

ARTICLE

Finding God in the intuitive: Reclaiming the therapist's spirituality

Adam Kishtainy

University of the West of England; Avon and Wiltshire Mental Health Partnership (NHS), UK

ABSTRACT

This article presents a selection of case studies exploring the theme of music and spirituality and offers a theoretical frame for clinical practice. I intend to draw a direct link between my own spirituality (Christian) and the role of the intuitive in the therapeutic process, inviting the reader to re-frame the article within their own world view. Recent research has highlighted the relative sparsity of published material related to the role of a therapist's spirituality in the therapeutic relationship. This may be due to a number of factors, not least that most therapists are operating within secular contexts and theoretical frameworks, and are likely to experience resistance or even dismissal if their personal spiritual beliefs are explicitly expressed within their practice. Similarly, a definition of intuition within a robust theoretical framework has proven to be evasive. The very nature of intuition (and indeed spirituality) creates a bias away from the evidence-based practice that is held in such high esteem through most therapeutic disciplines. In this article, I propose a framework for therapeutic practice that gives permission for the therapist to embrace their spiritual belief system as an essential core of their clinical work. I build my discussion on a definition of spirituality that implies an external divine being (God) who can be in relationship with the therapist and client. From this basis I suggest that moments of intuition need not be seen as mysterious and inexplicable, but rather as the influence of the divine.

KEYWORDS

music,
therapy,
spirituality,
God,
intuition,
healing

Publication history:

Submitted 30 Jun 2018

Accepted 25 Nov 2018

First published 24 Nov 2019

AUTHOR BIOGRAPHY

Adam Kishtainy is currently Associate Lecturer on the MA Music Therapy programme at the University of the West of England, Music Psychotherapist at Avon and Wiltshire Mental Health Partnership, and clinical supervisor in private practice. Previously he has worked at Children's Hospice South West as music therapist and chaplain, as a church pastor in a local church, and in areas including prisons and looked after children. The work discussed in this article was completed in his own time and does not necessarily reflect the views of the organisations mentioned. [adam.kishtainy@uwe.ac.uk]

INTRODUCTION

This article originally took the form of an oral presentation in London at the joint conference between Nordoff Robbins and Spirituality and Music Education (SAME) in December 2017 entitled, *Exploring the Spiritual in Music: Interdisciplinary Dialogues in Music, Wellbeing and Education*. My initial intention for presenting this paper at the conference and sharing the talk in written form here was threefold. First, I felt it was important to contribute to the dialogue around the role of the therapist's spirituality in the

therapeutic relationship. Over the past 20 years or so, spirituality has begun to regain its place in those professions which seek to improve people's health and wellbeing, having been increasingly marginalised, denied or considered irrelevant in the latter half of the 20th century (Barton & Watson, 2013; Cook et al., 2011; Timmins et al., 2017). Second, I wanted to remove the fear faced by many people around embracing their spirituality within a work context and within therapeutic relationships (West, 2005). Literature concerned with spirituality in therapeutic practice tends to focus mostly on the spirituality of the client and how the practitioner can explore this most effectively (Blair, 2015; Tsisiris, 2017), whereas my discussion situates the therapist's spirituality as the central concern. And third, I wanted to offer practitioners a safe way to explore – a model of practice that encourages the spiritual possibilities available to the therapist. I was encouraged when I saw this as a theme within the aforementioned conference, not least in the keynote speech by MacKian (2019), and that it is taken up in more explicitly faith-based writing such as Thorne (2003), and Moodley and West (2005).

The original presentation of this paper was offered somewhat in the style of a TED talk (TED Conferences, 2017) – sharing stories, thoughts and ideas for the listener to explore – and I write this paper with a similar spirit. It is also worth clarifying that, whilst I write through the lens of a music therapist, my thoughts are by no means exclusive to this profession and my discussion draws on a range of disciplines. I hope that some of the ideas find resonance with the reader's personal and work lives.

Why do I think it important to embrace spirituality within clinical practice? One of the first principles I teach to my trainee music therapists is that of congruence (Rogers, 1957): the importance of bringing one's whole self into the therapy room and not pretending to be a different person when we work with our clients (Bunt & Stige, 2014; Thorne, 2003). This does not mean we share everything about ourselves with our clients, but it does mean that we should not feel the need to leave parts of ourselves outside of the room; after all, we would hope the same of our clients. In his keynote speech at the 2002 World Congress of Music Therapy, Michael Mayne puts this eloquently:

I am an indivisible unity: body, mind and spirit. But those three words don't describe separate bits of me, but rather a single integrity seen from three particular angles (Mayne, 2002, p. 33).

Too often, in my experience, I have seen people's personal belief systems being hidden and sometimes vilified in the work context, although, thankfully, this seems to be in decline. A recent report from New Zealand mentioned that,

people are too scared to show any religious or spiritual leaning. It is frowned upon. Religion is also unpopular, not in vogue. You are thought of as weird. You have to be very careful to express or show spirituality, which is a sad reflection on society. (Egan et al., 2011, p. 13)

The cultural incapacity or blindness (Lindsey et al., 2009) that pervaded western culture in the latter half of the 20th century, perhaps as a result of the prevalence of positivism (only valuing that which can be empirically measured), is being replaced by a more open attitude where clients as well

as staff are encouraged to explore their indivisible unity. For example, see the NHS guidelines around the importance of staff having the opportunity for spiritual support through chaplaincy services (NHS, 2015), or the exploration of spirituality in UK psychiatric practice by Cook et al. (2011).

I begin by contextualising my position in light of my own personal and work history. I then briefly explore the definitions of spirituality and intuition that I am using here, drawing on case examples to illustrate how they fit together. I end by offering a model of practice that allows the practitioner to explore their own spirituality within their practice.

CONTEXT

I believe it would be useful for the reader to have a picture of my own background and the context from which this discussion has grown. I was brought up in a predominantly secular world: my family, schools, social circles and cultural references contained only occasional, nominal links to religious belief systems. I discovered Christianity in my early teens, and since then this has been the central core of my life. My undergraduate degree was in physics and philosophy, and throughout my life I have found the integration of theology, philosophy and science an easy one to achieve. To my mind, the rivalry between science and religion that is so commonly presented in popular media is moot: they are exploring different things and they complement one another beautifully (but this is a discussion for another essay). My working life has taken me through a range of settings, including purely secular and explicitly religious (working within churches), but for the most part I have worked in secular contexts with a spiritual element in the mix. For example, I worked for many years in the prison system, which is clearly a secular organisation, but my work was seated within the chaplaincy teams. Similarly, my recent work at Children's Hospice South West took on a dual role: I was employed as music therapist and chaplain. This dual role particularly highlighted the challenge of exploring one's own beliefs and practice within secular environments whilst remaining respectful to the organisation, to one's own beliefs and, above all, to one's clients.

SPIRITUALITY

At this stage I will explore the definitions relevant to this article, starting with spirituality. Defining spirituality is clearly fraught with difficulty. Most definitions in recent years attempt to be as inclusive as possible and try to draw together the language, experience and practice of diverse spiritualities. Potvin and Argue (2014) review the various perspectives offered within music therapy literature, and go on to point out that,

by weaving them all together into a cohesive definition one still might unintentionally neglect aspects of spirituality as defined or experienced by others. Although spirituality is universal, its manifestation in people's lives and experiences is unique to the individual. (Potvin & Argue, 2014, p. 119)

An example of a highly inclusive working definition of spirituality that we used at the children's hospice was "that which gives meaning to a person's life" – a definition that allows everyone to engage

with spirituality, whether they subscribe to an established belief system or not and whether they believe in an external spiritual dimension or embrace a materialist viewpoint. A similar but more extended version is used in the NICE quality statements within end-of-life care for adults:

those beliefs, values and practices that relate to the human search for meaning in life. For some people, spirituality is expressed through adherence to an organised religion, while for others it may relate to their personal identities, relationships with others, secular ethical values or humanist philosophies. (NICE, 2019)

Cook et al. (2011) point out that even if an individual states that they have no spirituality, in doing so they are in fact making, “a spiritual self-statement which does not in any way undermine the value of spirituality as an important concept, descriptive of an important aspect of human self-understanding” (Cook et al., 2011, p. 38).

But for the purpose of this discussion, I offer a more focused definition, not intentionally to exclude, alienate or offend, but simply because the ideas I will be exploring have grown from my own Christian perspective and the coherence of this argument requires a narrower view. This will become clearer as the article unfolds. I encourage the reader to re-frame the discussion within their own belief system and consider any resonance between the two.

The definition of spirituality I use here is: *the connection between an individual or group of individuals and an external divine being*. Hill et al. (2000, p. 56) offer a definition of religion that shares this perspective, and the major monotheistic religions imply it, even if they do not state it in such a reductionist way (Archbishop’s Council, 2019; Encyclopaedia Britannica, 2019; Religion of Islam, 2019). I would describe this divine being as ‘God’, and for the purpose of this discussion it is important to clarify the nature and character of God as revealed in Christianity:

- God created the universe and everything that exists within it
- God is inextricably entwined with all aspects of creation
- God is interested in us as individuals
- God longs to be in relationship with us
- God knows us better than we can ever know ourselves
- God ultimately wants us to be whole and has the power to transform us

I accept that any attempt to describe God will fall short of any true representation, and that there are as many different concepts of what God is like as there are believers, but I would suggest the above list will be shared by many Christians. There are many more Godly characteristics that could be listed here, but I consider these to be the most relevant for the scope and content of this article.

INTUITION

As with spirituality, the process of defining, measuring or researching intuition has proven notoriously difficult and elusive, and yet intuition is widely accepted as an important decision-making tool (Fox et al., 2016). It is recognised within a wide range of disciplines, including management (Agor, 1986;

Vasconcelos, 2009), education (Noddings & Shore, 1985), philosophy (Gobet, 2017), scientific discovery (Young, 2018), nursing (Benner, 1984) and psychology (Davis-Floyd & Arvidsen, 1997). Each of these authors present slightly differing viewpoints, such as intuition growing out of experience and knowledge (Benner, 1984; Gobet & Chasse, 2008), intuition being a significant part of all aspects of learning (Noddings & Shore, 1985), or intuition being the skill that we turn to when there is a lack of empirical data on which to rely (Agor, 1986). Pretz et al. (2014) offer some possible categories that perhaps group these perspectives into a clearer framework:

- *Holistic intuition* is based on diverse cues, leading to non-analytical decisions
- *Inferential intuition* is based on a large body of experience which leads to non-cognitive decisions
- *Affective intuition* covers purely emotion-based decisions

A common thread seems to unite these discussions and leads me to offer the following definition: *intuition invites a person to make a choice or decision that cannot be rationalised, described or justified logically, but is nonetheless considered to be of value.* Whilst these debates and classifications provide us with ways to think about intuition, none appear to me to successfully capture the underlying mechanism of what may be unfolding within a person when an intuitive decision is reached, and I hope that the remainder of this article may shed some light on one of the possibilities. In the clinical context, I would suggest that intuitive moments are moments of transformation that step out of any theoretical, rational or experiential frame.

CASE EXAMPLES

The first case example, taken from my private practice, will hopefully clarify and contextualise this definition of intuition and will draw spirituality into the picture.

Case 1

I had the opportunity to work with a woman (I will refer to her as 'Jay') who had a history of sustained physical, emotional and sexual abuse as a child from both of her parents, as well as other people, as she moved through adolescence and into adulthood. Jay had been having regular prayer/counselling sessions with a colleague of mine within a church context and I was invited to join one of these sessions to bring my music therapy skills to her journey, most probably receptive methods at first. At this stage in her recovery process, Jay was unable to be near, or even in the same room as, an unfamiliar man, so I sat in an adjacent room to Jay and my colleague with the doors open. I was unable to see Jay, I had not met her before, nor could I hear any detail of the conversations taking place.

The decision to try this particular approach was reached through discussion between my colleague and myself as well as careful exploration between my colleague and Jay. Jay had given her consent for me to be present and my colleague had reassured her that I was a safe, trustworthy person to work with. We all agreed that the fact I was a man added an additional dimension to the healing possibilities available to Jay – an opportunity to model a safe, sensitive, gentle, bounded relationship. I have worked with many highly vulnerable,

traumatised women in my professional life, so I felt confident that I could bring the necessary tools to the situation, be they musical or other. I am also no stranger to using music in flexible, creative ways such as sitting in adjacent rooms/corridors and relying on the music to sustain a connection. The initial set-up of the session therefore felt safe and appropriate to me and was reinforced by the trust I had in my colleague.

A few minutes into the session, in an extended moment of silence, I began playing a repetitive, gentle motif on a guitar as a way to 'hold the space'. Very soon after starting the music, I had a powerful sense that I should play and sing a particular song: *Angel* by Sarah McLachlan (1997). If you are unfamiliar with this piece of music, I would encourage you to have a listen before reading on. For many listeners, this is a highly emotive piece of music, and the lyrics have some quite defined content, including spiritually explicit language (such as, "you're in the arms of the angel").

At this point in the session, I had several alarm bells ringing: Jay had not requested this particular piece of music, so I had no idea whether she was familiar with this song or if it would be helpful for her; because of the highly emotive nature of the song, I wondered if to use it based on my own decision would be emotionally manipulative and may take her into unsafe places; I had no idea what was happening between Jay and my colleague next door, and whether this would be appropriate or timely; I wondered if singing this song for such a fragile person with such a traumatic past experience would be damaging or re-traumatising. The more I reflected on these concerns, the stronger was the sense that I should sing it anyway. This 'sense' manifested itself in several ways: musically, I was already settled into a rhythmic and harmonic pattern that would allow me to move into the song smoothly (oscillating between E and A chords in a 6/8 rhythm, comfortably within my vocal range) and the song was playing in my mind at what felt like full volume; emotionally I felt that the song was what Jay needed and I felt an emotional pull to offer it to her; physically my heart was beating strongly and the more I rationally resisted the urge to sing the song, the louder and faster was my heart beating. So I sang the song. To my immense relief, as I finished off the final chorus and moved into an instrumental improvisation, my colleague appeared in the doorway and said that Jay would like me to keep singing the chorus a few times. After Jay had left at the end of the session, my colleague informed me that Jay had heard the song many years ago but could not remember who had written or performed it, what the words were, or how to find it again. She had been trying to re-discover this song for some time and my singing it for her had been a profound moment, which subsequently served as a key to unlocking the next stage in her recovery.

I trust that many of the readers will be able to relate to this sort of event: it does not fit within a theoretical frame in the moment, it cannot be rationalised, and it requires a risk on the part of the clinician. It may even go against many of our safeguards and trainings. For example, a music therapist is required "to understand the importance of and be able to obtain informed consent" (HCPC, 2019, section 2.6). In the above example I obtained consent to be present within the session, but not to use

that particular song. Ordinarily I would have tried to do so in such a sensitive context. The need for informed consent integrates with the need to maintain the safety of our clients as well as the need to act in their best interests at all times (HCPC, 2019, sections 2.1 & 15.1). It is possible that on another day with a different client in an alternative scenario, for me to act in such a way could have been harmful to the client. But despite these cautions, I am sure many would agree that the most powerful moments of transformation do not always follow a clinical intervention based on a theoretical model within rigid guidelines, but rather grow from moments of spontaneity and intuition.

How do we now bring spirituality into the story? What is my perspective on what is happening in the case example I have just described? I believe that the compelling feeling I had in the moment was God speaking to me in order to serve the needs of Jay (to reiterate, I use the term 'God', but please reframe this within your own perspective). Over many years of working in secular environments, church contexts and hybrid settings, I think I am learning when an intuition may be my own and when it may be from God (although it would be dangerous to claim certainty around such a statement). The description I gave of the 'sense' above is one of the clearer, more dramatic examples where I felt confident (in the moment) that God may be speaking to me, but there are many other ways this can happen. Take some time to read the Bible (TNIV Study Bible, 2006) and you will discover the myriad ways that God speaks to his people over the generations. Here are two further brief examples (not from my own clinical practice) where I would describe an intuition as being a possible prompt from God.

Case 2

A colleague of mine was working with a fostered child over a number of weeks, and they used music improvisation as the prevailing intervention. A few days before their next session, my colleague was in a charity shop and had an intuitive prompt to buy a few Mr Men books (Hargreaves, 2010). At the start of the next session, the child was too distressed to enter the therapy room and refused to engage in anything musical. My colleague found the Mr Men books nearby and the child immediately engaged with them, using them as a way to identify emotions, share family stories and regulate emotional state.

Case 3

In the opening chapter of *The Nature of Intuition*, Boucouvalas (1997) describes a story of when her daughter was ill. Her daughter had previously had a series of minor ear infections, and there was nothing in her daughter's symptoms to indicate anything other on this occasion. Boucouvalas goes on to say, "suddenly and unexpectedly an image invaded my mind's eye. Flashing red with warning, the words, 'scarlet fever' appeared" (Boucouvalas, 1997, p. 3). Following some rapid research and a trip to the doctor, the child was diagnosed with scarlet fever and treated swiftly before the illness reached a more dangerous stage.

In each of the three case examples I have shared there is a coherence not only with the definition of intuition offered earlier, but also with the characteristics of God. If an intuition is truly God speaking, it should always produce a beneficial outcome in the client (provided the recipient acts on it in an

appropriate way). As with all human interaction, our own insecurities and fallibilities will inevitably play a part. In his study of the use of intuition with senior executives, Agor (1986) lists the factors that impede the use of intuition which include projection mechanisms, time constraints, stress factors and lack of confidence. In response to Agor, Vasconcelos proposes that although intuition has the potential to be destructive, prayer can be used, “as a transcendent coping mechanism whereby executives can refine the flux of their intuition” (Vasconcelos, 2009, p. 936).

I mentioned earlier that I would like to offer a safe way in which to explore these possibilities in the clinical setting. I have noticed a parallel between the common model of therapeutic practice and the *5-Step Healing Model* developed by John Wimber (Vineyard Churches, 2018). There follows a typical process for therapeutic practice common to most practitioners (I include non-psychological therapies in this generalisation):

1. Referral: the stage where we find out basic information about the client, what they are struggling with, main diagnoses and the reasons they are coming for therapy.
2. Assessment: the process by which the therapist gathers information directly from the client in order to decide what sort of intervention is likely to be most relevant.
3. Clinical intervention: the main body of the therapy, the delivery of therapy sessions.
4. Review: looking at how the intervention is progressing, how the client is engaging and whether there needs to be additional or modified work.
5. Transformation: attempting to integrate the work carried out in the therapy with the client's life outside of the therapy room. This is central to the Transformational Design Model used in Neurologic Music Therapy (Thaut, 2014).

These five stages can take place within a single session (Dryden, 2017) or over a long-term series of sessions (Sperry, 2010; Wigram, Pedersen & Bonde, 2002). They can appear in different orders and be repeated/revisited as appropriate, but this is the general gist. These stages serve as a solid, safe framework for clinical practice in a range of disciplines (Cabaniss et al., 2017; Wheeler et al., 2005).

To introduce the *5-Step Healing Model*, John Wimber founded the Vineyard movement of churches (currently there are roughly 120 in the UK and 2400 worldwide), and one of his skills was communicating complex Christian concepts in a practical, easily-accessible way. The *5-Step Healing Model* (Vineyard Churches, 2018) is a simple structure that can be used when praying with people. It is not intended to be rigid or restricting, but rather provides a framework for people to use, particularly if they are feeling unconfident or inexperienced. Here are the five steps:

1. The interview: talking to the individual, finding out what they are struggling with and what they would like prayer for.
2. The diagnosis: the person praying discerns what type of prayer will be most relevant (there are many different ways to pray, not always just with words).
3. Prayer selection: the prayer itself. Sometimes the individual may need support to pray themselves, the person praying may pray on their behalf, or they may just need some quiet.
4. Prayer engagement: checking in with the individual. How are they feeling? Has anything changed? Has anything else come up?
5. Post-prayer direction: what does the individual need to do next? A change in lifestyle? Restoring a relationship? Nothing?

As with the clinical practice framework, this model is just a guide, and can take place in any order. Not all steps are essential, but they are likely to be present in some way.

The link between the *5-Step Healing Model* and the five stages of a typical clinical cycle are obvious. Intuition can play a part at any stage. That is to say, the potential for God to speak is always present. The first step of each model (referral/interview) is essentially information gathering, this information being used to elucidate the second stage (assessment/diagnosis). Case 3 is an example of a non-medically trained individual having an intuition related to Stages 1 and 2. I often find thoughts appearing in my mind at these first two stages that seem to inform the third stage (treatment/prayer selection). I may have a musical motif in my mind, or the feeling that a particular instrument may be of particular use. In Case 2, the act of buying the books was actually an intuition relating purely to Stage 2, although my colleague was not to know this until the books were used in Stage 3 and she could retrospectively interpret the circumstances in this way. These thoughts do not tend to fit within standard clinical decision-making, such as those discussed by Lane and Corrie (2012), but rather within our earlier definition of the intuitive. These first two stages find resonance with the diagnostic procedure found in areas such as psychiatry, nursing and General Practice. Srivastata and Grube (2009) explore the importance of instinct in the diagnostic process of psychiatry, giving a case example where a group of clinicians were united in their decision to reject the data offered by psychometric testing in preference for their collective 'feel' of the patient (Srivastata & Grube, 2009). A similar account is shared by Peterkin (2017), who ordered a chest X-ray against the recommendation of his supervisor and with no justification other than a 'gut feeling', which showed up a lesion on the patient's lung. Peterkin (2017) briefly alludes to the possibility that the intuition may have been 'divine providence' and many other publications support the value of intuition in diagnosis (Keenan et al., 2017; Mickleborough, 2015; Schön, 1983).

The third stage of the models (clinical intervention/prayer selection) perhaps offers the richest landscape for God's voice to be heard, and the first case example above sits firmly within this stage. During a music therapy session the very presence of music "amplifies and intensifies spiritual experiences such that new meaning for the client can emerge that transcends current modes of 'being'" (Potvin & Argue, 2014, p. 118). The possibility of this intensified experience can be no less manifest for the therapist as it is for the client. The very nature of transference in psychodynamic theory is itself a mystery, to the extent that Freud likened it to 'telepathy' (1933, p. 419), and I have often wondered if God may be at work in the movement of thoughts and feelings between client and therapist. In my experience, intuition has proven most valuable in particularly challenging moments. Bion said that, "when two personalities meet, an emotional storm is created" (Bion, 1979, p. 321). According to the character of God, when the storm rages and fear and uncertainty dominate, we will not drown if we turn to God for help, as did the disciples when they were caught in a literal storm in Mark 4:35-41 (TNIV Study Bible, 2006). Yes, we can and should rely on theory, experience, evidence base and research, but for the times where these fail us, we can perhaps seek something deeper and rely on something that knows our client far better than we ever will.

The final two stages of the models (review/prayer engagement and transformation/post-prayer direction) serve as a safety-net, where the clinician and client can reflect upon or evaluate the effectiveness, appropriateness or validity of the intuitive interventions used previously. After all, what clinician would fail to check in with their client after an intervention, whether this is informally within

a single session, or as a more formal review after a series of sessions? The hope that the therapy is having a beneficial effect on the client's life outside of the sessions is implicit in the word therapy itself – the literal meaning of the word being 'curing' or 'healing'. These two stages bring us back to the concepts of informed consent, client safety and client's best interests, discussed previously (HCPC, 2019). The process of allowing oneself to act upon an intuition inevitably leads into the area of risk, as do many of the interventions used by clinicians. No therapist or client will fit perfectly into any theoretical model, therefore there will always be an element of uncertainty to the process. And when music, spirituality and intuition are included in the equation, "only speculation is possible" (Potvin & Argue, 2014, p. 124). The clinical practices we observe exist in part to manage this risk and keep the client as safe as is reasonably possible. Reeves writes about this aspect of clinical practice using the term "positive risk taking" (Reeves, 2015, p. 139) to explore the possible benefits to the client when the therapist is in a place of measured uncertainty. Stage 4 (review/prayer engagement) could also be described as reflectively looking back, and Stage 5 (transformation/post-prayer direction) could be described as bringing strategy and hope for the future; these last two stages mitigate the risk and give permission for intuitive moments to be embraced.

DISCUSSION AND CONCLUSIONS

When I first offered the ideas presented in this article at the Nordoff-Robbins conference, a concern was raised by a delegate that to rely on God to guide a therapeutic journey is to renounce one's responsibility and duty of care to the client. I responded to this in a couple of ways. First, if one accepts the character of God as described above, why would we want to withhold this unfathomable level of wisdom and benevolence from our clients? This actually complements the rich resources necessary for therapeutic decision making (Lane & Corrie, 2012). Second, as I touched upon briefly in the discussion of the case examples, there remains a responsibility on the clinician to act on their intuitions appropriately and not allow their own bias and prejudice to cloud the relationship. A psychotherapeutic relationship usually requires the therapist to observe technical neutrality and therapeutic abstinence (Cabaniss et al., 2017) in order to preserve the integrity of the therapeutic relationship. So we are not actually renouncing responsibility; rather, we are drawing on an additional resource and gathering evidence to complement our knowledge and experience base, which then allows us to make a decision as whether to not to carry out an intervention. We are still the decision-makers and we are free to discount or ignore our intuitions, wherever we believe they may be coming from. In addition, were a professional to act upon an intuition, at none of the five stages does the client need to know the internal process of the therapist, nor does the therapist have any compulsion to share their belief system, thereby upholding the boundaries of therapeutic abstinence.

In the first case example described above, I very nearly decided not to sing the song. I have also experienced similar situations where I felt prompted by God yet did not follow through on the prompt – largely because of self-doubt or the fear of making a mistake. For example, as I was preparing for my presentation of this article in its original form at the SAME conference, I felt a conviction that at the end of the presentation I should offer to pray with the delegates who wished to further explore their connection with God and put into practice the ideas I had shared. I then considered and rationalised this intuition, ultimately choosing not to do so at the last minute. Perhaps this was a missed

opportunity? Perhaps it was a wise decision? Because of the enduring mysteries surrounding intuition and hearing from God there is no way to know for certain. However, I extend this offer now to the reader and warmly welcome contact from those who wish to delve deeper into this arena.

My final encouragement to the reader is to watch out for these moments of intuition in their practice. For the musician they may come as a musical gesture; for the artist they may come as an image; for the poet, they may come as a word or phrase; for the executive they may come as a strategy; or for the therapist they may come as a feeling. The possibilities and combinations are unlimited and endless. Perhaps in a time of crisis you could ask for a guiding prompt. And if you hear something, first test it against your training, experience and knowledge. Then, if it remains with you, take a risk – take the step of faith, and see what unfolds.

REFERENCES

- Agor, W. (1986). The logic of intuition: how top executives make important decisions. *Organizational Dynamics*, 14(3), 5-18.
- Archbishop's Council (2019). *What we believe*. Retrieved from: <https://www.churchofengland.org/our-faith/what-we-believe>
- Barton, M., & Watson, T. (2013). Inner spirit: investigating how music therapists' experiences of their spirituality may be relevant to their work. *British Journal of Music Therapy*, 27(2), 40-51.
- Benner, P. (1985). *From novice to expert: excellence and power in clinical nursing practice*. CA: Addison Wesley.
- Bion, W. (1979). Making the best of a bad job. In W. Bion & F. Bion (Eds.), *linical seminars and four papers* (pp. 321-331). Abingdon: Fleetwood Press.
- Blair, L. J. (2015). *The influence of therapists' spirituality on their practice: a grounded theory exploration*. *Counselling and Psychotherapy Research*, 15(3), 161-170.
- Boucouvalas, M. (1997) Intuition: the concept and the experience. In R. Davis-Floyd & S. Arvidsen (Eds.), *Intuition: the inside story* (pp. 3-18). London: Routledge.
- Bunt, L., & Stige, B. (2014). *Music therapy: an art beyond words*. London: Routledge.
- Cabaniss, D., Cherry, S., Douglas, C., & Schwartz, A. (2017). *Psychodynamic psychotherapy – a clinical manual*. New York: Wiley.
- Cook, C. Powell, A., Sims, A., & Eagger, S. (2011). Spirituality and secularity: professional boundaries in psychiatry. *Mental Health, Religion & Culture*. 14(1), 35-42.
- Davis-Floyd, R., & Arvidsen, S. (Eds.). (1997). *Intuition: the inside story*. London: Routledge.
- Dryden, W. (2017). *Single-session integrated CBT*. London: Routledge.
- Egan, R., MacLeod, R., Chrystal, J., McGee, R., Baxter, J., & Herbison, P. (2011). *What is spirituality? Evidence from a New Zealand hospice study*. *Mortality*, 16, 307–324.
- Encyclopaedia Britannica (2019). *Monotheism*. Retrieved from: <https://www.britannica.com/topic/monotheism>
- Epstein, S. (2010). Demystifying intuition: what it is, what it does, and how it does it. *Psychological Inquiry*, 21(4), 295-312.
- Fox, J., Hagedorn, B., & Sivo, S. (2016). Clinical decision-making and intuition: a task analysis of 44 experienced counsellors. *Counselling Psychotherapy Research*, 16(4), 244-255.
- Freud, S. (1933). *New introductory lectures on psycho-analysis*. London: Hogarth Press and the Institute of Psychoanalysis.
- Gobet, F. (2017). Three views on expertise: philosophical implications for rationality, knowledge, intuition and education. *Journal of Philosophy of Education*, 51(3), 605-619.
- Gobet, F.m & Chassy, P. (2008). Towards an alternative to Benner's theory of expert intuition in nursing: a discussion paper. *International Journal of Nursing Studies*, 45, 129-139.
- HCPC (2019). *The standards of proficiency for arts therapists*. Retrieved from: <http://www.hpc-uk.org/standards/standards-of-proficiency/arts-therapists/>
- Hargreaves, R. (2010) *Mr. men: the complete collection*. Egmont Children's Books.
- Hill, P. C., Pargament, K. I., Hood, Jr., R. W., McCullough, M. E., Swyers, J. P., Larson, D. B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30, 51-77.
- Keenan, H., Cook, L., Olson, L., Bardsley, T., & Campbell, K. (2017). Social intuition and social information in physical child abuse evaluation and diagnosis. *Pediatrics*, 140(5), e20171188.
- Lane, D., & Corrie, S. (2012). *Making successful decisions in counselling and psychotherapy – a practical guide*. Maidenhead: Open University Press.
- Lindsey, R., Robins, K., & Terrell, R. (2009). *Cultural proficiency – a manual for school leaders*. California: Corwin.
- MacKian, S. (2019). 'The constant hum of the engine...': A story about extraordinary interdisciplinary dialogues in spirituality and wellbeing. *Approaches: An Interdisciplinary Journal of Music Therapy, Special Issue 11(1)*, 15-31.
- McLachlan, S. (1997). *Angel*. Retrieved from: <https://www.youtube.com/watch?v=i1GmxMTwUgs>
- Mayne, M. (2002). Music, spirituality, healing: this intimate stranger. Keynote address given at the 10th World Congress of Music Therapy, Oxford. *BSMT Newsletter 44/45*, 31–40.
- Mickleborough, T. (2015). Intuition in medical practice: a reflection on Donald Schon's reflective practitioner. *Medical Teacher*, 37(10), 889-891.

- Moodley, R. & West, W. (Eds.) (2005). *Integrating Traditional Healing Practices Into Counselling and Psychotherapy*. California: Sage Publications.
- NHS (2015). *NHS chaplaincy guidelines 2015: promoting excellence in pastoral, spiritual and religious care*. Retrieved from: <https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>
- NICE (2019). *End of life care for adults*. Retrieved from: <https://www.nice.org.uk/guidance/qs13/chapter/quality-statement-6-holistic-support-spiritual-and-religious>
- Noddings, N., & Shore, P. (1984). *Awakening the inner eye: intuition in education*. New York: Teachers College Press.
- Peterkin, A. (2017). Physician intuition. *Canadian Medical Association Journal*, 189(14), 544.
- Potvin, N., & Argue, J. (2014). Theoretical considerations of spirit and spirituality in music therapy. *Music Therapy Perspectives*, 32(2), 118-128.
- Pretz, J., Brookings, J., Carlson, L., Humbert, T., Roy, M., Jones, M., & Memmert, D. (2014). *Development and validation of a new measure of intuition: the types of intuition scale*. *Journal of Behavioral Decision Making*, 27(5), 454-467.
- Reeves, A. (2015). *Working with risk in counselling and psychotherapy*. Los Angeles: SAGE.
- Religion of Islam (2019). *Islamic concept of spirituality*. Retrieved from: <https://www.islamreligion.com/articles/10033/islamic-concept-of-spirituality/>
- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- Schön, D. (1983). *The reflective practitioner: how professionals think in action*. New York: Basic Books.
- Sperry, L. (2010). *Core competencies in counseling and psychotherapy – becoming a highly competent and effective therapist*. London: Routledge.
- Srivastata, A., & Grube, M. (2009). Does intuition have a role in psychiatric diagnosis? *Psychiatric Quarterly*, 80(2), 99-106.
- TED Conferences (2017). *Our organisation*. Retrieved from: <https://www.ted.com/about/our-organization>
- Thaut, M. (2014). *Handbook of neurologic music therapy*. Oxford: Oxford University Press.
- Thorne, B. (2003). *Person-centred counselling and Christian spirituality: the secular and the holy*. London: Whurr Publishers.
- Timmins, F., Egan, R., Flanagan, B., Muldowney, Y., OBoyle, C., Brady, V., Whelan, J., Neenen, K., & McSherry, W. (2017). Special Issue "International Conference of Spirituality in Healthcare. Nurturing the Spirit" – Trinity College Dublin 2016. *Religions*, 8(10), 1-7.
- TNIV Study Bible (2006). Zondervan: Michigan.
- Tsiris, G. (2017). Music therapy and spirituality: an international survey of music therapists' perceptions. *Nordic Journal of Music Therapy*, 26(4), 293-319.
- Vasconcelos, A. (2009) *Intuition, prayer, and managerial decision-making processes: a religion-based framework*. *Management Decision*, 47(6), 930-949.
- Vineyard Churches (2018). *5-Step Model of Healing*. Retrieved from: <http://www.vineyardchurches.org.uk/tools/5-step-model-of-healing/>
- West, W. (2005). Crossing the line between talking therapies and spiritual healing. In R. Moodley & W. West (Eds.), *Integrating traditional healing practices into counselling and psychotherapy* (pp. 38-48). California: Sage Publications.
- Wheeler, B., Shultis, C., & Polen, D. (2005). *Clinical training guide for the student music therapist*. Gilsum, NH: Barcelona Publishers.
- Wigram, T., Pedersen, I., & Bonde, L. (2002). *A comprehensive guide to music therapy: theory, clinical practice, research and training*. London: Jessica Kingsley Publishers.
- Young, M. (2018). *Heuristics and human judgment: what we can learn about scientific discovery from the study of engineering design*. *Topoi*, 1-9.

Ελληνική περίληψη | Greek abstract

Βρίσκοντας τον Θεό στο διαισθητικό: Ανακτώντας την πνευματικότητα των θεραπευτών

Adam Kishtainy

ΠΕΡΙΛΗΨΗ

Το άρθρο αυτό παρουσιάζει μια σειρά μελετών περίπτωσης που διερευνούν το θέμα της μουσικής και της πνευματικότητας, και προσφέρει ένα θεωρητικό πλαίσιο για την κλινική πρακτική. Στόχος μου είναι να δημιουργήσω μια άμεση σύνδεση μεταξύ της δικής μου (Χριστιανικής) πνευματικότητας και του ρόλου του διαισθητικού στη θεραπευτική διαδικασία, προσκαλώντας τον αναγνώστη να αναπλαισιώσει το άρθρο μέσα από την προσωπική του κοσμοθεώρηση. Πρόσφατη έρευνα έχει επισημάνει τη σχετική έλλειψη δημοσιευμένου υλικού σχετικού με τον ρόλο της πνευματικότητας του θεραπευτή στη θεραπευτική σχέση. Αυτή η έλλειψη μπορεί να οφείλεται σε διάφορους παράγοντες, κυρίως δε επειδή οι περισσότεροι θεραπευτές λειτουργούν μέσα σε κοσμικά περιβάλλοντα και θεωρητικά πλαίσια, και είναι πιθανό να βιώσουν

αντιστάσεις ή ακόμα και την απόρριψη εάν οι προσωπικές πνευματικές τους πεποιθήσεις εκφραστούν ανοιχτά στην πρακτική τους. Με παρόμοιο τρόπο, ο ορισμός της διαίσθησης έχει αποδειχθεί υπεκφεύγων εντός ενός ισχυρού θεωρητικού πλαισίου. Η ίδια η φύση της διαίσθησης (και μάλιστα της πνευματικότητας) δημιουργεί μια τάση απομάκρυνσης από την τεκμηριωμένη πρακτική η οποία χαίρει τόσο μεγάλης εκτίμησης στα περισσότερα θεραπευτικά πεδία. Σε αυτό το άρθρο προτείνω ένα πλαίσιο θεραπευτικής πρακτικής που επιτρέπει στους θεραπευτές να αγκαλιάσουν το σύστημα πνευματικών τους πεποιθήσεων ως βασικό πυρήνα του κλινικού τους έργου. Η συζήτησή μου βασίζεται σε έναν ορισμό της πνευματικότητας που υποδηλώνει την παρουσία ενός εξωτερικού θείου όντος (του Θεού) το οποίο μπορεί να σχετίζεται με τον θεραπευτή και τον πελάτη. Από αυτή τη βάση προτείνω ότι οι στιγμές της διαίσθησης δεν χρειάζεται να θεωρούνται μυστήριες και ανεξήγητες, αλλά επιρροές του θεϊκού.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική, θεραπεία, πνευματικότητα, Θεός, διαίσθηση [intuition], ίαση [healing]