X	X	X
SR		X	I,A	X	X	X
BB	X		I, K	X	X	
RK	X	X	A,K	X	X	X
AD	X	X	I, A		X	
LM			A	X	X	X
JC	X		I, K	X	X	X
MP	X		I,K			
AG		X	I, K	X	X	X

*** Elaborated upon in Table 2**

Columns 2 and 3 articulate participants' verbal reports of the experience as first sensorial, "entering" their awareness through the right side of the body, coming through the participant and moves through them and toward the client. Column 4 illustrates three distinct ways in which the intuition manifested: imaginal (I), auditory (A), and kinaesthetic (K). Out of nine participants, 7 reported intuition as imagery, 5 auditory imperatives, and 5 kinaesthetic experiences. As shown above, most experienced more than one. For clarity, an auditory imperative was defined as an

experience in which an imperative sentence was "heard" by a participant. For example, participant LM described, "I just heard the statement, 'Refer her to Peter!'"A kinaesthetic experience was defined as a spontaneous movement that the participant did without realizing she was doing it.

In addition to how the intuition manifested, 7 participants volunteered that the experience was surprising. Eight described the experience as catalyzing an intervention that was atypical of normal interventions, and 7 out of nine reported positive therapeutic results from the intervention. The cells in Table 1 that have no data indicate that the participant did not offer the information voluntarily during their interview, so it remains undetermined whether the participant experienced it but did not report.

Table 2: Comparison of Verbal vs. Gestural description

Participant	*From the right side of the head Verbal	Gesture	* Travels down through the body and out toward client	Gesture
KB		X		X
SR		X	X	X
BB	X	X		X
RK	X	X	X	X
AD	X	X	X	X
LM		X		
JC	X	X		X
MP	X	X		X
AG			X	

Table 2 delineates a comparison between verbal and nonverbal description of the same part of the intuitive experiences described in the second and third columns of Table 1. Table 2, Column 2 shows five participants describing that they feel a sensation from the right side of the head, yet eight describe it in gesture (Table 2, Column 3), while apparently not aware of their descriptive

movements. For example, two verbalized, “I don’t know how it happened,” while moving the right hand toward and away from the right side of the head. Likewise, the verbal description in Table 2, Column 4, “Sensation travels from upper right side, down through the body, up, then out toward client” was verbally described by four participants, yet described again with the right hand by seven participants.

The following are verbatim examples with nonverbal observations described in parentheses:

> (RK): When I feel into it (looks right, eyes partly closed), right now (head turns to right), it seems (right hand gestures out, palm toward head and up, mid-level) more like something that happened here (right hand raises up to the right side of his head and moves toward and away from head, palm toward head), like in my right temple area (shaking hand next to right side of head, then suspends hand next to head…long pause in words and suspension of movement).
>
> (LM): It kinda came in through my head (both hands raise to right side of her head, palm toward her head), but it wasn’t mental. I can’t describe it. Like, it was like hearing a thought (right hand waves with palm toward right of right head, then rests on her chest), but then it just landed here (cupping right hand in front of solar plexus) and there was a solidity, and it was like, “Oh!”
>
> (MP): Yeah, it was like a (reaches right hand out and up, palm out on a diagonal) pulling in (pulls right hand in, palm in toward right side of head) of an image. It’s the only way I can…sort of…think about it.

A third, more general but notable nonverbal theme that emerged for 5 of the nine participants (KB, SR, AD, JC and MP) was a particular gesture in relation to the participants’ torsos; when speaking about intuition, five participants reached their hands wider than their torso.

Incidentally, when speaking about emotion (that was distinctly different from intuition), participants touched their own bodies.

For example, participant MP reported:

> Yes, so she went with it and it was just really clear (hands extending slightly beyond torso width). It was at a depth…(shrugs, with eyes widening for a second) clear…(hands keep extending eyes close, hands raise slightly to head level. Bringing hands back in front of her and connecting fingers) clear enough for me to say it, "This is about the depth of sadness."

Findings suggested that intuition is a process rather than a single moment, and, in relation to embodiment, encompasses three ranges of bodily experience; the area surrounding the body, within the body, and in the imaginal realm. Gestures appeared to support further context to the meaning of the words used to describe experience. The following section will explain more in-depth the findings and provide an evaluation of the methodology.

Discussion and conclusion

The current study answered the research questions: 1) How, if at all, is intuition embodied? 2) What, if at all, is the role of nonverbal expressions while describing clinical intuitive phenomena? To answer question #1, a body-focused methodology was created to record both verbal and nonverbal movement descriptions of embodied experiences. Contrary to recent discussion regarding intuition as a "gut feeling," (Marks-Tarlow, 2012; Tantia, 2011) this study described a more comprehensive explanation of the intuitive process that is first felt in the kinesphere, or area surrounding the body, particularly next to the right side of the head. Awareness of the area surrounding the body has been supported by body-oriented theorists such as Bartenieff (1980), Hall, (1982), and related to intuition by McCraty, Atkinson, M., & Bradley, (2004). Intuitive process is described as a sensation that arrives near the right side of the head,

travels down through the torso of the participant, and moves out toward the client. The moving sensation seems to finally manifest in senses that are also not necessarily located in the torso but housed in the mind as images, auditory imperatives and/or kinaesthetic actions. According to the current findings, the answer to the first question depends upon one's definition of embodiment, by asking further questions: Does embodiment extend to outside of the body? Is imagination embodied?

To answer the second question regarding the role of nonverbal expressions while describing clinical intuitive phenomena, gestural observations were recorded in addition to verbal descriptions. This seemed to provide further information about intuitive experience that was not verbalized, and illustrated what was unconsciously communicated by participants. Strikingly, despite not verbalizing certain descriptions, some participants used hand gestures to describe the same experiences that others described verbally. In particular, gesturing the right hand toward and away from the right side of the head, and the spatial relationship between the hands and the body were most prevalent in the observations. Mc Neill and Pedelty (1995) called these "deitic gesture[s]" (p.65) commonly used to describe abstract ideas.

Several presumptions could be made about *the right hand moving toward and away from the right side of the head* gesture. Since intuition has been speculated to be a right-hemispheric activity (Schore, 2009), it could be said that this gesture is more literally pointing to activation in the brain region where the activity took place. Alternatively, whereas left-hemispheric activity seems to produce a sense of ownership when arriving at a conclusion (Khanneman, 2011), one can rationally presume that right hemispheric activity produces the disowning of one's own knowledge. This is similar to what artists call "inspiration": that which has been attributed to coming from a muse, and not something that the artist can take credit for. These findings deserve

further analysis, perhaps from a neuroscience perspective, to pinpoint the places in the brain that house intuitive experience.

Analysis of the methodology

Further revisions for this methodology are required before codifying it as a methodological form. This researcher was both interviewer and analyst for the methodology, and several biases are recognized. The researcher's personal experience and initial ideas about intuition could have biased the content of the interview. The researcher's movement preferences could have also biased the type of data collected. This could be mitigated in the future by hiring a second researcher to conduct interviews, and/or additional analysts to triangulate data analysis. For instance, if time and financial resources were adequate, this researcher would have hired a Laban Certified Movement Analyst or Kestenberg Movement Profile expert to analyze participants' gestures, for triangulation and for the purpose of creating a more sophisticated form of movement notation. Using a codified system of movement analysis might have revealed more methodologically reliable information, provided consistency, and negated researcher bias within the study.

Finally, increasing the diversity of participants might have produced a wider spectrum of responses. Extending the participant sample to reflect each somatic modality would have been one way to do this. In addition, given the differences between Eastern and Western concepts of intuition, broadening the cultural diversity of the participant sample to Asian, African and Middle Eastern (for example) might have produced very different data. The diversity of meaning that intuition holds for different cultures in combination with culturally diverse gestures might

have contributed to more comprehensive data set. A Grounded Theory study that would saturate the breadth and depth of the phenomenon with a larger sample size and diversity may further expand the conclusions regarding embodiment and intuition that were found in the present study.

Implications for body psychotherapy practice

The presumption that embodiment is felt as an interoceptive experience within the torso is challenged by sensorial (which may or may not be embodied) intuitions. Intuition manifested in imaginal, auditory and kinaesthetic ways, as well as a sensation that was perceived as arriving from outside of the body. Further studies are needed to examine these findings and to determine whether these factors broaden the concept of embodiment to include these kinds of experiences, or limit embodiment to visceral sensation. A clearer definition of embodiment is needed in the somatic psychology community.

Finally, the methodology from this study may facilitate somatic psychology research by offering a method that reveals data that are closer to the lived experience than interpretative analysis currently offers. This methodology may be useful to investigate the experience of other complex phenomena such as oppression, gender and disabilities. Future studies that explore nonverbal expressions of complex phenomena may enhance knowledge about lived experience and articulate further the somatic perspective in clinical practice.

References

Bartenieff, I. (1980). *Body movement: coping with the environment.* New York: Routledge.

Benford, S.L. (1996). *Intuitive processes in psychotherapy* (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses database. (UMI No. 9716059)

Berne, E. (1949). The nature of intuition. *The Psychiatric Quarterly*, *23*(2), 203-226.

Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L. W., & Tronick, E. Z. (2010). Change in psychotherapy: A unifying paradigm (Boston Change Process Study Group). New York, NY: Norton.

Bresica, T. (2008). *A qualitative study of intuition as experienced and used by music therapists* (Unpublished doctoral dissertation). New York University, New York, NY.

Charles, R. (2004). *Intuition in psychotherapy and counseling.* London: Whurr Publishers, Ltd.

Chodorow, J. (1991). *Dance therapy and depth psychology: The moving imagination*. New York, NY: Routledge.

Daley, L.P. (2006). *Roots of clinical intuition in counseling: A clinical approach* (Doctoral dissertation). Retrieved from ProQuest Digital Dissertations. (AAT No. 3229723)

Ellingson, L. (2006). Embodied Knowledge: Writing researchers' bodies into qualitative health research. *Qualitative Health Research, 16*(2), 298-310. DOI:10.1177/1049732305281944

Ellingson, L. (2008). Embodied Knowledge. In L. Given (Ed.), *The Sage Encyclopedia of Qualitative Research* (pp. 245-46). Thousand Oaks, CA: Sage.

Ellingson, L. (2012). Interview as embodied communication. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti and K. D. McKinney (Eds.), *The Sage Handbook of Interview Research: The complexity of the craft* [2nd ed.] (pp. 525-540). Thousand Oaks, CA: Sage Publishing.

Gadamer, H. (1990). *Truth and method*, (2nd ed.). New York, NY: Crossroads.

Gendlin, E.T. (1981). *Focusing*. New York, NY: Bantam.

Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method.* New York: Guilford.

Giorgi, A. (2009). *The descriptive phenomenological psychological method*. Pittsburgh, PA:

Duquense University Press.

Hall, E. T. (1982). *The hidden dimension.* New York, NY: Doubleday.

Hervey, L. W. (2012). Embodied artistic inquiry. In C. Berrol, (Ed.), *Dance/movement therapists in Action: A working guide to research options* [2nd ed.] (pp. 205-232). London: Charles C. Thomas.

Ignatow, G. (2007). Theories of embodied knowledge: New directions for cultural and cognitive sociology. *Journal for the Theory of Social Behavior, 37*(2), 115-135.

Jeffrey, A.J. (2008). *A phenomenological study of the use and experience of intuition in marriage and family therapy by those who claim it* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3323063)

Johnson, R. (2011). *Knowing in our bones: The embodied knowledge of somatic educators.* Saarbrücken, Germany: Lambert Publishers.

Kahneman, D. (2011). *Thinking, fast and slow*. New York, NY: Farrar, Strauss and Giroux.

Koch, S.C., Fuchs, T., Summa M., & Muller, C. (Eds.). (2012). *Body, memory, metaphor and movement.* Philadelphia, PA: John Benjamin Publishing.

Leavy, P. (2009). *Method meets art: Art-based research practices*. New York, NY: Guilford Press.

Lodato, M.A. (2008). *Going with your gut: An investigation of why managers prefer intuitive employee selection* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3301773)

Marks-Tarlow, T. (2012). *Clinical intuition in psychotherapy: The neurobiology of embodied response.* New York: Norton.

Mc Craty, R., Atkinson, M., & Bradley, R.T. (2004). Electrophysiological evidence of intuition: Part 2. A system-wide process? *The Journal of Alternative and Complimentary Medicine, 10*(2), 325-336.

McNeill, D. & Pedelty, L.L. (1995). Right brain and gesture. In K. Emmorey and J.S. Reilley, (Eds.). *Language, Gesture and Space*. Hillsdale, NJ: Lawrence Erlbaum Associates (pp. 62-85).

Michaud, S.M. (1998). *The use of intuition among expert social work practitioners* (Doctoral dissertation). Retrieved from Proquest Dissertations and Theses database. (UMI No. 9818884)

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage Publications.

Rennie, D. L. (2006). Embodied categorizing in the grounded theory method: Methodological Hermeneutics in action. *Theory and Psychology, 16*(4), 483-503.

Ryslinge, B. (2009). *Mindful intuition: An effective leadership response to the community college environment* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3377428)

Schore, A.N. (2007, Summer). Psychoanalytic research: Progress and process. Developmental affective neuroscience and clinical practice. *Psychologist-Psychoanalyst: Official publication of division 39 of the American Psychological Association, 27*(3), 6-13.

Schore, A.N. (2009, August 8). *The paradigm shift: the right brain and the relational unconscious*. Invited plenary address, 2009 Convention of the American Psychological Association, Toronto, Canada.

Schore, A.N. (2011). The right brain implicit self lies at the core of psychoanalysis.

*Psychoanalytic Dialogues, 21(*1), 75-100. DOI: 10.1080/10481885.2011.545329

Sheets-Johnstone, M. (2011). *The primacy of movement.* Amsterdam, Holland: John Benjamins Publishing.

Smith, J.A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods* (pp. 53-80). London: Sage.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method and research*. London: Sage.

Sucre, N.L. (2008). *Applied intuition in psychotherapy: A qualitative exploration* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3333546)

Tantia, J.F. (2011). *Viva las Vagus!* The innervation of embodied clinical intuition. *USA Body Psychotherapy Journal*, *10*(1), 29-37.

Tantia, J.F., (2013). Body-focused interviewing: A descriptive methodology for exploring clinical intuition in somatic psychotherapy practice. In *SAGE Research Methods Cases*. SAGE Publications Ltd., London:United Kingdom.
DOI: http://dx.doi.org/10.4135/978144627305013519226

Todres, L. (2004). The meaning of understanding and the open body: Some implications for qualitative research. *Existential Analysis,15*(1), 38-54.

Todres, L. (2007). *Embodied Enquiry: Phenomenological touchstones for research, psychotherapy and spirituality*. New York, NY: Palgrave Macmillan.

Todres, L., & Gavin, K. (2008). Embodied interpretation: A novel way of evocatively re-presenting meanings in phenomenological research. *Qualitative Research*, *8*(5), 568-583. DOI: 10.1177/1468794108094866.

Welling, H. (2005). The intuitive process: The case of psychotherapy. *Journal of Psychotherapy Integration, 15*(1), 19-47.

Weis, M.L. (2009). *A phenomenal investigation of professional counselors' perspectives of clinical intuition* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3388982)

West, W. (2011). Using the tacit dimension in qualitative research in counseling psychology. *Counseling Psychology Review, 26*(4), 41-46.

Williams, D., & Irving, J. (1996). Intuition: A special kind of knowing? *Counselling Psychology Quarterly, 9*(3), 221- 228. DOI: 10.1080/09515079608258703