

How did Eric Berne value Intuition?

Dr Zara Irani, Advanced Year 2 student with Red Kite Training, explores, in her assignment question, Berne's thinking on intuition, giving specific examples from her own context and understanding

I HAVE CHOSEN to discuss how Eric Berne, the founder of Transactional Analysis (TA), valued intuition, and the relevance of his findings to my own emerging practice. The key reference for this is Berne's posthumously published book of essays *Intuition and Ego States* (1977). I start by describing how Berne understood intuition through the psychotherapeutic experiments and clinical practice documented in this book, and how Berne's research – as the title of the book suggests – is closely aligned with his development of the ego state model. I go on to explore how Berne valued intuition as a clinical tool, while also acknowledging it had the potential to undermine clinical practice. The second part of the essay begins with a case vignette that shows my understanding and practical application of Berne's theories on intuition. I conclude by describing how my clinical practice has been strongly influenced by these theories.

Berne's intuition experiments

Intuition and Ego States is a compendium of eight essays from 1949 to 1962, with each consecutive essay building on Berne's knowledge and applied practice. The book begins with Berne's early experiments with intuition, and ends with a more assured identification of intuition as it relates to Berne's nascent concept of ego states (Berne, 1977, p17). Berne's writings were and remain a key critical discourse on a way of thinking, testing and understanding ideas about intuition and the intrapsychic process (Stewart, 1992, p17).

Berne's intuition experiments came out of his military service in the US Army Medical Corps, where he served as a psychiatrist from 1943 to 1946 (Stewart, 1992, p3). Whilst there, Berne was assigned a task that allowed him to develop his interest in the subject of intuition. He was required to make a short psychological assessment of soldiers who applied for a discharge. Berne devised a simple experiment involving a two question interview with each applicant. The questions were 'Are you nervous?' and 'Have you seen a psychiatrist before?' (Berne, 1977, pp7-8). Once the data was collated, Berne noted that his intuitive judgment was usually more reliable than his cognitive one (Cornell & Thunnissen, 2015, p4). By the end of his term of service, Berne had completed further refinements and variations to the experiment and had compiled over 10,000 interviews.

This clinical research was the source material for *The Nature of Intuition* (1949), his paper about how intuition can be of value in clinical psychotherapy (Berne, 1977, pp30-31).

Berne's descriptions of working intuitively show a fundamental attunement and an awareness of the pre-verbal unconscious or preconscious functions which have the capacity to transmit perceptions in an unconscious way (Berne, 1977, p4). He describes the attention he gave to each soldier's physicality, in particular the body language of the lower face and neck areas (Berne, 1977, pp13-31). This aspect of Berne's work – that the clinician intuitively based upon continual intrapsychic scanning within the somatic (the body) – was fundamental to his later theories of human communication in TA.

Berne understood that the nature of intuition transcended language and formal education, and that this should in no way limit the possibilities of its value, engagement or study within psychotherapy. He made an important distinction between 'understanding' and 'verbalising' (Berne, 1977, pp26-46) concluding that these ways of processing did not necessarily rely on each other. Berne located intuition within the 'felt' and 'sensed' realms of the subconscious but stressed that the therapist should balance intuitive prowess against objective observations and judgments (Berne, 1977, pp33-48).

For Berne, intuition was easily 'clouded' if a lack of distance between the 'intuiter' and stranger was not maintained. He highlights how the therapist needs to consider the complexities of intrapersonal and interpersonal 'challenges' that might infuse the intuiter's climate with a sticky 'resistance' (Berne, 1977, pp22-24) and 'countertransference' fog. This description is reminiscent of Sartre's writings on viscosity in *Being and Nothingness*, which describe the viscous as an existential fear of losing one's physical boundaries and being lost in matter, 'to touch slime is to risk, it feels, becoming slime'. (Sartre, 1992, p610).

Berne was keen for intuition to be legitimised as a clinical medium from which scientific observations could be made to support its value (Berne, 1977, pp28-31). Thus his experiments not only sought to validate intuition but create a scientific means of conveying its function. Identifying intuition as a capacity to guide and inform both clinician and client into powerful insights suggested to Berne, a vital way of 'knowing how to act' in service of therapeutic change and cure (Berne, 1977, p28).

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Intuition and the ego state model

Berne perceived intuition to be at its most powerful when the Child ego state is cathected, with Adult and Parent decommitted and de-cathected (Berne, 1977, p163). He notes that intuition is an 'Archaeopsychic' phenomenon, a state originating and belonging to Child (Berne, 1977, p161). Berne describes how clinical intuitive abilities are based in Child, which is pre-cognitive and pre-verbal, based in sensation and exploration, and which has freedom from personal appraisal and social sanctions. It is more difficult when 'Neopsychic' (Adult), or 'Exteropsychic' (Parent) states are in executive (Berne, 1975, pp17-24).

Berne makes it clear in the book that for intuitive capacities to be made available in a healthy way, the clinician must intelligently operate within all the ego states when necessary. The Child state must be free to observe and 'integrate' information without self-conscious scrutiny. Parent is responsible for 'sorting' and organising data, whilst Adult takes on the task of verbalising the 'raw intuitions' into clinical language, with some parental guidance to influence if/how disclosure occurs (Berne, 1977, pp165-166).

The value and risk of intuition for clinicians

Within the final paper in the book *The Psychodynamics of Intuition*, Berne points to some of the inhibiting conditions under which intuition cannot function. Relating intuition to ego states, Berne explains how it can be dulled when either the Adult, or Parent ego state is in executive (Berne, 1975, pp17-24). The Parent ego state in this case intrudes on the liberty of the Child to observe and act upon instinct in playful, open ways of being, whilst the Adult's 'logical' reasoning can similarly impair intuitive impulses (Berne, 1977, pp161-162).

Berne identified ethical thinking as particularly problematic for the intuitive clinician (Berne, 1977, pp160-164) as it requires Adult's 'logical' reasoning – contextualising, problem solving and working within a cultural framework. Intuition, though, needs the clinician to focus and zone in on a sensory experience that exists outside of conventional judgments, definitions or explanations. Berne states:

'The more 'ethically' a person is, the more mannerly and philanthropic in deed and thought, the less his powers of observation and intuition are free to function without unconscious moral intervention.' (Berne, 1977, p164)

Another process that can distort or corrupt intuition is

countertransference. Berne states that 'primal judgments' are vulnerable and subject to misinterpretation through countertransference. Berne writes: 'In such cases, the clinician finds himself with the same viewpoint as the patient; that is, his primal judgments are concerned, not with the patient's presenting problem, but with how suitable the patient is for the gratification of the therapist's own primal needs.' (Berne, 1977, p 93).

Clinically this is comparable to a (concordant pro-active) countertransference issue, where bias or a 'distorting element' blocks the practitioner from truly seeing the client (Clarkson, 1992, p156).

Case vignette

'To say hello rightly is to see the other person, to be aware of him as a phenomenon, to happen to him and to be ready for him to happen to you.' (Berne, 1975, pp 3-4)

The following is a clinical observation of one of my clients over 12 therapy sessions. It explores how my understanding and practical application of Berne's theories on intuition guided the therapeutic process.

My client, a middle aged woman, elected to have therapy to support her role as a fulltime carer. She presented with a highly Adapted Child, reflecting a script that included strict, punitive introjected parental and societal expectations; symptomatic of the emotional and sexual abuse she had endured for over 35 years. We contracted to decontaminate and cathect her Adult ('build confidence, to find my voice and self esteem'). Our engagement was her first encounter with TA. Despite this client's high anxiety – expressed somatically through erratic, frenetic movements – she was quick to intuit my capacity to regulate her. I posited that this perspective developed during our first encounter via phone, when I heard and responded to what I felt was the client's need for calm, clear and assuring engagement. I sensed in the transaction what Laing, Philipson, and Lee (1966) (Massey, 2006, p140) described as levels between interconnecting persons, whereby on a behavioural level individuals interact cognitively via interperceptions, while emotionally remaining aware of the degree of unease and comfort between them (Massey, 2006, p140).

I believe these inter-experiences bound my client and I together in a way that allowed our interpersonal intuitive states to become enlivened. Initially I was unwittingly guided (via Zoom) through her home, as the client clutched her phone with me transmitting through it. Gradually she learnt to physically and emotionally orientate herself, first through explicit physical movements and then by slowly mirroring my breath and voice which she repeatedly perceived as 'kind.. lovely.. calming..' Some way into our sessions this client – now attuned to me – started to anticipate the sessions coming to an end. Adult had been awoken, and parental states began to successfully introject aspects of how she had been nurtured by me. It was moving to witness and be a part of her *physis*, but what came next was wholly unexpected. Asked how she might like to integrate the remainder of our sessions with her goals and saying goodbye; she requested a series of mindfulness and meditation

work. I was surprised because, although I am a qualified meditation teacher, I had at no point disclosed this to her.

What I experienced here was the client's intuitive capacity to understand her own needs, in perfect tandem with what I was able to give her. The sessions were beneficial in their alleviation of her Child's anxieties, and in her Parent's facilitation of care. Somehow her Child met mine and a collaboration of healthy flexibility and fluid transference engagement took place, so that we could play. Both Sue Eusden's piece 'Minding the Gap' (Eusden, 2011), and Winnicott's research on play (Winnicott, 1971) were helpful reminders that I have both a freedom and responsibility to enquire/experiment with my clients. In this case study, my client's evolving intuition (of me) being a byproduct of our attuned alliance.

Conclusions

Intuition requires therapists to hold separate the three types of ego states. Like Berne, I try to use myself as facilitator via a kind of surrender only Child can fully locate (Berne, 1977, p165). If I can surrender into the unknown, I have greater chance of enabling it in my clients. The parental evaluations I make from these reactions help to 'sort out therapeutic and countertherapeutic attitudes' (Berne, 1977, p112), so that I can fairly reliably predict – within Adult – how the client may react and understand this. I identify this kind of awareness and processing as one where I as the therapist must, as Berne suggests, intelligently operate within all the ego states when necessary.

Intuition requires active engagement & practice

As mentioned in the case vignette, for my client, intuition beckoned her into imagining script cure. This understanding is not a product of her analytical brain, but located within the playful pulse of physis. This subtle language of interconnectivity is the very matter of psychotherapy, fostering connectivity in the service of surviving and thriving (Eusden, 2011).

As a trainee transactional analyst I take on the responsibility of integrating mindfulness practices to facilitate intuition between client and therapist. The environment we co-created allowed my client to open up an intuitive portal of her own. Allowing intuition into sessions is something I do not take lightly, understanding the vulnerability of exposure and the implications of countertransference.

Intuition is based in a need

Using the intuitive part of her mind, my client was able to set intentions, draw from the placebo effect, relax her sympathetic nervous system and trust herself. This fostered the Adult capacities she yearned to inhabit. The intentional breathing I often did in session allowed the client and I to absorb the important aspects of the work, and for her to evoke a state that allowed, prepared and developed integration and crystallisation. This was done through a slightly hypnotic, intentional intuitive way of feeling which ultimately informed her healing. This sensing capacity was based within her drive for safe connection, but I also sensed that intuition was conjured by an authentic need for

it. Fostering an intuitive practice is my way of knowing that the intra-psycho connection is alive and sustaining.

You can work ethically and maintain intuition with a client

This last point is in many respects what keeps me bound to Berne's research. Not because I agree with his warning that working ethically will dull the intuitive capacity, but because I have an alternative understanding that reflects my experience not just as an emerging psychotherapist, but as a Yogini and visual artist. These practices are for me successful ways to combine intuitive working methods with a strong ethical framework. Both these practices are mindful and have a strong structure based on the somatic. Without such frameworks, these practices would not allow for reaching the intuitive insights possible. This suggests to me that intuition, fluidity, flexibility, growth and faith are linked, and that when we dedicate ourselves to a practice and are attuned, 'whispers carry memories' (Dubois, 2020).

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