

**THE EFFECTS OF INTUITIVE DEVELOPMENT ON
WOMEN'S HEALTH AND SPIRITUAL WELL-BEING**

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The work reported in this thesis is original and carried out by me solely, except for the acknowledged direction and assistance gratefully received from colleagues and mentors.

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ABSTRACT

Intuition, the capacity to intuit or sense subtle impressions, has gained increasing credibility as a valid, efficient and reliable form of knowledge despite past cultural biases. Intuition is a natural skill available to everyone. Within complementary and alternative medicine, intuition is understood as an important skill to develop in relation to health, healing and spiritual well-being. Intuitive awareness appears to be increasingly compromised by a complex reality unique to women. The pace of daily living; absorption of too much information; women's bias of prioritizing affiliation over their own needs; over identification with cultural ideals of productivity; the impact of the media's subliminal messages about women; and exposure to trauma all effect women's brains and emotions. Unexpressed or overwhelming emotions, fear and stress impede women's intuitive receptivity. In depression, an experience twice as likely to occur in women as men, intuitive awareness is often shut down, depriving women of a natural means towards health and wholeness. The objective of this study was to investigate whether intuitive development, as a form of CAM health education, would affect women's health and spiritual well-being by: restoring meaning to symptoms; increasing women's recognition of intuition; and enhancing their inner sense of self. Seventy women were recruited as co-researchers. The first thirty-five to meet the inclusion criteria and who committed to attend a series of six two hour intuitive development classes, complete three sets of measures and keep an intuition journal were assigned to the experimental group. The control group was assigned to a wait list and offered the classes five months later. All co-researchers were administered the Beck Depression Inventory (BDI-II®), the Personal Orientation Inventory (POI) and the Spiritual Well-Being Index (SWB) on three occasions over a 12 week period. Results: ANOVA showed statistically significant change occurred in one aspect of self-actualization on the POI with both an increase in inner-directedness ($F(2, 49) = 3.182, p = .051 < .05$) and a decrease in other-directedness ($F(2, 49) = 3.627, p = .033 < .05$). A comparison of composite scores on the POI is robust and meaningful. Over 65% of the co-researchers in the experimental group reported more reliable connection with their intuition in relation to their health; more than 50% took action based on their intuitions. Implications including the value of group learning for women, limitations of the study and recommendations for future research are discussed.

Keywords: intuition, intuitive development, women's health, women's psychology, spiritual well-being, transpersonal psychology, energy medicine, Beck Depression Inventory (BDI-II®), Spiritual Well-Being Scale (SWBS), Personal Orientation Inventory (POI), inner-directed, other-directed, complementary and alternative medicine.

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CHAPTER 1: Introduction

Background of Problem

Complementary and Alternative Medicine (CAM) differs from the traditional Western approach to health and is understood as a valid scientific system of health assessment and treatment.¹ CAM research has unique ways of perceiving, understanding and addressing health and illness. In conventional scientific research, purists tend to favor logic, rational thinking and linear reasoning in their analysis and comprehension of objective reality. This bias for rational thinking, many have argued, perpetuates fragmentation that ignores or obscures the whole. In biomedicine and psychiatry, this has contributed to a fragmented comprehension of how health and mental health is created and illness and mental illness are interpreted and treated.

Rather than attention to the well-being of the whole person, a conventional medical approach places greater emphasis on addressing a specific disease or symptom. Consequently, biomedical treatment tends to lack a holistic approach found in CAM. The inclusive nature of CAM naturally assists individuals navigate the complex realms of their subjective experiences. This is achieved because CAM professionals accept and understand subjective experience impacts health and a sense of well-being.² Conventionally-trained health professionals face a dilemma as they recognize subjective experiences do play a part in influencing health outcomes despite the fact these experiences are beyond the realm of direct examination or objective measurement. Despite this recognition, subjective experience, while privately acknowledged as valid, has often been ignored or neglected in most conventional Western medical and

psychological research. As a result, the segregation of symptoms in conventional medicine has inadvertently contributed to rejection of intuitive or “right brain” awareness as subjective and thus inaccurate and beyond the realm of objective measurement. Increasingly however, particularly in nursing research, intuition is being accepted as a valuable, reliable, and accurate form of knowledge. CAM research honors the expansive nature of the human experience by engaging in comprehensive methods of inquiry that employ logic and reasoned analysis as well as intuition.³

Intuition, the inner sense of knowing, does not dichotomize objective and subjective data. Intuitive awareness includes rather than excludes information from the outer senses and physical world. By design, right and left hemispheric processing in the brain naturally supports holistic integration of objective (external) and subjective (internal) data. Dialectically, intuition supports a natural synthesis of *both* the external structure of reality *and* the inner world of the individual. In addition, an important and often misunderstood dimension to intuition is connection to a spiritual level of awareness; a practice that integrative holistic health professionals understand is beneficial to health and promotes healing. This level of awareness, when consciously integrated with the emotional, mental and physical aspects of the individual into a harmonious whole, is understood in CAM as at the core of genuine healing.

As an integrative process, holistic comprehension encompasses the rational and the intuitive aspects of consciousness. To disregard the potential that accompanies intuitive awareness ignores at least half our potential for achieving wholeness and genuine healing.⁴ CAM research therefore requires recognition by CAM professionals of the need for objective linear studies that incorporate and value subjective data to affirm

that alternative approaches such as the one designed for this study are potent and effective.⁵

This effectiveness study was designed to serve as a bridge between the conventional and the complementary in the category of CAM health education. Specifically, the study examines the effects of intuitive development in relation to women's health by teaching the practical application of intuition to women. The experiment also includes exploring the effects on women's perceptions when emotions are de-pathologized and symptoms such as depression are reinterpreted as meaningful. Because women are twice as likely as men to experience depression, there is particular emphasis in this study on investigating the relationship between intuition, women's depression and spiritual well-being.

Depression is a complex physiological, emotional, mental and spiritual response by the mind/body to perceptions, beliefs and attitudes adopted and influenced by life experiences. Its genesis is based in part on unresolved emotions and limiting beliefs, often set in place early in life. Once in place, these beliefs inadvertently cause the individual to ignore or be cut off from a holistic comprehensive view of intuitive (spiritual) awareness. Over time, if limiting beliefs persist and "spiritual" awareness remains shut down, physical symptoms manifest. The purpose of depression, from a transpersonal point of view, is to convey a message from the soul to the personality of the individual that they have become cut off from awareness of their essential wholeness that exists and always exists within. Depression and the emotions that accompany the experience of depression may be an indication that the way the individual is actually living life may not be in harmony with their inner values and deeper intuitive wisdom.

Listening to and acting on intuition while also learning to decipher the hidden meaning of emotions and symptoms is essential if individuals are to heal from their depression and recover and maintain their core vitality and health.

A holistic comprehension of depression first perceives it as an energetic response to aspects of reality that have become segregated. Often this has occurred as an unconscious adaptation and learned response to persistent stress and/or trauma. To cope with the incongruence between what depressed women feel and what they perceive is possible (or impossible) to change in their situations, they typically tune out or turn off life saving or life enhancing messages from their intuition. Depressed women have lost touch with body awareness (somatic intelligence) as well as the reality of their innate wholeness.

Depression, from a CAM point of view, arrives as a soulful messenger whose purpose is to awaken in the individual an opportunity to realign inner values with outer reality. This awakening can be particularly difficult to negotiate given the complex nature of the lives of contemporary women and the confusing messages about what is valued in Western culture. Unwittingly, as many women awaken to this reality, they come to discover because they have spent a great deal of time and energy focused on caring for others, their own core set of values has either been inadvertently compromised, is unclear to them or may not be fully developed. In order to become conscious of their essential wholeness, courage is required to “clean house” and honestly assess all inherited beliefs and attitudes as a requisite to healing depression. Some women may need to endure a painful period of tolerating uncomfortable feelings as they face the risk of disappointing others in their quest to reorder life in order to heal. To end suffering that is often

associated with depression, healing may also mean feeling and then releasing pain associated with past trauma or loss.

Intuitive wisdom is understood as a specific type of knowledge that comes from a ground of wholeness that exists in all individuals. It is a welling up from within that is both innate and immanent. As a skill, intuitive awareness precedes the acquisition of intuitive knowledge. As a practice, intuitive awareness is achieved as the result of making a conscious choice to notice and observe information, often subtle, from one or more sources: via sensory awareness, via the body in the form of physical sensations, via the mind in the form of flashes of ideas and solutions and via the spirit in the form of transcendent connection, such as that which is often achieved in nature. Registered consciously and processed holistically in the mind/body as intuitive “data,” the intuitive or sensing individual is open to greater awareness of possibilities and potentialities when intuitive insights are combined with logic and reasoning. To ignore or repress intuitive knowledge impacts the mind and body; over time, if intuition is ignored, the experience of depression or other symptoms is encouraged.

Rational thinking when combined with intuitive thinking yields a level of holistic comprehension which, in this study, is perceived as vital to the creation of health and an inner sense of well-being. This is particularly true now, in the 21st century and more so than ever, for women in particular. Health, from this CAM point of view, is the conscious integration of psyche and soma through intuitive development. In other words, intuition is the royal road to healing.

Statement of the Problem

Depression in women is a significant medical and mental health issue worldwide. Depression causes a significant amount of stress and stress can contribute to the occurrence of depression. Understanding the experience and etiology of depression in women deserves deeper inquiry. This seems particularly prudent given the increased incidence of reported depression in women and the generally accepted principle that stress, particularly chronic stress contributes to the development of illness and disease. There appear to be several factors contributing to a rise in the numbers of depressed women: the effects of contemporary culture on women's biology including the overwhelming amount of input women must absorb and respond to, a phenomenon that has increased steadily in the last few decades; the effects of the commercialization of values that come from the constant messages in the media about how women should look, be and feel; the affects of emotional and physical trauma on women's bodies, minds and spirits; a developmental trend that finds girls and women prioritizing affiliations over self-care; women having or choosing to work while raising children, often as single parents; and the tendency for women to share a different point of view from men about how to make choices between work and home.⁶

Conventional depression treatment for women, especially the use of medications that mask symptoms, is reported to yield mixed outcomes. As a result, many women continue to struggle with adopting a more integral understanding of their experience of depression to use effectively as an aspect of their self-healing. Depressed women remain unaware that their symptoms may indicate that they have been missing important messages from their feminine intelligence.⁷ Depression, among other things, diminishes

access to intuition and may also serve as a messenger that intuition has been blocked, underdeveloped or ignored. To offset this seemingly large scale trend in depressed women, teaching women how to expand their self-awareness through intuitive development practice has the potential to be lifesaving and life enhancing with the return to a more reliable integration of intuition into their ways of knowing. This deeper, more intuitive (spiritual) level of listening is considered in this study to be an important bridge to improving women's health and increasing their sense of both general and spiritual well-being.

Since evidenced-based research already supports that intuitive ability can be learned or enhanced despite being underdeveloped, proving this was not an objective of the study.⁸ The research design focused solely on women also did not seek to exclude men from benefiting from intuitive skill development and transpersonal views of depression. Instead a CAM health education approach specifically designed for women reflects a conscious decision by the researcher that this type of research deserves greater attention at this time. The decision to focus solely on women is based in part on past research in the social sciences. In the 1970's as the differences between the sexes were rediscovered in the search for social equality and justice, theories formerly considered to be sexually neutral in their scientific objectivity were found to reflect a consistent observational and evaluative bias.⁹ Specifically, it was discovered that concepts about the human life cycle, ways of understanding the human condition and ideas about what is of value in life depended in part on the position of the observer and were different, particularly when the observer was a woman.¹⁰ Conventional psychological theory, according to researchers in the field of women's development and women's psychology,

had in the past implicitly adopted the male life as the norm.¹¹ Freud's theory of psychosexual development had served as a major influence to this adaptation when his attempt to resolve contradictions posed by differences in the female anatomy and in early family relationships for girls led him to view these differences as developmental failures. A problem in psychological theory thus ultimately became cast as a problem in girls and women's development.¹² In 2007, the remnants of this male observational bias appear to persist and are addressed later as a lingering confounding influence on conventional treatment approaches to understanding women's experience of depression (see Gender and Depression).

Depressed women have a tendency to report feeling exhausted, stressed and unhappy. They also tend to do too much, most often for others and too little for themselves. As this pattern persists, many appear to experience an increase in confusion about how they feel and anxiousness due to excessive worry or an inability to feel control over the challenges of life. In some extreme cases, there is also a tendency towards feeling numb and being out of touch altogether with what is happening to them. Many are shocked to wake up to previously hidden aspects of themselves. Often these awakenings may result in unexpected behaviors and/or a realization that they have been living a life that lacks meaning. Making constructive change is perceived as too hard to begin or as an unwelcome disruption affecting others for whom they care. Not surprisingly, self-esteem plays a major role in their inability to take action. For many, any form of feminine vulnerability or sensitivity is rejected, experienced as a personal weakness, leading to feelings of guilt or shame. Over time, aspects of the self and emotions may remain hidden (repressed) unknowingly or avoided as an adaptive

response to protect those around her. For some women, these repressed emotions may manifest somatically. Examples of summarization from the literature include links between repressed feelings of anger and sadness and migraines; fear and arthritis; and episodic joint aches and pains associated with unexpressed feelings of hurt/past trauma.

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Eventually, some women appear to develop a pervasive discomfort with negative or uncomfortable feelings in general. Anger is often a repressed emotion in depressed women that may erupt with sudden intensity or remain hidden. As depressed women struggle with feelings of hurt, anger, fear, shame or guilt, their ability to feel or sense flashes of intuitive information diminish or are tuned out. Worse, their ability to utilize the valuable information coming to them via their intuition is limited or blocked as they fail to understand that the arrival of emotions while meaningful has at the same time inhibited access to their intuition.

From a CAM point of view, unresolved emotions contribute to the development of symptoms, illness and disease. Understanding the link between emotions and intuition requires recognition that in fact there is an important relationship between them. As all emotions are communicative, the arrival of an emotion or feeling as a messenger may suggest that intuition is not far behind, waiting to come forth. Second, to benefit from this unique arrangement between emotions and intuition, it is important for women to understand that emotions are separate from intuition as intuition in its purest form is neutral and emotionless. When emotions are heightened not only can it be more challenging to tolerate feelings as they intensify, but it is also likely that it will be more difficult to reliably access intuition. This will be a persistent dilemma for depressed women to understand and negotiate, particularly in the early stages of intuitive skill

development. But with practice, specifically with learning to work more consciously with the ebb and flow of emotions and acceptance of them as meaningful, women's health will benefit. When women learn to more reliably benefit from the hidden messages of their emotions and symptoms, they stand a greater chance of developing trust in learning to discern what intuition is and how to work with it.

Purpose of the Study

The purpose of this study is to advance understanding about the relationship between women and intuition, women's health and intuition, women's development and intuition and women's spiritual-well-being and intuition. A primary objective of this effectiveness research model is to teach women in a group how to recognize what is intuition (and what is not) by direct practice and observation over a 12 week period. A secondary objective of the investigation is to advance a transpersonal energetic understanding of depression in women as depression is a significant medical issue for women and can inhibit intuitive receptivity. Instruments selected to measure depression, spiritual well-being and changes in self-actualization throughout the 12 week period were chosen based on the assumption that by improving intuitive skill and de-anthologizing symptoms and emotions at the same time, a change in perception might increase a sense of hope and agency and thus find women encouraged to take active steps to improve their health and sense of well-being.

To achieve these goals and objectives, concepts and exercises are introduced in a series of six two hour intuitive development classes for women. The CAM format, designed by the researcher, is aimed at: expanding women's knowledge about intuition as a practical tool; increasing women's sense of self-healing potential; and decreasing

women's fears about trusting their inner guidance while concurrently increasing confidence in their intuitive ability. This study was designed to demonstrate that as women's *perception* of their emotional and physical symptoms change and they begin to see their symptoms as messengers, they are more likely to integrate rational and intuitive knowledge into a holistic understanding of their experiences. With a change in perception, women's health and their sense of how well-being is created then has the option to be viewed in a different light. The measures for this investigation (Chapter 3: Data Sources) were selected specifically to demonstrate that this type of CAM health education approach has merit and is effective as a complementary component to enhancing women's development and women's physical, psychological, mental and spiritual health.

Research Question and Organization

The research question for this study asked: *what is the effect of an intuitive development class that incorporates a transpersonal understanding of depression on women's health and spiritual well-being.* This question was examined utilizing a group learning format self-designed and implemented by the researcher. The information was delivered in a series of classes that met weekly for two hours over six weeks. The theories and past research that serve as the underpinnings of the study are organized and presented in the literature review starting with relevant aspects of past research in women's psychology as it relates to intuition; girls' and women's development research, particularly early findings that may help explain how intuition is compromised as girls develop; and women's health in relation to intuition. The relationship between women's brains, emotions and intuition is considered as is new thought in the field of energy

medicine about intuition and health. There is in addition an extensive review of biomedical depression research and treatment specific to women as well as a review of intuition theory and research. The intention of this organizational format is to trace the evolution of thinking as it relates to the topic of intuition and women's health and in particular, intuition in relation to the experience of depression in women.

Importance of the Study

The premise of this study is based on the observation that intuition, health and spiritual well-being are interrelated; a change in one affects change in the others. In fact, this study will argue that symptoms like depression are among other things the result of the individual's inability or reluctance to access and act on important messages from their intuition. In women the experience of depression uniquely affects the mind, body and spirit. So, too, do conventional treatment approaches for depression in women that have historically had a tendency to marginalize and pathologies (see Women's Biomedical Mental Health Research). A more expansive holistic perspective of health and well-being has the potential to alter women's perceptions about their symptoms, assist with healing and exponentially improve the lives of women, their children and families.

Intuitive development information as well as transpersonal energetic concepts about depression, health and spiritual well-being is presented in a series of classes for women. These classes are advertised as intuitive development classes though in reality they include the presentation of transpersonal energetic concepts and as such the classes are not strictly limited to intuitive development (see Intuition Power Point slides in Appendix C). However intuition as a skill to be developed is the major thrust of each

class; the classes serve as the independent variable in the study. The goal of the study however is not to measure whether a change in intuitive skill or perception occurred but to investigate instead whether the CAM approach in its entirety would effect women's depression, aspects of their self-actualization (particularly inner-/other- directedness) and spiritual well-being. Rationale for the research design and measures are discussed in greater detail in Chapter 3: Data Sources and throughout the results sections in Chapter 4.

Introduction of a non-anthologizing point of view of depression and other symptoms is a key feature to the study. For in the anthologizing of emotions, thoughts, and feelings associated with the experience of being depressed and/or ill, there is inherent to this approach an implication that the organism (individual) is flawed or has somehow failed. Instead, the transpersonal concepts presented in this study are based on the understanding that "we are whole. We are always whole. We are not broken or incomplete. We have access to our wholeness through intuition. Each time intuitive awareness is blocked, the experience of wholeness may be lost momentarily but the wholeness of the individual remains unchanged".¹⁴ This non-anthologizing point of view stresses instead that any symptom or emotion is communicative and has meaning. "Every symptom is a wake-up call, an opportunity for growth and learning".¹⁵ Instead of viewing the arrival of depression as a weakness, limitation or something to be medicated, its arrival in women is perceived as a valued and valuable messenger about areas in one's life where one is blocked in their connection to wholeness. This study seeks to demonstrate that skills beyond pills have merit as a viable CAM health education approach to understanding depression in women. Skills in awareness are introduced and practiced in six classes in combination with didactic learning, journaling and experiential

exercises. This integrative approach assists women with direct experience of their own unique relationship with intuition in a safe, supportive, non-judgmental learning environment. As their heightened awareness reveals an array of previously ignored or misunderstood cues (internally perceived and externally validated), women in this educational process are naturally encouraged to reclaim their use of intuition and work more reliably with their accumulated intuitive knowledge. They are also encouraged to tune in to the hidden messages of their symptoms.

This study raises awareness of the importance of women learning together. Historically women have shared a long history of benefiting from communal wisdom. They have also shared in the unfortunate experience of becoming lost or disconnected from important aspects of themselves, a painful byproduct of cultural conditioning, which has influenced collective rejection and devaluing of intuition. Finally, this study calls attention to a lingering pervasive trend among women towards an *over identification with being good*. This response pattern as well as women's hidden strength of prioritizing affiliation serve as two significant variables unique to women that this study argues directly inhibits some women from comfortably acting on their intuitions.

Intuition is perceived in this study as a function of the human psyche.¹⁶ Intuition appears to also be a system-wide process.¹⁷ Intuitive impressions can be subtle and easily overlooked. The purpose of activating intuition is threefold: to enhance growth and development; to provide an instrument for holistic cognition, wise minded decision making and an approach to reality that is expanded and well grounded; and to assist with discrimination between genuine intuitive knowledge and wishful thinking.¹⁸ Intuition is a valuable psychological function that can be activated on different levels.¹⁹

When women do not understand how to reliably access their intuition or fail to recognize subtle intuitive impressions when they arrive, they are at greater risk for experiencing health issues. Exhausted and isolated, women who experience depression do so in part because they have inadvertently been cut off from their own built-in intuitive guidance system. Renaming and redefining depression as a spiritual and energetic response to blocked intuitive messages assists women to feel understood. So too does a spiritual healing approach to depression. Intuitive development serves as the vehicle for expanding awareness including spiritual awareness and is perceived in this study as the bridge to achieving a transpersonal understanding of the experience of depression and other symptoms.

Scope of the Study

This study is designed for a sample size of 70 women, chosen randomly after a communitywide appeal, who do not meet any of the exclusion criteria. A goal of 35 women in the control and experimental population is set. Assignment to the intervention population is done based on the first 35 women who meet all of the inclusion criteria and who agree to attend six intuitive development classes, complete three sets of measures and keep an intuition journal. The next 35 women who also meet the inclusion criteria are assigned as the control population with the option to participate five months later in a second offering of the classes; they are also provided with a suggested reading list after completion of the study. Rationale for postponing distribution of the reading list to both condition groups is discussed further in Chapter 5. All participants, referred to as co-researchers, were blind to the purpose of the study. However, the Informed Consent does mention depression as a significant health issue for women. The information given to the

volunteers is that they are co-researchers in a project aimed at introducing ways to improve intuitive skill as a means to enhance women's health and spiritual well-being. Outcome measures are distributed two weeks prior to the first class, at the completion of the series of classes and six weeks later. [See the exact protocol in Appendix A; the Informed Consent in Appendix B.] A single facilitator, the primary researcher for the study, leads the co-researchers each week through two experiential exercises and a brief didactic instructional component provided in the form of PowerPoint slides. Handouts are provided each week of the slides presented in class. Co-researchers have the option to take notes during the instructional portion of the class. Co-researchers make two entries, after each experiential exercise, in their intuition journal to record their internally felt experiences and impressions; they are also instructed to record observations regularly, on a daily basis, outside of class. [See Appendix C for intuition journal guidelines]. Co-researchers are instructed that this is a class in order to make the distinction that it is not a psychotherapy group. Written instructions for completing the test instruments are provided to co-researchers prior to the start of the study. The researcher is a licensed clinical social worker, experienced teacher/facilitator, group leader and holistic psychotherapist in private practice.

Definition of Terms

allopathic medicine. Conventional, Western medical care as provided in the average hospital, medical clinic and private doctor's office.

CAM. An acronym for complementary and alternative medicine

consciousness. The capacity to react to, attend to, and be aware of self and other.

subsumes all categories of experience, including perception, cognition, intuition, instinct,

will and emotion, at all levels, including those commonly termed “conscious,” “subconscious,” “super conscious,” or “unconscious,” “intention,” and “attention,” without presumption of specific psychological or physiological processes. Neither consciousness nor its environment exists in isolation; they can be represented only in interaction and exchange of information.

energy medicine. A term used to describe both healing bioenergetics therapies and diagnostic screening devices used to measure the electromagnetic frequencies emitted by the body in order to detect imbalances that may be causing present illness or contributing to future disease. These disturbed energy flows can then be returned to their normal, healthy state through the application of bioenergetics techniques or the input of electromagnetic signals that restore a normal energy balance within the body;²⁰ the study and practice of therapies that involve bioenergies: e.g. spiritual healing, addressing energy fields around and interpenetrating the body; acupuncture and its derivatives (acupressure, shiatsu, reflexology, applied kinesiology and others) that address energy flows in meridians and energy balances in chakras; homeopathy and flower essences that supply energetic essences in solutions taken by mouth .

foresight. To see, as in a development, before hand; looking forward.

hemispheric processing. A term referencing the fact that the left and right brain hemispheres process information differently.

holistic. Relating to or concerned with wholes or entire systems rather than with the analysis of, treatment of or dissection into parts. Holistic medicine attempts to treat both the mind and body while holistic psychotherapy attempts to treat the mind, body and spirit of the individual by attending to all aspects – physical, mental, social and spiritual.

holographic paradigm. A concept that signifies that reality is dynamic in nature and that the ultimate nature of physical reality is an undivided whole in perpetual flux. This undivided whole comprises parts that merge and unite in a constant flow and change.²¹

implicit learning. An unconscious process that yields abstract knowledge; term used to characterize how intuitive knowledge about the underlying structure of a complex stimulus environment is developed;²²

insight. The ability to perceive the true or hidden nature of things; a perceptive observation.²³

intuition. Truth that surpasses the power of the intellect;²⁴ knowing for sure without knowing for certain; an inner way of knowing; an immediate apprehension of an object by the mind without the intervention of a reasoning process;²⁵ the power or faculty of attaining to direct knowledge or cognition without evident rational thought or inference.²⁶

intuitive development. A term used in relation to the teaching and acquisition of skill in accessing intuition reliably.

perception. Quick, acute and intuitive cognition; a mental image; awareness of the elements of environment through physical sensations.

premier. A term used in the context of this review that refers to the existence of little or no differentiation in how consciousness was perceived and experienced before the advent of modern science; a system of thinking and living perceived as having been static or fixed.

postmodern. A term associated with a point in time in which contemporary or modern thought, science and culture was re-examined for its tendency towards differentiation to the point of dissociation; a postmodern worldview suggests examining the whole picture

instead of dissection and reduction in order to understand a body or thing by only examining its many parts.

no sensory perception: PSI (taken from the Greek letter) is a term from parapsychology, encompassing telepathy, clairsentience, pre- and retro-cognition, and psycho kinesis (pike or “mind over matter”).

soul. Term used by some to indicate an enduring aspect of life that survives physical death and incorporates the lessons the spirit learned into an enduring consciousness. (some may reverse the meanings of spirit and soul as defined here.)

spirit. That part in each of us that is known (and can only be known) intuitively, with an inner knowing that is immanent and transcends logic, that connects with the vast worlds of material nature and of notice (beyond words), transpersonal/Divine realities. The spiritual is invariably distorted when it is translated into words.

spiritual. That aspect of ourselves which is part of the All, including our higher selves, spirit, soul and God.

spirituality. The feelings, thoughts, experiences and behaviors that arise from a search for that which is generally considered sacred or holy. Spirituality is usually, though not universally, considered to involve a sense of connection with an absolute, imminent, or transcendent spiritual force, however named, as well as the conviction that meaning, value, direction, and purpose are valid aspects of the universe.

tacit knowledge. Abstract knowledge representative of the structure of the environment and acquired independently of conscious efforts to learn; useful implicitly for problem solving and making accurate decisions.²⁷

transpersonal. Beyond the individual ego, mind, and body.

transpersonal psychology. A system of personal understanding that is based on people's experiences of temporarily transcending their usual identification with their limited biological, historical, cultural, and personal self and, at the deepest and most profound levels of experience possible, recognizing/becoming something of vast intelligence and compassion that encompasses/is the entire universe. From this perspective, the ordinary, biological, historical, cultural, and personal self is seen as an important, but quite partial (and often pathologically distorted) manifestation or expression of this much greater something that is our deeper origin and destination.

Limitations

Given that this research study is done *in vivo* limitations are to be expected. A primary limitation is the ability to predict whether women who meet the inclusion criteria would in reality follow through with the expectations for participation. To offset the chance that an inordinate number of co-researchers would, because of the nature of women's lives, have to withdraw from the study the researcher established a three stage process for recruitment. Once individuals responded to a communitywide appeal, they contacted the researcher by email or phone for more information. This was followed by a second email contact that included more details about the nature of the commitment. In all, each co-researcher moved through a series of three contacts before being admitted to the study. Once admitted, they completed the first set of measures and signed an informed consent form two weeks before the first class. These materials were collected at the first class.

Despite the tiered recruitment process, confounds did occur with regard to women withdrawing from the study or having to miss one or two classes. Circumstances in the

experimental population varied and reflected as one would expect the reality of women's lives. Surprisingly, withdrawals occurred in the control population as well. Post-study data analysis revealed that out of 70 women admitted to the study, 55 were able to follow-through in full with participation.

The possibility of "group affect" or "facilitator affect" was considered during the research design of this study. To offset the possible confound of group affect, co-researchers were recruited to participate in a class and not a group, a distinction to rule out the practice of individual sharing as in a psychotherapy group format. Direct interactions did not occur between co-researchers during the guided imagery exercises or the instructional component of the classes. Introductions or reasons for participating in the study were not encouraged by design though this could have occurred outside of class. This purposeful approach was supported by the room arrangement. The facilitator/researcher organized the room with co-researchers seated in three rows facing in the same direction. Co-researchers arrived for each class to a room with subdued lighting, quiet music and a sign-in process. This helped to eliminate or cut down on the amount of individual interaction before class. Confounds did occur starting at week 3, as some co-researchers began to want to more openly share their unique experiences with intuition practice in class. The facilitator/researcher addressed this by offering supportive listening while limiting the amount of time available for reporting. Qualitative findings indicate that sharing direct experience was helpful though to what degree it effected results are unknown (see Qualitative Findings, Chapter 4.). Some co-researchers with specific questions about their practice or experiences would also wait until after class or

contact the facilitator/researcher by email. These interactions were limited and focused specifically on reviewing material that had been presented in class.

Not surprisingly, individuals drawn to a study whose topic is intuition are likely to have a higher than average degree of sensitivity. This was considered in the research design and addressed directly in the informed consent form with regard to possible side affects or negative outcomes. While this was not reported as the case by any of the co-researchers who completed the study, it was noted by some that a “positive effect” occurred after being in the presence of “positive energy” in a room filled with women choosing to be in the same place at the same time to learn together about intuition, women’s health and spiritual well-being. This finding is briefly addressed in the Discussion section.

To address the “facilitator affect”, a PowerPoint slide presentation was designed for this study. [See Appendix C for the slides.] This approach was intended to provide co-researchers with past and current theory on intuition as it relates to women’s health, women’s psychology and development and women’s spiritual well-being. The intention was to provide a context in which participants could “see beyond” the researcher to other contributors in the field of intuitive development as well as CAM, conventional medicine, transpersonal psychology and energy medicine in relation to women’s health, specifically to depression in women. In this way the approach as a whole was aimed at assisting co-researchers with expanding their awareness inward and at the same time, outside of themselves, beyond the direct affect of what was happening in the room. As one might expect in a class on intuitive development, the instructional component encouraged some co-researchers to rely on their logical or left-brain preferred mode of learning. This led,

on occasion, to some asking an overabundance of detailed questions in an effort to understand intuition “logically”. This was a persistent trend for women who appeared to be the least comfortable or familiar with tuning in to their bodies. The researcher/facilitator addressed those with an over identification with the mind directly, using humor, gentle coaching and reassurance first by answering their questions. This was followed by redirecting them “back into their bodies” while also encouraging them to let “any worries, thoughts or concerns that may be lingering to float above you as on a cloud”. Confounds with regard to the impact of the facilitator’s teaching style, tone of voice, pace and experience as a group facilitator suggest the need for future research replicating use of this model.

Finally and unexpectedly, the co-researchers wanted more information specific to women’s depression and intuition. Since the volunteers recruited for the study were blind to the researcher’s specific interest in a transpersonal energetic understanding of women’s depression, depression as a topic was presented for the first time only after they had been recruited. The goal, as has been previously stated, was to advance understanding about intuition in relation to women’s health and spiritual well-being. The objective was to determine whether information as well as direct practice and personal insights would affect their perceptions, test scores, outlook and actions. None of the volunteers for the study were specifically recruited because they were depressed or had experienced depression. However, some individuals were referred to the study by health or mental health professionals. The researcher had no way of knowing in advance how many women in the study would score as mildly, moderately, severely or not depressed at all. To address requests for additional information about depression and intuition that

emerged during the study, the facilitator/researcher created slides for the last class (see Appendix C). As collaborators in the research process, these requests were considered valid given their equal status as co-researchers.

Since this was a gender-specific study, it should be noted that this factor does limit the ability to generalize outcomes for men and to women of other cultures. It is also important to note that random self-selection resulted in an unrepresentative sample of women in a certain age range and with a variety of health conditions interested in the topic of intuition as it relates to women's health and spiritual well-being.

Chapter 1 Endnotes:

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- ¹ Daniel J. Benor, M.D., *Consciousness, Bioenergy and Healing* (Medford, NJ: Wholistic Healing Publications, 2004), 5.
- ² Ibid.
- ³ William Braud and Rosemarie Anderson, *Transpersonal Research Methods for the Social Sciences* (Thousand Oaks, CA: SAGE Publications, 1998), 82.
- ⁴ Benor, *Consciousness, Bioenergy and Healing*, 5.
- ⁵ Ibid., 7.
- ⁶ Carol Gilligan, *In A Different Voice: Psychological Theory and Women's Development* (Cambridge, MA: Harvard University Press, 1982), 22.
- ⁷ Christiane Northrup, M.D., *Women's Bodies, Women's Wisdom* (New York: Bantam, revised 1998), 25.
- ⁸ Weston H. Agor, *The Logic of Intuitive Decision Making: A Research-Based Approach for Top Management* (Westport, CT: Greenwood Press, Inc., 1986), 15.
- ⁹ Gilligan, *In A Different Voice*, 6.
- ¹⁰ Ibid., 5.
- ¹¹ Ibid., 6.
- ¹² Ibid.
- ¹³ Rudolph Ballentine, M.D. *Radical Healing* (New York, NY: Three Rivers Press, 1999), 432-437.
- ¹⁴ Ann Nunley, Ph.D., e-mail message to author, June 15, 2007.
- ¹⁵ Patricia Norris, Ph.D., e-mail message to author, June 14, 2007.
- ¹⁶ Roberto Assagioli, M.D., *Psychosynthesis* (Amherst, MA: The Synthesis Center, 2000), 192.
- ¹⁷ Rollin McCraty, Ph.D., Mike Atkinson and Raymond T. Bradley, Ph.D., "Electrophysiological Evidence of Intuition: Part 2. A System-Wide Process?" *The Journal of Alternative and Complementary Medicine* 10, no. 2 (2004): 325-336.
- ¹⁸ Assagioli, *Psychosynthesis*, 193.
- ¹⁹ Ibid.
- ²⁰ Larry Trivieri and John W. Anderson, eds., *Alternative Medicine: The Definitive Guide* (Berkley, CA: Celestial Arts, 2002), 201.
- ²¹ Jenny Wade, *Changes of Mind: A Holonomic Theory of the Evolution of Consciousness* (Albany, NY: State University of New York Press, 1996), 7.
- ²² Ibid., 219.
- ²³ *Webster's New Riverside Dictionary* (New York: Houghton Mifflin Co., 1984), 364.
- ²⁴ Janice Langan-Fox and Debbie Ann Shirley, "The Nature and Measurement of Intuition: Cognitive and Behavioral Interests, Personality and Experiences," *Creativity Research Journal* 15, no. 2 & 3 (2003), 207.
- ²⁵ Milton Glaser, "Measuring Intuition," *Research Technology Management* 38, no. 2 (1995).
- ²⁶ Definition of intuition. <http://www.m-w.com/cqi-bin/dictionary?book=Dictionary&va=intuition> (accessed online 4/17/2006).
- ²⁷ Arthur S. Reber, "Implicit Learning and Tacit Knowledge," *Journal of Experimental Psychology: General* 118, no. 3 (Sept. 1989), 220.

CHAPTER 2: REVIEW OF LITERATURE

Where are the new doctors of the soul? Consciousness is the last and latest development of the organic, and is consequently the most unfinished and least powerful of these developments. Every extension of knowledge arises from making conscious the unconscious. The great basic activity is unconscious. For it is narrow, this room of human consciousness.

Nietzsche

The review of literature has been organized to present an evolution of thinking in the last quarter century on intuition and spiritual awareness in relation to women's health. As the review progresses, the reader is asked to imagine weaving, as in a tapestry, several threads to create a whole. In the process, a more holistic point of view about the relationship between intuition, women's health and spiritual well-being is developed. Research from the fields of women's psychology, women's development and women's health converge with new thought on health and intuition. Additional strands are then woven into the emerging thesis with a review of women's biomedical mental health research on depression. This section serves as a counterpoint to the one that follows on intuition theory and research. The intuition research section precedes a summary that incorporates a transpersonal energetic perspective on depression. The review as a whole is designed as an attempt at a recombination of what Kessler termed "pre-existing mediating processes."¹ Because in the end all learning to some degree is cognitively controlled, the distinction to choose between blind learning and learning by way of holistic comprehension was a conscious one.² This study argues when women fail to recognize or choose to avoid their intuition, often out of fear, depression among other things is often a consequence. The literature review reflects a synthesis of several

knowledge domains and asks the reader to reconsider the relationship between intuition, women's health and spiritual well-being.

Section I: Women's Minds, Bodies and Spirits

This section is organized to provide the reader with a context in which to locate the topic of women, depression and intuition by looking first, as if from above, onto the landscape that has shaped and influenced the lives of contemporary women.

Psychology of Women: Intuition as a Natural Skill

Jean Baker Miller, M.D., educated at Columbia University, practiced psychiatry and psychoanalysis extensively over a forty year period. Dr. Miller became the first director of the Stone Center for Developmental Studies at Wellesley College. Her seminal work, *Toward a New Psychology of Women*, has been published in over twenty countries.³

Within feminist, organic and narrative approaches to research there has been a common emphasis. Historically, this emphasis has been one of honoring the voice of the other person, particularly that of the previously underpowered person or member of a previously underpowered group. In 1970, Jean Baker Miller, M.D. conducted research from this point of view as women began to express concern over how their activities were affecting those close to them, particularly when they began to “act for and by themselves.”⁴ Interested in women's subjective experiences and seeking to identify the real issues affecting women's lives, this new type of research sought to describe women's lives in the terms in which they were being lived rather than by categories that had been

inherited.⁵ *Women had developed their own set of psychological qualities that while valuable were going unrecognized.* Dr. Miller argued that as a result of a confluence of influences the new woman had inadvertently modeled herself after man. In differentiating a psychology of women, Dr. Miller and others proposed that underdeveloped and distorted views of women's skills and qualities had been, up until this point, interpreted, influenced or created by men.⁶

This type of close study of women was groundbreaking. A call for new, more appropriate categories, words and assumptions influenced previously well-guarded perceptions about women. Miller and others postulated that with the study of women's specific psychological development, better understanding of all psychological development, particularly the more obscure aspects was possible.⁷

Because norms for a culture tend to be determined by those in power, expressions or actions outside those norms often have been rejected or labeled as atypical.⁸ Historically, initial expressions of dissatisfaction, upset or anger by women taking direct action in their lives have resulted in economic hardship, social ostracism and psychological isolation – even the diagnosis of a personality disorder or atypical depression.⁹ Miller observed that women often have resorted to disguised and indirect ways of acting and reacting in order to survive.¹⁰ She and her colleagues argued that as women learned to become highly attuned to those in power, inherent skills of *intuition* were adapted, allowing them to become better able to predict reactions so as to assure their relative safety.¹¹ With this adaptation, Miller suggests *women often came to know more about others than they knew about themselves.* “If a large part of your fate depends on accommodating to and pleasing, you concentrate on this. Indeed, there is little

purpose in knowing yourself when knowledge of others, particularly those perceived as in power, determines your life.”¹² It is here Miller suggests the “long story of [understanding] feminine intuition begins. It seems clear that these mysterious gifts are in fact skills, developed through long practice, in reading many small signals, both verbal and non-verbal.”¹³

Miller’s supposition at first glance appears to suggest that intuition emerged as a skill out of a need. Yet women’s history of oppression, often in dire circumstances, suggests instead that well honed skills of survival were due in no small part to their natural use of intuition. Intuition, as a quick and expedient form of knowledge was fast, effective and reliable. Yet if it were true that women often knew more about others than they did about themselves, how to explain their ability to develop and use this inner knowledge despite their external circumstances?

The effects of contemporary culture appear to be a prime suspect in women’s disconnection from their natural use of intuition. Miller’s observation that women often knew more about others also underscores what this study suggests is still true – that women’s strong bias towards affiliation is an undervalued and misunderstood strength. In contemporary culture, this drive for affiliation appears to cost women their health [see statistics in Women’s Biomedical Mental Health Research]. This response pattern is noted most significantly in women whose connection to self is compromised by their tendency to over function for others as they dare to also achieve for themselves. Should they not be able to handle it all, they not only risk self- judgment but worse judgment from other women. Their health may be compromised particularly when signals from their intuition and body symptoms are ignored. From Miller’s perspective, when

knowledge of others determined women's lives and societal norms limited the range of women's actions and interactions, women were more likely to *lack a realistic evaluation of their capacities and problems*. A response pattern resulting in diminished self-awareness and self-knowledge. This reality she suggests was further compounded by the tragic absorption of untruths, most often about themselves and their unique qualities and skills.¹⁴

Historically, it is widely accepted in the literature that oppression has impacted women's ability to realistically assess their self-worth. As a result, many came to believe untruths about their inequality with men. In extreme cases, some women became suicidal or reported feeling "possessed" particularly if their inability to cope with stress or trauma found them acting as a "shrew" and unable to uphold the ideal of the stereotypical good wife.¹⁵ Untruths about women have resulted in a great deal of violence and harm to them. Internalized over time, particularly if alternative concepts were not available, generations of women absorbed and transmitted these limiting and negative concepts to their daughters. With the devaluation of women as subordinate, intuition as a valuable and respected form of knowledge suffered due to its association as a womanly skill. In fact, women particularly skillful at psychic attunement to their environments have in most cultures been revered or reviled. This study posits that remnants of these negative beliefs live on today as evidenced by the difficulty women still have with allowing and trusting intuition as a natural reliable skill.

Miller's thesis is a reminder that progress for women has varied depending on circumstance. Within her scholarship lies a reminder that the oppressed often inadvertently imitate the oppressor. Women have and some still do mistreat each other

while forsaking their own identification with other women, sometimes overtly but most often inadvertently due to conditioning.¹⁶ Women's devaluation of intuition requires an understanding of this aspect of their history. In addition, Miller's point appears as relevant today as it did when she first wrote it, that those who take risks seeking alternative ways of being, risk flying in the face of their conditioning.¹⁷

Psychological Theory and Women's Development: Intuitive Development in Girls

Carol Gilligan, Ph.D. is considered a pioneer whose work reframed contemporary understanding of what it means to be human.¹⁸ Her research has focused on the inclusion of women and girls' voices and as a result has significantly changed the paradigm of psychology. Her scholarship continues to open up new ways of thinking about education and mental health.

Published in 1982 *In a Different Voice: Psychological Theory and Women's Development* Gilligan observed that conventional psychological theory was contributing to recurrent problems in the interpretation of women's development. Differences observed between genders had become identified as problems in women. A practice, she perceived, resulted in the repeated exclusion of women from critical theory-building studies.¹⁹ Her research highlighted a range of subtle and not-so-subtle disparities. Fellow researcher Nancy Comoro had by this time already challenged the masculine bias in Freud's psychoanalytic theory. Comoro argued girls emerge from their early experience of individuation with a basis for empathy built in to their primary definition of self.²⁰ Comoro noted that often female identity formation takes place within the context of a primary caretaker that is typically female. As females, girls experience themselves as like their mothers/female caretakers thus fusing the experience of attachment with the

process of identity formation.²¹ As a result, girls are more likely to emerge in adolescence with a *stronger basis for experiencing another's needs or feelings as their own*. In other words, because daily care is typically given by a person of the same gender, girls are more likely to experience themselves or appear as less differentiated than boys.

Cultural ideals of masculinity and femininity have historically been defined through rites of passage. For males these rites typically involve a period of separation from family and community and for females, through rituals of entering a community of women. Comoro and others suggest that cross-culturally male gender identity is more apt to be threatened by intimacy while female gender identity is more likely to be challenged by separation. A finding suggesting females may be more likely to experience problems with the cultural expectations of individuation.²² As early sex differences tend to extend into latency, pressure to individuate may be missed as a critical factor in understanding the early onset of depression in young women.²³ [see Women's Biomedical Mental Health Research on depression onset and adolescent females.] It also suggests when girls who have had their identity development linked to attachment mature into adulthood; they may appear to *come to know themselves as they are known through their relationships with others*.²⁴ Hence the common finding in depressed adult women of reporting they do not know what they feel or think or in extreme situations, who they are (identity crisis). Women's strong bias for affiliation and over-identification with other-directedness appears to inadvertently inhibit skill development with inner-directedness, an important skill in intuitive (spiritual) development. The resulting imbalance between other-directedness and inner-directedness, this study argues, has contributed to the

pathology of women's experiences of depression leading women to perpetuate limiting and negative interpretations onto themselves.

Gilligan's research exposed what happens to women when they do not conform to standards of psychological expectation.²⁵ Her studies on moral development and gender revealed critical philosophical differences. What constitutes moral problems for girls emerge when girls experience a conflict between what they perceive are competing responsibilities. For boys, problems emerge when they are asked to choose between competing rights. In adulthood, Gilligan perceived gender differences on the concept of morality perpetuate. For women, morality becomes an "activity of care" that centers moral development on understanding their responsibility to relationships. *When given a choice, women tend to choose relationship and connection over their own needs.* As prior theoretical constructions of moral development for both men and women had been derived from a model of human rights, Gilligan's observation was an important and new distinction separating women from men. Prior conceptualizations in fact had *emphasized separation rather than connection* and consideration of the individual rather than the relationship as primary.²⁶ From a male perspective, women's morality of responsibility appeared as inconclusive and diffuse. Gilligan argued without a larger context in which to locate women's moral arguments, men's tendency to favor decision-making based on competing rights inadvertently *overlooked women's strong bias for affiliation.* This a key point to highlight as this review progresses for without a larger context in which to locate women's psychological, moral and spiritual development, other aspects of their lives risk being misinterpreted or mislabeled as atypical, disordered or outside the norm.

Rather than highlight differences Gilligan instead chose to shift the argument to one of interpretation.

Gilligan's research also revealed the existence of a distinct moral language among girls and women that corresponds with their evolving moral development. Distinctions between being selfish and being responsible persist today, with women often defining a moral problem as one of *obligation with the need to prioritize care and to avoid hurt*.²⁷ Moral development for girls appears to progress along a continuum. Young girls initially focus on caring for the self in order to survive. This followed by a transitional phase in which *self-care is judged as selfish*. Self is then linked with others into a concept of responsibility with *goodness equated with caring for others*.²⁸ Gilligan's ethic of care observed women collectively had absorbed cumulative knowledge about human relationships around a central insight – *that self and other are interdependent*.²⁹ In other words, being good equals caring and caring for others feels good (literally – see Women's Biomedical Mental Research section on the link between oxytocin and maternal bonding.)

Yet this over identification with being good has its confusing aspects and is of particular relevance to women's depression. Being depressed sometimes involves feeling angry, sad, scared or hopeless. Feeling negative emotion does not feel good. Feeling anger or sadness, particularly around those in women's care is a confusing experience for women, leading some to repress uncomfortable feelings altogether. Even more confounding, issues of adulthood and femininity can be difficult to integrate, particularly when responsibility to self flies in the face of cultural conditioning. "Good" girls receive approval; angry or selfish girls do not. The concept of adult power to "good" girls who

grow up to be “good” women also, at least initially, appears to lack the cultural ideals of feminine compassion and sensitivity.³⁰ To be caring *and* empowered feels impossible to achieve without serious cultural sanctions, real or imagined. Some women may become out of balance and stretched in their devotion and duty to care. Depression, as an unconscious reaction to this dilemma, is shaped in part from inner conflict with inherited beliefs out of sync with inner values.

Currently depression is reported and diagnosed twice as much in women as men. Miller and Gilligan’s research is revisited now in part because their scholarship underscores the value, thirty years later, in looking closer when *women’s experiences fail to fit existing models*.³¹ Is the biomedical diagnosis of depression as it is currently understood an accurate one? From a transpersonal point of view, does biomedicine adequately consider all aspects contributing to its genesis? In Gilligan’s model of a different voice, the emphasis as it turned out was less about gender and more about locating previously misunderstood themes. So too this study will argue about the misunderstood relationship between blocked intuition and depression.

Central assumptions made about any research study run the risk of reductionism. To offset this risk, Gilligan paid close attention to how women actually talked about their lives by listening to the language they used and by observing what connections they made to reveal what they saw and how they acted.³² By studying excerpts from interviews, Gilligan captured a more accurate representation of women’s development.³³ Her approach serves as a reminder that some of the most valuable and useful contributions to a “postmodern holistic and deconstructed point of view” include the recognition that aspects of reality at any point in time may have been constructed.³⁴ This study, in its

attempt to contribute to a “postmodern transpersonal point of view” about the relationship between intuition and depression, sees benefit in the recovery of truths and values from an earlier point in time. Acceptance of non-sensory perception (intuition) as valid, formerly valued in pre-modern thought and practice, allows for its creative synthesis into medicine in the 21st century.³⁵ Intuition, holistically integrated, becomes a natural resource for individuals and their health practitioners to engage in the creation of health and well-being.

Any holistic healing approach that seeks to integrate mind, body and spirit generally supports the possibility of spiritual healing as an aspect of reality. This level of perception embraces the potential for healing of the body in no-time or chiros time. In contrast, fundamental assumptions in most of Western developmental psychology remain focused at the individual or local level of consciousness. This approach tends to perpetuate a perception of human development in which the evolution of an individual is governed by an incremental progression over time.³⁶ Within this orientation, there is less room for other considerations including the notion that development of self is derived from a greater order and that time as it is understood is constructed.³⁷ When Western psychology and other knowledge domains only examine intuition for its value in efficient decision-making, the concept of intuitive development as a vehicle for achieving higher stages of psychological development and spiritual attunement is overlooked.

Wade’s holonomic premise³⁸ offers an appealing alternative in that it redefines the concept of development altogether. It also provides a larger context in which to locate intuition and intuitive (spiritual) development. The process of personal development becomes an illusory pattern. Since nothing passes out of being in a

holonomic universe, the forward movement of individual development over the life span works much like a hologram. Infinite amounts of information processed or “transduced” gives expression to a reality beyond the body and mind.³⁹ In other words, all is in a state of “what is” so that paradoxically while an individual appears to be developing a partially realized self, they do so “enfolded” within the Absolute or Eternal Self. Intuitive information, rapidly processed, gives the illusion of stability and connection (continuity of self) over time. Subjective intuitive experiences when validated and accepted by the individual as being ontologically grounded may be one way in which “the explicate order becomes manifest through the consciousness of living beings.”⁴⁰ In this study, several co-researchers reported subtle shifts occurring within and around them during and after the experiment. They also recorded a wide range of synchronicities, environmental cues that validated inner experiences, sensory signals and sudden flashes of intuitive insight. Subjective though these experiences may be, they lend credence to the value in exploring them in the context of a more expansive transpersonal point of view about human development, human consciousness and about spiritual healing.⁴¹

Women’s Bodies: Symptoms as Messengers

The women’s health research movement emerged in the U.S. in the 1960’s. Its genesis shaped in part from gender inequities acknowledged as existing in other social systems. In medicine, this focus called for women to have for the first time more direct access to information about their reproductive health and sexuality.⁴² In 1985, a Public Health Task Force on Women’s Health released a report that provided evidence of under representation or exclusion of women in federally funded clinical studies.⁴³ By 1991, the National Institutes of Health had funded the Women’s Health Initiative (WHI), a large-

scale multisite study addressing the role of hormone replacement therapy (HRT), lifestyle, diet and vitamin supplements in major health outcomes of midlife and older women.⁴⁴ Findings from this study ultimately changed clinical practice and expanded traditional views about the impact of several variables on women's health.

Christiane Northrup, M.D. co-founder of Women to Women health care center in Yarmouth, Maine, past president of the American Holistic Medical Association and women's wellness pioneer, wrote in 1994 that consciousness creates the body. She perceived the physical body as a dynamic energy system affected by diet, relationships, heredity, culture and the interplay between them.⁴⁵ This was a radical departure from inherited traditional medical-model assumptions about women's bodies and women's health. Northrup stressed that healing for women could not occur until they had critically examined cultural beliefs and assumptions they had unconsciously inherited and internalized.⁴⁶ She argued that without conscious integration of these factors, women's inherent ability to create and maintain their health would be severely limited. "Women's thoughts and feelings, even those beneath the surface of their conscious awareness affect their health."⁴⁷ The missing link that would assist them in more closely tuning in to their bodies wisdom and ability to heal was reconnection to what she described as their *feminine intelligence*.⁴⁸

Feminine intelligence or intuition was being introduced into a holistic approach to women's health as a viable lifesaving tool at a time when women were ready to hear it. While science had long based research on observation, experimentation and empirical findings, Dr. Northrup argued *the same was true for women trusting their inner guidance*.⁴⁹ "Only inner guidance and emotions can reliably inform women's

understanding about how and why their bodies act as they do.”⁵⁰ Though this appears to be in conflict with her earlier observation about the power of internalized beliefs and assumptions on women’s health, with conscious awareness and intuitive development, Northrup argued *intuition eventually trumps external influences*.

As a female physician, Dr. Northrup learned firsthand that women’s feelings, intuitions, spirituality and experiences that could not be explained by logic had a tendency to be ignored or discounted by the allopathic treatment community.⁵¹ The same was true for the female body with its cycles and rhythms. Limiting assumptions about women – “that they are emotional and in need of management”⁵² no longer held sway in a holistic approach that honored the wisdom of women’s bodies and emotions. This shift in perception encouraged women to take a more active role in their health and wellness, though for some there would be initial feelings of discomfort. A holistic model of women’s health was for some threatening to their conditioned expectations of conventional medicine.

Unconscious acculturated habits take an enormous emotional and physical toll on women’s bodies and spirits.⁵³ They also take time and conscious awareness to deconstruct. Habits of devotion to efficiency, productivity and guilt about rest inadvertently prevent women from tuning in to their inner guidance and the hidden messages of their emotions and symptoms.⁵⁴ Dr. Northrup argued then and this study agrees, that without intuitive awareness and holistic comprehension, symptoms, illness and disease will remain within the purview of a conventional biomedical pathologizing point of view. When women fail to relate symptom formation to other parts of their lives, many will inadvertently continue to participate in and perpetuate what Northrup called

“the addictive system in medical care.”⁵⁵ “Women’s bodies and their symptoms are their biggest allies. Women’s bodies are a wonderful barometer of how well or not they are living in the present and taking care of themselves.”⁵⁶

Concepts related to the human energy field and the body as a manifestation of spiritual energy, a first for a women’s medical text, were included in Northrup’s 1994 publication. The body/mind continuum was described as that of a “dynamic energy system” affected by and having affects on energy surrounding it.⁵⁷ Women were also introduced to the concept that their bodies are influenced and structured by beliefs. Based in part on the research of C. Norman Shealy, M.D., Ph.D., a neurosurgeon and researcher on spiritual healing and Carolyn Myss, Ph.D., a medical intuitive, Dr. Northrup’s discussion of the body/mind continuum stressed integration of the whole instead of segregation into parts. For her and others in the holistic medicine movement, the healing of distress and disease and the creation of health was simultaneously physical, psychological, emotional and spiritual.⁵⁸

Intuition and Spiritual Awareness

Two years after Christiane Northrup, M.D. published her integrative holistic approach to women’s health, in 1996 Carolyn Myss, Ph.D. published her perceptions of how health is created within a framework that combined universal spiritual teachings and their relation to the human body.⁵⁹ Her point of view had been influenced by the research of Alyce and Elmer Green, Ph.D., among others, in the emerging fields of subtle energies and energy medicine. Myss’ conceptualization integrated symbolic perceptions about the body in relationship to energy and spirituality in the creation of health. Based on a synthesis of three spiritual traditions, Myss creatively explained a framework she

perceived was in place to support the functional integration of spirit into the human body and the mind/brain system. Her model combined the Hindu teachings of chakras as seven distinct energy centers in the body, critical regulators of life energy; the symbolic meaning of the seven Christian sacraments; and the mystical interpretation of the ten Sefirot as taught in Kabbalah, the mystical teachings of Judaism.⁶⁰

Myss' integral approach to understanding health argued that when the energy of the chakras in the body is in alignment with spiritual teachings associated with each chakra, healing has the *option* [italic added for emphasis] to consciously develop. This approach, as perceived by Myss, allows for the conscious integration of spiritual language and spiritual awareness into a framework for health. Unfinished business from the past unconsciously effecting the present, she pointed out, could influence an interruption to the flow of life energy moving through the chakras. If ignored, depression and later illness or diseases were likely consequences of unfinished business. Myss and others since have proposed a direct link exists between the type of life challenge and where it affects the physical body. An observation supported by hundreds of case studies in medical intuition research with Dr. Shealy. In fact, Myss proposes that very little is created randomly when it comes to physical illness. Strong links between physical and emotional stresses and specific illnesses are well documented within alternative medicine.⁶¹ Dr. Myss' research suggests correlations between illnesses such as: heart disease and blocked intimacy or love; low back pain and persistent financial worries; cancer and unresolved connections from the past; and blood disorders and deep-seated conflicts with one's family of origin.⁶²

Myss' ecumenical understanding of universal spiritual truths in relation to personal power and human biology places the creation of health with the individual. However, to achieve this requires learning how to think symbolically about symptoms and illness. For many this necessary shift in perception can be a significant challenge and one not easily achieved without spiritual direction. Intuition and intuitive development assists with learning to think in metaphorical terms. The individual, with practice, learns to move beyond the ego to a transegoic state of awareness by choosing to interpret rather than pathologize symptoms and events. Thinking symbolically awakens greater possibilities. It allows the individual to reorder their interpretation of life events such that they are more open to considering that all experience in the universal human journey is one of becoming conscious of (personal) power and how to use it.⁶³

The perception that spirit is a conscious force within the body opens up for individuals and their healthcare providers' opportunities to integrate spirituality along with other health-promoting behaviors into the creation of health and the manifestation of healing. Myss challenged medical and mental health practitioners to create practical ways to integrate spirit into conventional interpretations of illness such as depression. She also challenged individuals to *develop intuitive abilities with the understanding that the more intuition is used, the more accurate it becomes* [italics added for emphasis].⁶⁴ This study, as a direct response to her challenge, teaches women *how* to recognize and use their intuition in support of their health and well-being. Experiencing clear reliable use of their intuitive impressions is not, for most contemporary women, something they appear to naturally or practically know how to achieve. Nor do many women readily appear to understand how to recognize and interpret their intuitive impressions.

Particularly, as it will later be argued, if their habits of daily living have them far removed from natural settings that historically have nurtured this type of awareness.

Myss believes that desire for a spiritual context to interpret life is universal and there exists in all beings this “relentless congenital desire” to explore individual creative abilities, power and authority in order to become conscious.⁶⁵ In 2007, intuitive impressions and spiritual diagnoses still have limited authority in most of conventional Western medicine and science. Medical schools have been slow to integrate intuitive development into their curriculums though some have in the last decade. Traditionally-trained physicians and mental health professionals tend to withhold their intuitive impressions from their patients, perpetuating the split between mind, body and perceptions about illness.⁶⁶ Because professionals withhold the results of their own internal guidance, they fail to model for their patients the value in reliably developing and integrating this type of subjective knowledge. In doing so, this type of practice would be more likely to yield holistic diagnosis and treatment options inclusive of complementary and alternative approaches to healing.

Becoming conscious requires stamina. Loss of energy as yet cannot be measured which leaves biomedicine unable to validate the idea of an energy dysfunction. However, before the body produces a physical illness, energy indicators such as prolonged lethargy and depression do alert practitioners and individuals that there is a loss of vitality underway. Alternative therapies including the use of intuition to interpret the bodies’ messages hold promise so long as the essential ingredient is the active involvement of the individual.⁶⁷

Women's Brains: Emotions, Intuition and Depression

Intuition as a form of knowledge does not take the place of intellectual and technical skills. Instead it adds a much needed dimension that validates women's unique ways of thinking, feeling and being in the world.⁶⁸ In 1998, Dr. Mona Lisa Schultz published *Awakening Intuition* followed by *The New Feminine Brain* in 2005. Her work is of particular relevance to this study as it is uniquely positioned to serve as a bridge between her conventional background and scientific training in brain science and the complementary with her skill as a medical intuitive. Her research on emotions, the brain and the brain/body connection informs her thesis on what she perceives is the development of a new feminine brain.⁶⁹

Though initially counterintuitive, Dr. Schultz suggests women begin to look to their moodiness and depression to develop their intuitive skill. She proposes that women's brains are changing as the result of internally experienced pressures in response to external opportunities unique to this time and culture.⁷⁰ In other words, because women have greater options, they may inadvertently be suffering from information overload and internalized pressures to do and be it all. Historically female brains have been by virtue of their unique wiring typically smaller by 10% than male brains with more connections between cells.⁷¹ The corpus callosum, which connects the two brain hemispheres, is larger in women. These basic structural differences may help explain why women appear to be more intuitive. In reality however, it is likely a matter of how women and men actually access their intuition. Schultz suggests these structural differences may also explain why attention, memory, mood and anxiety are challenges unique to changes in the female brain.⁷²

Because women's brains have a natural tendency towards more connections between cells, a capacity for greater ease with integration of simultaneous events has women appear to handle several tasks at once. It is not that men are not capable of multitasking, but rather women are better wired for it. On the one hand, this natural ability in women to process several incoming signals as a whole gestalt is part of their intuition's genius. On the other, Schultz argues this capacity can take its toll on women's memory and attention.⁷³ For some women Dr. Schultz perceives as genetically susceptible, the new feminine brain with its prolific network of neural connections can be more vulnerable to depression, mood disorders and anxiety. This vulnerability factor however is not a pre-determination that depression will occur. In others, there may be an increased risk for obesity, eating disorders, hormonal and reproductive problems and immune system disorders.⁷⁴ Some women may also experience a unique challenge specific to life that entails a high degree of social pressure and a fast pace. "Women are twice as likely to suffer from depression, anxiety and other mood disorders as men – with different wiring, comes different susceptibilities."⁷⁵

Schultz' research states that connections in the new female brain proliferate and change over time. This occurs in response to stimulation in new and/or more challenging environments. The brain's capacity for plasticity – the growth of new connections – in women is further influenced by hormones, among other factors, which shape and turn on and off the brain's development.⁷⁶ Repeated changes in hormone levels during menstruation, pregnancy, childbirth and menopause may help the female brain to develop its characteristic extensive pathways between cells. More pathways may also emerge as a result of medical treatment, birth control pills, hormone replacement therapy and

treatments for infertility and cancer.⁷⁷ In a sense, it may be the more neural pathways that develop, the greater the ability to adapt to change.⁷⁸ But hormones alone do not fully explain the changes occurring in women's brains. Despite this capacity for growing extensive neural pathways, it appears there are additional factors to consider as to why women more than men experience depression.

Men's and women's brains differ in their capacity to shift attention to what needs to be in the center of their awareness.⁷⁹ It has already been established that women's brains have more connectivity, less segregation of function between hemispheres and functionally are influenced by hormone levels. Schultz postulates that in the last few decades an increase in testosterone in women has occurred as the result of an increase in social status leading to a more "masculinized" brain style superimposed over traditional female circuitry.⁸⁰ Dr. Schultz suggests more neural pathways may actually mute the right hemisphere's life saving body awareness. In other words, *intuition becomes segregated as an adaptation to modern life* [italics added for emphasis]. Contemporary women appear to be losing touch with their built in intuitive guidance system because of dissociation from the body. As women lose touch with their intuition, the cost appears to be an increase in symptoms including depression. Any short term gains achieved in learning to dissociate may actually increase women's chances of health problems later.⁸¹ Schultz urges the *overdevelopment of intuitive skill* [italics added for emphasis] as one way to offset this adaptive behavioral response to societal pressures on contemporary women.

Other factors appear to be influencing the increased development of depression, panic and anxiety in women. Schultz states that because the new feminine brain is

“hyper connected” women feel emotion in “almost everything they think, say or do.”⁸² With hyper-connected brains suffused with emotion, it is no wonder that a generation of women with empathy naturally built in to their identity formation have difficulty recognizing their own intuitive impressions. Feeling what others are feeling (empathic attunement) contributes to this dilemma, causing women even greater difficulty in identifying their emotions separate from what others may be feeling. Emotions in general tend to interfere with intuitive receptivity such that intuitive impressions that occur simultaneous with a flood of emotion are difficult to recognize. The left-brain hemisphere, as an adaptation to modern life, may actually mask a right-brain feeling by expressing its opposite emotion. Women to maintain career goals, preserve social status or the integrity of relationships, may end up acting one way when in fact they feel another. Hiding or repressing emotions and censoring intuition may keep the peace but diplomacy sometimes puts women at a disadvantage.⁸³ Since neither the unexpressed emotion nor the intuitive guidance is attended to, the body is more likely to react in the form of a symptom.⁸⁴ “Good” women are particularly unlikely to express an emotion if it involves a risk or threat to a relationship or career. Schultz strongly suggests that if these emotions are ignored, their repression will be transferred later into depression, anxiety, panic or worse, a serious illness or disease.⁸⁵

This study proposes that women will have to choose to reclaim their intuitive skill consciously as an act of self-care. Historically, women’s capacity to adapt to a wide range of demands and environmental pressures while remarkable has also come at a price. Dr. Schultz stresses that contemporary women need look no further than their symptoms or illness in order to reconnect with vital lifesaving and life enhancing intuitive

information.⁸⁶ More importantly, studies such as this one offer women an opportunity to *learn how to tune in* before an illness or symptom even develops. Caroline Myss echoes a similar perspective though one tempered with caution that “there are no simple formulae for deciphering the hidden messages behind a symptom or an illness.”⁸⁷ Women can however learn to do this for themselves by developing, through observation and practice, their own unique “dictionary” of intuitive symbols and impressions.

Highly skilled intuitives such as Myss, Schultz, Judith Orloff, M.D. and Marcia Emery, Ph.D. provide a great deal of insight about the body’s ability to readily perceive the emotions of another. In fact, many skilled intuitives point out that in some cases experiences of confusion, depression, manic tendencies and co-dependent behaviors may instead be artifacts related to picking up on others’ emotions. These experiences may lead to inappropriate pathology of intuitive individuals.⁸⁸ Since highly sensitive individuals have a tendency to sense or feel a great deal, chaotic or highly emotionally charged situations can be too much to absorb and manage. Without conscious awareness, their mood and/or behaviors may be affected as an adaptive response. Since the body does not know what it feels is not real, it will adjust its chemistry to compensate for the emotions that are projected and received. This is of particular concern when the emotional field being absorbed is negative and potentially harmful.⁸⁹ This phenomenon suggests repeated exposure to negative situations directly impacts health and severely limits reliable intuitive receptivity.

Culture, Women and Intuition

To possess a sociological imagination is to understand a larger historical narrative in terms of its meaning for the inner lives and external careers of individuals. It also

enables one to grasp history and biography and the intersection between the two.⁹⁰

Assumptions about intuition, women and culture are imagined in this investigation from a sociological point of view.

The legacy of intuition's fall from conscious practice is unconsciously expressed in contemporary society when women and men find themselves dichotomized in how they think and access knowledge. Either/or thinking, polarizing points of view and reductionism all point to areas where intuitive thinking⁹¹ fell into disuse. For women in particular, two key factors appear to have played a significant role in their renunciation and devaluation of intuition as a natural skill: the Judeo-Christian cosmology and modern science. The former expressed most specifically in the denunciation of values and practices considered feminine or womanly. The latter with its contributions to the mind/body split, the notion that disease is the enemy, that medical science is omnipotent and the female body is abnormal.⁹²

History records that countless women endured a great deal of physical and emotional violence, even death, as a response to fear of their perceptual skills. Skills perceived up until the 18th century as a threat to the church or as an expression of evil as in witchcraft. The question of how women came to be identified with practices and a mentality that were not, by any logical inference, in their own best interest remains as an unfortunate legacy of their mistreatment.⁹³

No adequate explanation of intuition and its devaluation is separable from an explanation of human origin. As a cross-cultural standard, intuition cannot usefully be discussed outside the "ecology of natural, terrestrial domains."⁹⁴ To suggest the disappearance of intuition, like the rest of primal nature, because it was not valued codes

intuition as an endangered quality akin to the qualitative difference between “a forest and a tree farm.”⁹⁵ It may be more appropriate to view intuition as a type of intelligence whose origin and engagement happened best in the natural world.⁹⁶ Part of how intuition gets overlooked in a postmodern world can be better explained by the “absence of a somatically integrated intelligence” in living modern life.⁹⁷ Ancient ceremonial sites are the royal road to understanding this concept and their place in history reminds us that for intuition’s return as a safe and valued aspect of our intelligence, surroundings “convivial to its substantiation and development” are needed. For in the restoration of intuition as a reliable skill, we are what we intuit. In other words, intuition as a means to spiritual awareness reminds us that we are above all spiritual beings in physical form. “Our nervous systems can become the equivalent of a tree plantation instead of a Druid’s grove. Having surroundings convivial to the development of intuition is one of the surest ways to *bring intuition back to health* [italics added for emphasis].”⁹⁸

Section II: Women’s Biomedical Mental Health Research

This section is organized as a review of biomedicine’s current understanding of women’s depression. It is presented as a counterpoint to the preceding section as well as to the one that follows.

The field of women’s mental health has evolved into a distinct area of biomedical research.⁹⁹ In recent years, mental health research has also expanded to encompass the study of sex and gender differences in the prevalence and clinical manifestations of

mental disorders. Psychiatric epidemiological findings have contributed to a wide range of theory development but tools to test the theories adequately have begged the question of what other factors may help explain these perceived sex and gender differences.¹⁰⁰ The field has only recently seen the ascendancy of a biomedical disease model that emphasizes social and cultural influences on health outcomes. However, analytic methods are predominantly stressed to explain biological and behavioral mechanisms as the fundamental underlying features to sex and gender differences in mental illness. Depression is chief among those disorders explained from this point of view.

From a biomedical point of view the etiology of depression is currently thought to be the byproduct of biology and society, in that both may make women more vulnerable to mood disorders.¹⁰¹ Depression is reported to be more common in women than men worldwide. In the United States, the ratio is reported to be two to one.¹⁰² It is believed that women receive a diagnosis of depression more often than men because they are more likely to acknowledge the symptoms. It is also a conventional medical position that women are three times more likely than men to become depressed in response to a stressful event. Epidemiology studies indicate that males experience more events that could be considered as potentially traumatizing than do females. Nonetheless, to explain this epidemiological pattern, some have suggested that early experiences of sexual abuse, more common in females, sensitize sexually abused females to respond to subsequent stressful life events more adversely than nonabused females or men.¹⁰³ Depression is identified as the main cause of disability in women; one out of eight women will have an episode of major depression at some time in her life. Women also are reported to have higher rates of seasonal affective disorder (depression associated with a decrease in

daylight), depressive symptoms in bipolar (manic-depressive) disorder and dysthymia (chronic mild to moderate depression). The higher prevalence of depression in women is attributed to higher risk of first onset not to differential persistence or recurrence.¹⁰⁴

Advances in neuroscience have led to the emergence of a disease model of mental illness as a “brain disorder.”¹⁰⁵ This paradigm shift began with the discovery in 1953 of the antipsychotic effects of the drug chlorpromazine on dopamine receptors in the brain.¹⁰⁶ Neuroscience identifies mental conditions such as depression as “fundamental disturbances in brain neurochemistry and function, *despite differing clinical manifestations* [italics added for emphasis].”¹⁰⁷ As a result, the subjective experience of depression remains beyond the purview of neuroscience. In women’s biomedical mental health research, social and cultural influences on depression while acknowledged are viewed from a health disparities perspective.¹⁰⁸ A perspective, when applied to women, that views them as members of a racial/ethnic group.¹⁰⁹

Gender and Depression

In 2001, a renewed emphasis on the biology of sex differences contributed to the predominance of a biomedical definition of depression in women. Although gender differences first emerge in puberty with adolescent girls twice as likely to become depressed, changes in sex hormones that occur later - during pregnancy, menopause, during use of oral contraceptives and hormone replacement therapy - do not significantly influence the experience of major depression in adult women.¹¹⁰ This finding among several others points to the need for more expansive points of view about understanding and defining what the experience of depression is for women. Dr. Kessler in the Dept. of

Health Care Policy at Harvard Medical School has argued that chief among needed investigations are those poised to explore the joint effects of biological vulnerabilities with “environmental provoking experiences.”¹¹¹

An Institute of Medicine report has cited “substantial evidence of the role of sex hormones in male-female differences in the brain¹¹² as key contributors influencing sex-typed behavior, cognitive abilities and gender identity.”¹¹³ The report also pointed to evidence of sex differences at the cellular and molecular level.¹¹⁴ These sex differences, believed to be present in chromosomes, somatic cells and organ systems, are purported to significantly impact health and development.¹¹⁵ How these sex differences specifically contribute to the onset of depression remains unknown. Research is lacking on the impact sex differences may have on the efficacy of pharmacological interventions, drug interactions and toxicity.¹¹⁶ As a result, the prescribing of depression medication generally does not take gender into account.

Clinical manifestations of mental disorders are generally perceived to differ between men and women although this depends on the point of view of the observer. Explanatory theories for these gender differences currently provide only weak or partial validation of research outcomes despite gender differences yielding the most widely reproducible findings across age cohorts and cultures.¹¹⁷ Depression is the best studied in this regard, with the majority of studies citing women as more likely than men to experience symptoms of depression on a seasonal basis (season affective disorder); women with depression are more likely than men to have “atypical” symptoms (hypersomnia, overeating, leaden paralysis and rejection sensitivity); and more likely

than men to have comorbid anxiety, somatoform and eating disorders. Men on the other hand are more likely to have co-occurring substance abuse disorders.¹¹⁸

A growing consensus is that neuroscience is the cornerstone of mental health research. This orientation has contributed to a biomedical disease-oriented model of women's mental health that identifies any occurrences of mental illness as *disorders*. This approach emphasizes the role of predisposing biological factors and pharmacological treatments to correct neurochemical imbalances in the brain believed to manifest in behavioral disturbances.¹¹⁹ In the biomedical model, behavioral treatments are often viewed as alternative methods to achieve corrections in brain function.¹²⁰

Theories about Depression and Gender

Freud is perhaps the most historically influential theorist on the origins of gender differences in mental disorders. Following a wave of feminist writing in the 1960's his "anatomy as destiny" conceptualization fell from favor though his psychodynamic theory persists today in clinical practice. Remnants of which may be seen when variations in normal behavior are pathologized and diagnoses are based on hormonal changes in women.¹²¹ Learning theories based on controlled animal studies have also contributed to views about the personality being shaped by environmental factors. This orientation is one that in particular questions whether depression is an adaptive, learned response. Gender role acquisition is often cited as well as an example of imitative learning.¹²² Gender role socialization as an explanation however, when viewed from a more critical lens, reveals underlying institutional and social bias.¹²³ How this bias translates into depression treatment for women will be discussed later.

Developmental psychology has tended to place a great deal of emphasis on gender development as a “special case of unidirectional socialization”, paying little attention to the temperament of the individual.¹²⁴ Gender differences in so called normal and psychopathological behavior has tended to consistently place males and females on opposing ends of “externalizing and internalizing dimensions”.¹²⁵ The internalizing cluster of traits for women tends to be identified as socio-emotional, expressive and interpersonally oriented. Males tend to score higher on an externalizing cluster of task-oriented and instrumental behaviors. This tendency towards polarization extends to the characterization of gender differences in psychiatric diagnoses.¹²⁶

Other developmental theories are postulated about women and depression. Biomedical research describes major depression in women as a “multifactorial disorder with several etiologic variables interrelated through developmental pathways”.¹²⁷ In a study that gathered data over a nine year period from 1,942 adult female twins, a developmental model was constructed in an effort to predict depressive episodes.¹²⁸ Eighteen risk factors in five developmental tiers were considered. Findings suggested that the development of risk for major depression in women emerges from three broad pathways: internalizing symptoms, externalizing symptoms and psychosocial adversity.¹²⁹ The model was able to explain up to 52% of the variance in liability for risk of experiencing a major depressive episode. The authors of the study cautioned that while the results were plausible, problems with causal inference, retrospective recall bias (the subjects were interviewed over time) and the limitations associated with a “purely additive statistical model” underscored the reality that major depression in women is etiologically complex to predict.¹³⁰

In a 10-year longitudinal study of the development of depression in adolescents, small gender differences first began to emerge for females between the ages of 13 and 15.¹³¹ Using constructed diagnostic interviews administered five times over a ten year period, the greatest increase in gender differences occurred between ages 15 and 18 for females. There was no gender difference for depression recurrence or for depression symptom severity.¹³² Despite empirical evidence that preadolescent boys are more likely to be depressed than preadolescent girls, sometime in adolescence a switch occurs such that “girls are twice as likely to be depressed as boys.”¹³³ This finding suggests that the age period between 15 and 18 may represent a critical time in the early life course when risk for depression onset is greatest, particularly for females. It has also been suggested that sex hormones may have a role, although findings of hormone-mood correlations during pubertal transition are inconclusive.¹³⁴

Experimental cognitive psychology’s theoretical contribution to understanding depression reintroduced the concept of mental structures, conceived of as “stable trait-like predispositions” to explain differences in cognitive vulnerability to depression.¹³⁵ Formed in development and based on learning, later theorists in the field have proposed an integrative developmental theory of gender difference in depression. This approach cites differences in socialization, stress and “gender-typical cognitive structures” to explain the existence of gender differences in depression.¹³⁶ Nolen-Hoeksema (2000) has gone so far as to propose gender differences exist in susceptibility to “stressful life-event based depression” based on a tendency to ruminate.¹³⁷

It has been traditionally postulated that there is a relationship between anger and depression that is different in men and women.¹³⁸ It has been hypothesized that women

tend to suppress anger, only to have it manifest in other forms of negative affect (e.g. depression, anxiety or guilt).¹³⁹ It has also been hypothesized that expressing anger is more difficult for women because of its incompatibility with the feminine gender role.¹⁴⁰ Despite the intuitive appeal, empirical studies have not generally proved supportive. A long held belief among clinicians that depression may actually represent anger turned inward however has found support in several empirical studies.¹⁴¹ These findings fueled the belief that suppressed anger and depression may be more strongly related in women than men. However, empirical studies examining gender differences in anger suppression, anger expression and depression have yielded mixed findings.¹⁴²

Psychiatric diagnoses continue to prevail in a biomedical model of mental health. Consider the explosive growth in the number of mental disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) from 60 in 1952 to 361 in the DSM IV.¹⁴³ An increasing tendency to *pathologize* variations in human behavior and responses to life events has accompanied this increase. Gender bias in the diagnosis of mental health disorders in women has also accompanied criticisms of the DSM. This is particularly evident in criteria for personality and mood disorders as well as atypical depression. The DSM IV defines depression around a cluster of symptoms occurring within a specific timeframe that represents a change from previous functioning: markedly diminished pleasure or interest, feelings of worthlessness, excessive guilt, difficulty concentrating, tearfulness, sleep disturbance, significant weight change, fatigue or loss of energy, depressed mood and suicidal ideation.¹⁴⁴

The diagnosis of depression and PMS (premenstrual syndrome) in relation to the female menstrual cycle has been criticized for pathologizing normal female biological

functions and contributing to gender stereotypes. Lack of attention to *context* and a tendency to blame the individual for responses to distressing social conditions persists. It is estimated that approximately 60% of depressed women experience premenstrual exacerbation of their depression.¹⁴⁵ The diagnosis of pre-menstrual dysphoric disorder or PMDD was revised in 1994 and in 2000 the FDA added legitimacy to the diagnosis with its approval of a remarketed drug, fluoxetine for treatment.¹⁴⁶ Some have characterized these types of diagnoses applied to women as “oppression artifact disorders.”¹⁴⁷ This is evidenced by the interpretation of findings associated with postpartum depression and for some women, postpartum psychosis. Because research has yielded no significant association between onset and psychosocial stressors, researchers postulate that biological factors are operative. However, to date there is little evidence that estrogen replacement in affected women makes a difference.¹⁴⁸

In 1990, a case control study found no significant difference between childbearing women and their non-childbearing controls in the incidence of depression.¹⁴⁹ Other research has found no increased incidence of depression postpartum as compared to pregnancy. In fact, it is estimated that up to half of all depression diagnosed postpartum has in fact had its onset during pregnancy or prior to conception.¹⁵⁰ For midlife women, a population study found no evidence, despite prevailing beliefs, that perimenopause was a time of increased risk of depression.¹⁵¹

Perhaps the most perplexing of all depression diagnoses for women is atypical depression. A term first used in the 1950’s after psychiatrists noticed that for some depressed individuals who happened to be women, a certain type of medication (tricyclic antidepressants) was not effective. Instead MAOIs (monamine oxidase inhibitors) a class

of antidepressant drugs that prevents the breakdown of neurotransmitters, offered greater relief. What appeared to be a gender-specific response to medication eventually led to a new DSM category classifying these women and their symptoms as *atypical* (outside the norm.) A list of shared characteristics, many of them physical, accompanied the new classification: heaviness in the arms and legs; a tendency to oversleep and overeat; feeling worse in the evening; intermittent sadness but able to cheer up momentarily in response to sympathy, compliments or a visit from a child.¹⁵² Many had phobias, panic attacks and several premenstrual symptoms. The clinical profile was perceived as atypical in that most depressed individuals were understood to be more constantly sad, would awaken early rather than oversleep, feel worse in the morning and eat less rather than more.

The atypical features of mood reactivity (the capacity to cheer up momentarily), increased appetite or weight gain, excessive sleep (day or night), leaden paralysis and a pattern of extreme sensitivity to personal rejection, even when not depressed are diagnosed in about 20% of depressive episodes and are two to three more times more common in women.¹⁵³ As defined, atypical depression is believed to have an early onset (before age 20), is chronic in nature and individuals with these features fail to respond to antidepressants. Biomedical research has proposed various possible biological explanations including low corticotrophin releasing factor necessary for cortisol release during stress.¹⁵⁴ Low CRF has been associated with chronic fatigue syndrome, seasonal affective disorder and postpartum depression – all diagnoses that produce atypical symptoms of depression. Atypical depression has also been linked to personality. An individual, typically female, who has an “inadequate emotional immune system” is

thought to be more likely to develop symptoms of all kinds under stress.¹⁵⁵ The longer the depression lasts, as it often does in atypical depression, the more it begins to look like a reflection of personality. Rejection sensitivity, an identified feature to the diagnosis, may for inexperienced clinicians resemble a personality trait rather than a mood.¹⁵⁶ Though this diagnosis has turned out to be neither reliable nor valid, this is due primarily to lack of agreement on a set of symptoms that clearly define its etiology and treatment. As a result, atypical depression does not currently dictate any particular treatment. Long-term psychotherapy with limited benefits from antidepressants is thought to be useful but little data exists to support this supposition.¹⁵⁷

Stress and Depression

The biological impact of stress in animals and humans has been well documented in the literature. The activation of the “fight or flight” response is understood to have a cascading impact on multiple biological systems including the neuroendocrine and nervous systems.¹⁵⁸ Depending on variables such as intensity, duration and developmental stage, stress is thought to bring about both reversible and potentially irreversible changes. “Continuous stress, especially when there is “no exit,” when the individual is unable to act, and is forced into a helpless, hopeless stance, is the result of excess cortisol. It is this biochemical sequence that creates the problem, the depression, the mood and the behavioral changes. Excess cortisol is implicated in many conditions, and is one of the strongest immune suppressors”.¹⁵⁹

In clinical depression, these changes are manifested behaviorally as alterations in memory, affect, motivation, sleep, cognition, appetite, sociability and activity level. Some researchers have suggested that sex steroids would help modulate the biobehavioral

effects of stress.¹⁶⁰ However direct causal studies on the influence of sex steroids on the modulation of stress in humans is sparse. It has been hypothesized that males and females differ in their characteristic coping styles with stress. Taylor et al. (2000) noted at times of stress, females are more likely than males to “tend and befriend” and males are more likely than females to fight or flee. It is hypothesized that these gender differences can be traced to the biological impact of oxytocin, secreted in both males and females under stress, on their stress responses.¹⁶¹ Oxytocin, occurring at higher levels in females, plays a key role in the initiation of labor and behaviorally has a calming effect. In males, it is hypothesized that its effect is reduced by testosterone.¹⁶²

Biodeterminism: Genetic Theories and Depression

The impact of genetic factors to explain gender differences in the prevalence of depression is a commonly held perspective in biomedicine. In the twin study previously mentioned, direct comparison of correlations between monozygotic and dizygotic twins was not carried out but reference was made to previous “well known genetic influences on neuroticism, anxiety disorders, conduct disorder and substance abuse.”¹⁶³ The interpretation of findings suggested that early-onset anxiety and neuroticism were two key variables anchoring the “internalized developmental pathway” for young women who later develop depression.¹⁶⁴ The externalized developmental pathway was believed to be similarly anchored by conduct disorder and substance misuse. Several childhood risk factors contributed to the third, the adversity pathway: disturbed family environment, childhood sexual abuse, parental loss, low educational attainment, lifetime trauma, low

social support, history of divorce and interpersonal difficulties. Genetic risk factors for major depression were postulated to contribute to all three developmental pathways.

In a genetic linkage study of 81 families where major depression was a factor, researchers identified 19 regions of chromosomes that were particularly common in the families and “therefore likely to contain genes that promote depression.”¹⁶⁵ Four of these regions were found linked only to depression in women and only one region to depression in men. These findings suggest that there may be a greater number of “distinct genetic mechanisms” in the causal path to depression in women but most researchers agree that it is not genetics alone that tell the story. In the Zubenko study, even though more than 80% of women who inherited a particular variant of the CREB1 (cAmp responsive element binding protein) gene developed depression, it is unknown how often this gene shows up in the general population. Of particular interest to researchers was the discovery that CREB1 interacts with estrogen receptors, though details of this relationship remain unknown. CREB1 gene expression has been found to be altered in postmortem brain tissue of depressed and suicidal individuals and in animals treated with antidepressants.¹⁶⁶

Social and Cultural Perspectives in Biomedical Mental Health Research

Social causation approaches in women’s mental health research tend to be less disease-oriented and more focused on health promotion and prevention.¹⁶⁷ This perspective tends to examine features to women’s lives that enhance or undermine their health and well-being. Differences among women with regard to racial/ethnic group values, experiences of discrimination, job opportunities, and barriers to education and

health services are understood as major contributors to variability in health outcomes.¹⁶⁸ More recently, this health disparities perspective has become highly influential in biomedical research. As a result, a public health perspective on depression in women is emerging and raising awareness. However, this study argues focusing exclusively on biomedical data is not enough to provide a holistic understanding of depression in women. In addition to economic status, social position, education, family roles, legal rights and trauma history, adverse social conditions worldwide have a disproportionate impact on females.¹⁶⁹

Social construction perspectives on mental illness have been somewhat influential in biomedicine. Foucault, White, Epston and others have contributed to a postmodern deconstructionist movement critical of narrow marginalizing descriptions and categories used to explain behaviors and “symptoms of living.”¹⁷⁰ However, these types of conceptualizations are more commonly found in academic psychology, graduate schools of social work, women’s studies departments and in some writings focused on medical practice and biomedical research.¹⁷¹ More about their perspectives are included later in the Discussion section.

Sensory Sensitivity and Depression

Gender differences in sensitivity, particularly those linked to environmental stress are being considered in biomedical research. This is due in part to recognition that affect dysregulation is often a prominent component of many mental “disorders.” This has led to research on sex and gender differences in emotional processing.¹⁷² To date evidence of brain-based processing of positive and negative emotions in males and females has found evidence of heightened female orientation to negative stimuli during self-induced

positive and negative affective states.¹⁷³ Empirical evidence also indicates that females are more reactive than males to a number of distressing visual stimuli and to pain. These studies imply that this enhanced brain activity in women suggests a “possible neural basis for gender differences in vulnerability” to phobias, anxiety disorders, posttraumatic stress disorders and clinical depression.¹⁷⁴ This makes sense given the history and impact of trauma on women. It also provides an important clue that trauma likely impacts women’s natural ability to access their intuition (right brain body awareness) and why the overdevelopment of intuitive skill is called for as an antidote.

To examine if unipolar depression influences hemispheric processing of emotional stimuli, researchers selected positive and negatively valenced words to be assessed by depressed, remitted depressed and never depressed participants.¹⁷⁵ Study results suggest that the right hemisphere is particularly sensitive to the affective semantic content of emotional stimuli.¹⁷⁶ Individuals who have experienced depression show an advantage when processing negatively valenced words while never depressed individuals show an advantage for positive words. The pattern of results may be viewed as evidence in support of a right hemisphere dominance theory of emotion. It also suggests that clinical depression appears to exert a significant and sustained influence on the manner in which individuals judge the affective content of words.¹⁷⁷

Much of the research cited in this review section has been conducted and funded by the National Institutes of Health. There is considerable ongoing interest in expanding women’s mental health research in basic and clinical neuroscience, epidemiology, risk factors, intervention and services with a particular focus on developing appropriate pharmacological and behavioral interventions.¹⁷⁸ The 2000 Summit on Women and

Depression highlighted awareness in both clinical and research communities of the public health impact of depression on women. In 2005, an evidence-based review from the Agency for Health Care Research and Quality reported on the prevalence and treatment of perinatal depression, a condition identified as “an important cross-cutting condition affecting multiple aspects of maternal and child health.”¹⁷⁹ While there is some evidence to support the efficacy of psychotherapy and/or antidepressants as treatments for women with perinatal depression, the number of controlled studies to date is insufficient to support development of treatment guidelines.¹⁸⁰

Section III: Intuition Theory and Research

The following review section reflects a range of commonly held perceptions about intuition from a wide variety of disciplines. There are, as is to be expected, conflicting perspectives. The reader is reminded that with few exceptions research involving intuition has for the most part been grounded in an uncritically accepted linear temporal framework. These attempts at explanation have tended to break down intuition into its varied dimensions despite general agreement that it is holistic as a type of knowledge.

Definitions and Concepts

The concept of intuition is frequently identified as evolving from either the field of mathematics, as in the idea of an axiom, a “self-evident proposition that requires no proof” or from mysticism, as in a revelation, a truth that “surpasses the power of the intellect.”¹⁸¹ A frequently held definition of intuition is “a way of knowing...recognizing the possibilities in any situation, the power of knowing, and a quick or ready apprehension.”¹⁸² In general, researchers have not agreed on the definitive nature of

intuition in part because of its subjective status. There have been a wide range of approaches brought to the study of intuition from a variety of disciplines. A major obstacle to its study is in actually defining the concept of intuition in order to operationalize it effectively for study.¹⁸³ In this study, intuition is understood as a form of knowledge that is reliable, expedient and accurate. It is impersonal, holistic and provides individuals with greater access to an array of creative solutions. In combination with rational thought, intuitive knowledge provides holistic comprehension.

Jungian psychology has focused on rational versus intuitive decision making and cognitive psychology on the similarities between intuition and implicit processing of tacit knowledge. Others have explored intuition in relation to personality, interests, handedness, gender and race.¹⁸⁴ Intuition is most commonly understood as a product of both flashes of information received as images, thoughts, symbols or words and feeling cues. These feeling cues, different from emotions, are body-centered and neutrally experienced. Examples include a sense of peace or calmness (vs. a feeling or sense of agitation) that comes into conscious awareness in relation to a specific event or decision-making process. In this example, agitation as a feeling cue would clue the individual to be cautious before proceeding while the sense of calm/peacefulness would indicate it is safe to proceed. Intuitive decision-making is most frequently understood as evolving from the capacity to integrate information coming from both the left and right sides of the brain.¹⁸⁵ Research in the last few years suggests that intuitive processing may go beyond the brain and be a system-wide process.¹⁸⁶

When used in combination with other incoming information, intuition has been identified by some researchers as a highly *rational* [italics added for emphasis] decision

making process. Use of the terms rational and logical in conjunction with intuition can be misleading and underscores the limitations of language in arriving at an accurate and holistic understanding of intuition. Fully developed, it is a highly efficient way of knowing that is fast, reliable and accurate.¹⁸⁷ As a practical tool for decision making, the use of intuition reduces unnecessary delays, improves efficacy and with practice, increases a sense of mastery,¹⁸⁸ important for building self-esteem. Insights about its function have emerged in recent years into mainstream disciplines such as education, psychology and business.

The latent or passive aspects of intuition are typically identified as perceptual skills. These include the skill of subliminal effect – knowing what something is after minimal exposure to it; perceptual recognition – the ability to locate a hidden object in a complex picture; positive perceptual discrimination – the ability to distinguish one thing from another (as in having several items flashed before you and you are asked to recall what you see); negative perceptual discrimination – the same skill in reverse (which items did you not see); synthesis or Gestalt insight – the ability to see elements that construct a whole; time flow estimation or pretension – the ability to register time quickly and to know how long something takes to get to a certain point; retrieval memory – the ability to take in a complex scene and remember specific details; passive imagination – the ability to generate images spontaneously; psycho-osmosis – a skill that enables you to know the unknown (e.g. surviving a flood when no one has taught you how).¹⁸⁹ Labeled as input skills in intuitive development, they are considered passive and static. They are internally experienced and can occur without outside activation from environmental stimuli.

On the other hand, ideational or output skills are considered to be activated in conjunction with some type of external stimulus. Output skills associated with intuition include: active imagination – the kind of imagining stimulated by pictures; anticipation or foresight – the ability to know what happens next; optimal timing of an intervention – knowing when the time is ripe for something new to be introduced; the hunch – seeing a solution to a problem before it is fully understood; the choice of the best method – demonstrating rationally the truth of a hunch; the choice of the best application of a discovery; hindsight – use of empathy and identification in order to divine the cause of things; associative and dissociative matching – the ability to synthesize cognitions; seeing the meaning of things – a skill associated with symbolic thinking.¹⁹⁰

Some researchers have suggested that intuition was likely the only form of organized preverbal intelligence.¹⁹¹ Logical (left-brain) speech-promoted intelligence is thought to have evolved at the expense of experiential-based instinct, distilled into contemporary culture as intuition.¹⁹² Typically processed unconsciously, intuition could be considered as the intelligence of every day life. Researchers interested in understanding the essence of good decision-making have identified intuition as the essence of common sense.¹⁹³ Epistemologically, intuition is consistently described as holistic and as an insight-oriented type of knowledge that favors inductive reasoning.¹⁹⁴ Intuition often overlaps conceptually with insight. Insight involves sudden and unusually clear awareness. In the context of problem solving, several researchers surmise intuition may actually precede insight.¹⁹⁵

Attempts at a unitary definition of intuition have focused primarily on its outward properties or the phenomenal experience of intuition, both of which vary depending on

the context in which intuition has been studied.¹⁹⁶ Most contemporary descriptions of intuition denote fragments of intuitive processing and tend to be directed towards somatized emotion experienced as a “gut feeling”.¹⁹⁷ These emotional traces suggest that intuition, as an unconscious process, can be called up or activated through more overt practice and learned recognition.

Intuition is most often conceptualized in the literature as a form of vague and tacit knowledge. The creative aspect of intuition has been described as “a vague anticipatory perception that orients creative work in a promising direction,”¹⁹⁸ a phenomenological perspective in that it points to the subjective nature of the experience. Scientific intuition is referred to as “a metaphorical [read: symbolic] seeing of the phenomenon searched for or an anticipatory perception of its shape or its gross structure.”¹⁹⁹ Empirical research of intuition suggests the notion of a creative intuition as “coherent, well-grounded and empirically testable.”²⁰⁰

Implicit Learning and Intuition

In the fields of cognitive psychology and human information processing, intuition exists as a nonconscious cognitive process that functions in a rapid, highly structured, logical manner.²⁰¹ According to these researchers, nonconscious cognitive functions such as intuition appear to operate according to highly structured, efficient algorithms, or rules. These rules are believed to be acquired nonconsciously in a process called implicit learning.²⁰² Intuition that seems to be generated in a mysterious, incomprehensible manner is, according to some theorists, in reality the end product of an orderly, efficient, nonconscious cognitive operation based on implicit learning.²⁰³ Bowers, Reber, Lewicki

and others suggest that intuition is activated automatically by the perception of environmental stimuli. These are then processed nonconsciously by “scanning the memory via mnemonic and semantic networks” for relevant information to find coherence or a pattern. As patterns of incoming stimuli are recognized and increasingly associated with stored memory, information is recombined and reformulated. The actual intuition occurs and is then consciously experienced when this recombination of information builds up to sufficiently cross a threshold into the conscious mind.²⁰⁴

Intuition is sometimes referred to as lateral thinking. Unlike analytical processing, intuitive processing is not sequential and forward-moving but instead moves sideways.²⁰⁵ As “data” is downloaded (received through the senses) from a variety of typically unconscious input and externally triggered output skills, intuitive processing appears to resemble not so much an assembly line but an alchemical process. Intuitive thought has been described as characteristically synthetic, difficult to verbalize, simultaneous and related to imagery. These nonverbal dimensions of intuition are commonly perceived as sensory impressions and memories such as sounds, odors, or visual images encoded as nonverbal experiential phenomena.²⁰⁶ Right-hemispheric processing, most often associated with the physical location of intuition in the brain, has been described much the same: as synthetic, nonverbal, simultaneous and related to imagery.²⁰⁷

The cognitive component of intuition refers to thoughts that occur during an intuitive process. Although most often described as an unconscious process, intuition is perceived in the literature as distinct from conscious processes such as reasoned analysis. Some researchers have suggested that intuition involves implicit cognitive processing.²⁰⁸

This may be in the form of facts, knowledge and beliefs – what is called tacit knowledge – that provides the foundation for implicit processing.²⁰⁹ Research to assess the cognitive aspects of intuition typically utilizes problem-solving or associative tasks.²¹⁰ The cognitive aspect of intuition implies that intuition can be trained or expanded without excluding the possibility that the source of intuition is innate.²¹¹

A number of measures purport to tap the cognitive aspects of intuition. Wescott's Test of Intuitive Ability consists of 20 problems containing fragments of related information. Intuitives taking the test often are willing to make inferences based on little data.²¹² Some authors have noted a positive correlation between intuitive abilities, expertise and level of experience. Because use of intuition relies on pattern recognition and association with data accumulated in memory over time, intuition is in part a product of experience.²¹³

The Behavioral Component of Intuition

The behavioral component of intuition consists of an individual's readiness to respond or act in an intuitive manner.²¹⁴ The Myers-Briggs Type Indicator (MBTI®) is the most widely used measure of intuitive traits. The scale of 26 items measures creative and predictive aspects of behaviors associated with being intuitive. The measure does not appear to tap into the individual's actual use of intuition nor does it assess for the affective or emotional aspects of intuition. More importantly, as a reliable tool, the measure has its limitations as it may inadvertently lead respondents to answer items in a socially acceptable way or "as they would like themselves to be."²¹⁵ Weston Agor found this to be true when his behavioral measure of intuition revealed that participants worried that peers would not understand how intuition could be reliable for decision-making. As

a result, they hid their abilities from each other on the job.²¹⁶ Subjective social norms may still influence accurate reporting on individual use of intuition, particularly on the job in decision- making.

Many areas of daily functioning are believed to be influenced by intuition and to benefit from intuition, especially in decision making.²¹⁷ Jung's research on intuitive managers and their use of intuition on the job, found those most skilled tend to see new possibilities in any given situation. Intuitively skilled managers also have a greater sense or vision of what is coming in the future, are adept at generating new ideas and providing ingenious solutions to old problems. According to Jung, intuitive managers have a tendency to deal more effectively with rapid change, crises and highly complex decision-making situations.²¹⁸

Nursing research has identified the fundamental importance of intuition as an integral part of comprehensive patient care.²¹⁹ Although some aspects of intuition may be hard wired through evolution, intuition as a direct perception can be developed through education and extensive, deliberate practice with appropriate models.²²⁰ Several authors in the field have described intuitive perception in nursing practice as the ability to experience elements of a clinical situation as a whole; to solve a problem or reach a decision with limited concrete information.²²¹ Pattern recognition, similarity recognition, commonsense understanding, skilled know-how, sense of salience and deliberative rationality are the key characteristics of intuitive judgment in a model of nursing skills acquisition.²²² "Patient intuition" has also been emphasized by experienced nurses as an important variable to good care. One study linked good care with patients having intuitive nurses.²²³

There remains a lack of applied research on intuition. However, research in several disciplines has helped to expand scientific understanding of intuition by quantifying its effects. Concrete examples of when intuition is most applicable is believed to be in situations where there is a high level of uncertainty; where there has been little previous precedent to inform how best to proceed; with variables that are vague and less “scientifically” predictable; when there are limited facts or available facts are not pointing the way forward; with analytical data of little perceived use; when considering the long-term effects of actions; when there are several plausible solutions; and in time-limited situations when there is pressure to arrive at an accurate decision.²²⁴ Evidence that intuition is a teachable skill has found its way into mainstream publications in business and education.²²⁵ Some researchers have argued that contemporary social and environmental crises have contributed to a need to reclaim intuition “back into the fold of the wider spectrum of human intelligence.”²²⁶

Thinking that is primarily fact-based, deductive and analytical has its limitations. Analysis naturally fosters dichotomy between objective and subjective data by “separating or breaking up” any whole into its parts.²²⁷ This type of thinking also tends to be less sensitive to circumstance, complexity, contradictions and variability in human nature, particularly in relationships.²²⁸ Schultz, Myss, Northrup and others believe it is simply not enough either to rely on lesser developed versions of intuitive thinking in order to remain healthy. To counter the effects of contemporary living, they recommend the overdevelopment of intuitive skill which naturally supports women’s return to somatic awareness. When combined with logic and reasoning, this level of holistic comprehension now more than ever may be lifesaving for many women. However, for

some women, time pressure, low confidence and difficulty with relaxation will impede effective development and use of their intuitive ability.²²⁹

Emotions and Intuition

The literature indicates openness and acceptance of all emotions is requisite to being successful in recognizing which feelings, sensations and imagery associated with intuition are giving correct cues.²³⁰ This level of discernment is an important aspect of intuitive skill development as certain negative emotions are known to distort intuition. Blame, criticism, judgment and fear block the natural flow of intuition. Pure intuition comes from love centered in the heart.²³¹ This is a pure feeling experienced without judgment. The subsequent intuitive insights are not attached to any emotion; they have an objective, detached and impartial quality.²³² When intuition is experienced without an expected outcome and is impersonal, it is genuine.²³³ Intuitive awareness typically occurs best when one is in a relaxed state and calm environment; with practice, as the individual learns to comfortably assume a state of “focused attention without striving”, intuition is fostered. Examples include walking in nature or driving while experiencing a sudden flash of information related to a work dilemma. The literature identifies a range of common signals when intuitive cues are in support of a situation. These include a gestalt of information received as a whole, experienced positively as a sudden “knowing”; an internally felt sense of calmness or what is typically described as an overall sense of peace. When a particular decision or situation may not be in the individual’s best interest, common intuitive signals may include a felt sense of agitation or a sinking feeling in the gut. The most common obstruction to discerning and trusting intuitive signals may be a lack of confidence in one’s intuitive ability.²³⁴

In a study on the effects of emotional states on the ability to make intuitive judgments, findings indicated that induction of a positive mood state reliably improved intuitive coherence judgments. Subjects in a negative mood performed at chance level.²³⁵ A reliable relationship with intuition is enhanced when positive emotions are fostered. Negative or neutral states appear not to block intuition altogether but impact whether the individual is able to engage their intuitive skill. Fear, overwhelming emotions and stress distorts thoughts and feelings which tend to inhibit intuitive accuracy and confidence in intuitive ability. Researchers postulate positive mood states increase feelings of optimism which potentates the “spread of activation to weak or remote associates in memory”, thus improving the individual’s ability to tolerate basing a judgment or decision on a vague feeling of coherence.²³⁶

By contrast, negative mood states may increase pessimism and reduce confidence, making individuals more cautious and less likely to rely on intuitive impressions.²³⁷ Contrary to this hypothesis however, happy and sad participants in one study showed virtually identical confidence in their intuitive judgments. This led researchers to expand their thinking to consider that *mood serves an informational function*.²³⁸ Mood indicates whether a situation is benign or problematic thereby tuning cognitive strategies to meet the appropriate situational requirements.²³⁹ Should positive mood signal the absence of problems or obstacles, it “may inform the organism that there is no risk in engaging in intuitive, holistic, or creative modes of thought.” By contrast, a negative mood usually indicates the presence of conflicts, problems, or dangers and may signal that a more analytic problem-solving mode of processing is required.²⁴⁰

Research is limited on the measurement of whether one's affective state inhibits or enhances use of intuition. A 12-item self-report scale, Faith in Intuition with a reliability of .77 measures engagement and confidence in one's intuitive abilities.²⁴¹ Results suggest that intuition is significantly enhanced by association with individuals experiencing positive emotions.²⁴² Close friends and family may be facilitators of intuition, suggesting that the context in which individuals are most likely to have intuitive feelings might be in positive emotional and positive personal situations.

Assuming mood influences cognitive activity and behavior in systematic ways, it appears comparatively little is understood about intuition and the deliberate regulation of affect. Some have postulated individuals may be willing to regulate affect towards a neutral state in order to achieve specific tasks though doing so takes more energy.²⁴³ There is consistent evidence that individuals in a positive mood are known to perform better on creativity tasks than those in a negative mood. A finding which suggests that perhaps choosing a mood state is a learned skill.²⁴⁴ A transpersonal perspective on moods associated with chronic depression points to the questions: to what extent does consciousness and the freedom that marks it, have the power to construct and sustain the thinking, feeling and behaviors that are called depression?²⁴⁵ Is depression in part both an unconscious and a learned stress response with all of its associated thoughts, feelings and behaviors? Is depression among other things the result of an unconscious adaptive response to disconnection from intuitive wisdom? For individuals prone to negative thinking and mood states, openness to creative and intuitive ways of knowing may require more effort. Even in a neutral or negative mood however, intuitive skill development is likely to foster a positive shift in affect.

In 2005, Dean Radin and Marilyn Schlitz investigated whether the gut feelings of an individual, as measured by an electrogastrogram (ECG), would respond to the emotions of a distant person. Using twenty-six (26) pairs of healthy volunteers, statistically significant results demonstrated an increase in response to the emotions of a distant person, beyond the influence of ordinary sensory interactions.²⁴⁶ The study concluded that relationships commonly reported between gut feelings and intuitive hunches may share a common, though poorly understood, perceptive origin.²⁴⁷ The findings also suggested that some somatic feelings may be associated with perceptions transcending ordinary sensory capabilities. A “belly brain” is perhaps more perceptive than previously suspected. Common reports of gut feelings having special intuitive qualities may have a basis in fact.²⁴⁸

Intuitive Capacity

The capacity to intuit appears to distill into two classes: the lower level skills of perception (such as the ability to estimate the passage of time) and higher level cognitive or ideational skills such as foresight (the ability to experience a forward thought). At the highest level is the ability to perceive whole patterns and general laws (as in seeing the meaning of things).²⁴⁹ The ability to codify tacit knowledge – insights received from intuition and experience – has been particularly challenging for researchers.²⁵⁰

The measurement of intuition has been pursued in several areas of everyday decision-making. Agor successfully generated statistically significant data on the use of intuition in the workplace by utilizing diagnostic testing to identify intuitive capacity, level of intuitive ability and application of intuition in managers.²⁵¹ Nursing, molecular psychiatry, cognitive psychology, applied cognitive psychology, neuropsychiatry,

education, consumer and consciousness research have all attempted to measure various aspects of intuition. At best, research to date has sought to isolate the cognitive component of intuition by examining thoughts that occur during the intuitive process. These have typically been assessed using problem solving or associative tasks. Research interested in how affect impacts use of intuition is commonly measured utilizing self-reports on one's ability to engage and be confident in his/her intuitive abilities. The behavioral component of intuition, assessing one's readiness to respond or act intuitively, has been most often measured using an intuitive trait scale.²⁵² The challenge for researchers to determine is whether these instruments measure more than one dimension of intuition since intuition as a holistic type of knowledge is experienced as a system-wide process.

Intuition and Gender

Research findings strongly indicate that there are differences in performance and strategy in implicit learning between individuals.²⁵³ No sex-related differences have been found to exist on intuition simply because everyone has the capacity to be intuitive. However the amount of intuition explained by cognitive style and visual dominance has, at least in one study, differed by handedness and gender.²⁵⁴ These findings suggest that certain dimensions of cognitive style may be related to performance but neither measure of cognitive style was clearly associated with hemispheric dominance. The complicated relationship between dominance and cognitive style with intuition suggests the differences are in cognitive organization.²⁵⁵

A common perception is that women are more intuitive than men. More likely, features unique to girls' and women's psychological development contributed to this

artifact of interpretation.²⁵⁶ Findings at the Institute of HeartMath in 2004 suggest there are gender differences in intuitive processing.²⁵⁷ However, researchers in the field agree that intuition is democratic. Everyone has the capacity for being intuitive though not everyone will use intuition and not everyone who applies their intuitive skill will use it equally. Though no one personality type favors intuition, certain elements of personality such as rigidity or openness influence the use of intuition as a reliable skill.²⁵⁸

The nature and existence of individual differences has been explored extensively by studying relationships between the sensing-intuiting scales of the Myers-Briggs Type Indicator®. Jung's (1926) theory of psychological types differentiates individuals based on their preference for one of two modes of perceiving information – the perceiving mode of intuition via the unconscious in terms of associations and connections is in contrast to the sensing mode of intuition which focuses on receiving via sensory data.²⁵⁹ The Jungian perceiving mode of intuition is not synonymous with intuition as understood by Reber, Lewicki, Bowers and others. Research findings using the MBTI® indicate differences do exist in the use of intuitive strategy and performance. Intuitive types are more likely to report a strategy of using intuition. Sensing types are more likely to rely on explicit knowledge to make a decision. Intuitive types, not surprisingly, are more accurate than sensing types with use of their intuition.²⁶⁰ While both types have the option to utilize intuitive knowledge, individual preferences will influence the speed and accuracy of its use.

Research that seeks to explain differences in intuitive capacity and preference, primarily by studying the brain, has found renewed interest. In 1985, a study utilizing Westcott's Test of Intuitive Ability was found not to support the hypothesis that there is a

link between hemispheres in the brain, gender and intuitive performance. Neither measure of cognitive style (sensing or intuiting) was clearly associated with hemispheric dominance. Visual or aural dominance was not related to better intuitive performance though it had been hypothesized that left visual field dominance would be. Researchers also surmised that a more “imaginal” cognitive style would result in better intuitive performance though this proved not to be the case.²⁶¹ Westcott’s measure was postulated to be too narrow, masking the more subtle aspects of characteristics normally associated with the intuitive process. Others suggested the over-emphasis on cognitive style may have inhibited intuitive performance in the subjects.²⁶² Verbal processing does not always help memory and some studies have demonstrated attempts to articulate reasons for intuitive judgments can have a disruptive effect and reduce the quality of intuitive decision making.²⁶³ However, Westcott did find clear individual differences in the amount of information required to solve a problem intuitively existed. Simonton (1980) hypothesized the differences between “high and low intuitives” lies in the nature of their existing associations with words and concepts.²⁶⁴

Intuition: A System-Wide Process?

Interaction of various hemispheric processes in the brain may only be part of the intuitive process.²⁶⁵ The Institute of HeartMath investigated the temporal dimension of intuition by designing a study to demonstrate that the body can respond to an emotionally arousing stimulus seconds before it is actually experienced. Primary measures were skin conductance, an electrocardiogram (ECG) from which cardiac decelerations/accelerations (ERP) were derived and an electroencephalogram (EEG) from which “cortical event related potentials and heartbeat-evoked potentials (HBEP)” were derived. The research

design was devised to investigate when and where in the brain and body intuition information is processed.²⁶⁶

Incorporated within the study were two propositions. The first postulated that the body's psychophysiologic system receives and processes information about a future event before the event actually happens. The second proposition was based on previously established scientific data that the phenomenon of nonlocal communication is an accepted fact.²⁶⁷ The study challenged previous assumptions in neuropsychology that the mind is emergent from the brain.²⁶⁸ Physiological coherence with no meditative practice was first measured followed by 15 minutes of a Heart Lock-In Technique which combines intentional heart focus with the self-generation of positive genuine emotion. This practice, previously shown to induce and maintain a coherence mode between heart and mind, was then followed by a second measure.²⁶⁹

In the main findings, results suggest the heart is involved in the processing and decoding of intuitive information. Although the heart and brain both appear to receive and respond to intuitive information, there was compelling evidence that the heart appears to receive information before the brain.²⁷⁰ It was postulated that once the pre-stimulus information is received, it appears to be processed in much the same way as conventional sensory input. Evidence for this was supported by the observation that a significantly greater heart rate deceleration occurred prior to "future positive emotional stimuli as compared to calm stimuli."²⁷¹ The heart rate slowed down just before awareness of an image, thought or feeling was experienced. Besides the heart, the frontal cortex, temporal, occipital and parietal areas of the brain appeared to be involved in the processing of intuitive information.²⁷²

The research findings also suggest the existence of gender differences in the processing of intuitive (prestimulus) information. In females, researchers noted interactions that led them to postulate that females may be more attuned to intuitive information from the heart.²⁷³ How this processing difference impacts intuitive skill development in women is unknown. On the basis of these results and those of other similar research, the authors of the study suggest that “it would appear intuitive perception is a system-wide process” in which both the heart, brain and possibly other bodily systems play a critical role.²⁷⁴

Imagery: The Royal Road to Intuition

Intuitive development involves conscious awareness of subtle impressions such as imagery. Awareness of intuitive impressions is best honed by having regular time in solitude, preferably in nature, particularly at the beginning stage of intuitive development. Intuitive insight occurs as the result of meaningful interpretation of whatever unique symbols, thoughts, sensations, words, feeling cues and/or images are observed. Imagery perceived intuitively has been described as occurring “behind the eyes” and is believed to precede thought.²⁷⁵ Imagery is also believed to precede action, both physiologically and in the outside world.²⁷⁶ As a bridge to self-transformation, intuition must contain imagery if conscious change is to occur. In intuitive development, visualization differs from imagery.

Visualization is conscious intentional instruction given to the body²⁷⁷ while imagery is the spontaneously occurring answers received from the unconscious.²⁷⁸ Visualization acts as a message to the unconscious. Imagery is the messages retrieved from the unconscious to consciousness.²⁷⁹ When combined, visualization and imagery

nurture a two-way communication between the conscious and unconscious.²⁸⁰ In this study, an example of how this two-way communication was facilitated occurred when co-researchers were instructed to visualize, imagine, sense or feel themselves in a “place of peace”; they were encouraged to notice and observe “in their mind’s eye” their imagined or familiar location using all their senses. Once engaged in full awareness of their real or imagined place, they were instructed to be open to “whatever it is in relation to your symptom or current life challenge that would most serve your health at this time.” Without editing, they were then instructed to observe the very first flashes of intuitive “data” in the form of subtle images, words, thoughts, sensations or flashes of ideas. These were recorded in an intuition journal even if they did not make sense in the moment or the co-researcher felt they had “made them up”. Many reported a tendency to initially override the first intuitive impressions only to discover later that the impressions were accurate and relevant. For women out of touch with their bodies, learning how to initiate and develop the skill of intuitive awareness may best be nurtured first by use of guided imagery. In this study, the majority of women found guided imagery helpful in reaching a relaxed state and evoking intuitive impressions. Recording their intuitive impressions and insights daily over the 12 week period also proved effective.

Research on the role of imagery experience on the intuitions of scientists indicates researcher’s views and beliefs are shaped by their own conscious experiences with imagery.²⁸¹ Those scientists with vivid images and who regularly use their images in cognition were more inclined to be sympathetic to theories about images as “picture-like.”²⁸² This study argues when women can reliably tune in to intuitive impressions that include imagery, they stand a much greater chance of learning to trust their intuition.

Intuitive development requires the individual to take responsibility to engage in regular practice to improve skill. This is a primary tenet of the study. It is also a postulate of the study that with regular practice, women will experience improved health outcomes when they trust and act on intuition more reliably. Women who tune in to their bodies' wisdom are also less likely to be candidates for major health concerns since they will naturally be more open to noting symptoms sooner. Images and mental pictures tend to produce the physical conditions and external acts corresponding to them.²⁸³ Since every change in the mental emotional state, conscious or unconscious, is accompanied by an appropriate change in the physiological state and every change in the physiological state is accompanied by an appropriate change in the mental emotional state, conscious or unconscious,²⁸⁴ intuitive development and the subsequent perceptual change associated with intuitive insights has the potential to serve as a valuable tool to assist women in the self-directed healing of their depression and other symptoms.

The Use and Purpose of Intuition

Intuition as conceptualized in this study is an independent and specific psychological function. Intuition is activated by eliminating obstacles preventing its activity.²⁸⁵ This is achieved most easily when external surroundings are calm and one's internal state is relaxed. According to Jung and others, intuition operates on two levels, "day-to-day and real spiritual intuition, both of which can be active on different levels and can assume different aspects but also remain fundamentally the same."²⁸⁶ The purpose of activating intuition is to "put at the disposal of the individual a precious function which generally remains latent and unused, leaving the individual incomplete in their development."²⁸⁷ Intuition adds another level of cognition and an enhanced

approach to reality. Intuition when employed interpersonally can enhance the understanding of others.²⁸⁸ As a psychological experience, intuition is impersonal and detached from the ego. Attention and interest in fostering intuition implies appreciation and value of it as a reliable, additional form of knowledge.²⁸⁹

Learning to differentiate between left and right brain intuitive function is one objective of intuitive development training. Assagioli considered one purpose of intuitive development to assist individuals with learning to discriminate between what he termed “genuine intuitions and false or supposed intuitions.”²⁹⁰ Right brain intuitive function, typically experienced in the body as a sensation (e.g. tightness in the chest, constriction in the throat) or feeling cue, is felt or sensed within, such as a sense of peace or a feeling of agitation (different from anxiety or agitation associated with an emotional reaction.) Left brain intuitive function generally arrives as a gestalt or flashes of ideas in the form of thoughts, words, or symbols and in its purest form is an experience that promotes clarity, objectivity and insight.²⁹¹ Intuition can be conceptualized as a “downloading” or retrieving of “data.” In its purest manifestation, intuition is devoid of emotions.²⁹²

Implications and Applications

Emotional reactions particularly fear, sensations in the body associated with stress, and external stimuli such as a chaotic living or work environment all have the potential to impede or obstruct intuitive development. An over-active mind also makes the recognition of intuition difficult or sometimes impossible.²⁹³ Intuition is subtle and for some, intuitive impressions are difficult to discern. The application of intuition appears to be best suited in situations where individuals are seeking the attainment of understanding intuition “in its fullest psychological sense.”²⁹⁴ Assagioli observed only

intuition gives true psychological understanding both of oneself and others.²⁹⁵ Perhaps the greatest need for intuitive development is found in those who most identify with the mind. However valuable a skill, intuition should be used only “in concert with all other psychological functions” as contraindications in its application do exist.²⁹⁶ Intuition combined with logic and reasoning fosters holistic comprehension. In individuals experiencing limitations in their ability to discriminate between genuine intuitions and false or imagined notions, intuitive development is discouraged.²⁹⁷ Examples include individuals experiencing delusional thinking and/or hallucinations as a form of psychosis (break from reality) or in those who have become over identified with wishful or grandiose thoughts and ideas. Because intuitive insights are spontaneous and not attached to yielding specific outcomes, individuals overly identified with attachment to ego or specific outcomes, will find it particularly difficult to act on their intuitions.

SECTION IV: DEPRESSION INTERRUPTS INTUITIVE AWARENESS; INTUITION AND SPIRITUAL AWARENESS

“There is no substitute for experience, none at all.”

Abraham Maslow

Intuition as a valid, rapid and underused form of knowledge has many subtle dimensions and a wide range of definitions. As a process, intuition is most often examined for how it takes place. Often, intuition is either distinguished from or confused with other processes that are complementary such as reason and inference. Intuition has been identified by many names: gut feeling, hunch and sixth sense; commonly intuition is experienced as answers that come in a spontaneous flash of ideas or solutions. Some

classify intuition into levels of awareness: physical, emotional, mental and spiritual. Others define its attributes as qualities: direct, certain, immediate and innate. A multi-perspective approach is favored as all aspects when considered help retain more of the subtle qualities of intuition, particularly the non-verbal dimensions of intuitive knowing. As a holistic type of knowledge, intuition naturally fosters the functional integration of spirit into conscious awareness. In this study, spiritual awareness is considered important in the creation of health and well-being.

Depression is twice as likely to occur in women as men. A wide range of factors, complex and unique to women, appears to influence their experience and diagnosis of depression. Biomedical depression treatment for women tends to focus on pathology thereby failing to consider the hidden messages and potential for growth and healing embedded within the experience of it. Prior research in women's psychology and moral development helped identify a prevailing paradigm that no longer fit with women's reality; alternative interpretations of women's experiences ultimately led to progress for women. In this study, a transpersonal energetic conceptualization of depression and other symptoms is achieved by integrating transpersonal psychology and energy medicine with the usual perspectives from biology and psychology.²⁹⁸ This alternative and complementary interpretation identifies blocked intuition and unresolved emotions as factors critically affecting women's health and sense of spiritual well-being.

Transpersonal researchers incorporate alternative methods such as intuition, direct knowing, emotional and bodily cues into their inquiries because it is expected and understood that most knowledge is obtained through sense data.²⁹⁹ In this way, subjective experiences are valued as meaningful findings and considered valid data. In

addition to transpersonal psychology, this study's integral approach incorporates theory and practice from energy medicine. In energy medicine the body is considered a complex, integrated life-energy system as well as a vehicle for human consciousness and "temporary housing for the creative expression of the human soul."³⁰⁰ Energy medicine incorporates a holistic understanding of symptoms and illness. It accepts causal factors such as germs, chemical toxins and physical trauma but also considers the effects of chronic dysfunctional emotional-energy patterns and unhealthy ways of relating to ourselves and others.³⁰¹ In contrast, a biomedical approach to illness tends to focus on the various parts of the whole person so as to understand how they fit together and to find "better ways of fixing and repairing."³⁰² While surgery and some localized approaches provide sophisticated fixes, they do not fully explain why illness and disease occur in the first place.³⁰³

Energy medicine neither denies nor invalidates biomedical functions or discoveries in molecular biology. It offers energy-based treatments when psycho-spiritual difficulties lead to energy weakness or imbalance in the chakra region of the body that is affected.³⁰⁴ The chakra-energy factor appears to be an important variable that in part determines why and where illness occurs in the body.³⁰⁵ Energy medicine also provides a framework to assess and diagnose when and where there is a loss of vitality (life energy) occurring in the mind/body. Energy medicine accepts unfinished business from the past, unresolved emotions, the effects of trauma and/or stress effect core beliefs and attitudes. In turn, illness and symptom formation is perceived to begin at the spiritual level of consciousness before it manifests in the physical body. In this way, depression

manifests unconsciously as the result of interruption to the flow of intuition (spirit) into the physical body.

An integral approach to understanding women's health that incorporates transpersonal psychology, energy medicine and intuitive development ultimately expands and enhances the biomedical model. No longer are humans "frail biochemical machines controlled by genes."³⁰⁶ New research suggests it is not gene-directed hormones and neurotransmitters that control the body and mind but beliefs.³⁰⁷ An integral (transpersonal- energetic- biomedical) perspective recognizes cellular health is fed both by various nutrients derived from food and air and by a continuous stream of life-force energy.³⁰⁸ The life force is enhanced or inhibited by emotions, relationships, ability to give and receive love and relationship with God, the Divine, or a Source greater than the individual.³⁰⁹ As such consciousness has an integral role in the creation and maintenance of health and illness.³¹⁰ Intuition therefore supports consciousness development by naturally fostering holistic comprehension of body, mind and spirit. As a practical tool for application in everyday life, intuition is the royal road to conscious awareness of our innate wholeness. Intuitive awareness achieves this by revealing clues and cues for our self-directed healing.

An integral approach to understanding depression in women that incorporates intuition reframes depression as a messenger, as a form of feminine intelligence at work. Moods in this more expansive point of view serve an informational function. More than the result of neurochemical reactions in the limbic system or emotion centers of the brain, emotion typically associated with depression is evidence of psycho-spiritual distress. The physical symptoms of depression are evidence of a loss of life-force energy or

energy weakness. In energy terms, depression is the result of a loss of energy or life-force without conscious awareness.³¹¹ Depression not only affects the body's ability to heal but also directly diminishes the health of the body's immune system.³¹² Learning to interpret the messages of depression requires developing the skill of intuitive or symbolic sight.³¹³ The reclamation of intuition as a health benefit combined with a scientific perspective on its praxis is the foundation for this integral approach.

Conditions found to facilitate intuition in a clinical setting with nurses and their patients locates intuition as a valuable resource in support of physical health and well-being. So too does the location of intuitive development within the context of mental health. It consumes energy to stay out of touch with inner pain. It also requires a great deal of tolerance and courage to feel that pain and allow inner guidance to present deeper truths. Truths that may be trying to get women's attention (by way of symptoms) that they are living out of balance, disconnected from their innate wholeness and out of congruence with inner values. Women habitually conditioned to hide inner pain fail to recognize pain as a messenger. Miller, Gilligan, Jenny Wade and others also believe persistent cultural sanctions against women in the past have now contributed to an unexpected bind for contemporary women who have greater permission to seek personal achievement. Wade's notion of Affiliative and Achievement consciousness explores this reality.³¹⁴ With a strong bias built into their identity formation that generally favors affiliation over autonomy, it is no wonder that many girls and women find themselves pathologizing their responses to cultural pressures to prioritize care for others over care for self. These symptoms of living unwittingly find girls and women missing or dismissing aspects of self development, particularly reliable use of internal guidance

(intuition). Depression that emerges as an energetic response to these symptoms of living thus begins as depression of the spirit within.

Women's beliefs are heavily influenced by the culture in which they live. Beliefs such as valuing productivity over rest and needing to be good in order to receive love and approval continue to influence women's choices and contribute to their perceptions of inescapable stress, pressure and duty to care.³¹⁵ Stress alone does not affect the immune system's response to stressful living but the *perception* or belief that little or nothing can be done to prevent or alleviate the situation causing the stress. Women have failed to recognize they have built-in psychological qualities such as intuition that are extraordinarily valuable. This study strongly argues that when women revitalize their connection to inner guidance (intuition) by way of intuitive development, this type of CAM health education is complementary to or a preference over pills through skills.

Direct experience of intuition at work naturally occurs with heightened awareness skills and has been demonstrated to change beliefs and perceptions. Intuition is always present and available but not always recognized. When women are open and able to quiet themselves and establish a relaxed state of internal calm, experienced within as coherence between mind and heart, their ability to perceive subtle patterns and intuitive impressions has the potential to reach a level of activation large enough to become conscious, resulting in intuitive insight. These insights provide an opening for a change in perception to occur. This is a subtle process and difficult to achieve without practice. Intuitive awareness is impeded by a chaotic lifestyle, increased exposure to technology, a faster pace of living, overwhelming emotions and less time spent in nature. As women make a conscious choice to practice, their ability to experience spontaneous imagery and

sensory input from overdeveloped awareness skills stands a greater chance of providing information previously unavailable to them, particularly in relation to their health and well-being. Women are also more likely to feel greater confidence in their intuitive ability which in this study opened up options for self-directed growth in the majority of co-researchers.

When women are cut off from their intuition, they experience a natural loss of connection to self and their innate wholeness. Over time, if the flow of intuitive information remains interrupted this fragmentation (separation from spirit) may expand to include disconnection from others and the natural world. Without consciousness development, many risk missing out on developing a reliable relationship with their intuition. This pattern if uninterrupted eventually contributes to even more isolation and puts women at greater risk for developing chronic or major depression.³¹⁶

Intuition from a transpersonal energetic point of view is the flow or “download” of information by way of spirit into the human physiology and mind/brain system from a higher source of consciousness, a part in each of us that is known (and can only be known) intuitively. As such intuition is the vehicle for spiritual awareness and connection to Source. This Source serves as the connection with the vast worlds of material nature and noetic (beyond words), transpersonal/Divine realities. For women to heal they must consciously choose to develop intuitive awareness, release themselves from unfinished business of the past, address their inner pain and take action on their genuine intuitions without guilt. With the integration of intuitive development into health education, there is this study proposes, less apt to be an epidemic of depression in women.

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CHAPTER 3: RESEARCH METHODS

Research Hypothesis

Researchers believe depression in women is fast becoming a worldwide public health issue. Trauma, cultural conditioning as well as pressures of contemporary living effect women's brains and emotions contributing to its etiology. Depression in women is identified as the main cause of disability in the United States and is probably the most common reason for seeking alternative treatments, especially among women.¹ Intuition as a poorly understood function of the mind and body has limited empirical research or application in the health domain. As a source of spiritual awareness, intuition continues to have limited authority as a factor critical to healing. As such, a biomedical treatment model of women's depression prevails despite mounting evidence that an integral approach to treatment deserves a closer look.

Intuitive development values and nurtures body and sensory awareness in women, offering them balance within a culture that has become over identified with the mind. It is hypothesized that with conscious awareness of intuitive impressions reliance on inner wisdom has the option to develop in women with greater authority. Transpersonal psychology and energy medicine perceive symptoms and emotions as messengers, reflecting loss of life energy and imbalance between inner values and outer conditions. It is further hypothesized that an integral approach to women's health that incorporates this perspective strengthens women's position to one of expert on their own lives. Armed with intuitive "data" and fortified to search for the hidden meaning behind symptoms and emotions, women's health benefits from an integral approach that incorporates intuitive

development. So too does women's spiritual development as it is postulated that women attuned intuitively are less isolated and thus less depressed.

Qualitative Methods

The Researcher's Role

The researcher was solely responsible for designing and implementing six intuitive development classes for women.

The Co-Researcher's Role

This study recognizes the validity of the subjective experiences of its participants. This approach allows for a democratization of the research in that all participants are able to comment and have input. The term co-researcher was used to emphasize this egalitarian stance. Those familiar with the experiences being studied are the true experts in any investigation of those experiences. In this study, the co-researchers recorded their subjective experiences and completed standardized measures. The co-researchers were partially blind to the actual purpose of the study.

Group Learning

Learning in a classroom format has a rich and varied history as an effective tool for dissemination of information on a variety of topics. Classes using this approach may assist attendees with skills acquisition and new ways of thinking about a subject. The research project was advertised as a series of classes and not as a psychotherapy group, an important distinction. There is less emphasis on detailed analysis or discussion of individual concerns in a class. The study sought to foster individual subjective experiences that occurred simultaneous with others. By design, individuals were not encouraged to influence others in the room.

Study Design

Pre/Post/Post6 Experimental Group Design

Independent Variable

Six Intuitive Development Classes for Women

Dependent Variables

Depression

Spiritual Well-Being

Self-Regard/Self-Acceptance > Self-Perception

Self-Actualizing Value

Feeling Reactivity

Time Competent/Time Incompetent

Inner/Other- Directed

Data Sources

The purpose of the study was to advance an integral approach to women's health by incorporating the following into six intuitive development classes: transpersonal energetic concepts about intuition as a resource; symptoms and emotions as messengers; the body as ally; and depression as in part a response to interrupted intuitive (spiritual) awareness. The study investigated the effects of intuitive development on women's health and spiritual well-being. Measuring intuition was purposefully not identified for data collection. Selected instruments to measure depression, spiritual well-being and self-actualization are described. It was postulated effective change in these areas would encourage further investigation of intuitive development in relation to women's health and spiritual well-being. This rationale directed the search for evidence of change to

areas associated with chronic depression in women such as low self-esteem, difficulty making decisions, feeling isolated and excessively focused on others (e.g. lower scores in self-acceptance, self-regard, feeling reactivity, time incompetent/competent, inner/other directedness on the POI). Improved scores in these areas, it was surmised, would suggest women's intuitive development deserved attention in the domain of holistic health education.

An additional intent of the design was to determine whether women, in a 12 week period, would be successful in shifting from other-directedness to inner-awareness. This was of particular interest given that extremes in other-directedness is typically associated with over reliance on external sources for decision-making and approval, suggesting that an inner sense of self has become compromised. Without reliable access to intuition, women are more apt to become segregated in their thinking, putting them at greater risk for compartmentalization of feelings and dissociation from symptoms. Finally, evidence of perceptual change was supported qualitatively in the form of interviews, journal entries and anecdotal reporting. These subjective experiences were considered valid in this CAM research design. An Intuition IQ Survey designed with input from Marcia Emery, Ph.D. (see Appendix C) was an additional data source, distributed at the beginning and completion of the study.

Beck Depression Inventory ²

The Beck Depression Inventory – Second Edition (BDI-II) is a 21-item self-report instrument designed for measuring severity of depression in adults and adolescents aged 13 years and older. Each item is rated on a 4-point scale ranging

from 0-3. The inventory was developed for the assessment of symptoms corresponding to criteria for diagnosing depressive disorders listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV; 1994).

Spiritual Well-Being Scale ³

The Spiritual Well-Being Scale is a general indicator of well-being which may be used for the assessment of individual or congregational spirituality. It provides an overall measure of spiritual quality of life, as well as subscales for religious and existential well-being. The religious well-being subscale provides a self-assessment of one's relationship with God. The existential subscale gives a self-assessment of one's sense of life purpose and life-satisfaction. The SWBS is composed of 20 items and is scored with a Likert-type format, ranging from 1 to 6, with a higher number representing greater well-being.

Personal Orientation Inventory ⁴

The POI is self-administered and consists of 150 two-choice comparative value and behavior judgments. It is a standardized test of self-actualization based on Maslow's theory of self-actualization. Self-actualized individuals are seen as developing and utilizing their unique capabilities and potentialities. Scores on each of the ten scales are intended to reflect a facet important in the development of the self-actualizing person. Inner/other-directedness is the bi-directional scale of primary interest in this study, along with six of the ten scales: Self-Actualizing Value, Feeling Reactivity, Self-Regard, Self-Acceptance, Time Competent/Time Incompetent and Feeling Reactivity.

Intuition IQ survey

This is a 25 item yes or no questionnaire constructed by the researcher in consultation with Marcia Emery, Ph.D.

Data Collection

The selected measures were distributed and collected from both groups over a 12 week period. Co-researchers received the first set of measures (pre-test) two weeks before the series of 6 classes began. The second set of measures (post-test) was distributed at completion of the six classes and the third set (post6-test) was collected six weeks after completion of the last class.

Data Analysis

Mixed ANOVA (analysis of variance)

Ethical Considerations

Inclusion Criteria

Minimum age: 20. There was no maximum age limit. Each co-researcher agreed to complete three sets of measures over a 12 week period. This included agreeing to sign a voluntary consent form. All agreed to follow directions given by the researcher and to follow the guidelines around confidentiality as outlined. Those co-researchers assigned to the experimental group agreed to commit to attend all six classes, keep an intuition journal and be in reasonable health for participation in a series of experiential exercises in the form of guided imagery and other researcher-led exercises.

Exclusion Criteria

1. Individuals who do not meet all of the inclusion criteria.
2. Individuals not born biologically as females.
3. Individuals who state they are not open to learning how to use their intuition.
4. Individuals who are actively suicidal or psychotic.
5. Individuals who are unable to read at high school equivalency.
6. Individuals who come to class under the influence of drugs or alcohol.

Discontinuation Criteria

Co-researchers were free to terminate their participation at any time before or during the study. The researcher was free to discontinue any co-researcher's participation at any time due to either adverse reactions or for failing to meet inclusion criteria. 70 women met the inclusion criteria and committed to the study parameters; 55 were able to complete the study, 14 withdrew and one was dropped from the study. 14 withdrew for a variety of reasons related to health issues and/or unanticipated demands at work and home. One co-researcher was dropped from the study for arriving at class under the influence of alcohol.

Methodology

Co-researchers self-selected in response to requests for research volunteers from several community locations, some with a health or mental health focus [see Appendix A for recruitment materials]. A goal of 70 co-researchers is set. After meeting the research criteria and completing a three-step recruitment process, a total of 70 women are selected

to participate. Half are assigned arbitrarily by their availability to participate in a series of six intuitive development classes over a six week period; the other half are assigned to the control population. This assignment process turned out to be an unrecognized confound to the study and is discussed in greater detail under Study Limitations. In the control population, co-researchers received, completed and returned measures and the informed consent by mail. Instruction for completing the measures was included in the mailings and the timing of these mailings occurred simultaneous with the experimental group. At the conclusion of the study, the control population was given the option, five months later, to attend a second offering of the six classes and was provided with a suggested reading list on the topic [see Appendix B for suggested reading list]. The reading list was purposefully withheld from both groups during the study in order to limit the number of variables introduced.

The experimental population attended a series of six two hour classes at a local holistic health center. Two weeks prior to the first class, co-researchers are mailed the first set of measures and the informed consent; these materials are brought completed to the first class. Each class consists of two experiential exercises, one using guided imagery; a 15 minute Power point presentation; time for quiet reflection and journaling and time at the conclusion of class for clarification/comments. Each of the co-researchers is given at the first class an Intuition journal with guidelines for creating and using it during the six week experiment [see Appendix B for journal guidelines]. The room is arranged with chairs in three rows facing the researcher. As co-researchers enter the room they are directed to sign-in and obtain hand-out materials that correlate with the Power

point component presented each week. The room arrangement and arrival process cut down on the amount of individual interaction between co-researchers.

The researcher begins each class with a centering exercise focused on body awareness and quieting the mind by using phrases such as “bring your awareness into the body,” “imagine yourself dropping your attention inward and downward in whatever way works for you,” “tuning into the body,” “focused attention without striving,” “visualize, imagine or feel,” “allowing your awareness to notice where in your body needs attention,” “allow your mind to release any worries, concerns or pressures from the day that you may have brought in with you this evening”, “allow your mind to become calm, letting go; any thoughts that come in, just let them go as if they could float right above this room, right above this building” and “bring yourself to presence.” This exercise includes techniques related to pranic or yoga breathing to assist with relaxation. There is limited or no interaction between co-researchers during class time. At week three, the researcher introduces the phrases “high self” or “full potential self” during the centering exercise. Researchers are not given specific guidelines with this suggestion other than to “observe, notice, or sense what you may become aware of.”

Lighting is subdued and background music is selected to assist with brain wave entrainment [see Appendix C for music selections]. The guided imagery exercises⁵ are specifically selected to assist with intuitive development using a range of image-evoking and sensory-stimulating exercises. These selections were purposeful as past research has indicated that imagery is a precursor to intuitive awareness. However, a variety of visualization selections is utilized as it is also understood that not everyone “sees” images. To assist co-researchers with accessing the non-verbal dimensions of intuition,

there is encouragement after each experiential process to avoid talk or movement. Because the researcher was familiar ahead of time with the Institute of HeartMath findings regarding women and intuitive processing, guided visualization exercises specifically aimed at heart opening were selected and utilized at the first class and at the sixth.

Classes two through five included a range of selected imagery exercises that sought to invoke imagery associated with time in nature, imagery asking the body for a yes or no answer in relation to a specific issue, imagery for receiving an answer as a gift and imagery to assist with dissolving into universal wisdom.⁶ During the second experiential exercise in each class, co-researchers are given the opportunity to lie on the floor or to move to a seated position on the floor; after each of the two exercises in each class, co-researchers are instructed to journal their experiences and observations. Drawing is also encouraged to capture intuitive impressions since verbal processing and writing may not always assist with remembering intuitive impressions. The co-researchers are also instructed and encouraged to journal regularly outside of class their observations in relation to intuitive awareness, in all its dimensions.

Chapter 3 Endnotes:

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⁴ Everett L. Shostrom, *Personal Orientation Inventory Manual* (San Diego, CA: EdITS, 1966, 1974).

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⁶ *Ibid.*

CHAPTER 4: Research Findings

Results

Efficacy of the intervention was assessed using a 2x3 repeated measures analysis of variance (ANOVA). The analysis was performed using the Statistical Package for the Social Sciences (SPSS) by comparing two condition groups across pre-test, post-test and post-six weeks measures of the BDI-II, SWB and POI. Of the eight dependent variables, the inner-directed /other-directed scale of the POI yielded statistically significant (<.05) results. Comparison of composite scores between groups on several scales of the POI also yielded impressive findings. Feeling Reactivity and Self-Actualizing Value in particular are meaningful for the amount of change that occurred. See the POI Profile Sheet in Appendix B for a graphical representation of these comparisons.

The Personal Orientation Inventory (POI) consists of 150 two-choice comparative value and behavior judgments. The items are scored twice, first for two basic scales of personal orientation, inner directed support (127 items) and time competence (23 items) and second for ten subscales each of which measures a conceptually important element of self-actualizing.¹ POI scores for the scales are best interpreted in relation to established norms. The POI Profile Sheet is constructed from adult norms. The mean standard score for each scale of the POI is 50, with a standard deviation of 10. It is estimated that ninety-five percent (95%) of the population will theoretically fall between standard scores of 30 and 70 on any given scale. For this study, it proved valuable to plot

composite scores of both condition groups and compare them to adult norms. The POI Profile Sheet in Appendix B illustrates the amount of change that occurred over the 12 week period.

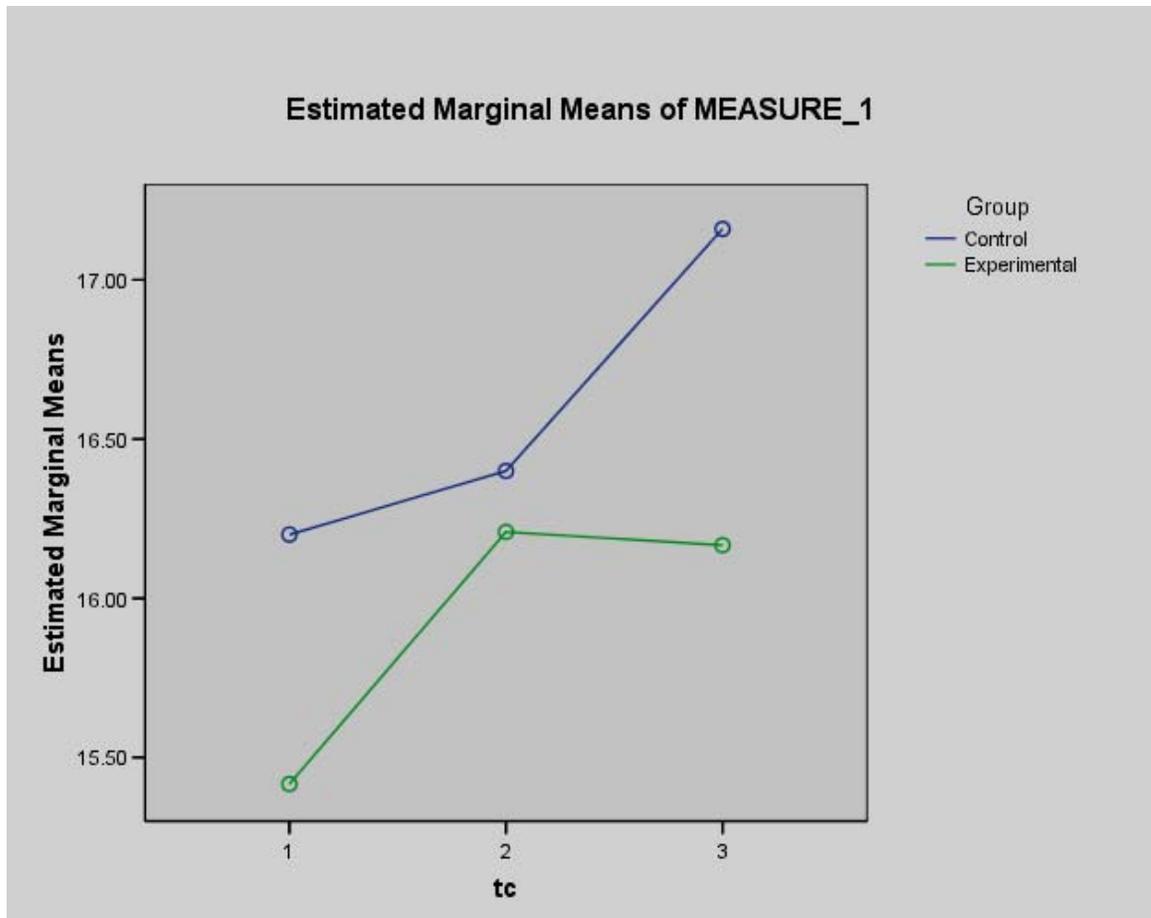


Figure 1. Time Competent/Time Incompetent Results for Both Groups.

Time Competent/Time Incompetent Scale (TC/TI, POI)

See Figure 1 for a graphical representation of the Time Competent/Time Incompetent findings. The Time Competent/ Time Incompetent scale of the Personal Orientation Inventory measures to what degree an individual is living more fully in the present. A self-actualizing person is primarily time competent. Such a person is able to tie the past and the future to the present in meaningful continuity; he/she also appears to be less burdened by guilt, regrets, and resentments from the past. There is an apparent faith in the future without rigid or over-idealistic goals. The self-actualizing individual's past and future orientations are depicted as reflecting positive mental health to the extent

that the past is used for reflective thought and the future is tied to present goals.² A low score on the TC/TI scale (defined as a standard score below 20) suggests one does not discriminate well between the past or future. Non-self-actualizing individuals are comparatively the most time incompetent, about 25% of the time. Excessive concern with the past or the future relative to the present may cause disorientation in the present.

Individuals who are past-oriented may be characterized by unresolved guilt, regret, remorse, blaming and resentments.³ Chronically depressed individuals often appear to find themselves living in the past; many report experiencing excessive guilt and difficulty imagining or visualizing happy future events. Learning to be aware in the moment was viewed as a desirable outcome of intuitive development practice. The interaction of group by repeated measures of the TC/TI scale was not significant ($F(2, 49) = .754, p=.473$), indicating there was no evidence of change between the groups across all three time periods that could be directly attributed to the intervention. However, the POI Profile Sheet (see Appendix B) strongly indicates that change did occur relative to this scale within the experimental group.

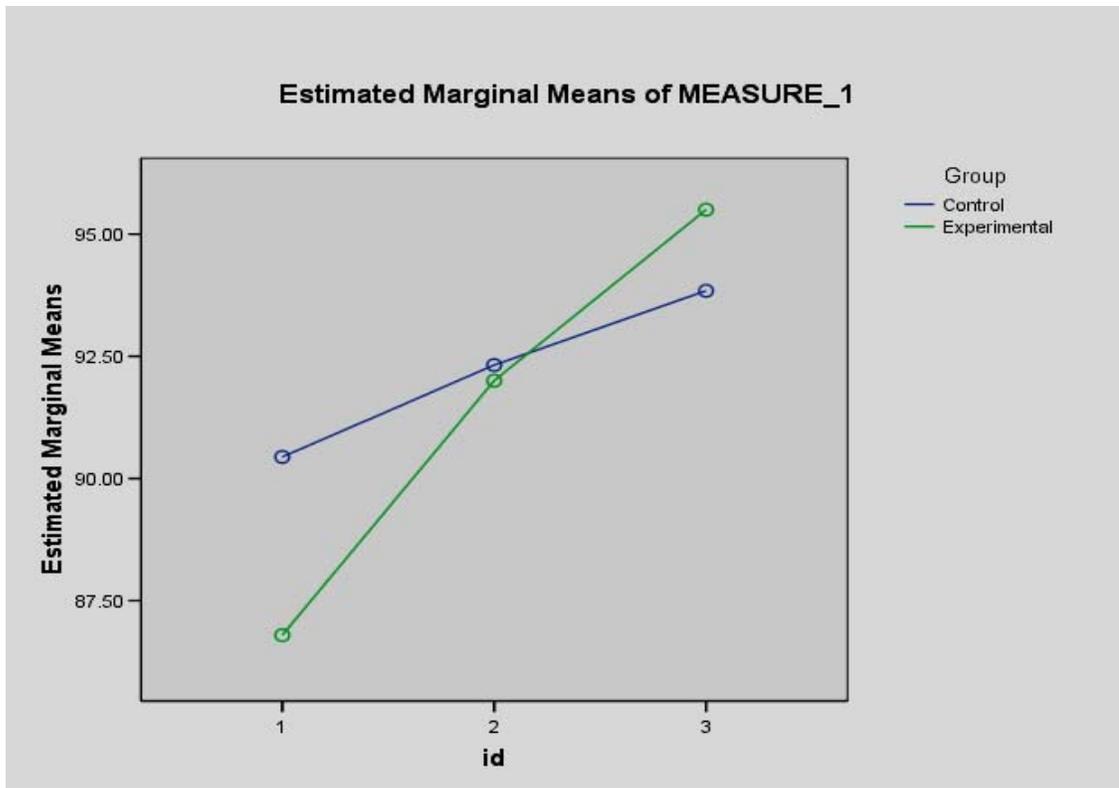


Figure 2. Inner-Directed Results for Both Groups.

Inner-Directed (ID/OD, POI)

See Figure 2 for a graphical representation of the inner-directed findings. Inner-directedness represents one half of a bi-directional scale of the POI. As such, change in one direction typically affects change in the other. Inner-directedness measures to what degree an individual is independent and self-supportive. The inner-directed individual by nature appears to have incorporated a “psychic gyroscope.”⁴ This internal locus of control is typically shaped by early parental influences and later by authority figures. The inner-directed person goes through life for the most part functioning interdependently while obeying this internal piloting. “The source of inner-direction seems to be implanted early in life and the direction appears to be guided by a small

number of principles. Internal motivations become the guiding force rather than external influences. This source of direction becomes generalized as an inner core of principles and character traits.”⁵ Portions of the literature review address factors that appear to inadvertently find some women missing out on fully developing this inner compass. This missing or overlooked aspect of their development is considered a key factor inhibiting women’s ability to reliably listen to and trust their intuition.

Inner-directedness was selected for analysis as it is postulated that intuitive development practice nurtures a more reliable connection to the inner self and self in relation to the world which in turn may lead to decreased feelings of isolation, an experience associated with depression. “Complete inner-directedness is transcended by critical assimilation so that [eventually] a mode of living is discovered which gives confidence.”⁶ The interaction by group by repeated measures of the ID aspect of the ID/OD scale on the POI was significant ($F(2, 49) = 3.182, p=.051$). This finding suggests that intuitive development, as presented and experienced in the classes, is successful in assisting women with skills acquisition. This finding is particularly impressive as the baseline ID scores for the experimental group were lower than the control group. Whether the statistically significant shift to inner awareness was sustained by the co-researchers longer than 12 weeks suggests further follow-up at six months and one year has merit.

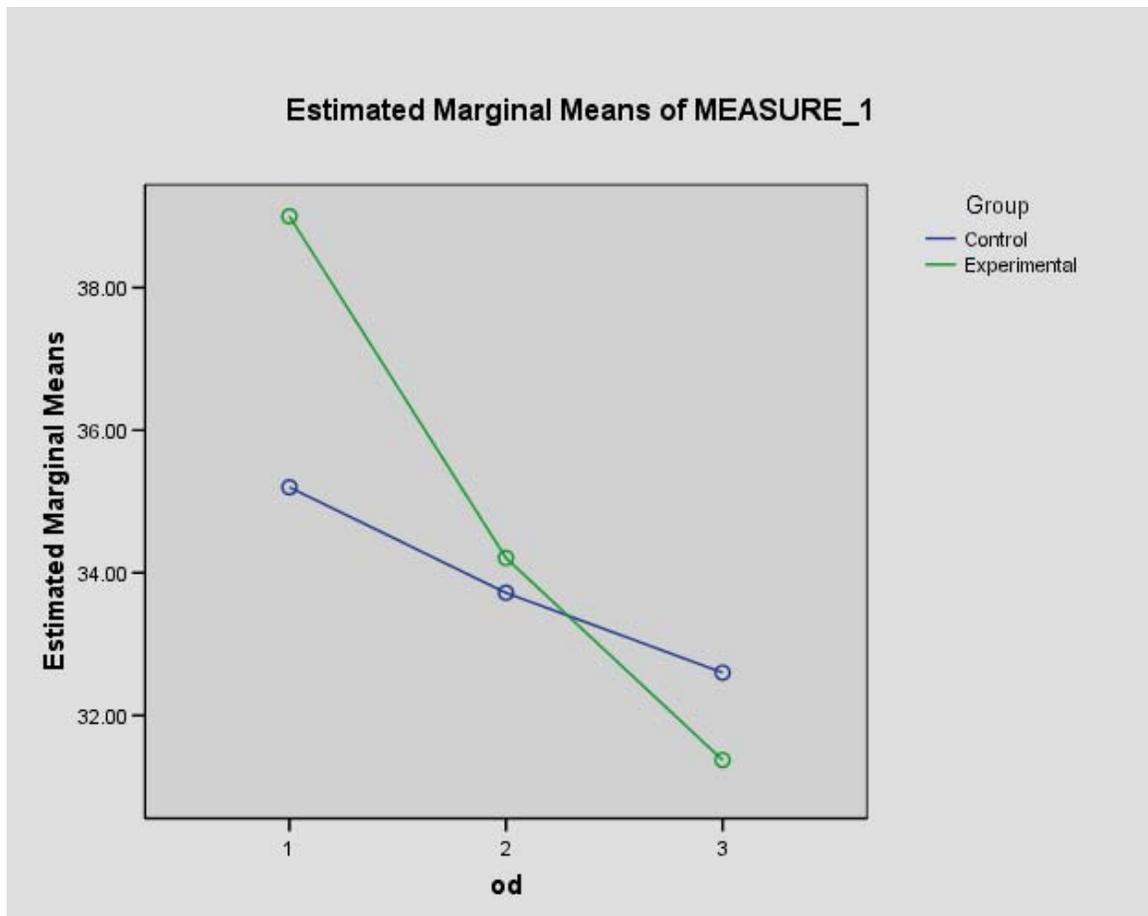


Figure 3. Other-Directed Results for Both Groups.

Other-Directed (ID/OD Scale, POI)

See Figure 3 for a graphical representation of the other-directed findings. This aspect of the ID/OD scale of the POI measures to what degree an individual is dependent and seeks support from other's views and opinions. The other-directed individual may "become over-sensitive to others opinions in matters of external conformity so that approval by others becomes the highest goal."⁷ As a result, power is invested in the actual or imaginary approving group. Pleasing others and insuring constant acceptance becomes the primary method of relating.⁸ It was postulated that intuitive development would assist with balancing some women's tendency towards extreme other-directedness,

a factor inhibiting their ability to listen to, believe in and/or act on their intuition. With a balanced approach, tuning inward, it was postulated would find women better able to rely on their own sense of knowing, thus increasing their sense of agency. The support orientation of self-actualizing individuals tends to lie between the extremes of inner- and other-directedness. Individuals while other-directed do so to the degree that they are sensitive to people's approval, affection and good will despite their actions essentially remaining inner-directed.⁹ They are free but their freedom is not gained by being a rebel. This aspect of self-actualization in women was of particular interest to the researcher as it was postulated that extremes in other-directedness impede intuitive development and taking action on intuitive insights. Making change for these individuals is difficult, particularly if their actions affect others in their sphere of influence or care.

The interaction by group by repeated measures of the OD aspect of ID/OD scale of the POI was significant ($F(2, 49) = 3.627, p = .033 < .05$) indicating evidence of change between condition groups across time could directly be attributed to the intervention. Of particular interest is the observation that baseline OD scores for the experimental group were observed to be much higher than the control group. Explanations for this finding remain unknown. Figure 3 illustrates however the experimental group experienced a meaningful shift in where their attention was being directed between pretest and post 6week measures. This suggests that as the women learned to practice and tune in to their intuitive impressions via sensory and feeling cues, physical sensations, imagery and dreams over the 12 weeks, their practice naturally supported a more balanced orientation between inner awareness and other-directedness. In terms of improving their health

awareness and spiritual well-being, subjective reports from the co-researchers in the experimental group substantiate this was occurring.

That other-directedness scores decreased while scores increased in inner-directedness encourages further exploration of this type of CAM health education format. Despite starting with lower ID scores than those of the control group, the experimental group demonstrated an important and steady increase in inner-directedness over the 12 week period. When compared to the control group, who started the study with higher ID scores while demonstrating only modest change in 12 weeks, the experimental group results provide substantive evidence that intuitive development is of value, particularly for women out of balance with other-directedness. This type of CAM approach aimed at enhancing women's health and spiritual well-being honors the hidden strengths of women by teaching women *how* to work with their intuitive impressions in support of their health while balancing their need to be helpful and caring to self and others.

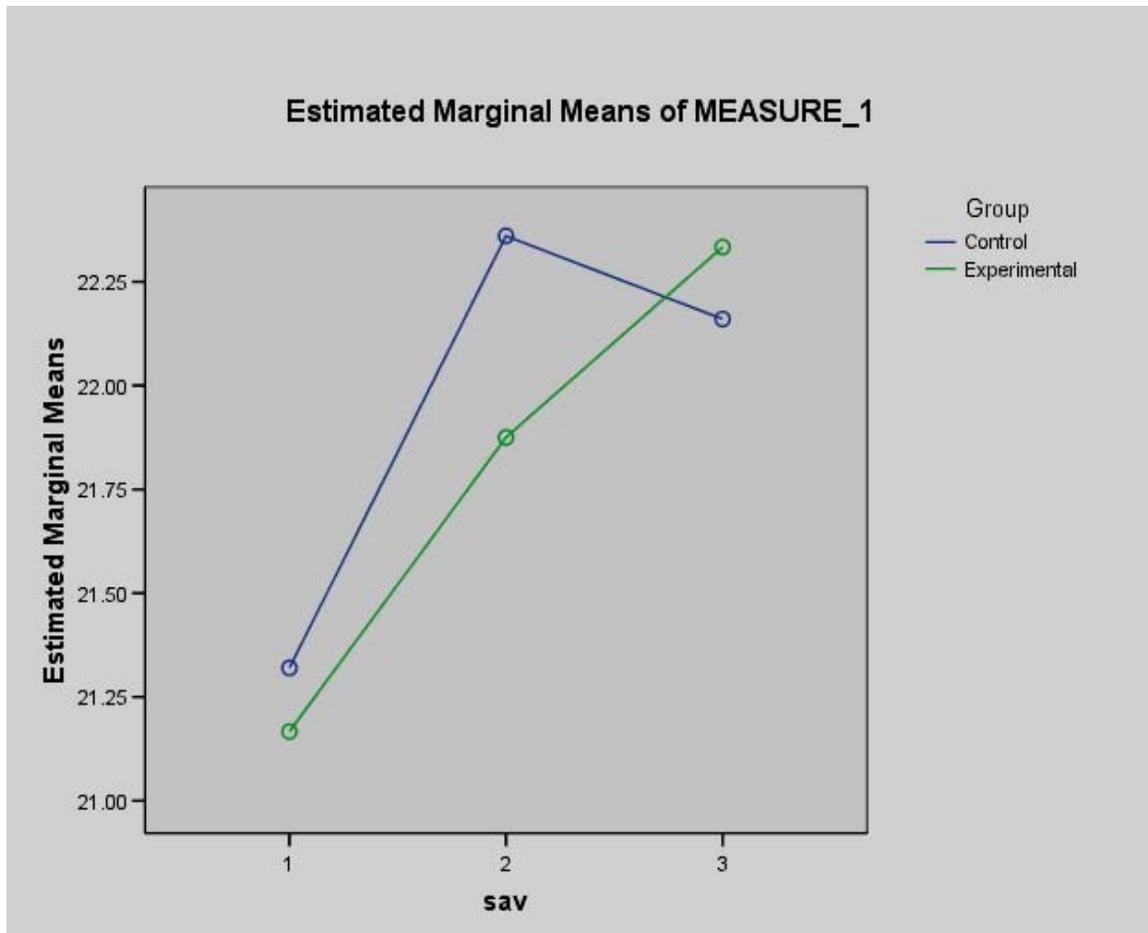


Figure 4. Self-Actualizing Value Results for Both Groups.

Self-Actualizing Value (SAV, POI)

A high score on the Self-Actualizing Value scale suggests an individual holds the values of self-actualizing people. Such an individual is seen as developing and utilizing all of his or her unique capabilities, or potentialities, free of inhibitions and “emotional turmoil of those less self-actualizing.”¹⁰ In this study, intuition and the knowledge and freedom to use it is considered a unique and often misunderstood potentiality. The researcher was curious if self-actualizing values would increase with intuitive development. See Figure 4 for a graphical representation of the self-actualizing value findings. Also see the POI Profile Sheet in Appendix B. There is evidence of robust

change in the experimental group moving to a score characteristic of self-actualizing adults however interaction of group by repeated measures using ANOVA was not significant ($F(2, 49) = .785, p=.455$).

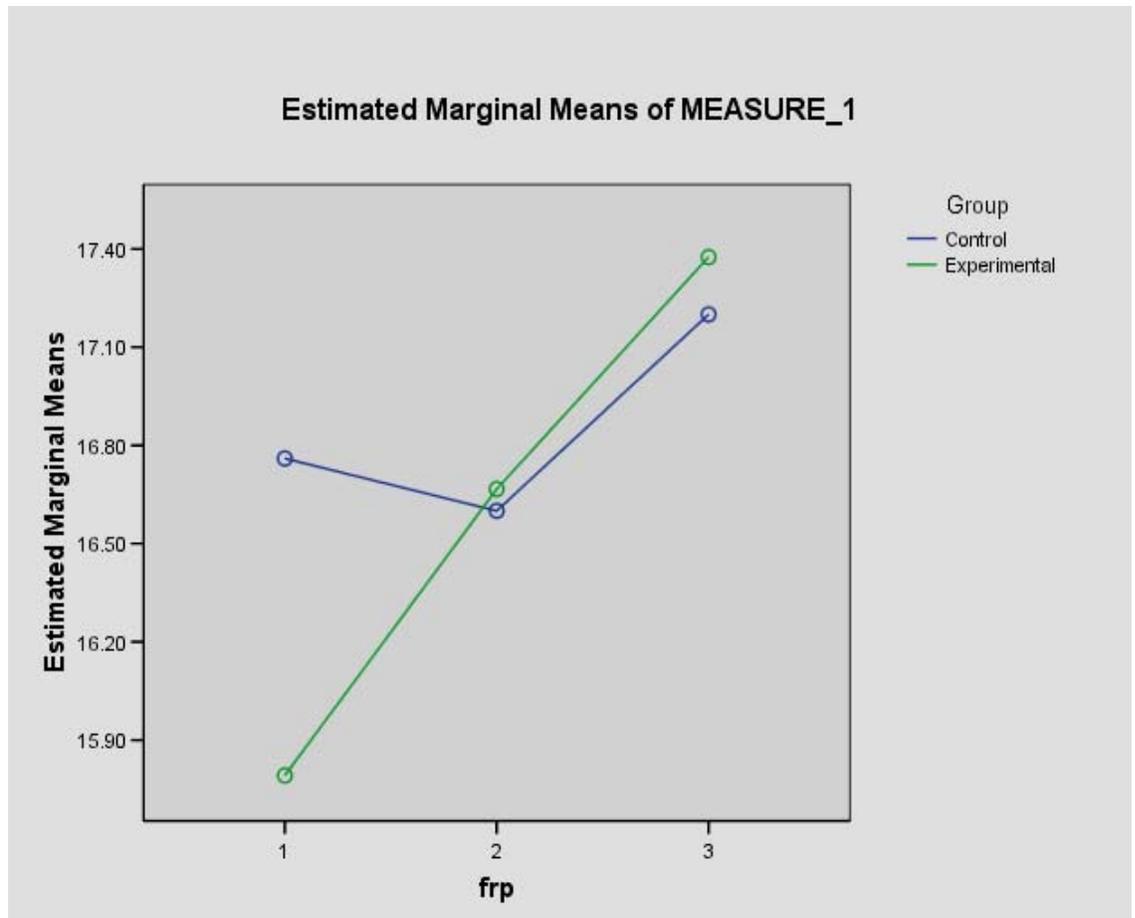


Figure 5. Feeling Reactivity Results for Both Groups.

Feeling Reactivity (FR scale, POI)

The Feeling Reactivity scale measures the degree to which an individual is insensitive or sensitive to their own needs and feelings (see Figure 5). This measure was of particular interest in light of findings outlined in the literature review. These findings suggested that women, particularly depressed women, may be out of touch with their bodies and their own needs and feelings in part due to a complex reality difficult to unravel. The researcher was curious whether intuitive development would assist with improving women's ability to tune in to their own sensitivities without judgment. The

interaction by group by repeated measures of the FR scale was not significant using ANOVA ($F(2, 49) = 1.672, p = .196$), indicating no difference in feeling reactivity scores between groups could be directly attributed to the intervention. However robust change in the experimental group moving to a score characteristic of self-actualizing adults is notable (see POI Profile Sheet in Appendix B).

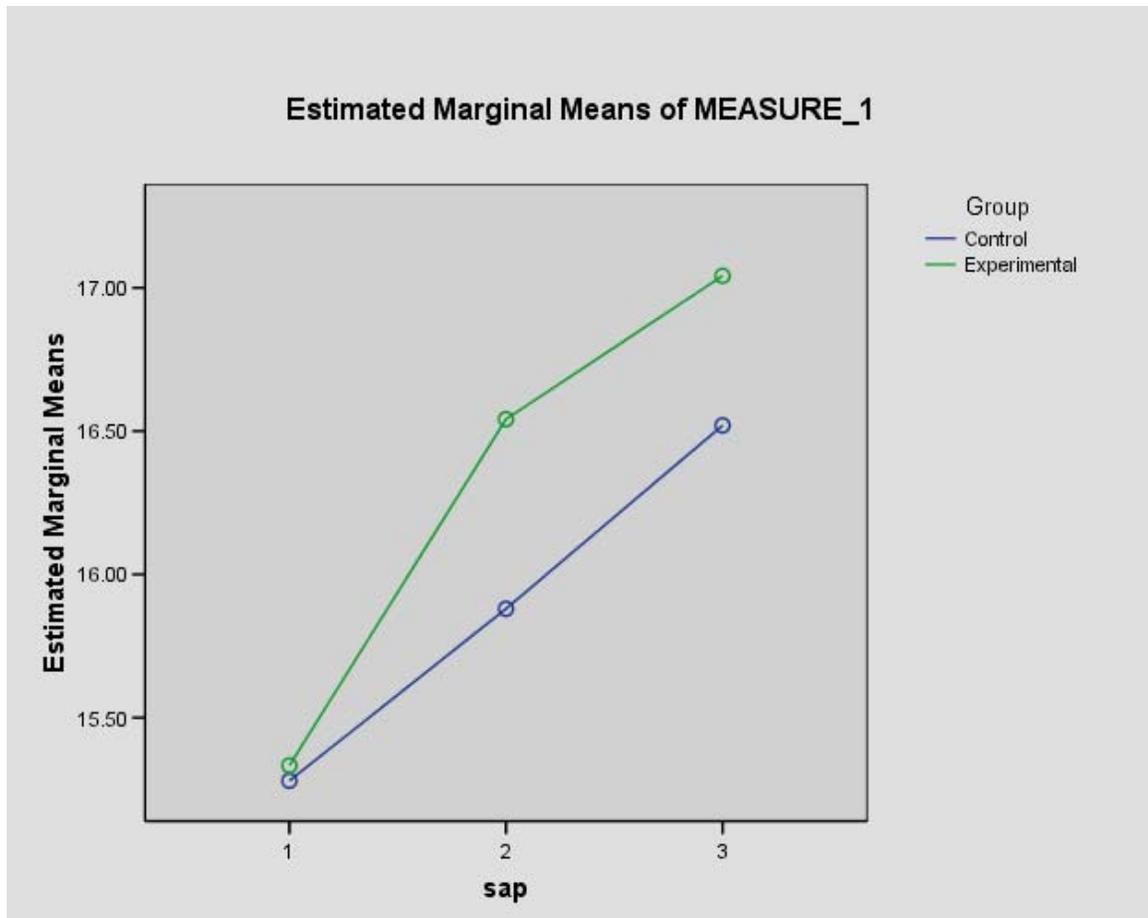


Figure 6. Self-Acceptance Results for Both Groups.

Self-Acceptance (SA scale, POI)

A low score on the Self-Acceptance scale indicates that an individual is unable to accept self with weaknesses while a high score indicates one is able to accept self in spite of them. This particular scale, which on the POI represents an aspect of self-perception, was of interest as it was surmised that women’s inability to accept themselves with weaknesses might impede their development of trust in their subjective experiences of intuition. See Figure 6 for a graphical representation of the self-acceptance findings. The interaction by group by repeated measures of the SA scale was not significant ($F(2, 49) = 1.345, p = .347$) using ANOVA, indicating no difference in self-acceptance scores between groups across the repeated measures could be directly attributed to the

intervention. Of interest however was the finding that both condition groups were below the norm for self-acceptance scores. How this trend impacts women in relation to their health is considered in the Discussion section.

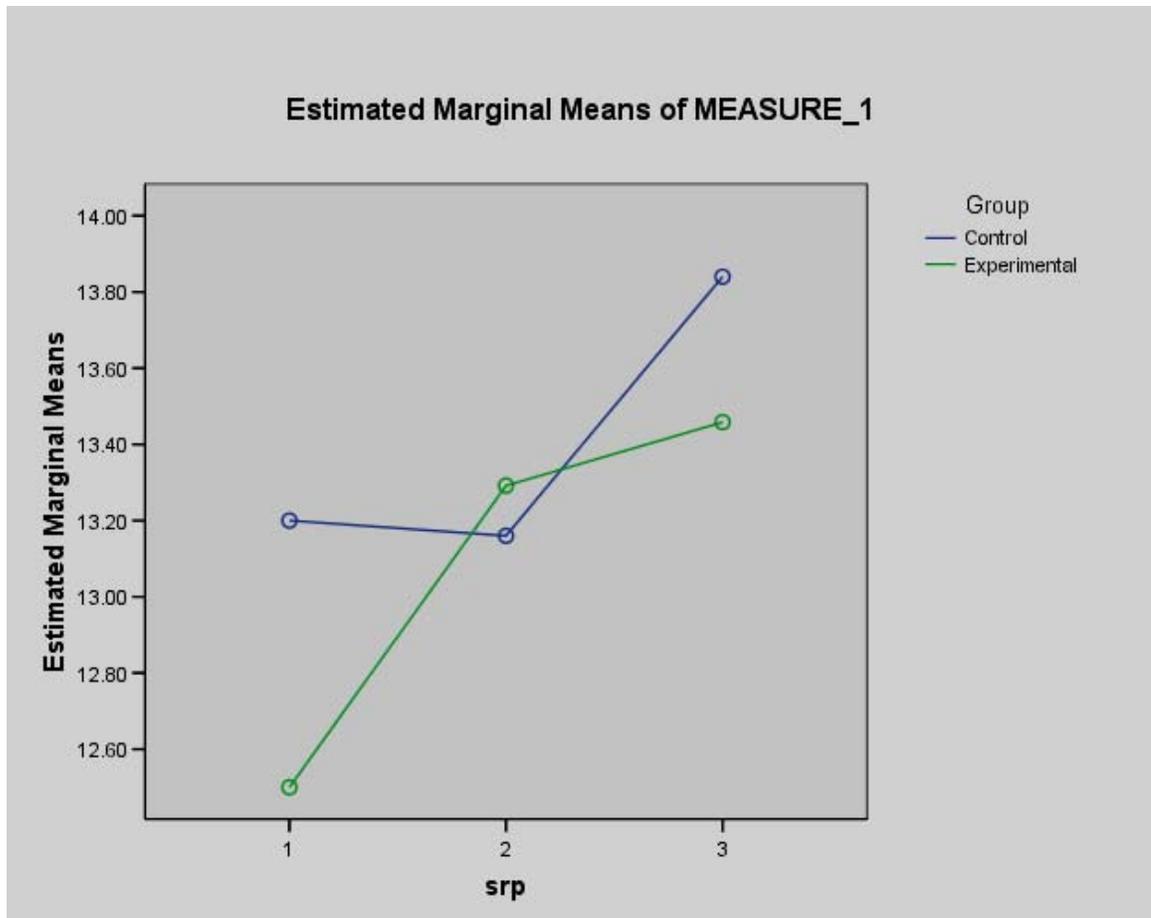


Figure 7. Self-Regard Results for Both Groups.

Self-Regard (SR scale, POI)

A low score (below 20) on the Self-Regard scale, an aspect of self-perception on the POI, suggests an individual has a perception of low self-worth; a standard score of 50-60 indicates perception of high self-worth. This finding was of interest as it was postulated that intuitive skill development had the potential to enhance self-value, particularly in the value of one's subjective experience. See Figure 7 for a graphical representation of the self-regard findings. The interaction by group by repeated measures of the SR scale was not significant ($F(2, 49) = 2.024, p = .146$) using ANOVA, indicating no difference in self-regard scores between groups across repeated measures

could be directly attributed to the intervention. However, it is interesting to note that while both groups had relatively high baseline self-regard scores, the majority struggled with accepting weakness of self. Self-acceptance scores did reach the average for the experimental group at the end of 12 weeks. What this means in relation to intuitive development for the co-researchers in particular and women in general is considered in the Discussion section.

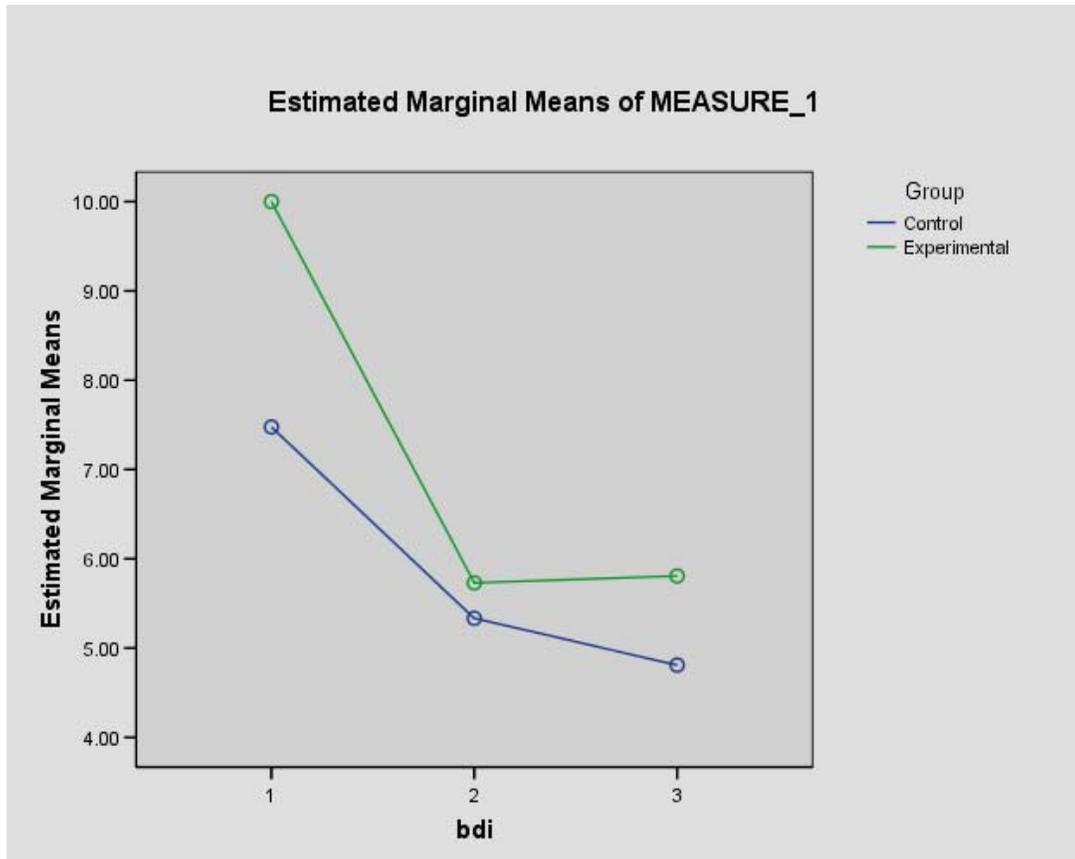


Figure 8. Depression Results for Both Groups.

Beck Depression Inventory (BDI-II)

See Figure 8 for a graphical representation of the depression findings. The interaction of group by repeated measures of the BDI-II was not significant ($F(2, 47) = .946, p = .392$), indicating no difference in depression scores between groups across the repeated measures could be directly attributed to the intervention when information is combined between all three time periods.

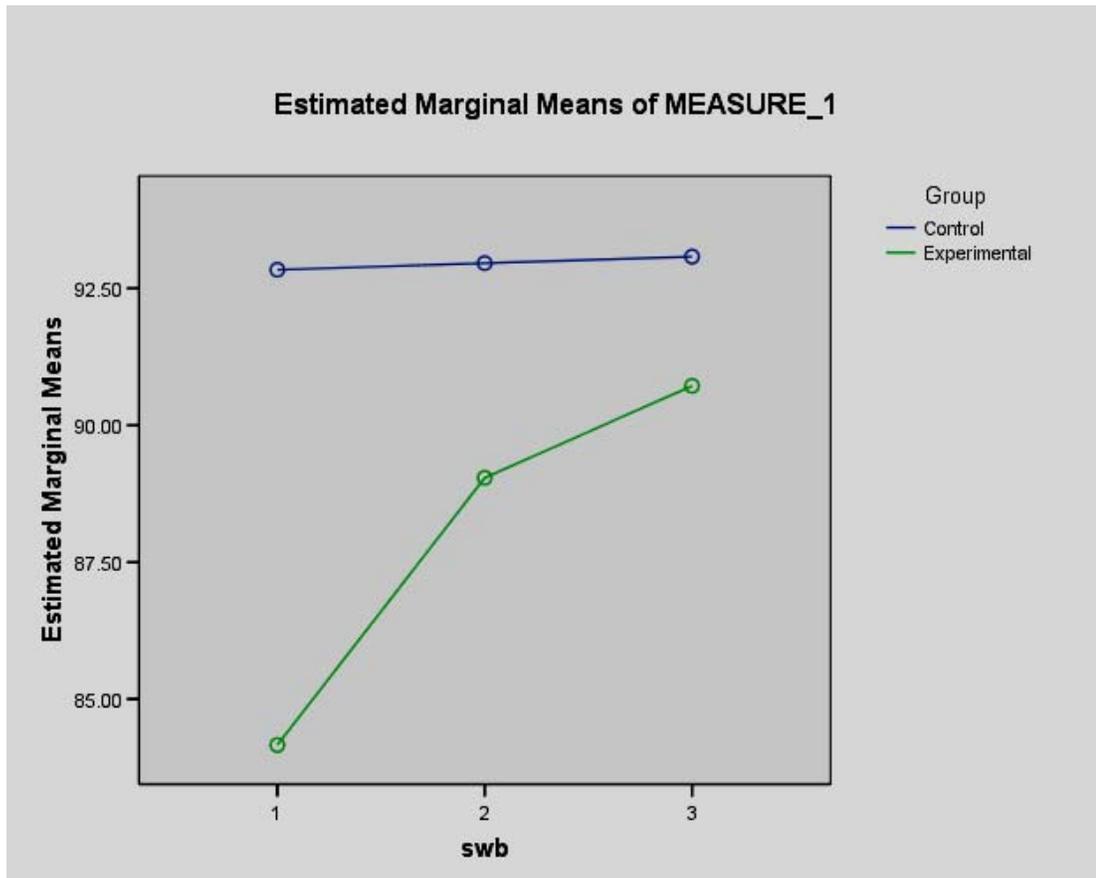


Figure 9. Spiritual Well-Being Results for Both Groups.

Spiritual Well-Being Scale (SWB)

See Figure 9 for a graphical representation of the spiritual well-being findings.

The interaction by group by repeated measures of the SWB was not significant ($F(2, 50) = 1.781, p=1.77$) using ANOVA, indicating no differences in spiritual well-being between groups across the repeated measures could be directly attributed to the intervention when information is combined between all three time periods. However of note is the control group (see Figure 9) whose scores started higher but remained unchanged while the experimental group began with lower baseline scores that improved steadily. What this says about the impact of intuitive development on spiritual well-being is considered in the Discussion section.

INTUITION QUOTIENT SURVEY: PRETEST YES RESULTS

Table 1. Intuition Quotient Survey PreTest Yes Results

IQPreYes			
Group	Mean	N	Std. Deviation
Control	17.4615	26	3.43198
Exp	17.0323	31	3.79898
Total	17.2281	57	3.61059

The Intuition Quotient survey was distributed to both condition groups at the start of the study and 6 weeks after completion of the classes. The survey consists of 25 questions with yes or no responses. See Appendix C for a sample survey. The goal was to measure for change in the number of Yes scores over the 12 week period. The survey was constructed as a way for co-researchers to observe where and how they tend to use intuition. Surprisingly, both condition groups shared virtually the same mean score of 17 yes responses at the start of the study. As the survey lacked internal reliability and validity, results are of interest but considered purely anecdotal.

INTUITION QUOTIENT SURVEY: POSTTEST6 YES RESULTS

Table 2. Intuition Quotient Survey PostTest6 Yes Results

IQPostYes			
Group	Mean	N	Std. Deviation
Control	18.6800	25	2.41039
Exp	18.1250	24	3.41751
Total	18.4082	49	2.92915

At the final data collection, the mean score for both groups had increased by 1, making it difficult to assess for change based on the intervention.

INTUITION QUOTIENT SURVEY: PRETEST NO RESULTS

Table 3. Intuition Quotient Survey PreTest No Results

IQPreNo

Group	Mean	N	Std. Deviation
Control	6.9615	26	3.66039
Exp	7.8065	31	3.55358
Total	7.4211	57	3.59537

Results from the Intuition Quotient survey No results at the pretest stage indicate the experimental group had a higher mean score of 7.8 for No responses as compared to the control group mean score of 6.9. At this stage of the study, the experimental group identified as slightly less intuitive in certain situations than the control group.

INTUITION QUOTIENT SURVEY: POSTTEST6 NO RESULTS

Table 4. Intuition Quotient Survey PostTest6 No Results

IQPostNo

Group	Mean	N	Std. Deviation
Control	6.2400	25	2.43721
Exp	6.7083	24	3.36838
Total	6.4694	49	2.90905

Results from the Intuition Quotient survey No results 6 weeks after completion of the classes indicate improvement had occurred in the experimental groups' mean score for number of No responses by 1.1; the control group had a change of .7. That both groups improved and shared similar mean scores throughout the study made it difficult to discern what effect the intervention had on the experimental group. The fact the majority of co-researchers demonstrably favored Yes responses suggest they used intuition in different types of situations, perhaps more than they realized.

Qualitative Findings

Qualitative findings strongly suggest that some level of individual change occurred during the experimental phase of the study within the experimental group. Results discussed in the quantitative analysis complement these findings. In this study, qualitative findings are based on the subjective experiences of the co-researchers as these are considered valid and meaningful.

Health Profile of Experimental Group (n=35)

The female volunteers ranged in age from 23-71 in the experimental group with the majority of the group over age 35. Many of them reported health concerns related to aging. Over half of them identified depression as a health concern and/or as a health concern for women in their family of origin. Eight women had been diagnosed with cancer and/or identified women in their family with cancer. A wide range of health concerns were identified as current or recent past issues among the co-researchers in the experimental group: factor five leiden, a clotting disorder; osteopenia and osteoporosis; low thyroid or adrenal function; degenerative disc disease, sciatica and lower back pain; fibromyalgia; eczema; hearing loss; infertility; rheumatoid and psoriatic arthritis; autoimmune dysfunction and chronic fatigue; heart disease and high cholesterol; diabetes; asthma; Raynaud's syndrome; chronic sinus infections; mold allergies; acid reflux; and insomnia. Several identified symptoms of perimenopause and menopause as distressing. Weight management issues, anxiety and difficulty managing emotions also were identified.

Health Profile of Control Group (n=35)

The individuals who volunteered and were assigned to the control group ranged in age from 23 to 57. Only 4 identified with having experienced depression, either currently or in the past. Their range of health concerns was substantially less acute or serious than the experimental group. This confound was discovered only after completion of the study and may partially explain why outcomes within the control group appear to parallel improvement that was occurring within an older and less healthy experimental group. From the start, the control group was younger and healthier by chance. However, this discovery only partially explains other variables that may have been influencing improvement in the control group's outcome measures [see Discussion in Chapter 5 that explores this further.] The following is a synopsis of current or recent past health concerns for the control group: anxiety, neuroma, fibroids, carpal tunnel syndrome, allergies, gallbladder and diabetes concerns, candidiasis and an eating disorder. Several mentioned chronic low back and neck pain, high blood pressure and endometriosis. None reported a cancer diagnosis but five identified cancer for one or more female members of their family of origin.

Self-Report on Observed Changes in Experimental Group

At the completion of the experimental phase of the study, co-researchers who attended the six classes were asked to comment on their observations and experiences in relation to their health, intuition practice and spiritual well-being (see Appendix B for sample questionnaire). Their observations were recorded within one week of completion of the classes and recorded again six weeks later. The questionnaires were handed in with the last two sets of standardized measures.

Observations of Perceived Change in the Experimental Group at Six Weeks

Reports varied from the subtle to the obvious with regard to changes observed by the co-researchers in the experimental group. All had been advised in the informed consent form to continue with their routine health care regimes while in the experiment and if in treatment, to continue with those protocols as well.

Themes emerged that indicated several of the women experienced an increase in feelings of trust in their intuition, a greater sense of inner peace, safety, security, validation, joy associated with being in a group of like-minded women, well-being, connection to a sense of spirit within and an increased level of respect for intuition as a valid form of knowledge.

In their own words, personal reflections of selected co-researchers capture these themes:

“I feel that I give my intuitive information much more respect. I am not editing as I did before. I listen and respect my physical intuitive channel much more. I respond to its requests.”

“I am much more aware of a peacefulness and stillness within me; a greater trust in the unfolding of my life. A lessening of the inner critic within – I have attributed this to the meditations we are doing. The group energy is very powerful.”

“I have gained more insight into thoughts and emotions and what is going on within and around me. I feel better connected to my world, safer, more secure.”

“Further connection to my spiritual self and improved sense of well being. Allowing time for myself and knowing when I am not doing that. Becoming aware of frantic patterns and choosing to avoid them.”

Self -Observations at 12 Weeks

Twelve weeks later co-researchers in the experimental group offered additional insights on their experience of change (or not). As before, themes emerged and not all were feeling an improved outlook despite their skill development. Not surprisingly, the more they were paying attention to their intuitions, the more they recognized the need to make changes, some of them difficult, on their own behalf.

Central themes 12 weeks later with the majority in the experimental group still included an increase in trust of their intuitive insights; an increase in awareness of synchronicities; and greater acceptance of the relationship between emotions and health. The majority reported an increase in energy while a few co-researchers indicated that after class ended they were feeling less energized and had reverted to “old habits”. An increase in body awareness was reported by the most of the women; this experience found several had followed through on urges to spend more time in nature, start yoga, quit smoking and increase consumption of nutritious food. One co-researcher reported spontaneous healing of a persistent mold allergy while in the study. Another co-researcher followed through on an intuitive insight to wean herself off anti-depressant medication with the help of her physician and another noted awareness of feelings of anger related to her unfulfilling job which later led her to stand up for herself and “land the job of my dreams”.

Examples of their insights and reflections bring to light the many ways intuitive development has the potential to assist women with making more conscious but sometimes difficult choices in support of their health and well-being. The following

commentary reflects the degree to which these women had shifted in their thinking about intuition:

“Intuition is worthy of our attention and is not just new-age jargon as many people believe. Having the scientific piece helps me to honor what I know to be true and to talk about it to others without as much worry about their validation of intuition’s worthiness.”

“I feel overall an increased inner dialogue with myself that gives me a sense of trust in me and my life that I have never felt before. I also feel more open to the magic and mystery of life and am less apt to dismiss coincidences. Yesterday I had a spectacular intuitive moment with a prescribed homeopathic remedy (lycopodium clavatum) for depression and IBS. I had picked a close relative, clubmoss, while in the woods and had it sitting on my desk for two months prior to receiving this prescription!”

“I am increasing my sensitivity to food – now I can comfortably ask my body what it needs and stop before I’m finished eating everything on the plate if I get the message to do so. I also go to bed more consistently and more often than not end phone conversations so that I can make my bedtime.”

“[While in the study] I received a huge intuitive revelation that I am overmedicated with antidepressants. I was immediately inspired to wean myself off. I am doing that under the supervision of my physician. I am now on 1/3 the amount of Prozac I was on and have 100x more energy and mental clarity, especially upon waking than I have had in the ten years I have been on antidepressants. I am thrilled to be getting off Prozac.”

“I am more aware of my shifts in energy, mood changes and thinking about what may cause me to shift especially when I am feeling down and discouraged. Most days I take at least 15 minutes to stop and get into my body. I feel much better grounded afterwards and make better decisions based on feelings vs. what I should be doing.”

“I have been extremely depressed and angry. I have started looking for another job – mine seems so pointless. I lay awake at night and have trouble getting out of bed. My interests are really only for myself and those things that make me happy.” [This co-researcher reported 8 weeks later that after listening to her intuition, she took a stand for herself with her employer and now has the “job of my dreams.”]

“I have more energy. I am being more assertive about what I am willing or not willing to do with my family and others. The class was life affirming for me. I have always known [that] my intuition is good but have allowed others to demean its significance. My dream group told me to use my brain more and my intuition less. They laughed when I told them about the study. Last Thursday, I quit the group because my “gut” knows I need to move on.”

“I am more confident and assertive. I know what I know and my body expresses what it and I need. I feel grounded, empowered and most of the time, confident.”

“I have less sadness, less difficulty getting out of bed. I feel I have more of myself to give and am reaching out to others more. I meditate daily, pray and focus on my breath often daily. I am also more aware of my tendency to say yes too much and no too little. The changes I am making are small but notable.

“I am more aware of environmental clues. During the study I felt like pieces of myself were making sense. I kept setting an intention of forgiveness [in relation to] healing something I knew I needed to do in order to move into the next stage of my life. Lo and behold on Christmas night, when I least expected it, my ex-husband of 3 years called and left a message wanting to make peace. This is a man I have not spoken to in over 3 years. Needless to say I was shocked and could not help but wonder about an intuitive connection and the notion of setting an intention.”

In terms of profound change, one co-researcher shared the following about a spontaneous healing from a persistent mold allergy:

“The most dramatic intuitive experience was about half way through our classes. For no explained reason I woke right up in the middle of the night with a knowing that my continuing mold allergy was a physical sign of my deep seated fear of life and the disconnection that I have struggled with all my life from a loving God. It seems that after this happened I became clearer [all allergy symptoms disappeared] and I am more in tune with the 'knowing ' of myself. Now when I am out in nature I can at last feel a loving energy that I have never felt before or at least had not been able to hold onto it. (Tears have started as I write this). I am so much more at peace with myself. I am aware now that I am drawing people into my life to move me further into more awareness and peace. I am eating totally differently. I am doing yoga four times a week and I have trust that my life will continue to unfold in a peaceful, healthy and loving way.”

Summary of Results

The results of the repeated ANOVA on scores from the Beck Depression Inventory, Spiritual Well-Being Scale and all of the selected scales of the Personal Orientation Inventory, with the exception of the inner/other-directedness scale, indicate there is no significant change between the control and experimental groups that could directly be attributed to the intervention. The hypothesis that an integral approach to

understanding women's depression that incorporates intuitive development would improve depression, spiritual well-being and self-actualization scores in the areas of self-perception (measured as self-regard/self-acceptance), feeling reactivity, time competency and self-actualizing value is partially rejected.

The null hypothesis is partially supported however and therefore is not rejected in its entirety at this time. One scale of the POI, inner-directed/ other-directed, indicates that statistically significant change occurred between condition groups over the 12 week research period that can be directly attributed to the intervention. The research question that asked: *what is the effect of an intuitive development class that incorporates a transpersonal understanding of depression on women's health and spiritual well-being* is therefore partially answered. A comparison of composite scores between groups on other scales of the POI also supports the observation that meaningful change occurred (see POI Profile Sheet in Appendix B).

As women in the study made a conscious choice to shift inward, they experienced success in developing a neutral, non-emotional relationship with body awareness, sensory input, feeling cues and intuitive insights. In 12 weeks preoccupation with external influences began to have less authority and a shift away from over identification with the mind allowed their relationship with intuitive awareness to develop. The effect of these changes is validated by their subjective reports of greater attention to their symptoms as messengers, action taken on intuitions despite outside opinion to the contrary and feeling a heightened sense of peace and calm.

Chapter 4 Endnotes:

¹ Everett L. Shostrom, *Personal Orientation Inventory Manual* (San Diego, CA: Educational and Industrial Testing Service, 1966), 4,

² *Ibid.*, 13.

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*, 15.

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*, 4.

CHAPTER 5: Conclusions, Discussion, and Suggestions

*“I would rather be whole than good.”
Carl Jung*

Summary

This study investigated the effect of six intuitive development classes on women’s health and spiritual as well as general well-being. The goal was to provide a context in which to train women to utilize their intuition more effectively as a resource for health, given the study’s premise that it is a valuable and underused psychological function. The classes were primarily aimed at intuitive development and so were predominantly experiential in nature (see Appendix C for slides and related class materials). They also included introduction of a transpersonal energetic perspective on women’s depression and other symptoms as messengers. Outcome measures explored whether co-researcher perceptions would shift over a 12 week period, affecting change in their thoughts, feelings and behaviors. Both qualitative and quantitative findings were collected. An experimental pretest, posttest, posttest6 design was implemented utilizing two condition groups over three time periods in which the dependent variables were measured. It was postulated that with a change in perception outcome measures would reflect change in their experience of depression, spiritual-wellbeing and self-actualization. A qualitative analysis was interested in learning whether intuitive development affected the co-researchers in other ways during the 12 week study period. Seventy co-researchers were recruited from the community and partially randomly assigned to each condition group.

Conclusions

Using a repeated measures analysis of variance, all of the outcomes but the SWB demonstrated meaningful results when both condition groups are collapsed. This suggests that the main group affect cannot be accurately demonstrated nor easily delineated in this study primarily due to two issues: possible confounds associated with self-reporting on the selected instruments and the unexpected confound of a healthier, younger control group and an older experimental group with more health challenges. However, these only partially explain why outcomes within the control group appear to parallel those after the intervention. Of the eight dependent variables, only the inner-directed/other-directed scale of the POI exhibited statistically significant results ($<.05$), indicating that an effect did occur with use of the intervention. What this means and how this effect may be useful to women is explored in the Discussion section. Initially, findings suggest this type of CAM health education has strong potential to effect women's health and sense of spiritual well-being. The practical application of intuition in day-to-day life particularly in the health domain has merit. Instead of ignoring symptoms, women are more apt to notice them sooner and take action based on their intuitions. Since intuitive skill is also useful for achieving higher (deeper) states of consciousness development, a more conscious relationship with the Divine Source is naturally encouraged.

Study Limitations

Developers of the BDI-II state that “it should be kept in mind that all self-report inventories are subject to response bias. Some individuals may endorse symptoms; others may deny symptoms and receive spuriously low scores.”¹ Subjective social norms may play a role in determining reported behaviors, particularly as they relate to being depressed. Others have raised concern with the BDI-II and its use with repeated administrations. Hatzenbuehler, Parpal and Mathews (1983) reported repeated administrations yield lower total scores on subsequent administrations.² The fixed order presentation of the statements in the BDI-II groups has also been questioned. Dahlstrom, Brooks, and Peterson (1990) recommended that the items within each group be randomized in order to prevent either the first or last statements in each group from being overly endorsed.³ Individuals taking the BDI-II also are able to self-score.

This researcher found the SWB evoked reactions to use of the term “God” despite repeated reminders in the test instructions that co-researchers were to invoke their own interpretation of the term. Since the respondents were all women, reduction or elimination of gender, cultural or religious bias might be addressed by use of a scale that measures for spiritual well-being with greater attention to the effects of language.

POI reliability is based on a sample of 48 undergraduate college students administered the Inventory twice, one week apart. This is a different population than the sample studied. A number of studies using the POI in a pre/post test experimental design have included a longitudinal follow-up.⁴ In this study, the instrument proved to be time consuming for co-researchers and in some participants, evoked frustration with its design. However, since it was the only measure of the three to yield statistically significant

results, the number of questions (150) and the fact that it cannot be self-scored suggests that the number of questions may assist with reducing response bias.

Co-researchers were recruited for the study using a community-wide appeal. Some individuals were known to the researcher though most were not. All who agreed to participate expressed an interest or curiosity in the topic. Volunteers were told the research was interested in examining the relationship between intuition, women's health and spiritual well-being. The Informed Consent expands on this in greater detail and though it includes a paragraph on women and depression, the focus is on intuitive development. Despite this precaution, it appears that confounds in addition to response bias may have occurred in the form of a group affect. This is of particular interest to the researcher and has implications for future research.

Since the co-researchers in the study were women who had simultaneously come together to participate in the study, together or at a distance, the possibility of a more expansive interpretation of group affect deserves consideration. This has relevance on two levels: at the level of group effect via non-local consciousness and at the macro level via cultural conditioning. The effect of change occurring at a distance already has a place in the literature and while it cannot be proven as a factor in this investigation, neither can it be discounted. This type of group effect has intriguing implications to consider for future research.

It is also possible because the group organized around a single topic, co-researchers may have unconsciously provided elevated answers to test questions out of a desire to support the researcher, the study or out of their own discomfort with self-assessment, particularly with depression. The researcher is reminded of women's strong

basis for affiliation, accommodation and/or a history of over identification with others' opinions that may inadvertently affect accurate self disclosure. It is also possible that the type of individual attracted to the study was on average, healthy and was already intuitively self-aware. However, health profiles, at least in one condition group indicate otherwise. Within the experimental group, health issues were shared by the majority. In a sense, because of the way in which the research project was advertised, the study seems to have attracted women who already were having health concerns and were open to CAM and the practical application of intuition.

Perhaps some of the co-researchers in either condition group may have chosen on their own to read about intuition before or during the study. While the suggested reading list had purposefully been withheld so as to limit the introduction of an additional variable affecting outcomes, co-researchers were not specifically told to avoid reading on the topic during the study. The researcher did not screen out individuals who already had an established meditation practice and because the study was limited to "women in reasonable health", some women may have eliminated themselves from participation who would have been good candidates. Since co-researchers were not pre-screened for spiritual practice and other forms of consciousness raising techniques already underway before the study, their level of awareness and practice in this areas may have "stacked the deck" in favor of positive outcomes.

It was unknown to the researcher whether co-researchers were talking outside of class. It was discovered that despite partial random assignment between condition groups, the control group was healthier and younger and the experimental group on average was older and experiencing a wider array of health issues. Yet none of these

suppositions fully addresses the observation that change occurred in both condition groups between all three phases of the study across all categories with the exception of control group outcomes on the SWB. The researcher is curious whether this phenomenon has been addressed in the literature, particularly in studies exploring complementary and alternative healing.

It may be the test questions themselves influenced change. As each participant answered the same questions three times over a 12 week period, the amount of self-reflection required may have triggered new awareness. Awareness is the first step required for change to be able to take place; it could be that simply taking the time to complete the measures had provided both groups with the same opportunities. For members of the control group planning to attend the second offering of the six classes, hope and expectations for future outcomes could have influenced their responses. Even though the experimental group was meeting regularly and learning to increase their level of awareness through intuitive development, the test questions and shared feelings of hope may have served to create a level playing field amongst the 70 co-researchers. The results of the Intuitive Quotient questionnaire support this supposition. Since it was self-designed, results are not considered meaningful. However in both condition groups the numbers of “yes” responses were high, almost unusually high from the start. An observation that suggests there may have been response bias in the form of pressure (self-imposed) to feel or be intuitive and/or the group as a whole, due to their self-selection for the study, were naturally intuitive and aware of it. Either way, qualitative findings in other women’s studies suggests that standardized testing may have its limitations with women who are being asked to tune inward, given the unconscious effects of cultural

conditioning to do good, be good and to say they feel good or competent even when they do not. ⁵

Findings may reflect co-researcher self-assessment was hampered by an unconscious adaptive response to group pressure or wishful thinking that emerged in the form of apparent competency. However, this may only have been the case with a small sample. One-on-one interviewing would have provided co-researchers with a valuable opportunity to share their learning challenges and successes privately with the researcher. Only two out of 35 co-researchers in the experimental group reported difficulty with developing body awareness; one vocalized her struggles in class and the other expressed her challenges in writing to the researcher.

Despite confounds and limitations, empirical evidence *indicates meaningful change occurred*. There is also good evidence that these meaningful results would have remained buried. To explore the implications of these findings, the Discussion section explores the effects of intuitive development for women, women's health and their spiritual as well as general well-being.

Discussion

Intuitive development enhances a natural capacity; intuitive awareness nurtures habits of slowing down, observing and going within. As an antidote to the effects of contemporary living that can, without conscious awareness, inhibit or block intuitive receptivity, the practical application of intuition has a place in women's health education. Intuition if persistently ignored can result in the mind/body system sending messages in the form of symptoms or even illness. Given this arrangement, developing reliable right brain sensory and body awareness has the potential to be life saving and health enhancing

for women. Teaching women how to recognize, decipher and respond to subtle signals, feeling cues, sensory “data” and flashes of intuitive insight is a primary goal. So too is restoring meaning to symptoms and emotions by helping women to see them in a different light.

The discussion begins with acknowledgement that during the course of this research, the researcher evolved as well. Including the subjective experience of the researcher is considered valid as “organic research includes transformation of the researcher, the co-researchers and the readers” insofar as each are open and willing to be changed through their active involvement during the work.⁶ Despite a year of preparation, concerns persisted about how best to locate intuition within the knowledge domains of women’s health and psychology. Because the researcher had experienced diminution of her subjective intuitive knowledge professionally, preparation was extensive and turned out to be over focused on the rationalization and intellectualization of intuition in an effort to “prove” it valid as a psychological function. It was the first time the researcher would integrate concepts from transpersonal psychology and energy medicine in a class offered to the community. As a result, these concerns influenced a level of self-consciousness privately experienced as fear of professional judgment on the final research design. This led to an over emphasis on theory on a subject (intuition) learned best experientially. The fact that meaningful results occurred in spite of this encourages future explorations with refinement of the teaching materials.

A personal goal was to become an effective communicator on the subject. This called for an organized format and the development of teaching materials. Power point slides (see Appendix C) provided a context in which to locate intuition in relation to

women's health, women's psychology, girls and women's development and spiritual awareness. Hence the many slides focused on this information. It was only after feedback on the need for less slides, did it become clear that including them was an adaptive response to fear of not appearing credible (e.g. professionally competent) on the subject in relation to women's health. As a result, half of the slides (see Appendix C) contain information related to these areas. As such it could be argued the classes, not entirely focused on intuitive development, were misleading as advertised. Feedback indicates that some co-researchers found the slides "very important and helpful" while others "would have liked less time spent on the slides." As learning style is an ingredient critical to success of any student, attention to this must be considered in future research using this design. This might include use of the Myers-Briggs Type Indicator® or other means to assist students identify ahead of time their preferred mode of learning and processing. It will also mean varying auditory, visual and sensory techniques to assist with intuitive development.

In any creative endeavor lies an organic aspect, the outcome of which cannot be known ahead of time. In this study, as the weeks progressed, the responses from the co-researchers participating in the experiment validated the research was timely and helpful. Any lingering fears in the researcher waned and encouragement to continue to find ways to teach the practical application of intuition in relation to women's health has been strongly encouraged. Findings from the study suggest evidence-based group learning for women as a form of CAM health education has value. Subjective intuitive experience influenced women in the study to pay closer attention to information they had previously ignored. In some cases, they were compelled to take action. Because these changes

occurred as the result of heightened sensitivity to internal awareness, steps to change or improve health habits appeared to occur with greater conviction. For those who reported feeling a deeper sense of spirit within, many felt compelled to continue with their intuitive practice in community with other like-minded women.

The majority of co-researchers demonstrated after 12 classroom hours a meaningful increase in their ability to be inner-directed and body aware. This shift to the internal, practiced by observing subtle impressions, flashes of insight, bodily cues and sensory “data” naturally found many of the women more balanced in their response to external influences. One co-researcher listened to her body’s cues about being overmedicated and another spontaneously healed from a persistent mold allergy after receiving intuitive information in a dream. Several reported similar accounts of intuitive insights previously hidden or pathologized.

Study results suggest women’s spiritual development has the potential to be enhanced with intuitive development. Spirituality is understood in CAM as an important aspect to healing and wholeness. Its development may be nurtured by way of intuitive awareness, particularly in women whose past experiences with organized religion impeded spiritual development by inadvertently reinforcing beliefs and practices that devalued intuition. Girls’ and women’s spiritual development, that is the ability to develop a relationship to a Source that is greater than them and that can only be known intuitively, remains as an area for future exploration. Research that explores the health benefits of teaching intuitive development to adolescent females, in light of evidence of a 2 to 1 increase in depression among girls between ages 15-17 is also strongly suggested.

Perhaps a study in the form of classes taught in a format similar to the one designed for this investigation warrants consideration.

Women in the study made a conscious choice to shift their awareness inward by way of the body. More importantly, they were successful in noticing and observing their bodies, suggesting a more expansive understanding of this phenomenon is warranted. As body awareness has not traditionally been integral to most religious and some meditation practices, the inclusion of noticing rather than dismissing or overriding the body's signals was new to many of the women in the study. Understanding of this is attempted first by making the distinction between awareness and the content of awareness which tends to be ignored in Western psychology.⁷

“Awareness is the ground of conscious life, the background or field in which all elements exist, different from thoughts, sensations or images. Behind thoughts and images is awareness. Whatever is noticed or conceptualized is an object of awareness, not awareness itself. Thus everyday consciousness contains a transcendent element that is seldom noticed.”⁸ From this point of view, the observing self is featureless and cannot be affected by the world anymore than a mirror can be affected by the images it reflects.⁹ Thus co-researchers making the choice to go inward underwent a subtle but distinct shift in awareness as they became both the observer and the observed. As subjective experiences and intuitive insights in class were later validated by awareness of environmental cues and synchronicities outside of class, awareness of a sense of peace and calmness at those moments of recognition positively reinforced their relationship with and understanding of intuition and how it works. Eventually, for several, this level

of intuitive awareness led to active and sustained change as their trust in the process increased.

Depression in this study is understood in part as a response to an interruption to the flow of intuition into the mind/body, an experience beginning (typically unconsciously) at the spiritual level of consciousness and progressing to the psychic, mental, emotional and physical levels of consciousness if negative beliefs persist. Without heightened or overdeveloped intuitive awareness, depressed women generally remain stuck feeling and thinking hopeless and helpless thoughts, unaware of their state of separation from their innate wholeness and authentic self. Intuitive awareness naturally facilitates an awareness of the multidimensional aspects of self.¹⁰ With trust in a more reliable connection to this “inner psychic gyroscope”, women stand a much greater chance of noticing sooner than later creative solutions to pressing problems and lifesaving cues and clues from their mind/body in support of their health. The difficulties significant numbers of women still have in making this distinction suggests that intuitive awareness acquired within a peer group experience, which by design affirms the importance of subjective experiences, has merit as a potent CAM approach to women’s health and self-directed healing.

Wades’ theory on consciousness development identifies affect as an important motivator for women.¹¹ Because women’s brains are wired to feel in almost everything they think, say or do, a transpersonal understanding that honors emotions as meaningful and mood as an informational tool naturally encourages women to look closer when either arises. As meaning is restored to aspects of reality previously segregated such as emotions, feelings, sensations and symptoms, perceptions about them as negative or

limiting naturally tend to change. How changes in perception about emotions, symptoms and moods have affected the co-researchers long term remains unclear. Subjective reports during the 12 weeks indicate that at least half of the women in the experimental group took action on their intuitions and paid much closer attention to their feelings. During the experiential exercises, co-researchers were encouraged to “quietly go within to listen, feel, sense or imagine what it was that would most serve your healing or sense of well-being at this time.” For some, surprising messages about being overmedicated, job dissatisfaction and the need to speak up in relationships were acknowledged and addressed, leading to improved outlooks or at least awareness of options. How these positive experiences and reactions to intuitive impressions correlate directly with a meaningful decrease in depression scores is difficult to discern given the parallel of improved scores in the control group. However, given that baseline depression scores in the experimental group were higher, any improvement achieved in 12 weeks suggests attention to intuition instead of blocking or ignoring it had a meaningful impact.

Biomedical mental health research has been reviewed in this study to mobilize and locate women’s experience of depression within a construct that identifies depression as a medical condition.¹² This approach for many women has had the effect of validating their pain and legitimizing their identities. However, this arrangement also makes for an uneasy fit between the objective discipline of biomedicine and women’s subjective experiences of depression.¹³ Without tangible evidence to validate the reality of their “condition”, women find themselves on precarious ground within a biomedical framework. More importantly, their subjective experience is often segregated and ignored, leaving out intuition and the knowledge that comes with it. The social

construction of biomedicine and the stigma associated with marginalized forms of distress may provide some means of legitimization for women however depression within this framework ultimately results in delegitimization and stigmatization.¹⁴ Ultimately stigma has the effect of reinstating the power of the biomedical model unless critical dialogue such as the one undertaken in this study challenges the taken-for-granted assumptions of biomedicine.¹⁵ When health and mental health care practices fail to explain from a more expansive holistic point of view or provide integrative options for health and healing, assumptions in biomedicine risk remaining invisible and perpetuating the pathology of the individual.

Suggestions for Future Research

“It is likely that most, if not all, subtle, ephemeral and unexplained phenomena associated with subject experience are connected, directly or indirectly, with the phenomenon of non-locality. Non-locality and the non-local quantum hologram provide the only testable mechanism discovered to date which offer a possible solution to the host of enigmatic observations and data associated with consciousness and such consciousness phenomena. “

E. Mitchell
“Nature’s Mind: The Quantum Hologram”

Intuition is no longer understood as just an individual experience. The time has come to creatively explore its integration and practical application in women’s health and mental health education. This study has been organized around intuition as it relates to women’s health and spiritual well-being. This study has also addressed the medicalization of women’s depression and raised up for consideration the health benefits of intuitive development as an antidote.

Despite having a brain more receptive to intuition, women are twice as likely to become depressed. Depression affects the individual on many levels and is exacerbated

by lack of understanding of how to connect to the ground of wholeness within. In other words, the depressed individual has become fragmented; unaware they are born whole and are always whole. Intuition combined with logic and reasoning supports holistic comprehension in the individual. On the royal road to healing, intuition's emergence from the ground of wholeness within also serves as a natural pathway for spiritual attunement

A key factor inhibiting depressed women's reliable use of intuition therefore begins with lack of understanding that depression and other symptoms are messengers. Without holistic comprehension, attention to life-saving and life enhancing intuitive guidance remains beyond the purview of the fragmented individual. The long term effects of women's bias for affiliation and accommodation while a hidden strength, comes at a cost to those who do or give too much. As women's psychological structuring naturally favors accommodation (to keep the peace) and cultural conditioning reinforces it, there is a complex reality to honor and unravel. To compensate for the hidden effects of this gender bias, over development of intuitive skill is strongly recommended for women.

Many women continue to lack understanding about the effect of unexpressed emotions on intuitive development and on their health in general. Emotions inhibit intuitive receptivity such that intuitive development is enhanced when women learn to observe their emotions while not becoming overwhelmed by them. Reliable use of day-to-day intuition that is by nature non-emotional and impersonal improves as the skill of detached observation is mastered. As heightened intuitive awareness becomes naturally integrated with logic and reason, a natural decrease in fragmentation occurs and over

time, this study argues, less time is apt to be spent in depressed states. There is too a greater likelihood that with practice, connection to the ground of wholeness within becomes a natural byproduct of intuitive development

Initially however reliable use of intuition may trigger a relapse of depression in some women, particularly those who begin to listen to and act on their own feelings and cues as this puts them at risk of not accommodating others. Being good despite feeling otherwise comes at a price. Depression is often the clarion call trying to get the individual's attention they are living out of balance, in a state of incongruence between inner values and outer reality.

Transpersonal theory proposes there are developmental stages beyond the ego that when achieved can engender the highest of human qualities including creativity and intuitive wisdom.¹⁶ For individuals lacking healthy ego development however, "one can easily fall under the spell of inner space."¹⁷ This is one of the misconceptions or perceived "dangers" about integrating intuitive development into a clinical setting. For individuals fragmented in their personality construction, thoughts, feelings and emotions not grounded in reality may lead to psychosis.¹⁸ Because intuition is by nature impersonal and without emotion, intuitive development undertaken with these individuals should be carefully considered. The risk for depersonalization will find skilled clinicians hesitant to integrate intuitive development into treatment with certain individuals or groups; this hesitation is viewed as a form of best practice. The clinical application of intuitive development is recommended as best offered within a conceptual framework that is integrative. The application of sound clinical judgment to screen for individuals

who may be too vulnerable or over sensitive to emotions, sensory input or body sensations is suggested.

To address misunderstandings and uncertainty about what intuition is and how to teach and work with intuition and transpersonal concepts in a clinical setting, future research suggests that a CAM health education curriculum for trained professionals has merit. Until such time that clinicians are comfortable with their own use of intuition and its praxis, integration of intuitive development and transpersonal concepts into patient care is at risk of remaining marginalized within medical and mental health domains. As it turned out in this study, intuitive development training for clinicians was an unexpected outcome. Out of seventy co-researchers, ten medical or mental health professionals volunteered. Several stated that what drew them to the study was a desire to develop or refine their relationship with intuition as a reliable skill and when appropriate, to learn how to apply or teach its use professionally.

Replication of the classes designed for this study suggests future research aimed at refinement of the materials has merit. Refinement of the slides for content and formatting has been suggested as has exploring ways to assist women increase their sense of mastery with intuitive development. The experiential exercises and music selections used in the study (see Appendix C) were found to be effective insofar as the co-researchers reported responding to them positively. The repertoire of selections could be expanded in order to support a wider range of learning styles.

The six classes designed for this study played a critical role in how information on intuition was communicated. It is true that while skills acquisition was identified as the primary goal, a secondary objective was psycho-education. An assumption was made

that after exposure to class materials and experiential exercises, co-researchers in the experimental group would fare better in their scoring on standardized measures than those in the control group. As it turned out, the trajectory of change measured in the control group looked very similar in most of the graphs with the exception of the SWB and one scale of the POI. However, because scores on the POI, the BDI-II and SWB significantly improved in the experimental group after exposure to the experiment, future research suggests that greater attention to health profiles, age, spiritual practice and proclivity for use of intuition is needed before random assignment to a group is made. This change in the research design would have addressed what appeared to be a healthier, younger control group and an older experimental group with greater health challenges. This observation is supported visually in the majority of graphs that illustrate healthier baseline scores in the control group.

The issue of response bias remains as a significant factor implicating future research using this design. For women who may feel vulnerable or unsure of themselves because they have been over focused on what others think, participation in group learning has its pros and cons. Sensitivity to assessing for the more subtle features of response bias suggests that standardized testing has its limitations. The POI could not be self-scored and appeared to override the issue of response bias. To assess for depression, use of the Minnesota Multiphasic Personality Inventory in future research is suggested for this reason.

Since one goal of the study was to see if women's depression scores would change with new knowledge about the hidden messages of depression, future research could be aimed at recruiting only women who identify as depressed. Individuals who

agree to participate would also agree to randomization with exposure to the intervention offered at a later date to the control group. Screening would assess for other health issues, age and whether individuals regularly meditate or engage in some type of spiritual practice. In this study, an older experimental group turned out to have a wider range of health concerns, many of them associated with aging. Interestingly, postmenopausal women are often considered more intuitively aware and thus perhaps more open to this type of learning. As such this may have been an additional confound with the experimental group. It is also true that an assumption was made that teaching women to be intuitively aware would encourage greater focus on living in present time. Anecdotal evidence found in earlier research however indicates intuitives are apt to be more future oriented. This presents an interesting dilemma as it could be that precognitive awareness inadvertently compromises, for some women, living in the moment.

Another particular goal was to introduce an alternative point of view to women on the life saving messages embedded within their seemingly disparate symptoms. It was also a goal to teach women about intuition within a format and in an arrangement that would yield recognizable results to the co-researchers in a short period of time. The approach was aimed at providing an opportunity for direct practice in a setting that validated and normalized the benefit of intuitive skill development as a vehicle for achieving personal growth and enhancing health. As the study was limited to a 12 week period, it was understood this was a relatively short period of time in which to acquire reliable use of a skill and not nearly long enough to assure mastery. It may be that some individuals will need longer time than others to learn intuition as a reliable skill. For these reasons, future research suggests that longer time is needed for practice and support.

Several women in this study opted to remain in a monthly after-study group to enhance mastery.

Suggestions for refinement of the class format emerged from the co-researchers themselves. Several women in the experimental group expressed disappointment in not being able to discuss their intuitive experiences with other women in the class and many indicated they felt they would have benefited from hearing how others were progressing. As it turned out, more than half of the women in the class identified as depressed. The fact the experimental group's depression scores significantly improved over the 12 week period suggests greater attention to subjective intuitive experiences changed beliefs and affected their outlook. It is also surmised that a de-pathologizing approach to depression provided a renewed sense of hope and increased a sense of agency. However, what appears to be a similar level of improvement in the control group with regard to depression scores reflects limitations associated with the research design, the standardized measure, a healthier control group and the possible impact of placebo or expectation effects. "Many CAM modalities include patient hopes, expectations, emotional states, energies and other self-healing processes as part of their core "mechanisms of action."¹⁹ A more sensitive tool such as the MMPI may have been able to pick up the more subtle aspects of change that occurred in the experimental group. It is also possible that detection of sub-clinical depression, not easily achieved by the BDI-II, would have captured a more accurate profile of the control group.

The research question located this exploration within the domain of a CAM effectiveness study. As such it appeared to identify the "mechanism of action" as the six intuitive development classes which meant by design the intervention appeared to be

appropriately compared to a placebo control. However, given the expectation that placebo effects are generally presumed to work in a positive direction, it appears that perhaps the “mechanism of action” in this study may have turned out to be “largely or exclusively patient expectations or self-healing processes.”²⁰ Future research could include comparing the relative abilities of intuitive development separate from the integral approach to understanding depression and other symptoms so as to activate co-researcher expectations and self-healing processes and compare the measurable health benefits between the two modalities.²¹

The role and potential benefit of women learning about intuition in a group format warrants further exploration. Anecdotal reporting in this study strongly suggests its value. Past research on what factors appear to promote well-being in women indicates it is most often aspects of women’s relationship with themselves that is a key feature.²² Women for the most part tend to seek out being in a community of women and appear to benefit from it as evidenced by the number of women in this study who identified this desire to be with other women as a need. Isolation, a key feature to depression, was often expressed as a primary motivator that attracted several co-researchers to the study.

Traditional group treatment of depression tends to rely on a cognitive-behavioral format. In psychotherapy effectiveness research, a model, theory or general approach is typically defined and standardized.²³ The specifics of how and what the intervening therapist says however varies and is not measured. In this study, aspects from the psychotherapy effectiveness model were borrowed such that attempts to standardize the approach suggest repeated trials are needed so long as confounds as previously identified are addressed.

Finally, future research may include reconsideration of how the classes are designed and advertised to potential students. The classes in this study did not focus solely on intuition. Women's health and spiritual well-being were also features to the information presented in the didactic portion of more than one class. As a result, integration of this information occurred concurrently with teaching women how to get into a right brain state of awareness. This arrangement was purposeful so as to locate intuition within the domains of women's health and psychology. The evaluation of change using left brain measurement tools was by choice but recognized as a limitation. It had also been a decision of the researcher to not introduce an additional measurement tool (the Myers-Briggs Type Indicator MBTI®) after the majority of co-researchers in the experimental group indicated they were already familiar with their preferred mode for processing intuition. The remainder who did not know whether they were I (intuitive) or S (sensing) agreed to take the MBTI test online at their leisure. Other intuitive development teachers indicate students who understand ahead of time how they are wired to process intuition, tend to more readily understand how to use it.²⁴ Future research will stress the importance of having this knowledge ahead of time and will favor prioritizing the use of subjective measurement tools.

This study confirms that women have the option to develop a healthy, deeper relationship with their sense of self by way of intuition. Opportunities for this type of growth and development may present in different ways at different times throughout life such that an intuitive development class will be just right for some women and not a good fit for others. As a form of CAM health education, intuitive development has its place. To compete with factors of contemporary living that tend to override intuitive

impressions, overdevelopment of intuitive skill has the potential to be cost effective in terms of wellness care. Anecdotally, several women in this study said that they “knew” well before serious health issues erupted that “something was wrong.”

In an integrated model of health care, women who are encouraged to utilize their intuitive impressions and subjective experiences stand a much greater chance of taking responsibility for their health. They also stand a much greater chance of benefiting from the hidden messages of their symptoms, particularly if their understanding is grounded in the knowledge that everything they need is already inside of them. With practice, their intuitive awareness also has the potential to lead to spiritual attunement despite no compelling evidence to suggest that they would have any greater spontaneous access to a transcendent source of consciousness.²⁵ Wade suggests women will either take the path using doubt and reason or they will seek to understand the world through connection by way of intuition.²⁶ This study argues that even for women whose natural proclivity is for logic and reason, intuitive development supports a level of holistic comprehension that naturally enhances health and spiritual as well as general well-being.

Chapter 5 Endnotes:

¹ Beck et al, *BDI-II Manual*, 12.

² Ibid., 9.

³ Ibid.

⁴ Shostrom, *Personal Orientation Inventory Manual*, 33.

⁵ Maryanne Vitalius, Ph.D., "Hurried Mother's Syndrome," Unpublished Dissertation (Cincinnati, OH: Union Institute, 2006).

⁶ Braud and Anderson, *Transpersonal Research Methods*, 120.

⁷ Wade, *Changes of Mind*, 54.

⁸ Ibid., 55.

⁹ Ibid., 56.

¹⁰ Ibid., 137.

¹¹ Ibid., 147.

¹² Michelle LaFrance, "A Bitter Pill: A Discursive Analysis of Women's Medicalized Accounts of Depression," *Journal of Health Psychology* 12, no. 1 (2007): 127-140.

¹³ Ibid.

¹⁴ Ibid., 137.

¹⁵ Ibid.

¹⁶ Mark C. Kaspro, M.D., Bruce W. Scotton, M.D., "A Review of Transpersonal Theory and Its Application to the Practice of Psychotherapy," *The Journal of Psychotherapy Practice and Research* 8, no. 12 (1999): 12-23.

¹⁷ Marcia Emery, Ph.D., *PowerHunch! Living an Intuitive Life* (Hillsboro, OR: Beyond Words Publishing, Inc., 2001), xvii.

¹⁸ Kaspro et al, "A Review of Transpersonal Theory."

¹⁹ Naihua Duan, Joel Braslow, Alison Hamilton Brown, Ted J. Kaptchuk and Louise E. Tallen "Innovative Study Designs to Assess Treatment Effectiveness of CAM" in *Complementary and Alternative Medicine in the United States* (Washington, D.C.: The National Academies Press, 2005). Institute of Medicine of the National Academy of Sciences of the United States, Committee on the Use of Complementary and Alternative Medicine by the American Public, Board on Health Promotion and Disease Prevention.

²⁰ Ibid.

²¹ Ibid.

²² Heather Clarke, "Depression: Women's Sadness or High-Prevalence Disorder?" *Australian Social Work* 59, no. 4 (December, 2006): 365-377.

²³ Naihua Duan et al, "Innovative CAM Study Designs."

²⁴ Marcia Emery, Ph.D., personal e-mail to author, June 16, 2007.

²⁵ Wade, *Changes of Mind*, 156.

²⁶ Ibid., 148.

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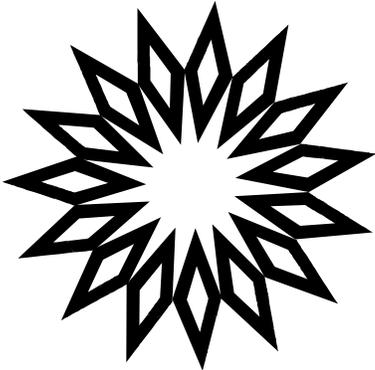
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APPENDIX A: RECRUITMENT MATERIALS

Advertisement to Local Community



An Invitation To Participate in A Research Study on the Relationship Between Intuition and Women's Health and Spiritual Well-Being

This study is seeking to further knowledge on the health benefits to women of intuitive skill development. Participants are asked to commit to attend a series of six (6) consecutive two (2) hour classes, keep a journal and complete a series of outcome measures. Classes will be held in Yarmouth on Tuesday evenings from 7:00 to 9:00 pm. starting October 17, 2006. Deadline for Registration is September 30, 2006.

For more info and registration, please contact:

Deb Butterfield, LCSW, A.B.D., Holos University Graduate Seminary

Study Coordinator

207-846-1162 Ex. 3

dbutter@maine.rr.com

Letter to Interested Volunteers

❖ RESEARCH STUDY ON INTUITION ❖ AS IT RELATES TO WOMEN'S HEALTH AND SPIRITUAL WELL-BEING

DEB BUTTERFIELD, LCSW, A.B.D.

This research study is in completion of my doctoral dissertation from Holos University Graduate Seminary (www.hugs-edu.org). I will be offering a whole health class for women. The series of six classes will have as its primary focus intuitive development and its relevance for women's health and spirituality. Participants in the study must be able to commit to attending six two-hour classes that will be held at Sanctuary Holistic Health and Yoga Center, 50 Lower Falls Drive, Yarmouth from 6:30-8:30 pm starting Tuesday, October 3 and ending on Tuesday, November 7. Participants will be asked to complete a total of 6 questionnaires and keep a journal. There will be a moderate fee for course materials. If you are interested and would like to be considered for the study, please contact Deb Butterfield at 846-1162 Ex. 3 or by email at dbutter@maine.rr.com Registration for the study will begin in mid-September.

Deb is a licensed clinical social worker and third year doctoral student at Holos. She is a holistic psychotherapist in private practice and at Sanctuary Center where she is also Director of Holistic Health Education. Deb is also a part-time faculty member at Boston College Graduate School of Social Work. Her area of clinical study is in the integration of spirituality and energy medicine into conventional approaches to health, mental health and wellness. She is particularly committed to advancing the use of practical tools and skills to assist individuals with their own self-healing.

Follow-up Letter to Interested Volunteers

Holos University Graduate Seminary Research Study

Date

Re: Research Study exploring the Relationship between Intuition, Women's Health
And Spiritual Well-Being

Principal Investigator: Debra L. Butterfield, LCSW, A.B.D.

Thank you for your interest in participating in this research study. This study is seeking to further knowledge on the benefits to women of intuitive skill development. Intuition is a natural and often underused psychological function. Everyone has access to intuition, though many may not use it. Intuitive knowledge is useful in day-to-day in decision making and as a means to enhance spiritual attunement. While a great deal has been written about intuition in the last 20 years, little has been done to explore its benefits in relation to health and well-being.

The study will consist of a series of six two hour classes. Each class will consist of a mix of lecture, direct practice and discussion. Skills training will consist of guided imagery and other exercises led by the principal investigator. All individuals participating in the study will be considered co-researchers, as equals working along side the principal investigator. Individuals who agree to participate must be available to attend all six classes to be held in Yarmouth from 7:00-9:00 pm starting _____. The study is limited to women age 20 or older who are in reasonable health and are open to learning about intuition. All co-researchers will agree to complete a set of three measures; two sets during the six weeks of the study and a final set six weeks later. Each set of measures will take approximately one hour to complete. In addition, all co-researchers will be given an intuition journal in which to record their observations. Optional interviews may also be requested on a voluntary basis. There is a \$30 optional contribution for course materials. Inability to pay will not exclude anyone from the study.

Should you be unable to participate in attending the six classes this fall, your participation in the study is still needed. Women, who agree to complete the three sets of measures this fall, will be offered the same series of classes in the early spring of 2007.

If you feel you meet the criteria for inclusion in the study and are open to signing an informed consent form, please reply by phone or email no later than _____ to:

Deb Butterfield, LCSW, A.B.D.

dbutter@maine.rr.com

207-846-1162 Ex. 3

With gratitude for your interest in this research study, Deb

APPENDIX B: STUDY PROTOCOLS FOR VOLUNTEERS

Directions for Experimental Group Completing Outcome Measures



Holos University Graduate Seminary Research Study on the relationship between intuition, women's health and spirituality

Principal Investigator: Deb Butterfield, LCSW, A.B.D.
dbutter@maine.rr.com

To: Co-Researchers

Date: October 11, 2006

Thank you for your willingness to participate in this study. You have agreed to attend a series of six classes on Oct. 17, 24, 31 and Nov. 7, 14 and 28. In this packet you have received the following: the Beck Depression Inventory, the Spiritual Well-Being Scale, the Personal Orientation Inventory, a "What is Your Intuitive Quotient?" survey, an informed consent form and an *optional* personal health history questionnaire.

Please choose a quiet time and location to complete the 4 measures. In total it should take you no longer than one hour to complete all four. Do not spend a lot of time on each question; in general, it is best to go with your first impression. There is no right or wrong answers. Please note that you have been assigned a numeric identifier for all of the forms with the exception of the informed consent form.

On October 17, please plan to arrive promptly for our 7pm start. We will meet at Sanctuary Center, 50 Lower Falls Drive, Yarmouth. Upon your arrival, please check yourself in at the registration table, pick up your nametag and drop off your first set of completed measures, the signed consent form, health survey and a check made out to Deb Butterfield for the *optional* \$30 materials fee. **Please keep the POI test booklet for future use.** A reminder e-mail will be sent to you two days before the start date with directions to Sanctuary. Looking forward to meeting you on the 17th,



Directions for Control Group Completing Outcome Measures

HOLOS UNIVERSITY GRADUATE SEMINARY RESEARCH STUDY ON THE RELATIONSHIP BETWEEN INTUITION, WOMEN'S HEALTH AND SPIRITUAL WELL-BEING

Deb Butterfield, LCSW, A.B.D., Principal Investigator
dbutter@maine.rr.com 207-846-1162 ex. 3

TO: Co-Researchers, Control Group

DATE: October 17, 2006

Thank you for your willingness to participate in this study. You have agreed to complete a set of three measures over a 12 week period starting on or around October 17. The second set of measures will arrive on or around November 28 and the third set will arrive approximately six weeks later. Each set will contain: the Beck Depression Inventory, the Spiritual Well-Being Scale, and the Personal Orientation Inventory and a "What is Your Intuitive Quotient?" survey. You have also received and are asked to sign and return an informed consent form that outlines all aspects of the study. This form is required of all participants in the study. A pre-addressed mailing envelope has been provided.

Please choose a quiet time and location to complete the 4 measures. In total it should take you no longer than one hour. Do not spend a lot of time on each question; in general, it is best to go with your first impression. There is no right or wrong answer. Please note that you have been assigned a numeric identifier for all of the forms with the exception of the informed consent. **Please keep the POI booklet for future use. Please note that a #2 pencil has been provided and is required for the POI.** On the Spiritual Well-Being scale, please invoke your personal understanding of the term God when completing the questions. With gratitude for your participation,

Holos University Graduate Seminary Research Study
Intuition, Women's Health and Spirituality

Personal Health Survey

(optional)

Name: _____ Age: _____

Any current health concerns?

Past Health Issues?

Women's Health History in your Family of Origin:

Additional Comments:

HOLOS UNIVERSITY GRADUATE SEMINARY

Informed Consent Form

PRINCIPAL INVESTIGATOR IN CHARGE OF STUDY:
DEBRA L. BUTTERFIELD, LCSW, A.B.D.

NAME OF EQUIPMENT/THERAPY

Intuition is a valid, rapid and typically underused form of knowledge. It has many subtle dimensions and has a wide range of definitions. Viewed as a process, intuition is often examined for how it takes place. Often it is distinguished from other processes that are complementary such as reason and inference. Intuition is identified by many names: gut feeling, hunch and answers that come in a flash of ideas. Some classify intuition into levels of awareness: physical, emotional, mental and spiritual. The attributes of intuition often describe its qualities as direct, certain, immediate and innate. A multi perspective approach to intuition helps retain more of the subtle qualities of intuitive knowing.

Depression is twice as likely to occur in women as in men. There is a complex set of factors influencing the understanding and treatment of this diagnosis. Past research in women's psychological development strongly suggests that when the prevailing paradigm, in this case the traditional understanding of depression in the fields of medicine and mental health, no longer fits with the actual lived experiences of women then a new more expansive point of view is due.

In the past five years, the Principal Investigator of this study has worked individually with several dozen women seeking a more holistic understanding of their depression. A holistic approach to depression treatment has included the introduction and regular use of intuitive skill to assist with expanding self-awareness. With practice, many have reported a greater sense of connection and understanding

about their depression. Those who chose to make important (and sometimes difficult) changes as a result of their intuition most often reported significant benefit. More than half also reported greater spiritual attunement. Anecdotal reports from these individuals as well as objective assessment by medical and mental health practitioners also validated a change over time occurred when depression was de-pathologized.

This research project will consist of an experimental study in which participants, acting as co-researchers, agree to attend a series of six classes on intuitive development as it relates to women's health and spiritual well-being. The co-researchers will agree to complete three sets of outcome measures, twice during the six week timeframe and once six week after the classes are completed. In addition, they will agree to make regular entries into an intuition journal and practice exercises outside of class.

PURPOSE:

This is a clinical investigation using the psychometric measures: Beck Depression Inventory (BDI-II®), Personal Orientation Inventory (POI) and Spiritual Well-Being Scale (SWB). The Myers-Briggs Type Indicator (MBTI) and "What is Your Intuitive Quotient?" will also be administered. The purpose is to measure changes in outlook, mood, self-concept, inner-directedness and spiritual well-being. Additional data may also be derived from volunteers in the study who agree to disclose journal entries and/or a direct interview with the Principal Investigator about their experiences.

INCLUSION CRITERIA:

1. Co-researchers must be female and age 20 or older and in reasonable health.
2. Co-researchers must demonstrate a willingness to participate by signing a voluntary informed consent form.
3. Co-researchers will show ability and state willingness to attend class reliably and follow directions of the Principal Investigator.
4. Co-researchers must demonstrate willingness to keep an intuition journal provided for them.

5. Co-researchers must demonstrate willingness to complete three sets of outcome measures administered three times over the 12 week period, taking approximately one hour each time for completion.
6. There is a \$30 optional contribution for course materials. Inability to pay will not exclude anyone from the study.

EXCLUSION CRITERIA:

1. Individuals unable to comfortably sit or lie down for extended periods of time.
2. Individuals actively abusing drugs or alcohol.
3. Individuals experiencing difficulty with delusional thinking or self-harm.

PROCEDURES:

1. The length of the study is 12 weeks for each individual.
2. You may experience a decrease in symptoms of depression (if you have any) and an increase in symptoms of well-being. You may also notice subtle shifts in your self-awareness. Your ability to have a more reliable sense of how you best receive and understand your intuitive knowledge is likely to improve.
3. At the first class, you will be given detailed instructions on how to use the intuition journal. You will also come prepared to participate willingly in a guided meditation or exercise at each class. There will be ample time for questions and coaching at each class. You have the option to not participate in any class discussion. The Principal Investigator will be available for limited questions via email outside of class.

POSSIBLE BENEFITS:

The intuitive skill development and re-conceptualization of depression may contribute to new ways of thinking and perceiving. The intervention may also increase your desire to learn more and practice

using your intuitive skill. Your outlook, mood and sense of connection to meaning and purpose may also expand.

POTENTIAL RISKS

You may receive little or no benefit from the class, readings or practice.

There is the possibility that as you connect with deeper aspects of your awareness you may actually feel worse before you feel better. This is often the case in individuals who are new to listening more attentively to inner messages that have been ignored or avoided.

ALTERNATIVE TREATMENTS

You do not have to participate in this Research Study.

RIGHT TO LEAVE STUDY

1. As a volunteer, you will be starting the Study of your own free will, without any kind of pressure, and you may resign or leave the Study at any time. You will not be penalized or lose any of the benefits or rights to which you may be entitled. This may include a full or partial refund of the \$30 optional contribution for materials.
2. Any new information, which is developed during the course of the Study, will be made available to you and that information may influence your willingness to continue participation in the Study. Every effort will be made to advise you of any future information developed from this research project.
3. If you fail to follow instructions, the PI may terminate your participation in this Study.

CONFIDENTIALITY OF RECORDS

Your identity as a part of this Study will be kept confidential. All completed outcome measures will be de-identified (by using a

numeric assignment) before any person appointed by the PI scores and completes data entry. Members of the Institutional Review Board and the sponsoring institution of this Study may look at and copy any information collected during this Study.

For your safety, your name, address, e-mail address and phone number(s) will be filed electronically by the PI. Access to this information is by password only. Results of the Study may be reported in scientific presentations or publications, but you will not be identified.

You have provided the PI for this Study with your e-mail address. Because you will be part of a class, group e-mailings may occur to expedite the sharing of information relevant to all co-researchers in the study. These e-mailings may occur prior, during and after the series of classes have been completed. Your e-mail address will not be provided to anyone outside of this investigation. Use of your e-mail address by any study participants will be by your permission only.

Your identity will not be disclosed to anyone outside the study, unless required by law. Because you are part of a study class, you agree to voluntarily disclose your first name and any other identifying information in which you feel comfortable.

Because you may have opted to make the \$30 optional contribution for the class by personal check, only an appointee of the PI at the first class or the PI will have access to this information.

QUESTIONS

This form has told you what this Study is about. If you have any questions about the Study or concerns as a result of the Study, Debra L. Butterfield, LCSW, Th.D. (c) will assist you. The number to call is 207-846-1162 Ex. 3. The PI will regularly check her voice mail for messages during the study period.

SUBJECT STATEMENT

I am signing this consent freely and am not being forced. I understand that, by signing this form, I do not lose any rights to which I am entitled.

I hereby state that I have the legal capacity to enter into the contract and that no guardian has been appointed for me.

I have read and consent and the Study information has been fully explained to me. Any questions that have occurred to me have been fully answered by the PI in charge of the Study. I may request a signed dated copy of this form.

I agree to cooperate with all research personnel and to follow the procedures as outlined to me.

By signing the Consent Form, I am authorizing release of any collected data to the Institutional Review Board of the sponsoring institution and any third party required by law.

Subject's signature

Date

Subject's Name (Printed)

Daytime Phone

Mailing Address

Contact in Case of Emergency (Name/Phone #)

E-Mail Address (Printed)

Optional Phone (i.e. Cell)

5. Would you recommend this type of approach to other women? If yes, why? If not, why not?

6. Intuition is a natural skill and can also be a pathway to spiritual connection. Have you found this to be true for you and could you give an example of how you recognized this during the six weeks?

7. Would you recommend this class to mental health and health practioners as a resource for their clients? If so, why? If not, why not?

8. Additional comments/suggestions?

Please indicate if you would like to:

_____ Receive feedback on the results of your outcome measures

_____ Volunteer to be interviewed regarding your experiences in the study

_____ Share excerpts from your Intuition Journal selected by you that you feel are of significance with regard to your intuitive development

Name

E-Mail

DEB BUTTERFIELD, LCSW, A.B.D.
HOLOS UNIVERSITY GRADUATE SEMINARY
RESEARCH STUDY

Directions for Final Set of Measures for Control Group

Happy New Year!

It is with immense gratitude and deep appreciation that I forward to you the third and final set of outcome measures for the study that is interested in the relationship between intuition, women's health and spiritual well-being. Your willingness to stay the course and contribute to this research project, based here in Maine, has been vital. Without your role as co-researcher, the project would lack the important aspect of a control group.

Please complete in full all four measures that are enclosed: the POI (a #2 pencil is enclosed for this one), the BDI (please complete both sides), the SWB scale (please invoke your personal understanding of the term God) and the Intuition Quotient survey. A stamped return envelope is enclosed for you to mail back your responses no later than **January 17, 2007**. Thank you most sincerely,

Suggested Reading List

Intuitive Management: Integrating Left and Right Brain Management Skills

Weston H. Agor, Ph.D. (Prentice-Hall, NJ, 1984)

The Logic of Intuitive Decision Making: A Research-Based Approach for Top Management

Weston H. Agor, Ph.D. (Quorum Books, NY, 1986)

Personal Spirituality: Science, Spirit and the Eternal Soul

Daniel J. Benor, M.D. (Wholistic Healing Publications, NJ, 2006)

The Rest of the Deer: An Intuitive Study of Intuition

Margaret Blanchard (Astarte Shell Press, Inc., ME, 1993)

Intuition: The Inside Story

Robbie Davis-Floyd and P. Sven Arvidson (Routledge, NY, 1997)

Intuition Workbook: An Expert's Guide to Unlocking the Wisdom of Your Subconscious Mind

Marcia Emery, Ph.D. (Prentice Hall, NJ, 1994)

Intuitive Healer

Marcia Emery, Ph.D. (St. Martins, NY, 1999, 2001)

PowerHunch!: Living an Intuitive Life

Marcia Emery, Ph.D. (Beyond Words Publishing, OR, 2001)

Revisioning Transpersonal Theory: A Participatory Vision of Human Spirituality

Jorge N. Ferrer (State Univ. of NY Press, NY, 2002)

Cracking the Intuition Code

Gail Ferguson (Contemporary Books, IL, 1999)

In A Different Voice: Psychological Theory and Women's Development

Carol Gilligan, Ph.D. (Harvard University Press, Boston, 1982)

The Intuitive Edge: Understanding Intuition and Applying It in Everyday Life

Philip Goldberg, Ph.D. (St. Martin's Press, NY, 1983)

- The Search for the Beloved: Journeys in Mythology and Sacred Psychology*
Jean Houston, Ph.D. (Penguin Putnam, NY, 1987)
- Health Intuition*
Karen Kassy (New World, Hazelden, MN, 2000)
- The Biology of Belief*
Bruce Lipton, Ph.D. (Elite Books, CA, 2005)
- Body of Health*
Francesca McCartney (New World, Novato, CA, 2005)
- Toward a New Psychology of Women*
Jean Baker Miller, M.D. (Beacon Press, Boston, 1986)
- Anatomy of a Spirit*
Caroline Myss, Ph.D. (Three Rivers Press, NY, 1996)
- Your Sixth Sense: Unlocking the Power of Your Intuition*
Belleruth Naparstek (HarperCollins San Francisco, 1998)
- Women's Bodies, Women's Wisdom*
Christiane Northrup, M.D. (Bantam, NY, revised 1998)
- Intuitive Healing*
Judith Orloff, M.D. (Random House, NY, 2000)
- Positive Energy*
Judith Orloff, M.D. (Three Rivers Press, NY, 2004)
- The Intuitive Way: A Guide to Living from Inner Wisdom*
Penney Peirce (Beyond Words Publishing, OR, 1997)
- The Intuitive Heart*
Henry Reed, Ph.D. and Brenda English (A.R.E. Press, Virginia Beach, VA, 2000)
- Women's Intuition: Unlocking the Wisdom of the Body*
Paula M. Reeves, Ph.D. (Conari Press, CA, 1999)
- Divine Intuition: Your Guide to Creating a Life You Love*
Lynn A. Robinson, M.Ed. (Dorling Kindersley, London, 2001)
- Awakening Intuition*
Mona Lisa Schultz, M.D., Ph.D. (Three Rivers Press, NY, 1998)

The New Feminine Brain: How Women Can Develop their Inner Strengths, Genius and Intuition

Mona Lisa Schulz, M.D., Ph.D. (Free Press, NY, 2005)

Intuitive Thinking as a Spiritual Path

Rudolf Steiner (Anthroposophic Press, NY, 1986)

The Right Brain Experience

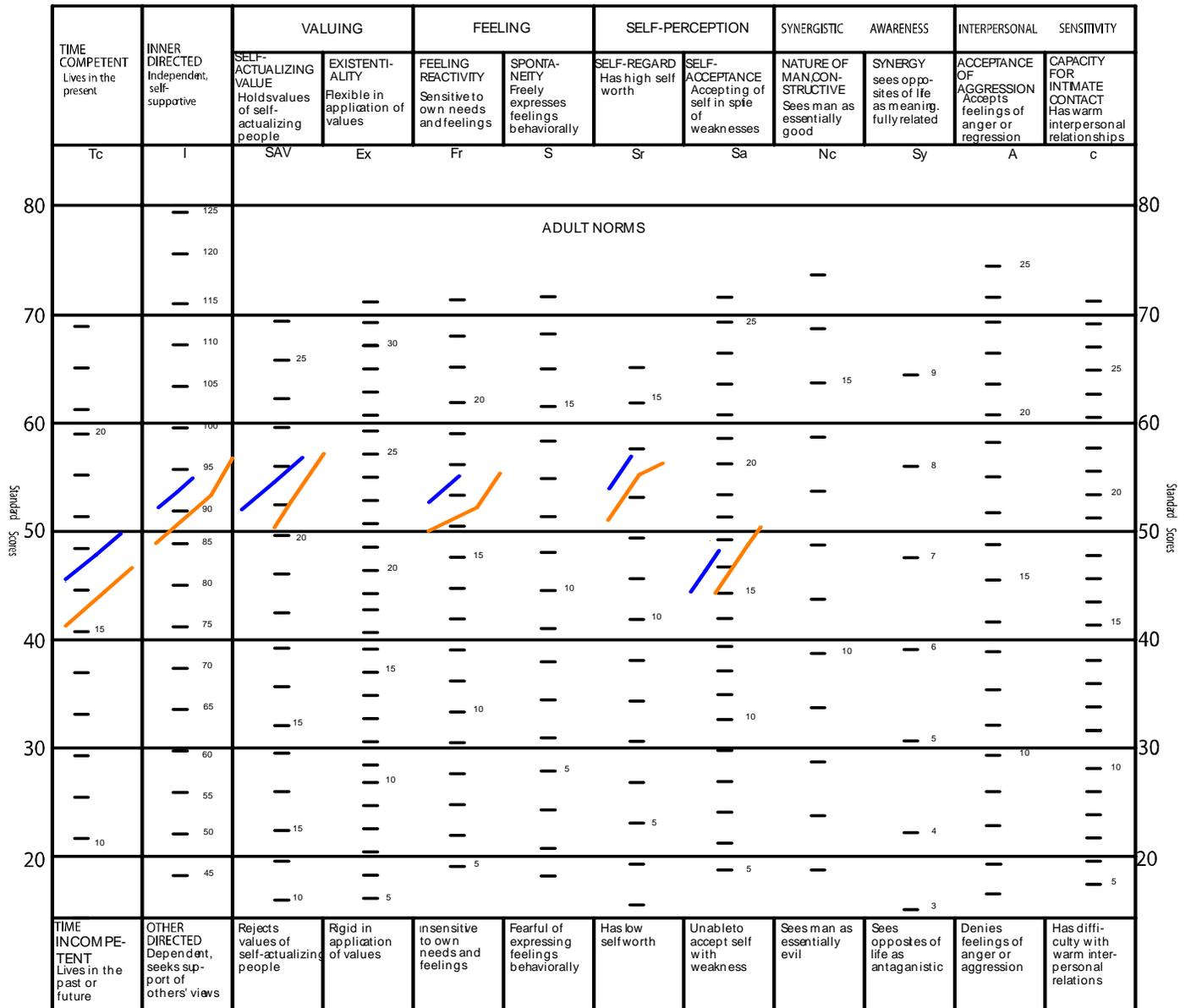
Marilee Zdenek (McGraw-Hill, NY, 1983)

Personal Orientation Inventory (POI) Profile Sheet

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PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

Blue=Control group, Red=Experimental group



APPENDIX C: CLASS MATERIALS

Guidelines for Intuition Journal and Home Practice

Recording in a journal is an integral part of intuitive development, at least at the beginning. Progress is exponentially enhanced when you record your observations, impressions, sensations and feelings over at least a one month period. Intuitive impressions are subtle and have a tendency to fade easily and quickly. For this reason, keep your journal handy and a size that you will use. Above all, this is meant to be a practical tool. Here are suggestions for ways to organize the journal:

Section I. How do I Receive My Intuitive Impressions?

Body Awareness

Begin to notice how and where in the body you are experiencing tightness, heaviness, a fluttering sensation, etc. Keep track of the correlation between these body bulletins and what's happening in your life.

Sensory Signals

Notice how your five senses receives intuitive input. "I see what you mean." "A little voice told me to go for it." "I can put my finger on it." "I've got a real taste for it." Become vigilant about noticing the language you use.

Section II. Practice

Start with small every-day questions to practice.

The Physical Channel

Check in with your senses. Ask a question and notice which of your senses gets activated. Do you feel a sense of contentment or agitation in your body?

The Mental Channel

Go with the first thing that pops in to your mind – no editing!

The Emotional Channel

Check in with your heart. Are positive feelings flowing through you? Do you sense warmth and expansiveness?

The Spiritual Channel

Close your eyes and imagine yourself expanding beyond your body to what is called your High Self or Full Potential Self. What do you notice in terms of insights or observations as they relate to the question you asked.

Section III. Environmental Cues

Record **synchronicities** – the simultaneous occurrence of two meaningful but not causally connected events.

Open your mind to **environmental cues**; they can provide direction and guidance.

Example: notice when certain things keep happening over and over; spend time in nature; pay attention to songs, book titles or snippets of conversation that spark something in you.

Section IV. Dreams

Programming

Repeat quietly to yourself a few times throughout the day and just before sleep that you will rest soundly, remember your dream and awake refreshed. Before rising, **give your dream a title** (large body movements often interrupt or quicken the fading of the dream imagery). Then jot down the title and later with more time....

Identify key symbols in the dream

Interpret the symbols using....

Word associations...amplify the associations until...

You arrive at an interpretation that resonates or you take more time to "incubate"

To see if something resonates with you, notice where you feel it in your body

(Aspects of these guidelines are written with permission from the author Marcia Emery, Ph.D. *PowerHunch! Living an Intuitive Life.*)

Music Selections Used During Experiential Exercises

Halpern, Steven. *Higher Ground* (Open Channel Sound Co., 1992)

Aeolia. *Angel Love: Music for Pure and Unconditional Love* (Oreade Music, 1985, 1999).

Guided Imagery Selections

Naparstek, Bellaruth. *Your Sixth Sense: Unlocking the Power of Your Intuition* (San Francisco, CA: HarperSanFrancisco, 1997) 117-152.

What Is Your Intuitive Quotient?

Please complete this checklist by going through and checking yes if you can identify with the situation posed and checking no if not. You may even be reminded of other times you used your intuitive input. Make a note of these other situations and record them later in your intuition journal.

Intuitive Quotient Checklist	Yes	No
1. Has a flash of insight ever helped you solve a problem?		
2. Do creative ideas suddenly show you new ways to view a situation?		
3. Do you ever know things about people without having advance information about them?		
4. Do you ever sense when an accident is about to occur?		
5. Do you ever know who is calling when the phone rings?		
6. Have you ever had a compelling urge to call someone? only to have them say, "I was hoping you would call."		
7. Are there times when a sensation resonates in your body? because a decision feels right?		
8. When you first meet someone you've talked to but have never seen, do they match the image you had of them?		
9. Can you fix machines or appliances without looking at the directions or manual?		
10. When being introduced to someone new, do you have a feeling about how you will get along?		
11. Do you instantly know where to find something that has been lost?		
12. Do you remember your dreams easily?		
13. Do you notice body signals like getting chills up the spine or tingling in the arms?		

Yes **No**

14. Can you feel a good friend's presence even when they are at a distance?
15. Have you ever had a hunch to go to the doctor and discovered a more effective treatment?
16. Do you ever think of someone and have them call soon after?
17. Are your first impressions of people usually right?
18. Do you ever feel a strong desire to go someplace and later discover that you needed to be there?
19. Have you ever met someone for the first time, felt uncomfortable and later heard unsettling news about them?
20. Did an advertisement for a particular event or class about health grabs your attention?
21. Can you "see" what your friend will wear to lunch?
22. Can you "hear" the boss's first words at the meeting?
23. Do you make snap decisions at work with limited facts available and feel confident you are correct?
24. Does your body get your attention when someone in your environment is draining you?
25. Have you met someone and known instantly that you would be good friends?

Number of **YES** answers: _____ Number of **NO** answers: _____

Intuition Slides

INTUITION

Understanding the relationship between women's health, spiritual well-being and intuition

Deb Butterfield, LCSW, Th.D.
Holos University Graduate Seminary
2007 ©

Course Outline

- ◆ **Week 1** Getting Started: Importance of more Show than Tell.
- ◆ **Week 2** Intuitive Development Theory Informs Practice
- ◆ **Week 3** Awakening Intuition
- ◆ **Week 4** Intuition as Spiritual Awareness.
- ◆ **Week 5** A Transpersonal View of Depression.
- ◆ **Week 6** Review/Trusting your Intuitive Process.

Week 1: Getting Started

- ◆ Why Intuition Research and Why Now?
- ◆ A Need for Innovative Research.
- ◆ Goals of Research Project.
- ◆ Role of Co-researchers.
- ◆ Research Design.
- ◆ Class Format.
- ◆ Class Guidelines.
- ◆ Intuitive Development Skills.
- ◆ Intuition Journal.
- ◆ Recording Dreams.
- ◆ Environmental Cues.

Why Intuition Research with Women and Why Now?

- ◆ Direct observation in clinical settings by the PI of women being out of touch with their bodies.
- ◆ Concern for the limiting views that women have about their emotions, symptoms and undeveloped aspects.
- ◆ A reported decrease in women's longevity and a reported increase in women's depression and other serious health concerns.
- ◆ Observations that some women appear to not reliably work with their intuitive knowledge, particularly when it comes to their health.
- ◆ Desire to provide a supportive, effective holistic approach to health that includes the integration of spirit.
- ◆ Intuition is understood as a vehicle for self-knowledge and for spiritual awareness.
- ◆ Concern that women are inadvertently contributing to the perpetuation of pathology by misunderstanding how to listen to the wisdom of their bodies.
- ◆ Recognition that the overdevelopment of intuitive skill is needed now more than ever given the pace and demands of 21st century living.
- ◆ Concern that conventional research remains limited in its ability to help women (and men) with serious illness and disease.

A Need for Innovative Research

Holos University Graduate Seminary

encourages:

- ◆ Research dealing with energy and spiritually-based holistic healing.
- ◆ Standards of excellence in teaching and scientific research.
- ◆ Building bridges between conventional and alternative approaches to health by fostering self-healing as a vital ingredient.

Training and Background of the Study Coordinator

- ◆ MSW, Boston College Graduate School of Social Work.
- ◆ Licensed Clinical Social Worker, State of Maine.
- ◆ Extensive training and practice in community mental health, corporate wellness.
- ◆ Candidate for doctorate in transpersonal and energy psychology from Holos University Graduate Seminary.
- ◆ Holistic Psychotherapy private practice.
- ◆ Director of Holistic Health Education and Programs Sanctuary Center, Yarmouth.
- ◆ Adjunct faculty, Boston College Graduate School of Social Work.

Goals of Research Project

- ◆ To provide women with a practical tool to incorporate into an integrative model of health and well-being.
- ◆ To foster women's understanding of how to recognize and work more reliably with their intuition.
- ◆ To provide a supportive community for women to explore and develop their intuitive skill.
- ◆ To contribute to women's understanding about their own relationship with themselves and their bodies.
- ◆ To enhance women's skill with spiritual attunement.
- ◆ To contribute to the larger research community in the fields of intuitive and spiritual development and holistic health.

Co-Researchers as Integral to the Study

- ◆ Knowledge in this study is jointly constructed by the Principal Investigator and the co-researchers (Participants).
- ◆ Research design allows for an organic inquiry.
- ◆ Intuitive development is understood in this study as a skill to be learned or enhanced.
- ◆ Women learning in community is an integral aspect of the study.

Research Design

- ◆ 70 cø researchers, all women age 20 or older.
- ◆ 35 participate in a six week series of classes, keep an intuition journal and complete 3 sets of measures.
- ◆ 35 complete 3 sets of measures and have the option to take the classes later.
- ◆ 5 10cø researchers have the option to participate in individual and group interviews about their experience.

Class Format

- ◆ Welcome/Check in
- ◆ Experiential exercise
- ◆ Short didactic component
- ◆ Experiential exercise
- ◆ Optional Discussion/Questions

Class Guidelines

- ◆ Please arrive on time with intuition journal.
- ◆ Dress comfortably.
- ◆ Set an intention to be open and non-judgmental of self.
- ◆ This is a class not a psychotherapy process group.
- ◆ Confidentiality.
- ◆ Continue personal wellness plan already in place including medications and therapies.
- ◆ Contact info for Principal Research Investigator:
846-1162 Ex.3 or dbutter@maine.rr.com
- ◆ For urgent needs after hours, call 774-HELP.

Intuitive Development Skills

- ◆ Observation.
- ◆ Focused Intention: energy follows thought.
- ◆ Thinking/perceiving symbolically – seeing the big picture.
- ◆ Tuning in to subtle impressions and patterns.
- ◆ Body awareness.
- ◆ Allowing: remaining open without need to control the outcome.
- ◆ Describing: recording intuitive “hits” and insights.
- ◆ Acceptance: non judgmental stance towards self.
- ◆ Regular practice in a consistent location and posture to start.

Guidelines for Intuition Journal*

Divide and label six sections:

- ◆ Physical Channel: physical sensations.
- ◆ Mental Channel: flashes of insight, words, thoughts, symbols.
- ◆ Emotional Channel: feelings transmitted through the heart.
- ◆ Spiritual Channel: connection through the soul with universal truths.
- ◆ Dreams.
- ◆ Environmental Cues.

*Marcia Emery, Ph.D., PowerHunch! Living an Intuitive Life, 2001

Recording Dreams*

“Dreams are a direct conduit to the intuitive mind”

- ◆ Intention: Set an intention before sleep to remember your dream and whether the dream is to be literal or symbolic.
- ◆ Dream title: Before opening eyes, give dream a title.
- ◆ Key symbols: Record key symbols before starting the day.
- ◆ Incubate, interpret key symbols.

*Marcia Emery, Ph.D., PowerHunch! Living an Intuitive Life, 2001

Environmental Cues*

- ◆ Connect an inner need to an outer event.
- ◆ Begin by opening your mind to subtle environmental cues.
- ◆ Cues can arrive at anytime, in any way including through people.
- ◆ Actively ask for input; cues can provide direction and guidance.
- ◆ Note when environmental cues run counter to logic.
- ◆ Synchronicities: dig for deeper meaning.
- ◆ Openness to environmental stimuli is the first step in the intuitive process.

◆ *Marcia Emery, Ph.D., PowerHunch! Living an Intuitive Life, 2001

Setting the Stage for Access to Intuitive Information

- ◆ Start with the same beginning sequence and posture
- ◆ Pranic breathing 5-10 deep breaths drops us down into our body
- ◆ Take yourself to your Place of Peace
- ◆ All of these become cues and eventually accelerate the process
- ◆ Combined they help us slow down “busy mind and body”
- ◆ During your imagery tonight notice your body responses (tingling, involuntary muscle jerks, desire to cough or yawn)
- ◆ Make a conscious shift from active to receptive mode

Week 2: Theory informs Research

- ◆ Past Research on Women's Health.
- ◆ Outcomes of WHI.
- ◆ NIH recommendations.
- ◆ Women's Depression Research.
- ◆ Women's Psychology.
- ◆ Women's Bodies.
- ◆ Women's Spirits.
- ◆ Women's Brains.
- ◆ With Different Wiring comes Different Susceptibilities

Past Research on Women's Health

- ◆ Prior to 1991, conventional medical research had been on men; women's bodies considered 'too complex'.
- ◆ Research on men yielded procedures and medications not helpful nor appropriate for women's bodies.
- ◆ Women's Health Initiative - a study mandated by Congress, carried out by NIH focused on common causes of death, disability and impaired quality of life in postmenopausal women.
- ◆ Recruited 68,000 women 1993-1998 for observational study or clinical trials.
- ◆ Goal: to reduce risks of breast and colorectal cancer, heart disease and osteoporosis.

Why heart disease, breast and colorectal cancer and osteoporosis?

Because postmenopausal women face:

26% Increase in risk of developing breast cancer.
29% Increase in risk of heart attack.
41% Increased risk of stroke.
Double the risk of developing blood clots.

In women taking estrogen, for every 10,000 taking Prempro:
8 more will develop breast cancer;
7 more will have a heart attack or coronary event;
8 more will have a stroke; and
8 more will have blood clots in the lung.

Outcome of Women's Health Initiative

- ◆ No significant reduction in heart disease after following low-fat diet.
- ◆ Study did not differentiate between good fats (fish, nuts, vegetable oils) and saturated and trans fats.
- ◆ Study did not include looking at blood glucose levels (for risk of diabetes).
- ◆ Small but significant (1%) higher hip bone density for women 60 or older taking vitamin D and calcium. 21% reduction in hip fractures.
- ◆ No significant effect on spine or total fractures or detectable effect on incidence of colorectal cancer with calcium and vitamin D supplementation.
- ◆ 17 percent increase in kidney stones.

NIH Recommendations

- ◆ Estrogen replacement only for severe hot flashes and vaginal dryness (low doses).
- ◆ Limit saturated fat, avoid trans fat.
- ◆ Eat plenty of fruits, vegetables and whole grains.
- ◆ Exercise – 30 minutes of moderate intensity daily
- ◆ Mammograms and colon cancer screenings.
- ◆ Women 50+ - 1200 mg. calcium and 800 mg. Vitamin D.
- ◆ **Call for new methodology on studying women's health.**

Women's Depression Research

- ◆ 2001 Summit on Women and Depression cited a need for more **gender-based** research.
- ◆ Conventional depression treatment = medication + cognitive behavioral therapy. Treatment progress varies.
- ◆ Developmental model of depression in women as an attempt to explain etiology. Accounts for less than one half of the cases of reported depression in women.
- ◆ The biggest predictor for the onset of depression: trauma, the response of the environment at the time of the trauma and whether the individual internalizes symptoms and feelings.
- ◆ *To date, traditional research on women's depression has not placed a high value on seeking to understand the relationship between the lived experiences of women and the onset of their experience of depression.*

Prior Research that Informs this Study

Jean Baker Miller, M.D. and Carol Gilligan, Ph.D. on the psychology of women and women's development

Christiane Northrup, M.D. on women's holistic health, feminine intelligence and consciousness

Mona Lisa Schultz, M.D., Ph.D. on women's brains, emotions and intuition

Caroline Myss, Ph.D. on spirituality, intuition and the energetics of depression and other illnesses

Roberto Assagioli, M.D. and Carl Jung, Ph.D. on day-to-day and spiritual intuition

Women's Psychology

Jean Baker Miller, M.D. (1970):

- ◆ Noticed women had developed psychological qualities that were extraordinary but often went unrecognized.*
- ◆ Perceived therapists and psychiatrists further contributed to a pathologizing point of view.
- ◆ Observed "the new model of the woman was based on the model of the man as the example of a full fledged person".
- ◆ *Central assumption: A need to introduce more appropriate words, assumptions and categories that captured more accurately the lived experiences of women.*
- ◆ Historically "women often knew more about others than they did about themselves in order to survive".
- ◆ Perceived **intuition**, as a skill not a rarefied gift. Intuition was misunderstood and is a valuable strength.
- ◆ Expressed concern women were not recognizing their psychological strengths and allowing them to flourish.
- ◆ Recognized that despite major advances when women devalue aspects of themselves, they devalue each other.

* Miller, J. (1970). *Women's Psychology*. New York: Basic Books.

Girl's Development Carol Gilligan, Ph.D. (1982):

- ◆ Disparity between women's experience and their representation in human development.
- ◆ Failure on the part of women *to fit into* existing models of human growth signified a problem in women's development rather than a limitation or a need to reconceptualize the developmental model.

Key research outcomes:

- ◆ Importance of re-examining existing paradigms when current ones perhaps need to be expanded, particularly if the response is to dismiss or pathologize the presenting symptom or problem.
- ◆ Girls, typically raised by a same-sex parent (their mother) have a tendency to fuse their identity formation with attachment. As a result, girls enter adulthood with a built-in ethic of care as they often observe their mothers caring for others.
- ◆ Girls emerge from their experience of identity formation with a basis of *experiencing another's needs or feelings as their own*.
- ◆ *In other words, they are more likely to come to know themselves as they are known through their relationships with others.*
- ◆ *In a Different Voice, Carol Gilligan, Ph.D., 1982*

Women's bodies, women's wisdom*

Christiane Northrup, M.D. (1994):

- ◆ Groundbreaking text on women's health, concepts about consciousness, the human energy field, **feminine intelligence (intuition)** and spirituality in relation to women's health.
- ◆ Recognized that tools of observation, experimentation and continuous readjustment used in science were applicable to women's intuitive development.
- ◆ Observed *only* women's inner guidance and emotions could reliably inform understanding about their bodies.
- ◆ Holistic approach called for integration of intuition more reliably into a practice of mind/body awareness.
- ◆ Body as a manifestation of spiritual energy influenced by thoughts and beliefs was a new concept for many women.
- ◆ Attunement in the form of observing and listening more closely to the wisdom of the body meant having to learn how to do this via regular practice.

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Women's Encoded Body Wisdom*

- ◆ Menstrual Cycle: cyclic intuitive wisdom; emotional recycling and processing.
- ◆ Uterus: creative center in relationship to self.
- ◆ Ovaries: creative drives, assertiveness in outer world.
- ◆ Breasts: emotional expression and partnership.
- ◆ Pregnancy: capacity to conceive an idea or a life with another, hold it nurture it and allow it to be born.
- ◆ Cervix/Vagina: discretion about intimacy; ability to create healthy boundaries.
- ◆ Urinary tract: capacity to feel emotions fully and discharge completely.
- ◆ Menopause: passage into the wisdom years; capacity to be open to constant intuitive knowing; reseeding the community.

*From Sacred Knowledge, W.O. Women's Society, Women's Wisdom (2004)

Anatomy of a Spirit*

Caroline Myss, Ph.D. (1996):

- ◆ An innovative model of health based on ideas about a new kind of medicine (energy medicine).
- ◆ Electromagnetic spiritual framework: chakras or power centers viewed as critical regulators of the flow of life energy.
- ◆ New way to conceptualize the influence of one's biography on one's biology.
- ◆ Spirit as a conscious life force and a vital ingredient to whole health.
- ◆ Challenged health and mental health practitioners to reconceive of ways to integrate spirit into conventional interpretations of illness including depression.
- ◆ **Intuitive ability viewed as an important skill to be developed with the understanding that the more it is used, the more accurate it becomes.**
- ◆ Emotional and spiritual stresses as the root cause of all physical illnesses provided a groundbreaking alternative view on health and illness.
- ◆ Depression: indication that one is giving one's self away or reflects the unconscious depletion of one's own life force.
- ◆ "If energy is like money, a depressed individual is saying here is my wallet, help yourself"

*From Sacred Knowledge, Caroline Myss, PhD, 1996

Chakra Wisdom

- ◆ Only essential information is transmitted in order to get our attention.
- ◆ Unfinished business from the past in the form of unresolved feelings becomes encoded in our biology.
- ◆ An increase in intensity of body symptoms is necessary at times to break through habitual mental or emotional patterns.
- ◆ Personal power is vital for health.
- ◆ Energy medicine as a holistic philosophy teaches that we are responsible for the creation of health.

Women's Brains, Intuition and Depression

Mona Lisa Schultz, M.D., Ph.D. (1998, 2005):

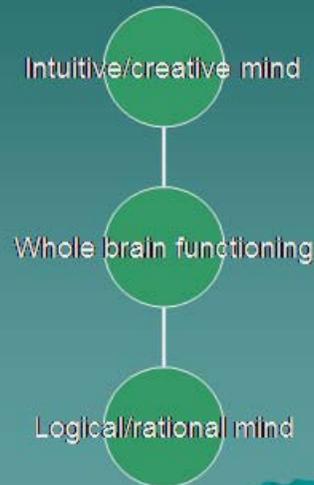
- ◆ Openly modeled intuition's value as a skill.
- ◆ Advocated that intuition as a skill is needed now more than ever for the creation and maintenance of health.
- ◆ Argued women are likely to have a two to one incidence of developing depression over men.
- ◆ Women's brains changing due to a range of internal and external opportunities and pressures unique to this time and culture.

**The New Feminine Brain* Mona Lisa Schultz, M.D., Ph.D., 2005

This is Your Brain*

- ◆ Women's brains are typically 10% smaller than men's but have more connections between cells.
- ◆ Corpus colosseum larger in women, the portion that links left (logic) and right (intuitive) hemispheres.
- ◆ Basic structural differences help explain why women appear to be more intuitive than men.
- ◆ More connections between cells = an easier flow of information, often experienced as an instantaneous knowing or clear answer.
- ◆ With greater structural integration, our ability to multitask appears to happen simultaneously.
- ◆ Unique wiring however can find women struggling with attention and memory problems due to information overload.
- ◆ This ability to process several incoming signals is intuition's genius. A skill we want to preserve, enhance and utilize.

*The New Feminine Brain Mona Lisa Schultz, M.D., 2005



With different wiring comes different susceptibilities

- ◆ Connections in a female brain can proliferate and change over time.
- ◆ Repeated hormone changes during menstruation, pregnancy, childbirth, menopause and as the result of birth control pills, hormone replacement therapy, infertility and cancer treatments may help develop more connective pathways between cells.
- ◆ More pathways = the greater the ability to adapt.
- ◆ Unresolved trauma, sensitivity to emotions and feelings of others and the demands of juggling work, home, children and extended family responsibilities = stress.
- ◆ **Stress mutes the right hemisphere's lifesaving body awareness.**
- ◆ Aspects of reality segregated as an adaptive response in order to cope with modern life.
- ◆ Unconscious adaptation at a cost to women in the form of an increase in depression and if ignored, the development of other symptoms, and if still ignored, the development of chronic conditions and disease.
- ◆ Women to cope turn off their awareness to internal guidance (intuition).
- ◆ *Mona Lisa Schultz, M.D., Ph.D., The New Feminine Brain, 2005

Emotions and Intuition

- ◆ Hyper-connected women's brains feel emotions in almost everything they feel, say or do
- ◆ With brains suffused with emotions, women's capacity to feel what others are feeling is enhanced.
- ◆ Developmental pathways for girls predispose them to feel what others feel.
- ◆ Without this awareness adult women perceive their flood of emotions as a weakness or deficiency.
- ◆ Oversensitivity that persists is pathologized rather than re-examined within a larger context of environmental factors, brain/gender development, trauma history and other susceptibilities.
- ◆ To remain effective and to keep the peace, many women ignore their emotions, saying one thing but feeling another.
- ◆ Any emotion is therefore informational. Emotions communicate that something is off.
- ◆ Any body symptom is also communicative. Symptoms are trying to get your attention that something has been ignored. In their own unique way, they are a form of guidance.
- ◆ Intuition is impersonal and emotionless. Intuitive guidance arrives before an emotion or body symptom shows up. If ignored, emotions and symptoms may have to escalate to get our attention.
- ◆ Inability to act on intuition often emerges later as depression, anxiety or if persistently avoided, illness.

Week 3: Awakening Intuition

- ◆ Intuition can be Subtle.
- ◆ Key Terms.
- ◆ Dialectical Thinking.
- ◆ A Composite Definition of Intuition.
- ◆ The many perspectives of intuition.
- ◆ Brain waves and Intuition.
- ◆ Factors Enhancing and Inhibiting Intuition.
- ◆ The Logic of Intuition as a Tool.

Awakening Intuition

“Awakening intuition is inseparable from development of self-awareness. Self-awareness is the foundation of psychological health and well-being. Only we can know best what we need. The problem however in finding the answer (solution) is often not a lack of information but an unwillingness or fear of acknowledging what you already knew.”

Frances E. Vaughn, Ph.D. *Awakening Intuition*

Intuition Theory and Research

Intuitive development:

Education, business, consumer research and consciousness studies.

- ◆ Intuition has been measured using a variety of techniques (affective, cognitive and behavioral aspects.) The Myers-Briggs Type Indicator is probably the most well known and widely used.
- ◆ No one personality favors intuition, though one may have a *preference* for sensing vs. intuiting.
- ◆ Everyone has the capacity for accessing intuitive knowledge, though not everyone uses it or recognizes it.
- ◆ Somatized emotion or the felt experience of intuition is usually the most well recognized. This is often described as a “gut feeling or hunch” typically felt in the midsection of the body around the abdomen.
- ◆ Schlitz and Radin (2005): “gut” feelings of one person responded to emotions of another at a distance (EGG). Relationships between gut feelings and intuitive hunches may share a common though poorly understood perceptive origin.

Intuition can be Subtle

- ◆ Intuitive knowing comes through in many ways including along normal sensory channels.
- ◆ Intuition is actually a whole body experience and is many layered.
- ◆ Be open to paying attention to faint or vague impressions or images.
- ◆ Go with your first impression; avoid labeling, editing or interpreting right away.
- ◆ Allow the information to come to you. You do not need to go find it.
- ◆ It is a form of focused intention and attention without striving.

Key Terms

- ◆ Spirituality: The feelings, thoughts, experiences and behaviors that arise from a search for that which is generally considered sacred or holy.
- ◆ Consciousness: The capacity to react to, attend to, and be aware of self and other.
- ◆ Holistic: Relating to or concerned with wholes or entire systems rather than with the analysis of, treatment of or dissection into parts.
- ◆ High Self: The Eternal, Unique part of us consciously connected to Divinity, Oneness, the ALL THAT IS, accessible through meditation and intuition.

A Composite Definition of Intuition:

Truth that surpasses the power of the intellect; knowing for sure without knowing for certain; an inner way of knowing; an immediate apprehension of an object by the mind without the intervention of a reasoning process; a form of knowledge or of cognition independent of experience or reason.

Dialectical Thinking

- ◆ Assumes in day to day life that there is always the possibility of synthesis in arriving at a decision.
- ◆ It is a way of processing that allows for both/and vs. either/or thinking.
- ◆ In other words, there are no absolutes. Example: You can be intuitive and logical at the same time. Intuition + logic = whole brain functioning.

The many perspectives of Intuition

- ◆ Process – describes intuition by inferring how it takes place.
- ◆ Contrasts – distinguishes intuition from processes that are complementary.
- ◆ Names – hunch, gut feeling, flash of ideas.
- ◆ Levels – physical, emotional, mental and spiritual.
- ◆ Attributes – Direct, certain, immediate and innate.
- ◆ Combining all five offers a comprehensive framework for understanding intuitive experience.

Intuition As

- ◆ Behavior
- ◆ Cognition/Thought
- ◆ Affect/Emotion
- ◆ Feeling/Sensation

“Only intuition gives the psychological understanding both of oneself and others.”

Roberto Assagioli, M.D. (1965)

Brain Wave States and Intuition

- ◆ **Beta:** fully alert, conscious of logic, analytical input.
- ◆ **Alpha:** Inner awareness expands; intuitive receptivity is heightened.
- ◆ **Theta:** Achieved during sleep, hypnosis or deep meditation; intuitive receptivity is strong.
- ◆ **Delta:** deep or full sleep.

Factors **Enhancing** Intuition As a Reliable Skill:

- ◆ Regular time in solitude.
- ◆ Focused intention and attention.
- ◆ Exercise and good nutrition.
- ◆ Body awareness.
- ◆ Keeping a journal.
- ◆ Spending time in nature.

Factors **Inhibiting** Intuition As a Reliable Skill

- ◆ Fatigue and stress.
- ◆ Energy “vampires”.
- ◆ Abuse of alcohol or drugs.
- ◆ Over functioning for others.
- ◆ Judgmental or wishful thinking.
- ◆ Striving for an outcome.
- ◆ Fear.

The Logic of Intuition as a Tool

- ◆ Intuition is in part a product of experience. The more you use it, the better it becomes as a reliable tool.
- ◆ The first step in the intuitive process is awareness.
- ◆ Openness to environmental stimuli is an important step in the intuitive process.
- ◆ Use of spontaneous intuition + logic = balance for the mind/body.
- ◆ Intuition is non emotional and impersonal- “it just is”.

Week 4: Depression as a Soulful Messenger

- ◆ Depression and other symptoms as intuition.
- ◆ Use of metaphor and the body.
- ◆ Depression of the Spirit.
- ◆ Factors contributing to a Spiritual Depression.
- ◆ Shadow work: The Dark Side of the Moon.
- ◆ Inner Guidance.

Stress is not simply a disease, it is a symptom that you are living somebody else's life....depression is more than low self-esteem, it is like a distant warning that you are on the wrong path.

Sam Keen, Ph.D.
Fire in the Belly

Depression and other symptoms as Soulful Messengers: A Transpersonal Point of View

- ◆ Intuitive guidance always alerts us that a loss of power is underway.
- ◆ Ask yourself – what is my life challenge? Notice where this challenge is affecting your body, mind or spirit.
- ◆ There is always a direct link between how the challenge expresses itself and the way your body responds. This is one form of intuitive guidance.
- ◆ Thinking in terms of metaphors or symbolically helps shift our perceptions about symptoms, either physical or emotional.
- ◆ Recognize that pain (emotional, physical and spiritual) itself is a messenger.

Depression of the Spirit

- ◆ Spiritual depression is a loss or disconnection from one's High Self.
- ◆ Reconnection to self (small "s").
 - ↓
 - ◆ Pathway to connection to High Self.
 - ↓
 - ◆ Attunement with Divine Consciousness.
- ◆ This leads to less isolation (as an internal felt experience) and a decrease in the experience of depression.
- ◆ Depression of the Spirit within, if ignored or misunderstood, often results in physical manifestation in the body.

Factors Contributing to Spiritual Depression in Women:

- ◆ Fast pace of modern living.
- ◆ Too much information to absorb.
- ◆ An over identification with being good.
- ◆ Belief that emotions are a limitation or weakness.
- ◆ Literal vs. symbolic thinking.
- ◆ Devaluing of intuition.
- ◆ Trauma to the soul.
- ◆ Heroine's journey – shadow work.
- ◆ The ability to adopt symbolic thinking reduces suffering.

Use of Metaphor with the Body

- ◆ Observe the sensation or feeling.
- ◆ Describe how you experience it in your body (is it sharp, tight, dark, heavy, light, or other.?).
- ◆ Allow an image to come to you. You may visualize, feel or imagine it. It does not matter where it is coming from. It is all part of you.
- ◆ Begin to allow a more symbolic point of view to emerge about what the symptom may be trying to communicate to you.

Direct Your Units of Spiritual Energy back into Present Time

- ◆ C. Myss - able to observe where your electrical circuits are being directed.
- ◆ To maintain health one needs to be operating at 80% of pranic (life force) energy.
- ◆ If your spirit is stuck back in time, your life force will not be able to operate at full capacity for healing.
- ◆ Unfinished business from the past has a profound influence on your health.

The Importance of Forgiveness

- ◆ Forgiveness is the single most important thing you can do for your biology.
- ◆ Forgiveness is a conscious act that is complete and authentically experienced at the cellular level.
- ◆ Any perception of betrayal or crucifixion that is not addressed and fully transformed results in loss of power and energy.
- ◆ Sustained over time this loss of energy results in depression.
- ◆ Any treatment offered (alternative or allopathic) will only assist to the level to which your perceptions are in present time.

More on Forgiveness

- ◆ Forgiveness comes from your High Self.
- ◆ It requires a heightening of perspective.
- ◆ It is more for you than anyone else.
- ◆ It may not end all rancor, but it will free you to see beyond it.
- ◆ Forgiveness refers to the actor not the act (to the woundedness in the offender which may be yourself).

The Dark Side of the Moon

- ◆ It takes energy to ignore, avoid or deny aspects of ourselves that we do not like or are afraid of.
- ◆ Shadow work requires a willingness to explore without fear.
- ◆ Assume a non-judgmental stance.

“I would rather be whole than be good.”
Carl Jung

Week 5: Intuition as Spiritual Awareness

- ◆ Inner Guidance.
- ◆ Energy follows thought: the power of our perceptions.
- ◆ The wisdom of the Heart.
- ◆ Deciphering your Unique Intuitive Impressions.
- ◆ Intuition as a Path to Soul.

Inner Guidance*

When we are living under the authority of inner vs. external guidance, we assume:

- ◆ Spirit informs everything.
- ◆ Nature is a reflection of divine spirit.
- ◆ We are co-creators with spirit and nature.
- ◆ Respect for self results in respect for others.
- ◆ Difference is celebrated as a reflection of the creativity of spirit.
- ◆ There are many paths to fulfillment and joy.
- ◆ Life is interdependent; all beings are connected holographically.
- ◆ Guidance for how to live a life comes from connection to inner guidance.
- ◆ The whole universe is a projection of consciousness.
- ◆ Thoughts and feelings create reality.

Inner Guidance con'td

- ◆ The individual is self-nourishing through connection with her inner being and intuition.
- ◆ Self-approval and self-acceptance are keys to happiness.
- ◆ We are precious and inherently worthy by virtue of our very existence.
- ◆ The universe is continually unfolding.
- ◆ We cannot understand everything from a strictly physical point of view.
- ◆ Mystery is part of life.

*Christiane Northrup, M.D. *Women's Bodies, Women's Wisdom* (1994)

Reclamation of intuition brings meaning back to symptoms, emotions, and feelings previously pathologized or misunderstood.



The Biology of Belief*

- ◆ Diseases are not the result of a single gene but of complex interactions among multiple genes and environmental factors
- ◆ Specific genes are correlated with an organism's behavior and characteristics but genes are not activated until triggered
- ◆ The notion that genes control biology has never been proven. It is instead a supposition currently being undermined by the latest scientific research.
- ◆ Human Genome Project: entire human genome consists of approx. 25,000 genes
- ◆ There are simply not enough genes to account for the complexity of human life or human disease
- ◆ The Biology of Belief Bruce Lipton, Ph.D. (2005)

The Secret of Life

- ◆ Cell membrane as an information processing system; the membrane acts much like a semi-conductor or computer chip
- ◆ Insight: Computers and cells are programmable and the programmer lies outside the computer/cell.
- ◆ Biological behavior and gene activity are dynamically linked to information from the environment which is downloaded into the cell
- ◆ More than lip service: let go of unfounded fears and take care not to pass these on to loved ones. Do not accept the fatalistic message of genetic determinism. You can reach your full potential and you are not "stuck" with your genes.
- ◆ Shift your life into growth whenever possible.
- ◆ Remember that for humans the most potent growth-promoter is not the fanciest school, the biggest toy or the highest paying job but instead Love.
- ◆ The Biology of Belief Bruce Lipton, Ph.D. (2005)

The power of our perceptions

It is not the stress itself that creates a negative response in the immune system but the perception or belief that little or nothing can be done to prevent or alleviate the situation.

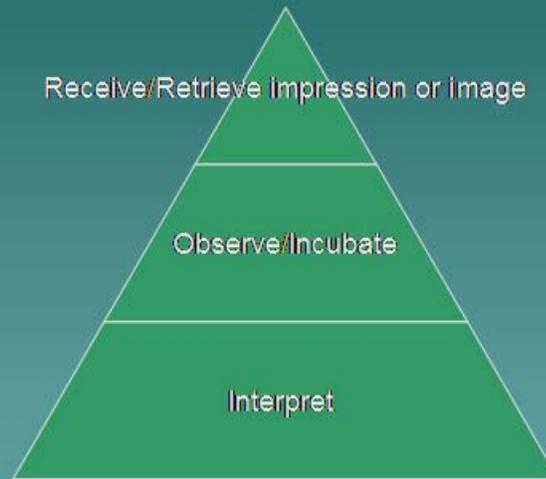
Imagine = image with power. It pays to visualize and imagine only that which will serve your highest good.

Intuitive Processing – The Role of the Heart for Women

- ◆ **Sufi wisdom:** The heart is the avenue through which spirit enters.
- ◆ Heart as powerful oscillator in the body.
- ◆ **HeartMath Institute:** research on brain/heart entrainment suggests women process intuitively through the heart quicker than men.
- ◆ “Intelligence of the heart is soul awareness.”



Deciphering your unique and individual intuitive impressions



Intuition as Spiritual Awareness

Divine Mind/Consciousness



Soul Repository of all life experiences
Incorporates lessons learned in spirit form

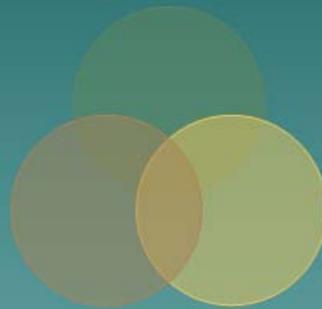


Spirit That which can only be known
intuitively
Inhabits the physical body



Physical Body
Heart as transducer

Oscillation of energy around and through us.
Psychic opening alters biochemistry.
Focused attention alters brain wave activity;
Releases serotonin, Quiets ego activity.
Internal coherence brain/heart induces
entrainment of frequencies.
Higher vibrations resonate through the body
Generates intuitive insights.



"The intuitive way is truly a spiritual path."
Paula M. Reeves, Ph.D.
Women's Intuition

Intuition as a Path to Soul



Week 6: Review/Practice Enhancement

- ◆ Review of key terms
- ◆ The mechanics of intuition
- ◆ Sensory awareness – what are your signals?
- ◆ Intuitive Development and Medications
- ◆ Dream Amplification
- ◆ Healing ourselves
- ◆ Postulates of the Study
- ◆ Suggestions for further practice/reading
- ◆ After-Study Intuitive Development Group

Additional Key Terms

- ◆ **insight.** The ability to perceive the true or hidden nature of things; a perceptive observation.
- ◆ **perception.** Quick, acute and intuitive cognition; a mental image; awareness of the elements of environment through physical sensations.
- ◆ **precognitive.** Knowledge of something prior to its actually happening.
- ◆ A precognitive experience is seeing and knowing the details of an event before it occurs. This is different from receiving an intuitive insight. Insight is more subtle and is about the ability to perceive patterns or hidden meaning. Though the distinction between the two can be subtle, both fall under the umbrella of intuition.
- ◆ **intuition.** Truth that surpasses the power of the intellect; knowing for sure without knowing for certain; an inner way of knowing; an immediate apprehension of an object by the mind without the intervention of a reasoning process; a form of knowledge or of cognition independent of experience or reason.

Intuition Mechanics: Sensory Awareness Signals

- ◆ **Physical cues:** tingling sensation in the body, hearing high-pitched tones, flashes of images “behind your eyes”, even awareness of a certain taste in your mouth may occur during or preceding when intuitive information is being processed by the mind/body. As you develop your skill, you may find that you actually become more sensitive to certain odors, light, temperature change, noise, etc. It is as if your body as a receptor or intuitive antenna is letting you know that to work properly it needs rest, balance and time away from stress and overexposure to noisy or busy environments.
- ◆ Begin to notice the time of day, location and what you received or became aware of in your Intuition Journal (even if it does not make sense; no editing!)
- ◆ Breathe, close or rest your eyes, clear the mind, allow your focused attention to show you whatever it is that needs to come in to assist you. Write it down. Incubate the information for further development or take action. Watch what happens to your mood, outlook and sense of well-being when you live from this place of internal awareness and trust.

Intuitive Development and Medications

- ◆ No two women have the same brain – as a result they need different kinds of support.
- ◆ Solutions that will help you manage your moods will be determined by whether your depression and irritability are expressed primarily as left-brain thoughts, right-brain feelings, body health reactions or a combination of all three.
- ◆ Take into consideration before you and an appropriate licensed professional choose, whether you have problems with attention, memory, sleep, fatigue, immune disorders, pain and digestion. Do you have a history of trauma? Do you notice a connection between the season, amount of light or where you are in your cycle and your mood?
- ◆ Ultimately, what you choose for a supplement or medicine including herbal, nutritional and hormonal may only serve as “mood splints”. These and other treatments including light therapy, meditation, exercise, nutrition and psychotherapy can only hold your mood where it is or improve it for a short time – a year or two or less. Ultimately, your brain will compensate and mold itself around the treatment you have chosen.
- ◆ Depression, moodiness and irritability will return unless balance with all four sides of the feminine brain’s mood circuit are addressed: by truly changing your thought patterns, actions, behaviors, health reactions in addition to mood. In other words, you will still need to figure out what your intuition is telling you is out of balance in your life and then take action with making the necessary changes.
- ◆ However, stopping any medication or other treatments is not advised until you and your therapist, physician or nurse practitioner have completed a full assessment and have arrived at this conclusion together over a period of time. It is possible to progress with intuitive development and be on medications. It is also possible to change thought patterns, actions, behaviors and health reactions.
- ◆ Mona Lisa Schultz, Ph.D., M.D., *The New Feminine Brain*

Dream Amplification

- ◆ Before waking, let the key symbols in the dream come forward to you. You may see them, hear the words or “just know” what these are.
- ◆ Use amplification or word association to analyze the most important symbols. With word association, one word triggers another until you reach intuitive insight. Be aware of any symbolic associations (i.e. a robbery may represent a “hold up” signifying a delay in your life)
- ◆ Let the stream of association flow through without censoring any ideas. By starting with the key symbols, continue to allow word associations to come to you until you get to the core meaning.
- ◆ If you still find lack of clarity, let the image incubate. Go on with your day. Even if you are not consciously thinking about it, your intuitive mind will work on deciphering the symbols for you.

Marcia Emery, Ph.D.
PowerHunch!

Healing is not about fixing what may be “wrong”

- ◆ Western obsession with diagnosing and labeling can sabotage a more natural and comprehensive movement towards wholeness.
- ◆ Our participation in the act of healing ourselves requires honest self-exploration and a willingness to weave our best techniques, skills, experience and knowledge into an interactive whole fabric of body, mind, emotions and spirit.
- ◆ Understanding the healing, creative potential of the mind also calls for understanding that the thinker is separate from the thoughts. In other words, when thoughts come to us we misunderstand where they are coming from and lose sight of the “world wide web” that is all around providing a vast sea of intuitive guidance at just the right moment in each and every situation.
- ◆ Spiritual intuition supports our connection with a Higher Self whose reality extends beyond the confines of the personality or the physical body. From this vantage point, life may be seen as a series of lessons and as such, life becomes a creative process – a spiritual journey towards self-actualization, integration, transformation and transcendence.

◆ Adapted from *Inner Counselor: A Spiritual Discipline* (Nunley, 2000)

Postulates of this Study Deb Butterfield, LCSW, A.B.D.

- ◆ Despite having a brain more receptive to intuitive development, women are twice as likely to become depressed. This study proposes that depression in part is due to or exacerbated by underdeveloped intuitive skill or ignored and/or blocked intuitive guidance.
- ◆ A key factor inhibiting women’s use of intuition therefore is recognizing that depression is a response to blocked or ignored intuition. Many women also appear to lack awareness about the long term affects of their tendency to accommodate others over their own feelings and needs.

Study Postulates Cont'd

- ◆ Since women's psychological structuring favors this accommodation, there is a complex reality to unravel.
- ◆ Use of day-to-day intuition would improve women's self-awareness and likely lower the incidences of depression needing to arrive as a messenger. There is also a greater likelihood that with intuitive development, connection to a higher state of conscious awareness would emerge leading to a greater sense of well-being. Initially however reliable use of intuition may in fact trigger a relapse of depression in some women, particularly those who begin to listen to and act on their own feelings and cues as this puts them at risk of not accommodating others.
- ◆ Being good despite feeling otherwise comes at a price and depression is often the messenger trying to get our attention that we are not being authentic with ourselves.

Butterfield (2006)©

Intuitive Development Practice

- ◆ Practice improves skill. The more you use your intuitive skill, the better you will be at it. Decision making, problem solving all will be enhanced.
- ◆ Set aside regular time for you away from the demands of others. Write, read, reflect. Tune in.
- ◆ Stay in touch with others of a like mind. Consider organizing a group of other women to practice with or further explore the topic.
- ◆ Continue to keep an intuition/dream journal. This will validate your progress and assist you with tracking the patterns that are present providing you with information.
- ◆ Shadow work: be willing to bravely explore where you have been reluctant. Jung advised that it takes a lot of energy to keep parts of ourselves hidden. Brought into the light of day, our hidden aspects have far less authority over us and our behaviors. Once exposed, these hidden aspects no longer can hold us back from reaching our full potential only we can.

