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A Phenomenological Investigation of Clinical Intuition among Alcohol and Drug Counselors

Zachary J. Hansen

A Dissertation Submitted in Partial Fulfillment of the
Requirements for the Degree of Doctor of Education
in Counselor Education and Supervision

Minnesota State University, Mankato

November 2015

A Phenomenological Investigation of Clinical Intuition among Alcohol and Drug Counselors

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This dissertation has been examined and approved by the following members of the student's committee:

Advisor: Dr. John Seymour

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As the completion of this dissertation marks the end of my academic journey, I reflect on all of the challenges and joys that I have encountered during my professional and personal development. This development could not have occurred without the care and support of others. First, I would like to thank my mom, Annette, for a lifetime of unconditional love. Also, I would like to thank my uncle Bob, who has been a true role model and inspiration. Your support and encouragement through the years will always be deeply appreciated. Finally, I would like to thank the faculty from the Counseling and Student Personnel Department for providing me with the opportunity to achieve my dreams. Special thanks to my advisor, Dr. Seymour for your guidance during my time in Mankato, and my committee members, Dr. Auger, Dr. Preston, and Dr. Roberts for your work and valued feedback.

Abstract

This study investigates the experience of clinical intuition among alcohol and drug counselors. Clinical intuition has been acknowledged as an integral component to counseling by numerous influential theorists, and has recently been researched in the context of clinical psychology, and marriage and family counseling. However, little or no research has been conducted on clinical intuition among alcohol and drug counselors. In order to thoroughly describe the essence of clinical intuition among this population, phenomenological research methods were utilized. Five alcohol and drug counselors with varying backgrounds with between 5-40 years of experience participated in this study. Participants were interviewed, and described how they experienced and utilized clinical intuition in their work. Each interview was recorded, transcribed, and analyzed according to phenomenological methods. For each participant, a textural analysis, structural analysis, and textural-structural analysis was completed which represented the essence of the individual's experience. A composite analysis was then conducted and the following essential themes emerged: *conditions conducive to experiencing clinical intuition, experiencing clinical intuition, utilizing clinical intuition, circular causality with the therapeutic relationship, cautions, development, and importance*. Findings from this study verify, complement, and expand previous research on clinical intuition. Implications for counselor education and supervision are discussed.

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Chapter One: Introduction

This dissertation examined how alcohol and drug counselors experience and utilize the phenomenon of clinical intuition. The first chapter will provide a rationale for the study, a definition of clinical intuition, a brief summary of the methodology to be used to accomplish the research goals, and an overview of the remaining chapters.

Rationale for Study

“When asked in 1924 why he wanted to climb Mount Everest, the British mountaineer George Mallory reputedly answered, “Because it’s there.” Much the same could be said of why we should study intuition” (Hogarth, 2010, p. 349). The use of intuition is widely acknowledged among many helping professionals: psychologists, counselors, marriage and family therapists, doctors, and nurses (Dane & Pratt, 2007; Jeffrey & Stone Fish, 2011). However, relatively little research has been conducted on intuition in the context of counseling, and no accessible research thus far has examined clinical intuition in the specific context of alcohol and drug counseling. During the past decades in the mental health profession, counselors have been increasingly obligated to adhere to evidence based practices. However, counselors tend to rate their intuition as more influential in their work with clients compared to evidence based practices (Baker, McFall & Shoham, 2008; Gaudiano, Brown, & Miller, 2011; Lucock, Hall, & Nobel, 2006). In one sample of therapists, clinical intuition was identified as one of the most influential aspects of practice (Lucock, Hall, & Noble, 2006). Many scholars and researchers have written about the crucial role intuition plays in counseling, and have advocated for further research to increase understanding of ways to successfully utilize intuition in practice (Dodge Rea, 2001; Eisengart & Faiver, 1996; Garcia & Ford, 2001; Marks-Tarlow, 2012; Witteman, Spaanjaars, & Aarts, 2012). Even with today’s emphasis on evidence based clinical work, clinicians continue to be uneasy

with an exclusive reliance on evidence based practice, and continue to use intuitions to some extent in different stages of the clinical process (Jeffrey & Stone Fish, 2011; Witteman et al., 2012). Although some clinicians may view clinical intuition as being opposed to evidence based practices, I will argue that utilizing clinical intuition effectively is an integral component to counseling and does not contradict evidence based practices. Despite the influence of intuition in clinical practice, there has been relatively little research on the subject. Such research is needed to gain a better understanding of the phenomenon of clinical intuition, and how it can be applied in counseling, education, and supervision.

In sum, the research in this dissertation was conducted for the following reasons:

1. Clinical intuition is recognized as playing an important role in counseling, but has been the focus of relatively little empirical research.
2. Recent findings in neuropsychology (see chapter 2) have brought forth new information on the biological origins of intuition within the interpersonal context of the counseling relationship, and more research is needed to integrate laboratory findings with clinical practice. Further, in response to recent advancements, many researchers have recognized a “paradigm shift” in counseling, shifting from an emphasis on left-brain explicit cognitive processes to right-brain implicit affective processes (Epstein, 2010; Marks-Tarlow, 2012; Schore, 2010, 2012; Tantia, 2014).
3. Because intuition is acknowledged as playing a role in counseling, but is rarely discussed explicitly in training or education, researching the topic has the potential to strengthen understanding of clinical intuition, and provide valuable information for counselors and educators.

4. Recent qualitative studies have examined clinical intuition in the context of nursing, business decision-making, and marriage and family therapy, but little or no research has been conducted specifically focusing on alcohol and drug counseling.
5. Phenomenological approaches are especially valuable for counselors and educators by providing a deep understanding of a specific phenomenon. It was anticipated that the results of this research will be useful for counselors and educators who want to gain knowledge on the use of clinical intuition in alcohol and drug counseling.

Clinical Intuition

Chapter Two will provide an in-depth literature review on the historical, theoretical, cognitive, and neurobiological underpinnings of clinical intuition. Here, a brief introduction to Chapter Two is provided. Intuition is a complex phenomenon, and up until recent advancements in neuroimaging technology, it was the domain of philosophers and theorists. In addition to advances in neuroimaging, other experimental researchers have examined intuition and decision-making in a variety of contexts. Due to its complexity, defining clinical intuition has been elusive, and very few concepts in the history of psychology have had as many different proposed definitions as intuition (Epstein, 2010).

As early as the 17th century, philosophers (notably Descartes and Locke) wrote about intuition (Landesman, 1970). Interestingly, many early philosophies on the subject are very similar to many information processing models of intuition developed by modern cognitive psychologists. The most prominent explanatory model of intuition is the dual processing model, which asserts that there are two different systems that lead to knowledge. These two systems have been given numerous names by different researchers, and have been conceptualized differently (e.g. Epstein, 2010; Evans, 2010; Hogarth, 2001; Stanovich & West, 2000). A

commonality among the dual-processing models is that there exists in the brain one system that is conscious, deliberate, and analytical which leads people to make decisions. Another system is not in conscious awareness, occurs suddenly, without effort, and result in affectively charged judgments. When this second system is activated, one has a sense of knowing without knowing how one knows. This is the system that enables intuitions to occur.

Many scientific innovators have written about the role their intuition plays in scientific discovery, and likewise many psychotherapists have written about the important role intuition plays in their work. Although not widely recognized, the use of intuition in clinical psychology has been a topic of interest since the field's inception. Numerous foundational psychological theorists including Berne, Bugental, Freud, Jung, Maslow, and Rogers have written about the role of intuition in clinical work. Many have also suggested ways in which to facilitate and utilize clinical intuition (Berne, 1949; Bugental; 1987; Freud, 1912; Jung, 1933; Maslow, 1998; Rogers, 1969/1980). Those theorists valued the role of intuition and wrote about the importance of therapists having receptivity to intuitive knowing by being open to understanding inner feelings and hunches during therapy. Also, they agreed on balancing intuition with critical thinking and the scientific method.

Neuroscientists have recently become interested in intuition, and have provided new information into the biological origins of intuition (Chi & Snyder, 2012; Damasio, 1999; Lehrer, 2009; Schore, 2012). Through experimental research and brain imaging, researchers have expanded the knowledge base of the neurobiological mechanisms involved in intuition. Intuition involves processing information from the "bottom-up" and involves implicit processes that rely on subconscious, automatically processed stimuli (Marks-Tarlow, 2012). This differs from "top-down" processing, which begins with an idea that then organizes perceptions and subsequent

action. There are many parts of the brain that work together to generate intuition. Structures in the right brain, which is connected with the sensory, limbic, and autonomic nervous system are involved with intuition. More specifically, “phases of intuitive processing of an implicit self are generated in the subcortical-cortical vertical axis of the therapist’s (and patient’s) right brain, from the right amygdala, right insula, and right anterior cingulate to the right orbitofrontal system” (Schore, 2012, p. 136). Those structures work together instantaneously when there is an affectively charged therapeutic encounter. Right-brain to right-brain communication between the counselor and client underlies clinical intuition, and may be a major factor in therapeutic effectiveness (Schore & Schore, 2008). Others have identified the special role that the orbitofrontal cortex plays in intuition (Damasio, 1995; Lehrer 2009).

Another important biological mechanism involved in clinical intuition is the activation of mirror neurons. Recent neuroscientific findings about the emotion processing right-brain have indicated that the right hemisphere interprets not only its own emotions, but also that of others (Schore, 2012). In the early 1990s, the first observations were made which showed that the same neurons in the cerebral cortex that activate when engaging a specific behavior, also activate in the same way when observing another person do the same behavior. These activations occur unconsciously. Examples include: yawning in response to others yawning, unconsciously crossing our arms during conversations with people doing the same thing, and automatically looking up when we see others doing it (Platek, Critton, Myers, & Gallop, 2003). The cells involved in this are called mirror neurons, which are involved in imitation and predicting the behaviors of others. Further, the learning which occurs through mirror neurons is stored in brain networks which contain nonverbal and unconscious memories (Cozolini, 2013, p. 141). This communication also involves non-conscious body movements, posture, facial expression, and

voice inflection (Dorpat, 2001). Mirror neuron activation is involved in the implicit communication that occurs in the context of the therapeutic relationship. The strength of the therapeutic relationship may be facilitated through congruence of right-brain unconscious systems (Marks-Tarlow, 2012; Schore, 2012). Further, it has been hypothesized that more so than explicit technical skills, a clinician's intuitive capability dictates the "depth of the therapeutic contact, exploration, and change process" (Schore, 2010, p. 193).

Information gained from neurobiological research has the potential to be verified with outcomes of qualitative research examining clinical intuition. As recent research methodologies and technologies shed new light on the workings of the human brain, a greater understanding of human experience can be obtained. However, every research method has its limitations. Although neurobiology can tell us how intuition works, it cannot tell us how it is experienced in specific contexts. It is hoped that the outcomes of this dissertation will provide an in-depth understanding of how clinical intuition is experienced in the specific context of alcohol and drug counseling.

Clinical Intuition Defined

A detailed overview of theoretical background and relevant research is provided in Chapter Two to provide rationale for the following definition of clinical intuition. The following definition was developed through the examination of many different proposed definitions identified in the literature, and includes elements of definitions provided by: Berne, 1949; Bohart, 1999; Dodge Rea, 2001; Epstein, 2010; Kahneman & Klien, 2009; Marks-Tarlow, 2012; and Schore, 2012. The primary goal in developing this definition was to make it non-controversial, and broad enough to capture the key elements encompassed by major definitions of clinical intuition. Also, effort was made to simultaneously make it specific enough to provide

a clear and concise understanding of the phenomenon. In the current study, clinical intuition is defined as a way of knowing that is experienced in the interpersonal context of a counseling session. This way of knowing occurs suddenly, and does not involve conscious deliberation. Intuitions often take the form of a sudden feeling, image, analogy, or seemingly unconnected thought. Intuitions are often accompanied with a sense of confidence and clinical relevancy.

Methodology

The following section will broadly outline the research methods utilized for this dissertation to address the research questions. A more detailed description is included in Chapter Three. The central research question for this study is: “What is the essence of experiencing clinical intuition among alcohol and drug counselors?” Two broad research questions for this study are:

1. How do alcohol and drug counselors conceptualize and experience clinical intuition?
2. In which contexts and situations do alcohol and drug counselors experience and utilize clinical intuition?

To examine the research questions, a qualitative approach is the most appropriate. Qualitative research has been described as being an attempt to understand the meaning of phenomena within the experience of those in their natural settings (Denzin & Lincoln, 2005). Further, qualitative researchers aim to understand the world of their participants, study their experiences, and form representations of those meanings. Broadly speaking, to call a research activity qualitative implies that it aims to understand the meaning of human action or experience (Schwandt, 2007).

Phenomenological research is a specific qualitative approach. It is based on a unique history and philosophy, which provide the underpinnings for corresponding research methods

(Denzin & Lincoln, 2005). Phenomenological studies are conducted by researchers who seek to extensively describe a specific phenomenon by examining the experience of individuals who have experienced it (Creswell, 2013). The focus is on describing what all the participants have in common as they experience the phenomenon, which is achieved through an intensive interview and analysis process. Its basic purpose is to reduce individual experiences to a description of the universal essence of the phenomenon (Moustakas, 1994).

The current study utilized Moustakas's (1994) transcendental phenomenological approach. Transcendental, in this context, refers to perceiving the phenomenon freshly, as if for the first time. It emphasizes providing a complete description of the phenomenon's meanings and essences. Although there are other methods of phenomenological research, such as Giorgi's (2009) *psychological phenomenology*, and Vagle's (2014) *post-intentional phenomenology*, Moustakas's approach provides the clearest guidelines, and is a seminal work in phenomenology which has heavily influenced the development of subsequent forms of phenomenological research.

Participants for this study were purposefully recruited to meet the following criteria:

1. Hold a Licensed Alcohol and Drug Counselor (LADC) license in the state of Minnesota.
2. Be currently providing alcohol and drug counseling services to clients.
3. Have experienced clinical intuition as indicated by self-report.

A process called bracketing is conducted in phenomenological studies. Bracketing involves the researcher examining personal viewpoints about the phenomenon in question, in order to help ensure that the data reflects the experience of the participants, rather than the researcher. Because of the personal nature of phenomenological research, and the researcher's

role in data analysis, the use of the first person is encouraged in phenomenological studies. My bracketing process is described in the methods section. Following the bracketing process, data was collected through semi-structured interviews conducted with each participant. During the in-depth interviews, questions were strategically asked so that a complete understanding of their experience can be obtained. The primary interview questions asked to participants were:

1. What is your general view of intuition?
2. How do you experience intuition in your work?
3. Are there factors that you are aware of that facilitate clinical intuition?
4. What is your perspective on the importance of clinical intuition in your work?

Each interview was recorded and transcribed for analysis. In order to ensure the trustworthiness of the data, a process of member checking was implemented, where the participants had the opportunity to review the analysis to verify that it accurately reflected their experiences. The following steps provide a basic outline of the methods of analysis following transcription (Moustakas, 1994):

1. A list of significant non-repetitive statements made by the participants regarding their experience with the phenomenon are identified. This process is known as horizontalization.
2. Significant statements are then grouped into larger units of information, known as meaning units.
3. Based on the meaning units, a description is written to thoroughly describe “what” the participants experienced. This is known as the textural description.
4. Following the textural description, a description is written of “how” the experience happened. This is known as the structural description.

5. After the textural and structural descriptions have been developed, the composite textural/structural synthesis is written for each participant.
6. The final analysis results in a composite description. This is the integration of the data into a unified description of the phenomenon as a whole. This synthesis results in an in-depth description of the essence of the phenomenon.

Overview of Remaining Chapters

By making logical connections between theory, neurobiological findings, and counseling research, a comprehensive understanding of clinical intuition can be presented in Chapter Two. An overview of the literature relating to clinical intuition is provided, and a case is made for the importance of the current study. Chapter Three describes the methods of the study by describing the philosophical foundations of phenomenology, and discussing why its utilization provides the most appropriate methods for investigating the research questions. Further, the specific methods of participant selection, data collection, and analysis are described. The subsequent chapters include the individual analyses, composite description, and conclusion.

Chapter Two: Literature Review

The concept of intuition may seem elusive and even mysterious. However, it is recognized as a vital component in counseling, and researching intuition may provide valuable information that can be applied to counselor education and supervision. Because clinical intuition is not often discussed explicitly in counselor education, the primary purpose of the following literature review is to provide an in-depth examination of clinical intuition, and its place in counseling. Then, relevant information from the clinical intuition literature review will be integrated with key components of the alcohol and drug counseling field to provide a context for the current study.

This literature review consists of seven sections. The first section, *Understanding Intuition*, will provide a background of the concept by reviewing multiple proposed definitions, related constructs, and information processing models. The second section, *Intuition in Counseling*, reviews theoretical underpinnings of intuition, and how it can be utilized in clinical decision-making. The third section, *Neurobiology of Intuition*, examines recent neurobiological findings to shed light on the neurobiology of intuition. Next, *Developmental Origins of Intuition* overviews recent findings that highlight connections between attachment theory, the burgeoning field of interpersonal neurobiology, and clinical intuition. The fifth section, *Individual Characteristics*, reviews research related to individual differences in intuition. Next, a brief section, *Defining Intuition*, provides a definition for operationalization in this research. The last section, *Alcohol and Drug Counseling*, provides an overview of the field of Alcohol and Drug Counseling, and makes the case for researching this specific field in relation to clinical intuition. After reading this section, the reader will have an adequate understanding of clinical intuition, and understand the rationalization for the current study.

Understanding Intuition

In order to examine clinical intuition, it is first necessary to gain an understanding of what intuition is. This is no easy task as very few concepts in the history of psychology have had as many different proposed definitions as intuition (Epstein, 2010). An interesting issue in defining intuition is that it requires bringing a subconscious phenomenon to consciousness in order to be analyzed. Biologically, the brain structures that are able to study and describe intuition are different from the part of the brain that experiences intuition (Schoore, 2012). However, despite challenges in definition, it is apparent that the use of intuition plays a critical role in psychotherapeutic work. The following section will provide a historical overview of intuition, and then focus more specifically clinical intuition, with the goal of forming an integrative definition for operationalization in this dissertation.

One of the first people on record who wrote specifically about intuition was the French philosopher and scientist Rene' Descartes. In the 1600s, Descartes formulated a philosophy that is strikingly similar to modern information processing theories. He postulated that there are two fundamental forms of thought that lead to knowledge, "intuition and deduction" (Descartes, in Landesman, 1970, p. 29). Centuries ago, Descartes suggested that because intuition takes less effort, and is simpler than deduction, it is therefore more certain. He considered intuition as the primary means of knowledge, and viewed deduction as a supplemental form of knowledge. Another 17th century philosopher, John Locke, examined the topic of intuition. Locke believed that intuitive knowledge was immediate, and contrasted it with "demonstrative knowledge," which is obtained through conscious reasoning about ideas. Locke considered intuition an immediate understanding of a situation, where demonstrative knowledge required analysis and comparison of ideas (Landesman, 1970).

At the beginning of the 20th century, academicians investigated different modes of thought, and the study of intuition became a popular subject. Because of many burgeoning discoveries in physics and mathematics, there was an interest in studying the psychology involved in scientific discovery, and intuition was considered to be central to scientific discovery (Welling, 2005). One of the first influential books addressing intuition was *The Psychology of Invention in the Mathematical Field* (Hadamard, 1945). Jacques Hadamard was a famous mathematician who surveyed 100 of the leading physicists in the early 1900s (including Albert Einstein), in order to explore how mathematicians invent new ideas by examining their creative experiences. Hadamard concluded that intuition was not a singular phenomenon, but had stages: preparation (trial and error), incubation (subconsciously), illumination (frequently sudden), and finally verification (requiring conscious reasoning). Preparation involves intense study and understanding. Then, incubation occurs when unconscious processes are allowed to operate. Next comes illumination, which is a momentary flash of insight that provides the solution. Lastly, verification occurs when the insight is argued deductively. Another interesting conclusion made by Hadamard was that most of the interviewees did not solve their problems in verbal terms, but rather used visual images of a vague, hazy nature when making discoveries. A famous example of this phenomenon is James Watson's report of experiencing an image of a spiral staircase, which contributed to the discovery of the double helix structure of DNA. Hadamard believed that intuitions arise subconsciously and symbolically through images, and words often interfere.

In a letter to Hadamard, Einstein wrote:

The words of the language as they are written or spoken do not seem to play any role in the mechanism of thought... which relies on more or less clear images of a visual and

some of a muscular type (1945, p. 143).

Further, Hadamard applied these findings in education by teaching that in most cases where a problem needs to be solved, the solution cannot be logically foreseen. However, there is an inner sense that can guide one to the answer. Although Hadamard's work was focused on how intuition is used in scientific discoveries, his findings can be used to lay the groundwork for understanding intuition in counseling.

Definitions of intuition tend to emphasize what it is not, rather than what it is, such as the lay definition of intuition: "Immediate apprehension of an object by the mind without the intervention of any reasoning process" ("Intuition," n.d.). Numerous definitions have been produced stating that intuition is a form of information processing that is *not* done through analytical reasoning, or *without* conscious awareness. Some researchers also define intuition in part by the absence of something. For example: "judgments and decisions that we are most likely to call intuitive come to mind on their own, without explicit awareness of the evoking cues and of course without an explicit evaluation of the validity of these cues" (Kahneman & Klein, 2009, p. 515). The prevalence of these definitions presents a problem in understanding what intuition actually is (Epstein, 2010). Although understanding what is not considered intuition is helpful in understanding the concept, developing a more direct definition may strengthen intuition's utility in research by clarifying what it *is*, in addition to what it is not. In an attempt to resolve this dilemma, Epstein (2010) defined intuition as "a sense of knowing without knowing how one knows. Intuition involves a sense of knowing based on unconscious information processing" (p.296). Boucouvalas (1997) concluded that most authors seem to converge in defining intuition as "direct knowing that seeps into conscious awareness without the conscious mediation of logic or rational process" (p. 7).

In order to conceptualize intuitive decision-making in the context of managerial responsibilities, Dane and Pratt (2007) developed a more comprehensive definition of intuition involving multiple characteristics. Although this model is created in the context of management (because of the field's emphasis on making high-quality decisions quickly) it also contributes to the basis of defining intuition in counseling. The characteristics included in Dane and Pratt's definition are: (a) intuition is non-conscious, (b) intuition involves making holistic associations, (c) intuition is fast, and (d) intuition results in affectively charged judgments. Universally, definitions of intuition emphasize that it is a non-conscious phenomenon. The second characteristic involves matching environmental cues with a deeply held category, pattern, or feature. Holistic associations refer to the unconscious recognition of previously encountered patterns (e.g. a counselor may recognize a client as having Borderline Personality Disorder from previously working with other clients with that diagnosis). Third, compared to rational decision-making processes, intuition is fast. Partly because of the instantaneous processing, there is an inability of the person with the intuition to report a series of steps that lead to the intuition. Interestingly, studies on chess grandmasters found that although grandmasters are superior to non-master chess players, little or no differences exist between their verbal assessments and description of strategies (de Groot, 1965). In other words, the grandmasters could not verbalize what they did differently compared to non-masters. Lastly, intuitive judgments are affectively charged, meaning that they involve emotions. Rather than relying on rational problem solving, intuitive judgments may be triggered by emotions. Dane and Pratt (2007) concluded by defining intuition as: "affectively charged judgments that arise through rapid, nonconscious, and holistic associations" (p. 40).

Gore and Sadler-Smith (2011) sought to expand on previous definitions of intuition by identifying different types of intuition. Arguing that intuition is not a unitary concept, the authors developed a framework to holistically understand intuition, and identified four primary types of intuition: (a) problem-solving intuitions, (b) creative intuition, (c) social intuition, and (d) moral intuition. Here, intuition is seen as being domain-specific, in that intuition is different depending on the context in question. The first intuition type, *problem-solving*, is defined as a response to a specific problem based on nonconscious information processing. It involves matching complex patterns against previously acquired prototypes held in long-term memory. *Creative intuition* involves affectively-charged judgments that combine knowledge in novel ways to generate new ideas and insights. *Social intuition* is the rapid evaluation of another person's cognitive and/or affective state through the nonconscious processing of verbal and/or nonverbal indicators. It is suggested that in order for social intuition to occur, empathic perception of another person is needed. The last type of intuition *moral intuition* is a rapid, affect-based judgment made in response to an ethical dilemma, which is consciously rationalized post-hoc, and is relatively impervious to disconfirmation. Out of the four proposed intuition types, social intuition most closely matches clinical intuition because it occurs during interpersonal communication and is facilitated by empathy. According to Gore and Sandler-Smith, clinical intuition is considered to be a "secondary type" of intuition because it is applied in a specific occupational setting (counseling).

Related concepts. Intuition may be confused with two other words that share the prefix "in-," *instinct* and *insight*. An instinct is an innate responsive behavior to a specific stimulus. Instincts are not learned behaviors, for example, shutting one's eyelid automatically in response to a puff of air (Hogarth, 2010). Insight is a more closely related concept, but refers to a

conscious understanding of the nature of a specific situation. Intuitions can lead to insight, but insights can also be achieved through a deliberate process. Therefore, the acquisition of conscious insight is the end product of intuition.

Another associated term, *flow*, deserves special attention. Flow (like intuition) is a somewhat elusive concept which can be used broadly to describe the optimal experience of total involvement with life. Positive psychologist Mihaly Csikszentmihalyi popularized the term following decades of investigating optimal experience, and described it as "the state in which people are so involved in an activity that nothing else seems to matter" (Csikszentmihalyi, p.4, 2008). Flow is a state of consciousness where self-consciousness disappears, and the sense of time becomes distorted, and is often the result of a structured activity (Csikszentmihalyi, 2008). The description of flow has many similarities to descriptions of intuition among therapists in qualitative studies (Jeffrey & Stone Fish, 2011).

Flow and intuition have the commonality of an unconscious element that involves responding to inner feelings, and they are both viewed as an indication of expertise. However, flow is a much more encompassing construct and it is not determined by speed of processing and discovery as intuition is. Flow is considered to be more experience-based, rather than subconscious information processing. Little has been written on the connection between intuition and flow, but it appears reasonable to assume that flow experiences foster an ideal environment for intuition to occur.

Paradoxically, it appears that there needs to be a focused concentration in order for unconscious intuition to occur. If one is unfocused at the task at hand, she or he is unlikely to encounter potent intuitions (Jeffrey & Stone Fish, 2011). Commonalities among activities that produce flow are those which provide "a sense of discovery, a creative feeling of transporting the

person into a new reality... In short, it transformed the self by making it more complex" (Csikszentmihalyi, 2008, p. 74). Csikszentmihalyi provides the examples of creating art, playing sports, and playing/listening to music as some activities that create a sensation of flow and loss of self-consciousness. If one is not fully emerged in the activity at hand, the unconscious is not give permission to take control, and *flow* will not be experienced.

Another term that has been popularized in popular literature is the concept of thin-slicing which provided the basis for Malcolm Gladwell's best-selling book entitled *Blink: The Power of Thinking without Thinking* (2005). Gladwell utilized John Gottman's landmark research on couples and his ability to understand a couple's relationship by analyzing specific domains of communication in order to conceptualize thin-slicing. Thin-slicing is defined as: "the ability of our unconscious to find patterns in situations and behavior based on very narrow slices of experience" (Gladwell, 2005, p. 23). This definition aligns very closely with intuition, and could be viewed synonymously.

Information processing models. In order to understand intuition, it is helpful to examine how people process information. Information processing models have been widely used to provide an explanatory model of intuition. Many researchers have postulated dual-processing models of information processing which have been used to explain how intuition differs from analytic decision-making processes. However, there have been arguments for how these different systems should be labeled, for example: "System 1" and "System 2" (Stanovich & West, 2000), "tacit" and "deliberate" (Hogarth, 2001), and "intuitive" and "analytic" (Epstein, 2010).

Epstein (2010) developed the Cognitive-Experiential-Self-Theory (CEST) on the basis that people have two different operating systems: the experiential/intuitive system, and the rational/analytical system. The intuitive system is an automatic, subconscious, rapid, and

intimately associated with affect. The analytic system is based on conscious reasoning.

According to CEST, all behavior is influenced by both systems, and their relative influence varies depending on the situation. For example, the analytic system is more influential during mathematical problem solving, or planning for the day. In a situation where an empathetic response is needed, the intuitive system will likely be dominant. The intuitive system is broad and includes all phenomena that are based on non-analytic processing. In CEST, behavior is referred to as intuitively determined or analytically determined, depending on what system is dominant in the specific situation (Epstein, 2010). Therefore, intuition occurs when the intuitive system is dominant compared to the analytical system.

In an interesting study examining the dual processing model, researchers presented participants with two word tasks and a gestalt closure task (Bowers, Regehr, Balthazard, & Parker, 1990). Participants were presented with a group of words and were asked to identify if the words were associated (e.g., playing, credit, and report). Results indicated that participants were able to identify that a group of words were related even if they were unable to identify the solution word. In the example above, the solution word is *card*. In this study, participants were able to identify that word sets were related, but typically could not verbalize why; they just experienced a feeling/intuition, which often proved to be accurate. The researchers proposed that the processing system that leads individuals to discover solutions was different than the processing system that allows individuals to verify those solutions (Bowers et al., 1990). In another study testing the validity of intuitive knowledge, researchers found that participants engaged in performance-enhancing strategies unconsciously when faced with a performance task. Cohen and Andrade (2004) conducted a series of experiments where participants were faced with either a creative task or an analytical task. Before completing the task, participants

could choose a type of music to listen to. Results showed that those selected to complete the creative task chose music that induced a positive mood, and those selected to complete the analytical task chose music that induced a negative mood. Previous research has shown that a negative mood enhances analytic processing and having a positive mood improves creative thinking. Although the participants were not consciously aware of this phenomenon, and did not strategically choose the music to enhance performance, it was concluded that intuitive knowing directed the participants' decisions about their music selection (Cohen & Andrade, 2004).

Another dual processing model emphasizes distinctions between intuitive and non-intuitive judgments (Evans, 2010). "System 1 operations" produce intuitive judgments, which are automatic, involuntary, and almost effortless. "System 2 operations" are controlled, voluntary, and effortful. Evans theorized that intuition results from cognitive processes that do not require access to working memory, which results in speed and lack of consciousness of the underlying process. Further, Evans suggested that it is more accurate to conceptualize intuition as two *minds* (the intuitive mind and reflective mind) rather than two systems. The intuitive mind evolved earlier, and has the potential to control behavior directly. However, the new mind always has the potential to intervene. Evans provided the example of driving to work utilizing the intuitive mind in order to free up room for the reflective mind to think about the day's work ahead. However, if there is a hazardous traffic situation, the reflective mind will intervene (p. 317). In this model, our belief that we have a conscious controlling agent is largely illusory. Rather, the intuitive mind dominates our behavior. For example, when a person has a severe phobia, rational thinking and reasoning does not help the person alleviate the disorder. In this case, the more primitive intuitive mind dominates, and cannot be easily influenced by the reflective mind (Evans, 2010).

Researchers in cognitive psychology (Glockner & Wittemen, 2010) have argued that disagreements in the definition of intuition can be resolved by accepting that there are different types of intuition. Although dual processing models are very relevant and informative for understanding intuition, some believe dual processing models are a simplification of the reality of intuition (Glockner & Witteman, 2010). In actuality, there may be different types of intuitive information processing, which are used in different situations. Four different types of intuitive processing have been proposed in cognitive psychology literature. The following types of intuition are not completely distinct, and vary in their levels of complexity. The least complex form of intuition, proposed by Glockner and Wittemen (2010), is called *associative intuition*, which is based on simple learning and retrieval. Conditioned responses fall under this category, and they are experienced as feelings of liking and disliking. For example, when advertisers pair their product with an attractive person, consumers will be more inclined to like that product. This type of intuition involves the concept of an "affective tag," which is an affective association acquired from experience. Affective tags occur at an unconscious level and may serve the purpose of warning people away from bad decisions or towards good outcomes. The second type of intuition proposed by Glockner and Wittemen, *matching intuition*, involves the implicit acquisition of exemplars and prototypes. When faced with an option, the brain automatically compares the current situation to similar experiences stored in memory. Then, intuitions arise which are derived from previously acquired exemplars.

The next two types of intuition, *accumulative* and *constructive*, are understood in terms of automatic integration processes, as opposed to basic retrieval processes. *Accumulative intuition* can be understood as the automatic accumulation of evidence. This type is derived from decision field theory, (Busemeyer & Townsend, 1993) which theorizes that in decision making,

each piece of information is automatically weighted, and when one option reaches a threshold, that option is selected. Here, information is integrated from both memory and currently perceived information.

Constructive intuition takes this a step further, and incorporates a creative element through the construction of mental representations that go beyond existing information. Elements from past experiences and information occurring in-the-moment are creatively synthesized to produce intuition. Constructive intuition has underpinnings in Parallel Constraint Satisfaction (PCS) models which have been applied to decision making (Glockner & Betsch, 2008). PCS models are based on the construction of mental networks that contain previously obtained information from memory. This network unconsciously devalues irrelevant information, and highlights relevant information, which results in mental representations and accompanying feelings. These feelings then enter awareness and are recognized as intuition. Constructive intuition simultaneously encompasses top-down and bottom-up processes in a dynamic process (Glockner & Witteman, 2010).

Intuition in Counseling

The use of intuition in clinical psychology and counseling has been a topic of interest since the field's conception. In an early essay on intuition and counseling, it is defined as "knowledge based on experience and acquired by means of preverbal unconscious or preconscious functions through sensory contact with the subject" (Berne, 1949, p. 205). This definition describes intuition as a specific type of knowledge, which is acquired in the context of the counseling relationship. In discussing intuition in the counseling context, Rowan (2002), echoing humanistic psychologists, stated that intuition is not just a way of knowing, but also a

way of being. He stated, “Therapists of all kinds actually rely a great deal on intuition, though it is not popular to say so in training courses” (p. 108).

Arguing that intuition should not be viewed as a single phenomenon, Welling (2005) characterized intuition as a common factor in therapy and developed a 5-phase explanatory model. In this model, intuition is viewed as a process rather than a single phenomenon. Building on ideas from other intuition researchers who view intuition as unconscious pattern recognition, Welling points out that individuals experience a *feeling* of recognition when encountering a known pattern. However, when a perception is different from what one expects, one’s attention is caught. If this is happening on an unconscious level, then it follows that uncanny feelings of intuition may represent a diversion from known patterns.

It is worth reviewing Welling’s (2005) model of clinical intuition in detail because it is unique in identifying the process in which clinical intuition develops from unconsciousness, to conscious recognition. Although the model was developed to be applied to clinical psychology, it represents a universal model that can be applied to alcohol and drug counseling. The following five phases of intuitive knowledge proposed by Welling outline the process of intuition, specifically in the context of counseling: (1) Detection, (2) Dichotomic Awareness, (3) Related Object, (4) Metaphorical Solution, and (5) Explicit Verbal Understanding. The phases form a sequence with an increasing amount of information contained in the later stages. With each phase, the potency of the intuition increases, and the information increasingly moves into consciousness. The first phase (*Detection Phase*) is intuition in its most basic form. It surfaces as a feeling that *something* is happening and may be experienced as confusion, alertness, disturbing, or experiencing a sense of importance. In order for the intuition to develop into the next phases, it must be strong enough for the counselor to continue the introspective investigation. Next is the

Dichotomic Awareness Phase. The dichotomy in this phase involves the counselor either having a sense of a vague problem, or a vague solution. A negative quality may be expressed internally as “there is something missing,” or “something doesn’t feel right.” A positive quality may be expressed as “something important is happening,” or “things are falling into place” (Welling, 2005).

In the third phase (*Related Object Phase*), the counselor is able to identify elements in the intuition that are relevant. At this phase, there is awareness that something is wrong, but there is still uncertainty to what is wrong. Welling provided an example of a man having a conversation with a friend that leaves him with the sense that something is wrong (Dichotomic Awareness). He could identify which specific remarks the friend said which created the feelings (Related Object) but still could not articulate why exactly it felt odd. In the next phase (*Metaphorical Solution*), a solution is revealed, but in a metaphoric form, or gestalt. For example, the counselor may experience a verse in a song, visions, fantasies, associations, or emotions that relate to the intuition. This then enables the intuition to be verbalized in the final stage. The final phase is *Explicit Verbal Understanding*. Here, the intuition is entirely understood and its meaning is clear. The five-phase model (Welling, 2005) provides a helpful proposal of the cognitive functions involved in developing and processing intuition. By making the argument that intuition should not be viewed as a single phenomenon, a more dynamic approach to the subject can be taken.

Wittman et al. (2012) aimed to find out whether clinicians are able to make intuitions explicit to themselves and their clients, thus creating opportunities for useful feedback about the validity of clinical intuition. The researchers held the assumption that clinicians can treat intuitions as hypotheses to be tested, and by so doing create a compromise between using empirical methods and intuition. Using focus-group methodology with 20 mental health

practitioners, it was found that the participants discussed their intuitions during group supervision with colleagues, and commonly revealed intuitive feelings to clients: “When you feel it, you talk about it with your client.” As the researchers hypothesized, the participants typically would treat intuitive feelings as hypotheses, and looked for justifications or refutations of the initial feelings. Also, oftentimes intuitions that were not revealed immediately were kept in the back of the clinician’s minds for later use. It was concluded that since intuition is widely used and acknowledged among mental health clinicians, it should be recognized as a complement to evidence-based practices (Wittelman et al., 2012).

Intuition in counseling theories. Although not largely recognized, the concept of clinical intuition has been consistently addressed in psychological literature since the advent of “talk therapy.” Perhaps due to general apprehension regarding the use of intuition, the concept is not commonly emphasized in counselor education (Bohart, 1999; Epstein, 2010). However, the role of intuition is readily identifiable in many major psychological theories, beginning with Freud (Garcia & Ford, 2001). Although Freud’s therapeutic work is generally thought of as critically analyzing the patient’s unconscious drives, he also placed great emphasis on clearing the intellect and being spontaneous. In 1912, Freud used the phrase “evenly suspended attention” to describe how an analyst should access personal unconscious processes when working with patients. He described an optimal attentional stance as needing an impartial attention to all that occurs in the field of awareness. Further, he wrote that this technique “consists simply in not directing one’s notice to anything in particular, and in maintaining the same ‘evenly-suspended attention’ in the face of all that one hears... he should simply listen, and not bother about whether he is keeping anything in mind” (Freud, 1912, p. 112). It is apparent from his writings that Freud valued the use of clinical intuition in addition to insight gained through critical analysis. Further,

Freud stated that the analyst “must turn his own unconscious like a receptive organ toward the transmitting unconscious of the patient” (Freud, 1912, p. 115). This sounds strikingly similar to the right-brain to right-brain connection described by Fogel (2009) and Schore (2012), (see subsequent *Neurobiology of Intuition* section).

In 1926, Helene Deutsch (the first psychoanalyst to specialize in women) described Freud’s “evenly suspended attention” as “analytic intuition.” She distinguished between the therapist’s conscious intellectual activity as not being opposed to analytic intuition, but as consistent within it (Epstein, 2007, p. 105). Carl Jung likewise highlighted the importance of utilizing intuition and defined it as “that psychological function which transmits perceptions in an unconscious way,” (Jung, 1933, p. 567). Further, Jung described intuition as one of the four fundamental mental functions, the others being thinking, feeling, and sensation. Jung wrote about the value of clinical intuition throughout his life, and prized intuition as often being superior to conscious reasoning:

My psychological experience has shown time and again that certain contents issue from a psyche more complete than consciousness. They often contain a superior analysis or insight or knowledge which consciousness has not been able to produce. We have a suitable word for such occurrences – intuition. (1958, p. 41).

This idea continued to evolve during the next several decades with many psychological theorists weighing in on the topic. In the 1930s and 40s, there was a shift in psychoanalytic nomenclature from Freud’s static “evenly suspended attention” to a broader “free-floating attention,” which was promoted by Ferenczi, Fenichel, and Fliess (Epstein, 2007). This “free-floating attention” emphasized the ability to balance critical thinking with the use of clinical intuition.

General interest in understanding intuition in the 1930s resulted in the publishing of the book plainly titled *Intuition* (Wild, 1938). In the book, works of philosophers and psychologists were reviewed in order to create a definition of intuition. Utilizing 31 previously established definitions, it was concluded that: 1) “An intuition is an immediate awareness by a subject, of some particular entity, without such aid from the senses or from reason as would account for that awareness,” and 2) “Intuition is a method by which a subject becomes aware of an entity without such aid from the senses or from reason as would account for such awareness” (Wild, 1938, p. 226). This definition implies that intuition arises from some sort of supernatural awareness that goes beyond normal sensory and logical data. Like others, Wild made the dichotomous distinction between intuition and “reason,” and stated that intuitions are reliable, but the information gained through intuition may become misused due to faulty reasoning. Although Wild differentiated between intuition and reasoning, she viewed the two as being a part of the same process, with reason as being dependent on intuition.

Eric Berne, the founder of Transactional Analysis, wrote a series of articles on intuition, which became foundational in the development of his school of therapy. Based on his experience as a psychiatrist in the US Army during World War II (where he was allotted 40-90 seconds to assess an individual soldier in an assembly line of thousands), Berne became fascinated with intuition. While in the Army, Berne found that he was able to accurately predict the former occupation of soldiers based on intuition. Then, he tried to logically decide what features of the men allowed him to guess their occupations by applying objective criteria. When attempting to use logic rather than intuition, Berne found that his predictive accuracy significantly decreased (Bove & Rizzi, 2009). Between 1949-1962, Berne wrote six articles regarding intuition, and later

used those works in the development of Transactional Analysis. In a 1949 work entitled “The Nature of Intuition,” Berne described intuition as:

Knowledge based on experience and acquired through sensory contact with the subject, without the ‘intuiter’ being able to formulate to himself or others exactly how he came to his conclusions. Or, in psychological terminology, it is knowledge based on experience and acquired by means of preverbal unconscious or preconscious functions through sensory contact with the subject. (1949, p. 4).

Berne also described the intuitive disposition, which is having an attitude of vigilance and receptivity that allows a particularly intense concentration and attention to the client. Further, counselor fatigue mitigates against intuition (Bove & Rizzi, 2009). Berne stressed that intellect alone was not enough to understand life, and expressed that in order to know something, an individual does not need to be able to put it in words: “True knowledge is to know how to act rather than to know words” (as cited in Dusay, 1971, p. 35). Although Berne was a strong advocate for the importance of clinical intuition, he did not discard the scientific method: “there is a time for scientific method and a time for intuition—the one brings with it more certainty, the other offers more possibilities. The two together are the only basis for creative thinking.” (as cited in Dusay, p. 35).

Carl Rogers’ humanistic/person-centered philosophy also emphasized the importance of clinical intuition (Rogers, 1969/1980). Rogers’ person-centered approach asserted that individuals have the resources within themselves for growth and understanding. However, these resources can only be tapped if a therapeutic climate is created through the relationship. He emphasized that utilizing intuition was critical in the here-and-now context of therapy, and believed that it could be cultivated to improve the therapeutic relationship:

Intuition is the capacity to reach a sudden conclusion, letting the learning just happen.

The intuitive process involves the immediate processing by the whole brain. It is possible to cultivate one's ability for intuitive thinking. Learning just happens, and a conclusion is suddenly reached. Intuition can be cultivated with a serendipitous attitude to new experiences and new opportunities. (1969, p. 82).

Another humanistic psychologist, Abraham Maslow, wrote about the importance of intuition. Similar to dual models of information processing, Maslow distinguished between experiential knowledge and spectator knowledge (Maslow, 1998). Spectator knowledge is gained from taking an outside perspective, looking in. This type of knowledge is likened to scientific observation, in which the observer has no involvement with what is being observed. Although spectator knowledge is valuable in many situations, Maslow believed that one must incorporate knowledge of the world into the self, which he called experiential knowledge. In order to achieve experiential knowledge, Maslow suggested becoming lost in the here-and-now, becoming receptive and accepting of the other person, losing self-consciousness, and laying aside analysis. Unlike spectator knowledge, experiential knowledge provides an intimate awareness of the client. Comparing experiential knowledge to Buber's I-Thou relationship, Maslow stated that:

I-Thou knowledge, knowledge by experiencing, knowledge from within, love knowledge, Being-Cognition, fusion knowledge, identification knowledge...are actually better, more efficacious, more productive of reliable and valid knowledge if we are trying to acquire knowledge of a particular person or even persons in general. If we wish to learn more about persons, then this is the way we'd better go about it. (p. 83, 1998).

Wilfred Bion, a British psychoanalyst, emphasized the importance of *not knowing* as the necessary state of mind during psychotherapy (Bion, 1967). Bion believed that each session

should begin without memory in order to bypass intrusive influences that have the potential to alter the analytic process. He emphasized the importance of intuition by advocating that therapists clear out past ideas, in addition to letting go of hopes for the future. Interestingly, therapists who identified utilizing clinical intuition reported using similar techniques prior to their work with clients, in the form of mindfulness practices (Jeffrey & Stone Fish, 2011).

Psychotherapists who have advocated an existentialist theoretical perspective strongly emphasize the importance of intuition and *being with* the client. Bugental (1987) emphasized the importance of appreciating the client's immediate experience as a cornerstone to his existential-humanistic brand of therapy. Bugental highlighted the difference between hearing a client's report of her/his subjective life experience versus immediate intersubjective experiencing. In other words, hearing clients describe their life events is necessary, but it is limited in fostering enduring changes. However, experiencing clients' being in the moment provides opportunity to facilitate genuine change. This thought is mirrored in Irvin Yalom's (2002) preference of describing the counselor-client relationship as "fellow travelers." Rather than viewing clients as objects to treat, this view recognizes the person of the therapist, and her or his role in the relationship. This stance, by de-emphasizing the "figuring out" of clients, may foster greater use of intuition.

According to Bugental (1987), developing a therapeutic relationship requires the therapist to be open to intuitive sensing of what is happening with the client behind their words and, often, behind their conscious awareness. Clients may vividly express feelings nonverbally and yet be unaware of those very emotions (Bugental, 1987). The successful use of intuition may enable a counselor to be attuned with those nonverbally expressed feelings and communicate that awareness back to the client to facilitate the acquisition of insight. Bugental described intuition

as a trained and essential capacity that involves sensing where the client is subjectively, understanding the client's movement, and knowing what is needed at that point (p. 275). This suggests that intuition can be fostered and made to be more accurate.

As has been shown, numerous counseling theories emphasize the importance of the intentional use of intuition as a means to facilitate therapeutic success. Multiple researchers and theorists have proposed differing underlying mechanisms of clinical intuition and utilize different terminology to describe their conceptualization. However, there is agreement among the previously highlighted researchers and theorists that clinical intuition plays an important role in the counseling process. All of the aforementioned theorists valued intuition, and emphasized the need of therapists to have a state of being with the client that is conducive to developing intuition. Further, the theorists discussed the importance of treating intuitions as valuable clinical information to be treated as a hypothesis. This hypothesis, in turn, should be communicated in some way to the client as a means to either strengthen the therapeutic relationship or gain insight.

Clinical intuition and decision-making. One way intuition has been applied in clinical work is to apply it towards clinical decision-making. Jeffrey and Stone Fish (2011) used phenomenological research methods to explore experienced Marriage and Family Therapist's views and experiences with clinical intuition. Findings from the research were then used to create a Clinical Intuition Decision Making Guide (Jeffrey, 2012). The participants were recruited based on their endorsement of experiencing intuition. An important theme was the participant's beliefs in a need for preparation when using clinical intuition. Preparations involved becoming mentally prepared through mindfulness techniques to increase self-awareness and decrease anxiety. Clinical intuition was described as occurring through body sensations. When describing the sensations, the abdominal and chest areas commonly signaled intuition, providing

examples such as describing their heart feeling "heavier than what [the client] was talking about." Participants believed that the use of clinical intuition helped increase the therapist-client relationship, and that clinical intuition becomes "more available" in established therapeutic relationships. Qualitative research also has the capability of providing insight into socio-cultural influences on the use of clinical intuition. Participants discussed some hesitancy in discussing their use of intuition with colleagues and supervisors due to not wanting criticism for using non evidence-based practice (Jeffrey & Stone Fish, 2011).

Although clinical intuition is a common experience among counselors, there have not been many established guidelines of what to do when it occurs. To address this problem, the Clinical Intuition Decision Making Guide (Jeffrey, 2012) was developed. Based on findings from previous qualitative research (Jeffrey & Stone Fish, 2011), the guide offers a unique tool to aid counselors in developing self-awareness when clinical intuition occurs. Further, it provides guidance on how to interpret and respond effectively to experiences of clinical intuition. The guide provides six steps designed to help counselors reflect on clinical experiences to promote self-understanding and intuitive-based decision-making. The six steps are attunement, experience, interpretation, decision-making, action, and evaluation.

Attunement involves developing a level of inner awareness and calmness. This occurs on two levels: general awareness of one's life, and here-and-now attentiveness. An example of a question from the guide addressing attunement is "How did you feel prior to and throughout the session with your client (consider mental, emotional, physical, spiritual, relational processes)?" (Jeffrey, 2012, p. 39). Counselors who are mindful of their own state of being and are attuned to the here-and-now experience may be better able to utilize clinical intuition, which is similar to Berne's "intuitive disposition" (1949). The next step, *experience*, involves reflecting on intuitive

moments to help the counselor recognize what form the intuition occurred in (i.e. flash of understanding, gut feeling, vague unsettled feelings, rapidly appearing thought). After the experience is thoughtfully reflected upon, the next step is *interpretation*. An example of a question to consider in interpretation is "What meaning does the intuition have for you? What meaning might it have for your client" (p. 39). Further, in this step, the counselor should reflect on the influence of personal values, beliefs, and biases related to the intuition and the client. In the next step, *decision making*, the counselor reflects on the possible harm or benefit of sharing the intuition with the client: "How would sharing an intuition influence or impact your client? What potential harm or damage could this have to the client or the therapeutic relationship?" (p. 39). Next, the *action* step involves making an appropriate intervention based on an understanding of the intuitive moment. Actions may include strategically sharing the intuition with the client if deemed appropriate, keeping the intuition to one's self, holding on to it and waiting for further corroborating evidence, or seeking more information. The final step, *evaluation*, involves reflecting on the impact of the action taken: "How did your actions influence the therapeutic relationship and process of therapy" (p. 40). This provides an opportunity to reflect on the experience and may be useful in future situations. By following these steps through self-reflection or as an aid in supervision, counselors can learn to use intuitions strategically in order to facilitate client change.

De Nitto (2005), conceptualized intuitive decision-making from a Transactional Analysis framework. De Nitto described three stages of clinical intuition. In the first stage, the counselor uses intuition to relate to the client in the same way that small children acquire knowledge and is processed by the counselor's "Child ego state." This form of knowledge is reached without consciously knowing how it was reached. Next, the intuition is developed into a working

hypothesis as the counselor's "Adult ego state" is activated. Here, a hypothesis is constructed based on the data from the intuition. In the last stage, the hypothesis is explored with the client with the aim to verify and share the perspective (De Nitto, 2005).

Neurobiology of Intuition

Decades ago, clinical intuition was a phenomenon that was explained by theory and any attempt to describe the biological mechanisms involved in the above scenario would have been speculation. However, recent advances in technology and brain imaging have allowed neuroscientists to gain a better understanding of the biological mechanisms involved in intuition (Marks-Tarlow, 2012; Schore, 2012). It may seem at first that intuition is 'just a concept' and studying it scientifically may result in a dead end. Perhaps some consider attempting to apply the medical model to intuition an unsuitable venture. However, advances in neurobiology have allowed researchers to gain an understanding of the biological origins of intuition, and its crucial role in everyday life and clinical practice. Schore (2012) suggested that the mental health field is undergoing a paradigm shift as a result of recent advances in neuroscience. This shift involves a decreased emphasis on conscious cognition, and greater consideration to unconscious affect. Because intuition is an unconscious process, this paradigm shift has direct implications on the understanding of clinical intuition. Although a detailed examination of the neurobiology of intuition is beyond the scope of this paper, a basic overview of the relevant biological mechanisms involved in intuition will serve to deepen understanding.

Left brain/right brain. In order to understand the neurobiology of intuition, it is first important to distinguish the fundamental differences between the left and right brain. The two hemispheres are responsible for different forms of knowledge. The left brain houses verbal, conscious, and explicit ways of knowing. The right brain is involved with nonverbal,

nonconscious, holistic, emotional, and implicit ways of knowing (Schore, 2012). Although each half of the brain have different functions, “the activation of both emotional and cognitive circuits allows executive brain systems to coordinate both right and left hemispheres in support of learning, affect regulation, and emotional intelligence” (Cozolino, 2013, p. 18).

Left brain and counseling. Through education and training, counselors acquire a large amount of information that helps them do their jobs. During graduate training, theories are embraced which inform views on how to conduct therapy. Practicalities such as learning how to assess, objectively diagnose, formulate treatment plans, and keep proper documentation are vital skills. These skills are housed in the left hemisphere of the brain, and involve *top-down* processing. This type of processing begins with an idea that subsequently organizes perceptions and subsequent action. The counselor knows that case notes need to be completed on Friday, and then analyzes the steps necessary to complete that task. Also, top-down processing seeks to confirm starting assumptions (Marks-Tarlow, 2012). For example, a counselor may begin working with a client under the assumption that his problems stem from alcohol abuse. Using top-down processing, the counselor then would seek information to confirm this, and tailor interventions to address this problem.

Right brain and counseling. As opposed to left-brain top-down processing, right-brain, *bottom-up* processing begins with sensory experience. Bottom-up processing involves implicit processes which rely on subconscious, automatically processed stimuli (Marks-Tarlow, 2012). It has a polysemantic (multiple-focus) processing style and can preserve the wholeness of pieces of information. Marks-Tarlow (2012) concluded that the right brain enables the development of an *I-Thou* relationship during psychotherapy. Neuroscientific findings about the emotion-processing right-brain have indicated that the right hemisphere interprets not only its own emotions, but also

that of others (Schore, 2012). In the early 1990s, the first observations were made which showed that the same neurons in the cerebral cortex that activate when engaging a specific behavior, also activate in the same way when observing another person do the same behavior. For example, when we observe a person taking a drink of water with their right hand, the same neurons in our brain are activated as if we ourselves were taking a drink with our right hand. The cells involved in this are called mirror neurons, which are involved in imitation and predicting the behaviors of others. Further, the learning which occurs through mirror neurons is stored in brain networks which contain nonverbal and unconscious memories (Cozolini, 2013, p. 141).

The right brain is connected with the sensory, limbic, and autonomic nervous system, and thus is responsible for processing non-verbal communication. This communication involves non-conscious body movements, posture, facial expression, and voice inflection (Dorpat, 2001). Understanding and experiencing this type of communication plays an important role in the counseling process because it enables counselors to understand a client through non-verbal communication. Schore (2012) asserted that intuition is a complex right brain process which is adaptive for implicitly feeling or knowing in times of relational uncertainty.

There are many parts of the brain that work together to generate intuition. Schore (2012) suggested that “phases of intuitive processing of an implicit self are generated in the subcortical-cortical vertical axis of the therapist’s (and patient’s) right brain, from the right amygdala, right insula, and right anterior cingulate to the right orbitofrontal system” (p. 136). This indicates that the role of the right brain is vital in the therapeutic encounter. During counseling, what is extracted intuitively through emotions may be more compelling than what is extracted through thought information (Bohart, 1999). For example, “a sudden feeling of despair contains more information than does a sense that a certain issue should be inquired into” (Welling, 2005, p. 25).

Neuroscientists have now found evidence that right-brain to right-brain communication underlies clinical intuition, and it may be a major factor in therapeutic effectiveness (Schoore & Schoore, 2008). Further, this has been explored through qualitative research where therapists describe experiences of intuition blocks when working with clients who have very literal (left brain) mind sets (Jeffrey & Stone Fish, 2011). This research indicates that when clients are engaged primarily with their left-brain, barriers in both an authentic relationship and intuition occur. Counselor's and client's ability to engage in right-brain communication may have a critical role in the use of clinical intuition. This fits into the view that intuition is a common factor in psychotherapy, and it characterizes both therapist and client functioning (Welling, 2005).

Embodied Awareness is a type of awareness that is based on one's own body. It contrasts with a second, more thought-based type called *Conceptual Self-Awareness* (Fogel, 2009). Conceptual self-awareness is stored in the left brain. When counselors are working with clients, conceptual self-awareness deliberately guides treatment interventions and strategies. On the other hand, embodied awareness involves "gut feelings" that occur during counselor-client interactions:

What is learned cognitively and stored in the left hemisphere has little to do with the affective relational, two-person experiences stored in the right hemisphere. Clinicians can only assess these patterns through their own implicit right brain connections with their clients, that is, by accessing their own bodily-based instinctive responses" (Schoore, 2012, p. 400).

Emotions and intuitive decision-making. In 1982, a unique patient named "Elliot" consulted neurologist Antonio Damasio. Elliot had a tumor removed from the frontal lobe of his

brain and was now incapable of making decisions. Although his IQ had not changed (which was in the 97th percentile), Elliot became unable to make routine decisions and would endlessly deliberate over irrelevant details, such as where to go out for lunch. It was determined that Elliot no longer felt emotions, which was confirmed in laboratory testing measuring activity of sweat glands when exposed to emotion-inducing images. Elliot was missing the orbitofrontal cortex, the part of the brain that is responsible for integrating visceral emotions into the decision-making process. It connects feelings to conscious thought (Lehrer, 2009, p. 18). Even though Elliot was very intelligent and could analyze situations thoroughly, the absence of emotions made it impossible to make decisions. This case, along with numerous other patients without a functioning orbitofrontal cortex, led Damasio (1995) to conclude that a brain that cannot feel, cannot make up its mind.

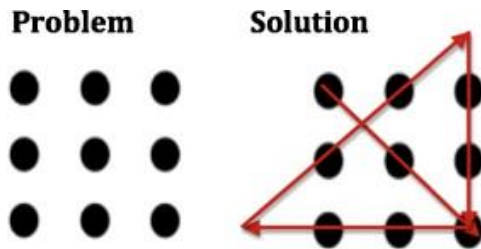
Lehrer (2009) made an interesting conclusion about the orbitofrontal cortex. Freud would have assumed that the job of the pre-frontal cortex (which houses the orbitofrontal cortex) was to protect people from destructive emotions so that reason can overcome feelings. However, its actual function is the opposite: it allows us to utilize our emotions productively to make decisions.

Results from research examining neural underpinnings of unconscious cognitive processes appear to verify the existence of intuitive knowing. In order to examine unconscious cognitive processes, Damasio (1999) conducted an experiment that involved a man with temporal lobe damage and no short-term memory. To examine his unconscious processing, three situations were created to test whether the participant favored certain people more than others. He interacted with three different people over a span of a week: one who was friendly, one who asked him to perform tedious and boring tasks, and a person who was neutral. Then, he was

presented with pictures that included the friendly, tedious, and neutral individuals. Although the participant had no conscious recognition of the people, he chose the individual who was friendly as being the most likely to be his friend 80% of the time. He was able to form preferences for certain individuals without having the memory of meeting them. Even though the man could not consciously learn new information, he was able to intuitively make decisions based on unconscious information (Damasio, 1999).

Another study examining unconscious cognitive processes involved a woman with brain damage that rendered her incapable of recognizing faces. When presented with a series of photographs of faces, she could not consciously identify any of them. However, when skin-conductance responses were measured, it was found that she had different bodily responses to familiar faces compared to faces of strangers (Damasio, 1999).

In an experimental study, researchers examined the effects of left and right brain stimulation on participant's ability to solve a difficult problem requiring creativity, "the nine-dot problem." The nine-dot problem requires participants to connect nine dots using four straight lines without lifting the pencil (Figure 1). The researchers applied cathodal stimulation (which decreases neuronal activity) to the left temporal lobe, and anodal stimulation (which increases neuronal activity) to the right temporal lobe. Before receiving the stimulation, no participants could solve the problem, which is typical. Following the stimulation, 14 out of 33 participants were able to successfully solve the problem (Chi & Snyder, 2012). This remarkable study illustrates the role of the right brain in creative problem solving and thinking "outside the box;" skills which are integral for successful counseling. When participant's right brains were artificially made to become dominant, they were able to solve the problem by using bottom-up processing.

Figure 1: The Nine-Dot Problem

Social synapse. Individual brain cells, or neurons, receive and transmit information. They are separated by small gaps called synapses that are inhabited by a variety of chemical substances called neurotransmitters. These chemical messengers, such as dopamine and serotonin, are used to communicate between cells. Through synaptic transmission, neurons can grow and be sculpted by experiences and social relationships, this is otherwise known as neural plasticity. Paralleling biological synapses, Cozolino (2013) described the “social synapse.” This is the synapse between people and it describes unconscious communication which is often taken for granted. This transmission of information through the social synapse generates structural brain changes, and new behaviors in the context of relationships. Relationships with other people, including the therapeutic relationship, have the potential to modify the brain’s architecture by changing cell’s internal biochemistry and by building of neural networks. Advances in brain imaging and animal studies have shown that physical changes in the brain are experience dependent (Schoore, 2012).

Developmental Origins of Intuition and Interpersonal Neurobiology

This next section will discuss the developmental origins of intuition by reviewing attachment theory and interpersonal neurobiology findings that highlight connections between intuition and early childhood development. Attachment theory was developed through a collaborative effort between John Bowlby and Mary Ainsworth (Salter Ainsworth & Bowlby, 1991). The theory was based on concepts from evolutionary biology, developmental psychology,

and psychoanalysis to further scientific understanding of personality development, early child/caregiver bonds, and childhood development. Although attachment theory originated as an explanatory model to understand human psychology, neurobiological findings have validated the theory and have allowed for a greater understanding of the link between early childhood attachments and the therapeutic relationship. More specifically, it has been proposed that the use of clinical intuition involves the same mechanisms that develop within the child-parent attachment bond (Schore, 2012). For example, the orbitofrontal cortex (the same part of the brain identified in Damasio (1995) as being responsible for translating emotions to consciousness) has been called the locus of Bowlby's attachment system, and acts as the brain's most complex affect and stress regulatory system (Schore, 2012).

Bowlby's attachment theory (1969) provides an underlying explanation of why clinical intuition may be a necessary ingredient to psychotherapy. Although Bowlby primarily focused on early childhood development, he also applied his research to clinical work, writing: "Clearly the best therapy is done by the therapist who is naturally intuitive and also guided by the appropriate theory" (as cited by Schore, 2010). Bowlby shared the psychoanalytic view that early childhood experiences have a critical impact on people later in life, and the infant/caregiver relationship is critical to psychological health. For Bowlby, attachment was an evolutionary necessity and the development of the ability to form secure attachment bonds was necessary for survival.

Schore (2012) suggested a connection between maternal intuition and therapist's intuitive responsiveness during sessions. Effective therapy can positively alter the developmental trajectory of the orbitofrontal right brain and facilitate the integration between cortical and subcortical right brain systems. This results in gaining coping strategies for regulating stressful

affect effectively rather than disassociating. An unconscious strategy of stress regulation then develops during therapy, which may involve the same underlying mechanisms from the infant-caregiver bond (Schore, 2012, p. 105). More than a half century before connections between preverbal infant-caregiver bonds and clinical intuition were made by Schore, Eric Berne presented this idea with his definition of clinical intuition: “knowledge based on experience and acquired by means of preverbal unconscious or preconscious functions through sensory contact with the subject” (1949, p. 4).

Mirror neurons. The early attachment experience shapes the early (preverbal) organization of the right brain, which is the neurobiological core of the human unconscious (Schore, 2012, p. 31). Interestingly, Winnicott (1962) used the term *mirroring* to describe the process of a mother attuning to her child’s inner world, thus fostering a secure attachment and providing the child with the ability for self-expression. This predates the discovery of mirror neurons by several decades. Following initial primate research that discovered mirror neurons in chimpanzees, multiple brain imaging studies have demonstrated that analogous mechanisms exist in the human brain (Cozolino, 2013).

Mirror neurons influence our behavior unconsciously. Examples of this include: yawning in response to others yawning, unconsciously crossing our arms during conversations with people doing the same thing, and automatically looking up when we see others doing it. Researchers (Platek, Critton, Myers, & Gallop, 2003) examined mental state attribution (the ability to inferentially model the mental states of others) by testing susceptibility to contagious yawning. Susceptibility to unconsciously yawn when observing others do the same thing (activation of mirror neurons) was found to be associated with empathic aspects of mental state

attribution. Here, the connection is made between mirror neuron sensitivity and empathy towards others (Platek et al., 2003).

During communication, people often mimic each other's facial expression or postures without conscious awareness. More amazingly, researchers have concluded that people unconsciously mimic the size of each other's pupils, which can lead to increased trust (Kret, Fischer, & De Dreu, 2015). To investigate the role of pupil mimicry and trust in human communication, Kret et al. had participants engage in an investment game in which they needed to trust a stranger with providing them with a fair share of money. Data captured from eye tracking technology and the decision whether or not to trust the stranger indicated that participants tended to mimic their partners' pupils, and trusted strangers more when there was corresponding pupil dilation. These results indicated that people unconsciously synchronize their pupil size with others, and it was hypothesized that this pupil mimicry is important for the establishment of trust between two individuals (Kret et al., 2015). It is possible that the mechanism involved in pupil mimicry and contagious yawning is related to what occurs during experiences of clinical intuition.

There are many parallels between clinical intuition and attachment theory. The nonverbal, attuned communication which occurs between mother and child may be similar to communication within the therapeutic relationship. In infancy, nonverbal interaction between the caregiver and infant "is repetitive, automatic, provides quick categorization and decision-making, and operates outside the realm of focal attention and verbalized experience" (Lyons-Ruth, 1999, p. 576). In adults, it has been found that the medial orbitofrontal cortex implicitly responds to an image of an infant's face in 130 milliseconds, beneath levels of conscious

awareness (Kringelbach, Lehtonen, Squire, Harvey, Craske & Holliday, 2008). It is possible that counselor's implicit reaction time to facial gestures occurs similarly.

In counseling, the therapeutic relationship may occur in part at a level beneath the level of awareness. When a therapeutic relationship is achieved, there is a right-brain transaction between the therapist and the client. Going further than unconsciously yawning when observing others, subtle variations of facial expression, body postures, eye contact, and tone of voice are mirrored during a counseling session. Rather than the content of the counselor's words, it may be the implicit communications that impact the client's inner emotions. It is possible that the therapeutic relationship is facilitated through congruence of right-brain unconscious systems (Marks-Tarlow, 2012; Schore, 2012). Regarding clinical intuition, Schore (2010) suggested that clinician's intuitive capabilities may dictate the "depth of the therapeutic contact, exploration, and change process" (p. 193), rather than explicit technical skills.

Attunement. Intuitive knowledge is an important part of human's abilities to form intimate and caring relationships, and it is based on the ability for an individual to attune oneself to the mental state of others (Bove & Rizzo, 2009). Numerous studies on child development have indicated that attachment plays a crucial role in the development and maturing of infant's cerebral activities, including emotional regulation. Bove and Rizzi (2009) suggested that the therapeutic relationship is similar to the parent-child relationship in that there is a mental alignment between two individuals. Further, receptivity of nonverbal messages is essential for the development of a secure attachment in infancy. This "affective attunement" has been speculated as the developmental basis for the formation of clinical intuition (Bove & Rizzo, 2009; Marks-Tarlow, 2012; Schore, 2012).

Clinical expertise “relies more on nonconscious nonverbal right brain than conscious verbal left brain functions” (Schore, 2012, p. 42). This coincides with James Bugental’s (1987) emphasis on the therapist’s sensitivity to sensing the client’s inner world through nonverbal communication. These views have been explored recently through qualitative research in which counselors emphasized the importance of developing a secure relationship in order to operate intuitively. Researchers found that the therapist-client relationship had the potential to facilitate or disrupt intuitive responsiveness. When therapists experienced a close therapeutic relationship, use of intuition seemed to “flow.” However, when the therapeutic connection felt disconnected, intuitive responses were “blocked” (Jeffrey & Stone Fish, 2011).

Enactments. Enactments that take place during the therapy session play an important role in Schore’s (2012) Affect Regulation Therapy (ART). Enactments are processes and dynamics originating in the unconscious right-brain and are shown through strong emotions. They represent unconscious mental activity that does not follow the rules of conscious activity. Successful therapeutic enactments have the potential to facilitate the “reorganization of cortical (orbitofrontal)-subcortical (amygdala) connectivity” (p. 175). In the case of clients who have experienced preverbal traumas, they may transmit more “primitive communications” that induce distressing emotional states in the clinician. An empathic therapist allows the client to re-experience highly stressful dysregulating affects in affectively tolerable doses in the context of a safe environment. This provides graded stress inoculation and helps the client regulate traumatic feelings and promote myelination of the ventromedial cortex that controls arousal regulation (p.194). The therapist’s ability to stay in a right brain state is essential to the optimal interactive repair and resolution of an enactment. As the client improves ability to regulate emotions as a result of the enactments, positive emotional changes occur. Schore suggested that this is

facilitated when therapists are able to utilize clinical intuition as a means to help clients regulate difficult emotions.

In 1949, Berne described intuition as “preverbal,” and discussed the “infantile origins of primal judgments” (Dusay, 1971, p. 39). As recent neurobiological research methodology has provided us with a deeper understanding of the biological mechanisms involved in intuition, the findings appear to confirm some of the original theories of clinical intuition. Schore’s (2012) applications of attachment theory and neurobiology to the clinical intuition appear to confirm Berne’s, Roger’s, Bugental’s, and Bowlby’s theories, which were developed decades prior to Schore’s research.

Individual Characteristics and Intuition

Although the topic of intuition has been examined for over a century, very little research has been conducted to find out what accounts for the variability between individuals in their use of intuition. One area that has recently been researched is the connection between trust in one’s intuition and self-esteem. Using the Rational-Experiential Inventory (REI) to measure Faith in Intuition, and inventories measuring implicit and explicit self-esteem, researchers set out to test whether perceived validity of intuition increases the correspondence between implicit and explicit self-esteem (Jordan, Whitfield, & Zeigler-Hill, 2007). Normally, there is no correlation between measures of explicit and implicit self-esteem. However, using data from four different studies, researchers concluded that participants who trusted their intuition had a positive relationship between the two measures of self-esteem. Participants who did not trust their intuition had a negative or no relationship between the two. Based on these results, it was speculated that when people view their intuition as valid, they may incorporate implicit self-esteem into their overtly expressed self-views. Further, individuals who do not trust their

intuition may view their implicit self-esteem as a source of bias, and thus adjust their explicit self-esteem to be different. It was further speculated that more generally, people who trust their intuition will have greater consistency between their implicit and explicit attitudes (Jordan et al., 2007). In regards to counseling, those results provide rationale to speculate that counselors who view their intuition as valid may have a greater congruence between their implicit and explicit self-esteem in the context of counseling.

One factor that has been examined as an antecedent to the use of intuition is affective orientation. Affective orientation is the degree to which individuals are aware of affective cues, and subsequently use them to guide their decision making (Booth-Butterfield & Booth-Butterfield, 1990). As has been described, the use of intuition is facilitated by affect-infused experiential processing (Epstein, 2010). Due to the nonverbal and subconscious nature of intuition, it would follow that individuals who are more aware of their emotional state would be more likely to be influenced by intuitive feelings. Further, it would then be expected that individuals who are not aware of their affect would rely more on a logical analysis of the situation.

In order to gain understanding of the role of affect on intuition, researchers examined if people who are more attuned to emotions or experience a particular mood (positive, negative, or neutral) have an easier access to intuition (Sinclair, Ashkanasy, & Chattopadhyay, 2010). To examine this, participants ($N = 570$) experienced a mood inducement, completed a decision task, described their decision-making process, and completed mood and decision-making questionnaires. In addition, participants completed a measure of affective orientation. Results indicated a significant positive relationship between affective orientation with intuitive decision making; the more awareness participants had of their emotional state, the more likely they were

to use an intuitive decision making style. A surprising finding was that both positive and negative mood were found to be positively correlated to intuitive decision-making. It was expected that the positive inducement would create a stronger effect on decision-making style. However, as hypothesized by the researchers, participants who received a neutral mood inducement did not impact decision-making style. This result adds credibility to the crucial role that affect plays in the facilitation of clinical intuition.

The last major finding of Sinclair et al.'s research indicated that females had higher emotional awareness and were more likely to have an intuitive decision making style compared to males. Interestingly, affective orientation mediated gender and intuitive decision-making. When affective orientation was considered, gender was no longer a significant predictor of intuitive decision-making (Sinclair et al., 2010). Other researchers (Galotti, Clinchy, Ainsworth, Lavin & Mansfield, 1999) have found gender differences in ways of knowing. In a series of four studies, it was found that females preferred connected/empathic ways of knowing, and males preferred separate/critical/detached ways of knowing. Gender differences have been further empirically established as females tend to score higher on the Profile of Nonverbal Sensitivity (PONS) test (Banzinger, Scherer, & Hall, 2011). This may indicate that in general, females tend to utilize intuition in processing information more frequently than males.

Intuition and spirituality. An alternative definition for intuition in the *Oxford English Dictionary* is: "The spiritual perception or immediate knowledge, ascribed to angelic and spiritual beings, with whom vision and knowledge are identical" ("Intuition," n.d.). For some, the experience of intuition is viewed as a spiritual phenomenon. This is reflected by some popular terms used to describe intuition such as: mind's eye, sixth sense, and third ear. There are multiple popular books that explain how to increase intuition and equate it to psychic abilities –

e.g. *Intuition and Psychic Ability: Your Spiritual GPS* (O'Neill, 2012). For some counselors, intuition may be seen as receiving knowledge sent from a higher power such as divine inspiration, the collective unconscious, or even telepathy (Welling, 2005). Although research on the connection between clinical intuition and spirituality is limited, researchers using qualitative methods have found that for some counselors, intuition is connected with spirituality. Personal spiritual beliefs may help counselors conceptualize their experiences with intuition and attribute the experience of subconscious connectedness to their relationship with a higher power (Jeffrey & Stone Fish, 2011).

There are many similarities between theories on clinical intuition and Eastern spiritual philosophies. In the Buddhist tradition, meditative and mindfulness practices facilitate moment-to-moment awareness of perception. The ability to pay attention is developed so that thoughts, feelings, images, and sensations can be observed. "Mindfulness combines the relaxed tranquility of the concentration practices with an active, alert scrutiny of the field of consciousness that gradually matures into insight" (Epstein, 2007, p. 29). Some experienced practitioners have emphasized the helpfulness of mindfulness based practices such as meditation and prayer as means for preparing to utilize clinical intuition (Jeffrey & Stone Fish, 2011). Meditative practices emphasize the ability to remain attentive to constantly changing objects of awareness (Epstein, 2007). It involves the awareness of what happens *to* us and *in* us. This awareness includes physical sensations, sounds, thoughts, images, and emotional responses.

The role of mindfulness and relaxation that accompany spiritual practices may help modulate intense emotions, and increase ability to balance thoughts and emotions. Strong emotions impair reasoning and problem solving, while intellectual defenses can cut us off from our feelings. In times of fear and anxiety, the verbal centers of the left hemisphere sometimes

shut down, and decreasing stress enhances hemispheric balance and allows for integration of thinking and feeling (Cozolini, 2013).

Defining Clinical Intuition

After comprehensively reviewing and synthesizing research on intuition, it is now possible to provide a definition. A general definition utilized in previous research is “any experience in which one comes to some knowledge without evident rational processes or on the basis of insufficient information” (Jeffrey, 2012, p. 38). Although intuition has been traditionally defined broadly, this incurs the danger of making the concept of intuition too inclusive (Hogarth, 2012). Although the above definition is sufficient for this study, creating a more precise definition will allow for a more detailed conceptualization. The following definition is derived from universally accepted aspects of clinical intuition, stemming from the researchers and theorists previously overviewed in this chapter.

In the current study, clinical intuition is a way of knowing that is experienced in the interpersonal context of a counseling session. This way of knowing occurs suddenly, and does not involve conscious deliberation. Intuitions often take the form of a sudden feeling, image, analogy, or seemingly unconnected thought. Intuitions are often accompanied with a sense of confidence and clinical relevancy.

Alcohol and Drug Counseling

The following section will provide a brief overview of the role of alcohol and drug counselors in order to provide context to the study. Unlike their cousins, mental health counselors and marriage and family therapists, there has been little or no research specifically dedicated to clinical intuition and substance abuse counseling.

Examining the role of clinical intuition specifically in the context of substance abuse counseling is exploring new territory. Although there have not been published research studies examining this phenomenon, a helpful place to start is to discuss the roles of an alcohol and drug counselor. The most widely used set of national guidelines that describe best practices for alcohol and drug counselors is published by the Substance Abuse and Mental Health Services Administration (SAMHSA). National best practice guidelines are presented in the Technical Assistance Publications (TAP), which detail the knowledge, skills, and attitudes of professional practice. The following section will highlight relevant aspects of SAMHSA's Addiction Counseling Competencies, and discuss how clinical intuition may be applicable.

The eight practice dimensions of addiction counseling are: (1) Clinical Evaluation, (2) Treatment Planning, (3) Referral, (4) Service Coordination, (5) Counseling, (6) Client, Family, and Community Education, (7) Documentation, and (8) Professional and Ethical Responsibilities (SAMHSA, 2006). Out of these practice dimensions, the two that are most relevant to the use of clinical intuition are Clinical Evaluation, and Counseling. The other dimensions involve more of a reliance on specific knowledge and organizational skills that do not necessitate the use of clinical intuition.

Clinical evaluation. The definition of clinical evaluation is: "The systematic approach to screening and assessment of individuals thought to have a substance use disorder, being considered for admission to addiction-related services, or presenting in a crisis situation" (SAMHSA, 2006, p. 39). There are two elements within this dimension, *screening* and *assessment*. Screening is the process by which the counselor reviews the client's current situation and symptoms to determine the most appropriate initial course of action. Important skills in screening include the ability to quickly build rapport and demonstrate effective verbal and

nonverbal communication. Also, the counselor must be able to reflect the client's feelings, demonstrate empathy, and defuse volatile or dangerous situations. At the screening stage, counselors gather systematic data from screening instruments, basic questions on chemical use history, mental health status, and collateral information. Screening is a competency that oftentimes requires quick decision-making, and a rapid evaluation of many factors to determine the most appropriate plan of action for the individual.

If necessary, following an initial screening, a client is referred to a comprehensive assessment to determine an appropriate level of care. Assessment is defined as: "an ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress" (SAMHSA, 2006, p. 46). Here, the client is interviewed in detail about history of substance use, emotional/behavioral concerns, readiness to change, relapse potential, and family/environmental considerations. At the conclusion of the initial assessment, a diagnosis is reached and treatment recommendations are made (SAMHSA, 2006). Oftentimes during clinical evaluation, clients have motivation to minimize their alcohol/drug use to avoid treatment. In addition, many clients who participate in a chemical health assessment are coerced either by the legal system, or family members. Because of this unique aspect to alcohol and drug counseling, counselors must utilize their clinical skill to complete an accurate assessment with client's who are motivated to minimize their substance use. Little research has been conducted on how counselors perform this task, but it is likely that clinical intuition is used heavily in this process.

Counseling. Counseling, which includes working with individuals, groups, and significant others, is defined as: "A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives" (SAMHSA, 2006, p. 101). A

primary competency within counseling is establishing a helping relationship characterized by warmth, respect, genuineness, and empathy. Counselors must possess the knowledge of theories and evidence-based practice, and have the ability to apply that knowledge productively to serve clients. A unique aspect of substance abuse counseling is the necessity to engage the clients at their current level of motivation, and implementing motivational techniques. Although many counseling techniques used by substance abuse counselors are similar to other mental health professionals, there is always an underlying goal of maintaining sobriety from mood altering substances. Therefore, an important part of the counseling process is helping clients develop insight into personal triggers for using substances, and developing a detailed relapse prevention plan.

Another difference from traditional mental health counseling is an emphasis on monitoring each client's behavior and substance use, which often includes conducting Urine Analysis to verify sobriety. Most therapies aim to enlist healthy social support to help clients meet their goals. However, in substance abuse counseling this is emphasized by making involvement in a peer-based sober support group (e.g. Alcoholics Anonymous) a mandatory aspect of treatment. Skills related to counseling which are identified in SAMHSA's Addiction Competencies include recognizing and addressing ambivalence and resistance. This may be a unique area in the addiction field where clinical intuition may be utilized, especially in situations where clients are motivated to be untruthful. Another competency: "Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals" (SAMHSA, 2006, p. 109) may often require the use of clinical intuition. When resistance to treatment is encountered, counselors must skillfully assess the situation and implement a strategy that will simultaneously enforce treatment requirements, effectively engage the client in

treatment activities, and maintain the therapeutic relationship. Each client is unique, and there is no "text book" way to work with difficult situations. This may be one area where alcohol and drug counselors need to exercise effective use at intuition-based problem solving.

Clinical approaches used by alcohol and drug counselors. No single substance abuse treatment approach is appropriate for all clients. Factors involved in the treatment approach include the type of substance used, appropriate level of intensity (i.e. outpatient, residential, hospital-based inpatient), presence of co-occurring disorders, and other individual needs. The most comprehensive survey on specific therapeutic approaches used by substance abuse counselors is the 2009 National Survey on Substance Abuse Treatment Services (N-SSATS) (SAMHSA, 2010). Surveyed treatment providers were asked how often they utilize each of 12 specific practices. Not surprisingly, 96% of the facilities surveyed endorsed utilizing substance abuse counseling, which involves supportive techniques to encourage clients to discuss personal experiences. Regarding Cognitive Behavioral Therapy (CBT), 66% reported using CBT *always* or *often*, and 25% reported using CBT *sometimes*. 12-step facilitation was utilized *always* or *often* by 56% of the facilities, which is nearly the same percentage of facilities utilizing Motivational Interviewing – 55%. This is important information, as this indicates that treatment providers utilize Motivational Interviewing techniques approximately as often as 12-step facilitation. A major limitation of the N-SSATS is that participants were not asked detailed questions about *how* each of the approaches were implemented. However, even with the limitations, the N-SSATS provides evidence that substance abuse counselors use a variety of therapeutic techniques to work with clients, although there may be an assumption by some that 12-Step work dominates the treatment milieu (SAMHSA, 2010). Data from the N-SSATS also

indicate that a variety of treatment methods are used, including those that are consistent with the utilization of clinical intuition.

Chapter Summary

This chapter provided a multifaceted overview of clinical intuition with the goal of providing the reader with an understanding of both the theory and science of intuition. A great number of counseling theorists have written about the important role that intuition has in counseling, and previous research has explored the use of clinical intuition in a variety of contexts. The current study will aim to examine clinical intuition in a new arena, Alcohol and Drug Counseling. Because of the unique context of Alcohol and Drug Counseling, counselors in this field may experience and utilize clinical intuition in unique ways in comparison to other mental health professions.

Chapter 3: Methodology

The review of the literature has shown that clinical intuition has a long history as a topic of interest for many prominent theorists, and has more recently become a topic of research in a variety of fields. Although it is likely that the use of clinical intuition plays a role in alcohol and drug counseling, researchers have yet to explore clinical intuition in the context of this specific population. To examine this new area, it is critical to implement appropriate methods to address specific research questions. This chapter first provides a description and justification of the research approach to be used for the current study. Then, the methodology utilized to address the research questions is described.

Rationale for Qualitative Research

This research aimed to provide a detailed account of the experience of clinical intuition among alcohol and drug counselors. To accomplish this task, qualitative approaches provided the most appropriate methods. Qualitative research has been described as being an attempt to understand the meaning of phenomena within the experience of those in their natural settings. Further, qualitative researchers aim to understand the world of their participants, study their experiences, and form representations of those meanings (Denzin & Lincoln, 2005). Broadly speaking, to call a research activity qualitative, implies that it aims at understanding the meaning of human action or experience (Schwandt, 2007).

According to some scholars, qualitative inquiry is based on a social movement that developed within universities in the late 1960s in a variety of fields of study. The movement occurred as a “rediscovery” and legitimization of ways of studying social life that were historically prominent in sociology, anthropology, and psychology. Now, the movement has expanded to embrace multiple methodologies and areas of inquiry (Schwandt, 2007).

Although there are different types of qualitative research, there are commonalities that apply to all qualitative approaches. One commonality is that qualitative researchers collect data in a natural setting where participants experience the phenomenon of study. Participants are not sent instruments to complete nor are they observed in a lab. Instead, qualitative researchers interact directly with participants by conducting in-depth interviews. Qualitative researchers collect information by organizing pieces of data into increasingly more complete units of information. This is an inductive process and occurs until a comprehensive set of themes are established. Deductive reasoning is also used as themes are constantly being checked against the data, which requires the use of complex reasoning skills in the data collection and analysis process (Creswell, 2013, p. 46).

Differing from quantitative research, qualitative researchers utilize the participants to ensure trustworthiness of the data by asking participants for feedback to ensure their experiences are accurately reflected. This is shown by the preference of some researchers (Moustakas, 1994) to call participants co-researchers. During the qualitative research process, an attempt is made to learn the meaning that participants hold about the research issue. In order not to impose personal meanings on the data provided by participants, a process of self-reflection known as bracketing is conducted. Here, qualitative researchers describe their personal backgrounds and viewpoints in order to inform the analysis (Creswell, 2013).

Another commonality of qualitative research is the use of an emergent design. The initial plan for research cannot be rigidly prescribed because the process may require adaptations as the data is collected. Research questions may be adapted as new topics arise (Creswell, 2013). This reflects the “bottom up” process where outcomes are driven by the data collected, rather than having an anticipated hypothesis, and testing to verify that hypothesis. Finally, qualitative

researchers provide a holistic account and develop a complex picture of the research issue (Creswell, 2013). Comprehensive descriptions are provided in order to give the consumer of the research a deep understanding of the phenomenon of study.

Challenges in quantifying intuition. Quantitative research utilizes research designs or procedures that rely principally on the use of quantitative (numerical) data. Quantification is the activity or operation of expressing something as a quality or amount, through the use of experimental design (Schwandt, 2007). Because clinical intuition takes place in the interpersonal context of the therapeutic relationship, an instrument measuring it would need to include a measure of the inner experience of the clinician. In addition, because of the non-verbal nature of intuition, accurately measuring intuition would need to account for non-verbal sensitivity. Since written responses to standardized questions would not be able to accomplish this, the use of en-vivo video segments may be the most accurate way to assess counselor's abilities to use intuition.

On the topic of researching intuition, Petitmengin-Peugeot (1999) discussed the importance of using appropriate methodology in studying intuition, arguing that it is not adequate to research intuition through quantitative methods. She implied that because the nature of intuition is based on subjective experience, research methodology would require the utilization of methods that access personal experiences of intuition. Although I believe researching clinical intuition quantitatively would greatly contribute to our understanding, there currently is not an instrument available to accurately measure clinical intuition. However, one scale, the Counselor Intuition Scale, is in the advanced stages of development and validation at the time of this writing (J. Fox, personal communication, March 17, 2014).

Qualitative research is conducted when further explanation is needed, variables are being studied which are not easily measured, and the goal is to develop a complex, detailed understanding of the issue (Creswell, 2013). This detailed understanding can only be established by talking to people directly, and allowing them to discuss their experiences. In order to accomplish this, and to empower participants, qualitative research is done in collaboration with participants rather than being done *to* subjects. In-depth strategic interviewing is the best way to accomplish learning about the “processes that people experience, why they responded as they did, the context in which they responded, and their deeper thoughts and behaviors that governed their responses” (Creswell, 2013, p. 48). Because the experience of clinical intuition is interpreted differently from person to person, and is based in interactions among people, statistical analysis does not easily fit the problem.

Phenomenology

The following section will provide justification for using a phenomenological approach to researching clinical intuition among alcohol and drug counselors. A brief historical perspective and a general overview of the approach will be provided. Then, the specific methods of analysis to be used in the current research will be described.

Philosophical foundations. Phenomenology draws heavily from several philosophers including Husserl, Heidegger, Sartre, and Merleau-Ponty (Creswell, 2013). Those philosophers shared the belief that human existence is fundamentally different than natural objects studied in the natural sciences. They saw a danger in scientism in its potential to treat human beings as another kind of ‘object’ to be studied via the methods of the natural sciences, which will in turn objectify humans and strip the human experience of its unique significance (Schwandt, 2007). The most influential figure in the development of phenomenology is Edmund Husserl (1895-

1938), who was a German mathematician and philosopher. Husserl's work is heavily cited among the phenomenological researchers whose methods provide the basis for the current study: Giorgi (2009), Moustakas (1994), and Vagle (2014). Arising from discontent with a philosophy of science based exclusively on studies of material things, Husserl's philosophical system was rooted in subjective openness. He was primarily concerned with the discovery of meanings and essences in knowledge. "Ultimately, all genuine, and, in particular, all scientific knowledge, rests on inner evidence: as far as such evidence extends, the concept of knowledge extends also" (Husserl, 1970, p. 61). Husserl also greatly emphasized the role of intuition in obtaining true knowledge, and he described intuition as "the presence to consciousness of an essence, with all that implies by way of necessity and universal validity" (as quoted in Moustakas, 1994, p. 33). In the current study, meta-intuition will be utilized: an approach utilizing intuition will be applied to the study of intuition itself.

Phenomenological research is based on a unique history and philosophy, which provide the underpinnings for specific methods of collection and data analysis (Denzin & Lincoln, 2005). Phenomenological studies are conducted to describe a common meaning for several individuals of their lived experiences of a specific phenomenon in question (Creswell, 2013). The focus is on describing what all the participants have in common as they experience the phenomenon, which is achieved through an intensive interview process. Its basic purpose then is to reduce individual experiences to a description of the universal essence. A composite description of the experience is then developed and describes as accurately as possible "what" was experienced and "how" it was experienced (Moustakas, 1994).

In qualitative research, it is critical to determine the most appropriate type of analysis used to understand the phenomena (Denzin & Lincoln, 2005). Although there are different types

of phenomenology employed in research, there are common philosophical assumptions that lay under the phenomenology umbrella. Stewart and Mickunas (1990) provided four broad philosophical perspectives in phenomenology: 1) A return to the traditional tasks of philosophy that is consistent with the Greek conception of philosophy as a search for wisdom. 2) A philosophy without presuppositions, which means taking an approach that suspends judgments until they are founded on a more certain basis. 3) The intentionality of consciousness. 4) The assumption that an object or phenomenon is only perceived within the meaning of the experience of an individual.

In addition to Stewart and Mickunas's (1990) description, there are more underlying components which apply to phenomenology. First, there is an emphasis on a specific phenomenon to be explored (i.e. clinical intuition). This specific phenomenon is explored within a group of individuals who have all experienced the phenomenon. Methods sections in phenomenological studies include a philosophical discussion about the basic ideas involved in conducting the specific study. Also in the methods section, phenomenological researchers bracket themselves out of the study by discussing personal experiences surrounding the phenomenon (Creswell, 2013). Although this does not completely take the researcher out of the study, it aids the researcher and reader in judging whether or not the participants' experiences are represented. Data collection procedures involve in-depth interviews, however, other sources of data can be utilized such as observations, creative works by the participants, and other documents. Data analysis involves systematic procedures that move from narrow units of analysis (significant or meaningful participant statements) to broader units that are used to form detailed descriptions that capture the phenomenon. A phenomenology culminates with a descriptive passage that examines the essence of the phenomenon (Creswell, 2013, p. 79).

The phenomenon is what appears in consciousness. Its Greek root, *phaenesthai*, means to flare up, to show itself, to appear. Taken to the next level, "phenomena are the building blocks of science and the basis for all knowledge" (Moustakas, 1994, p. 26). Phenomenological research is a type of qualitative research that involves a process of seeing a phenomenon for what it really is. This is accomplished by gaining detailed information from individuals who have experienced the phenomenon in question (Creswell, 2013).

The current study will utilize Moustakas's (1994) transcendental phenomenological approach. Transcendental, in this context, refers to perceiving the phenomenon freshly, as if for the first time. It emphasizes providing a complete description of the phenomenon's meanings and essences. Rather than taking an interpretative approach in which the researcher makes interpretations of the lived experiences of participants (i.e. van Manen's hermeneutical phenomenology), transcendental phenomenology focuses more on a description of the experiences of the participants (Creswell, 2013). Although there are other methods of phenomenological research, such as Giorgi's (2009) "psychological phenomenology," and Vagle's (2014) "post-intentional phenomenology," Moustakas's approach provided the clearest guidelines for this study. Further, it is a seminal work in phenomenology which has heavily influenced the development of subsequent forms of phenomenological research.

Utilizing a phenomenological approach to study clinical intuition. "Intuition is a key concept of transcendental phenomenology" (Moustakas, 1994, p. 32). Among philosophers that have contributed to phenomenology, such as Descartes and Husserl, intuition is the beginning place in deriving knowledge of human experience. Further, Descartes and Husserl described an intuitive-reflective process as the method to gain true knowledge. The use of intuition provided the basis for Husserl's transcendental philosophy because he believed intuition provided validity

of an object's essence (Moustakas, 1994). In the current study, an approach that greatly values intuition will be used to study the specific phenomenon of clinical intuition.

Vagle (2014) described phenomenologists as not being primarily interested in what humans decide, but rather, they are interested in how humans experience their decision-making. Further, phenomenologists are not trying to find ways to explain how things work, but instead aim to study the lifeworld, or the world as it is lived by individuals. Therefore, phenomenologists are not studying the individual, but are examining how a particular phenomenon (clinical intuition) manifests and appears in the lifeworld... "the 'unit of analysis' in phenomenology is the phenomenon, not the individual" (Vagle, 2014, p. 23).

According to van Manen (2001): "phenomenological research consists of reflectively bringing into nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural attitude of everyday life" (p. 32). This description coincides well with the study of intuition because intuition is a concept that tends to be obscure, and phenomenological approaches are employed to research such concepts. Because the use of intuition is oftentimes overlooked, this provides another consistency with phenomenological research in that it attempts to look *at* what we usually look *through* (Sokolowski, 2000).

The type of problem best suited for a phenomenological approach is one where it is important to understand several individuals' common or shared experiences (Moustakas, 1994). In the current study, the use of clinical intuition was examined among a specific group of people, alcohol and drug counselors. In this case, the phenomenon in question is clinical intuition. In order to conduct phenomenological research, the "phenomenological attitude" should be assumed. Taking on the phenomenological attitude means regarding "everything from the perspective of consciousness, that is, to look at all objects from the perspective of how they are

experienced" (Giorgi, 2009, p. 87). This state of being also applies to the description of the essence, where nothing must be added or subtracted to what is present. On the topic of the importance of taking on the right "attitude," Merleau-Ponty (as cited in Giorgi, 2009, p. 99) stated, "the phenomenological attitude is assumed because it tries to understand the natural attitude better than the natural attitude can understand itself."

Another characteristic of transcendental phenomenology is the "emphasis on intuition, imagination, and universal structures in obtaining a picture of the dynamics that underlay the specific experience" (Moustakas, 1994, p. 22). Because I intended to obtain an authentic understanding of the dynamics involved in clinical intuition, this approach enabled me to achieve those objectives.

Data Analysis Procedures

Transcendental phenomenology draws partly from the *Duquesne Studies in Phenomenological Psychology*, which is a volume of work spanning from 1971-1983. Its contributors advocated the view that many problems in the field of psychology can be more clearly understood through the application of phenomenology (Giorgi, 2009). For this current research, Moustakas's (1994) approach was utilized because it provides systematic steps in the data analysis procedure, and provides guidelines for creating textural and structural descriptions from the data. Some aspects of Giorgi's (2009), and Vagle's (2014), phenomenological approaches were integrated into the methods for added depth and clarification of procedures.

The first procedural step is to determine if a phenomenological approach is the best way to examine the research questions. Research problems that are best examined with this approach are ones that seek to understand people's common experiences with a phenomenon with the goal of developing a deeper understanding of the phenomenon's features, or to develop practices or

policies. Since I sought to gain a deeper understanding of clinical intuition in a specific context, and anticipated that the results would have implications in training and supervision, phenomenology offered the best means to accomplish my research aims.

Qualitative methods are procedures that include unstructured, open-ended interviews that generate qualitative data (Schwandt, 2007). Data was collected from participants in the form of semi-structured interviews. The same basic questions were asked of all participants, but subsequent questions were based off of individual responses. Questions were strategic with the goal of seeking clarification and obtaining a complete, detailed account of each participant's experience with clinical intuition.

Moustakas (1994) suggested that two broad, general questions be asked of participants: *What have you experienced in terms of the phenomenon? And, what contexts or situations have typically influenced or affected your experiences of the phenomenon?* The goal is for the resulting descriptions summarize “what” the individuals have experienced (textural analysis), and “how” they have experienced it (structural analysis). The central research question for this study was: “What is the essence of experiencing clinical intuition among alcohol and drug counselors?” Two broad research questions for this study were:

1. How do alcohol and drug counselors experience clinical intuition?
2. What contexts and situations do alcohol and drug counselors experience and utilize clinical intuition?

To gain this information, and maintain the phenomenological stance rooted in subjective openness, interview questions must be strategically crafted. The questions must be broad enough to enable the participants to freely communicate their own views, and special care needs to be taken to avoid influencing responses. Although the interview is open-ended, it is recommended

that an interview protocol or guide should be utilized (Moustakas, 1994). In order to uncover the meaning of the phenomenon, and maintain a neutral stance, the broad questions used to guide the interviews were:

1. What is your general view of intuition?
2. How do you experience intuition in your work?
3. Are there factors that you are aware of that facilitate clinical intuition?
4. What is your perspective on the importance of clinical intuition in your work?

Bracketing. Following a transcendental phenomenological approach involves disciplined efforts to set aside prejudgments about the phenomenon being investigated. This is known as the Epoche process, or bracketing. A crucial element in qualitative research is the role and worldview of the researcher (Denzin & Lincoln, 2005). Because of this, qualitative researchers must analyze their own views. In order to reach non-biased results, personal views must be bracketed from those of the participants. By discussing personal views and experiences, phenomenological researchers are able to partly set aside personal ideas, so that the experiences of the participants will be the focus. The goal with bracketing is to recognize and suspend personal judgments so that they do not influence data collection and analysis. By explicitly stating personal views, readers of the research can then judge for themselves whether the researcher focused solely on the participants' experiences (Creswell, 2013). The following is a summary of my own background and views regarding clinical intuition. The following description of my personal views was helpful to ensure that the analysis procedures were as authentic as possible and were not influenced by my personal views. Keeping this in mind during the interview process helped maintain a neutral stance by avoiding biased or leading questions.

Personal views on clinical intuition. At the time of this writing, I am working as an assistant professor and coordinator of the Alcohol and Drug Studies program at Minnesota State University, Mankato. I instruct students in a variety of classes designed to prepare them for a career as an alcohol and drug counselor. In addition, I am the academic supervisor for student's internship experience. Because of this, I am very interested in ways to effectively prepare students entering the field. I believe that many students who enter their internship face challenges in spontaneity and "being with" clients. Instead, they are often preoccupied with "doing the correct thing" and often are overly self-conscious about their knowledge and abilities. I believe that the ability to focus on the here-and-now is of vital importance, especially in the context of group counseling, which is the primary form of alcohol and drug treatment. Further, I believe that being in the here-and-now helps facilitate, and is facilitated by, being open to clinical intuition. Because the topic of intuition is not typically overtly discussed in training and coursework, I am interested in ways to help facilitate this therapeutic way of being among students.

Although I do not believe I am especially "intuitive," personal experiences of clinical intuition have influenced me to take on this research subject. Although many are now forgotten, one example from my own work as an alcohol and drug counselor involved a client who I thought had been using drugs, although I had no evidence that suggested that. This situation occurred in the context of a counseling group with adolescents. During the group process, I had a very strong feeling that something was "going on" with a specific client. Although he denied any use, and even passed a random drug test, something just did not feel right. After sharing my feelings with the client individually, he revealed that he did indeed use synthetic cannabinoids during the previous weekend.

Another example of clinical intuition from my own practice occurred when working individually with a client. As the client casually mentioned his plans to work out at the gym later, I suddenly felt a strong sense of sadness, although I did not consciously know why. As a result of the sudden feeling, I began asking more questions such as “how long have you been working out?” It was later revealed that my client was overweight throughout his childhood until he began working out excessively within the past two years. Upon further dialogue, he revealed abusing stimulant diet pills to lose weight, which in turn resulted in dependency, and created many other problems in his life. At the root of this was a deep sense of self-consciousness about his body image, and corresponding low self-esteem. This allowed us to work on this issue on a deeper level, and enabled us to collaboratively implement a plan to maintain his weight in a more healthy and balanced way. Previous to this occurrence, body image was not a presenting concern, and it had not crossed my mind to explore this issue.

Another dimension of the bracketing process involves reflective meditation. This includes letting preconceptions enter consciousness and leave freely. This process includes labeling prejudgments, and reviewing them until the researcher feels an “internal readiness” to encounter the participant and phenomenon freshly in order to receive whatever is offered (Moustakas, 1994, p. 89). This process of “internal readiness” has a striking parallel to the preparation that the participants in this study described for preparing for their own experience of intuition, which included mindfulness exercises, ensuring enough time to prepare before seeing a client, and focusing on the here-and-now.

An important consideration in conducting qualitative research is axiology, or analyzing the role that values play in research (Creswell, 2013). Qualitative researchers acknowledge that personal values impact research. Because of this, it is useful for philosophical assumptions of the

researcher to be made explicit in the methods section. In order to achieve this for the current study, this section outlines my assumptions as they pertain to the study. I hold a realist ontology which is the belief that a real world exists independently of our beliefs and constructions (Creswell, 2013). However, I would classify myself as a conditional realist depending on the object of study. For example, consistent scientific truths are established around many topics, such as mathematics and chemistry. Interestingly, on the quantum level, laboratory testing has demonstrated the role of the human observer in measuring single photons that behave differently depending on whether or not there is an observer; this is known as the observer effect. However, other phenomena require subjective interpretation, such as clinical intuition. Because intuition takes place internally in the mind of individuals, the best way to understand it is through a thorough analysis of individual experiences. Although my realism is somewhat inconsistent with some of Husserl's philosophical insights (which advocate that there is no objective truth "out there"), I believe the construct of clinical intuition must be explored through one's experience, since it is not a physical object, but rather an experience. Although phenomenology is concerned with experiences and essences, there is no denial of the "real world" (Giorgi, 2009).

My personal view on clinical intuition is that it is pre-conscious information processing that occurs in the interpersonal context of counseling. I believe that unconscious processes have a major impact on how people feel, think, and behave. I do not believe that there are spiritual underpinnings of intuitions (i.e. a Higher Power provides intuitions). Rather, I view intuitive feelings/thoughts/images as a result of unconscious information processing that may at times appear "other-worldly" to those who are spiritually inclined. I do not believe there is anything supernatural involved in experiences of intuition, and that the phenomenon can be best explained by natural (yet fascinating) psychological processes.

Another topic ingrained in the discussion of clinical intuition is the role of experience. My personal view is that with experience, counselors may learn to use their intuition more effectively, and gain more confidence in their intuitive feelings. However, I believe that novice counselors can experience clinical intuition and use it effectively. Because clinical intuition takes place in the here-and-now, and may be strengthened by a strong therapeutic alliance, I do not believe experience is the most important factor. Rather, I believe that intentionally approaching counseling with a way of being that is focused on being mindful and open to experiencing inner feelings plays a larger role than experience. I believe counselors with experience may be better able to accomplish that way of being however.

I do not believe that the human experience can be accurately represented by reducing it to statistical analysis. This does align with Husserl's thoughts and motivations for developing phenomenology. Since the human experience is what I am interested in studying, qualitative methods provide a more authentic way of understanding the topic I am interested in. Although I greatly value empiricism and the scientific method, I believe it must be adapted in order to gain a deeper understanding of the human experience. With phenomenological research methods, we now have a way of understanding what was previously left up to philosophers and theorists. As research techniques and brain-imaging technology has advanced, we have learned a great deal about the origins of intuition in the brain and its role in decision-making and information processing. However, these methods offer relatively little about what it is like to experience clinical intuition, and cannot describe anything about clinical intuition in specific contexts (i.e. in substance abuse counseling). I strongly believe that qualitative research is not less scientific than quantitative methods, but only differently so. Phenomenology is not "anti-quantitative," but takes on a neutral position regarding research strategies. Further, the founder of phenomenology,

Husserl, was a mathematician and was a strong believer in the value of quantitative and phenomenological approaches. Rather, phenomenology rose against an improper use of quantification in the human sciences (Giorgi, 2009). The spark of all research begins with personal curiosity and imagination. If a researcher is asking a quantitative question, then quantitative methods should be used. If one is asking a qualitative question, qualitative questions should be used.

Another personal reason for endeavoring to take on this topic is the hope that if I can understand the inner workings of intuition, I will develop a greater understanding of how therapy works. This in turn will help me become a better clinician and educator. I believe that counseling techniques should be based on a scientific understanding of what is effective during the counseling process. I am continually amazed by research that sheds light into the working of the human mind, and it was my hope that by taking on this topic I would gain a better understanding of not only counseling, but also the nature of human consciousness. My special interest in alcohol and drug counseling, and desire to positively influence the field, has provided an excellent context in which to study clinical intuition. In sum, this project has allowed me to pursue two areas of professional interest, and has the potential to make useful contributions to the practice of alcohol and drug counseling.

Not satisfied with bracketing due to its emphasis on looking backwards on one's own experiences, Dahlberg (2006) described *bridling* as a related process. Bridling is an active project, which one continually tends to the understanding of the phenomenon throughout the study. I kept the concept of bridling in mind throughout the data collection and analysis process as a means to maintain a reflective stance, and so not to confuse my own views with that of the

participants. Through bridling, I was continually skeptical of what I "know" when conducting phenomenological research.

Phenomenological reduction. Following the transcription of the interviews, the next step is the Phenomenological Reduction. Reduction, here, is used because it looks to lead us back to the source of the meaning. In this approach, each experience is described in its singularity. A complete description is given of its essential constituents, including perceptions, thoughts, and feelings (Moustakas, 1994, p. 34). Ultimately, a textural description of the meanings and essences of the phenomenon results from the reduction process. A textural description describes an individual's conscious experience and includes "thoughts, feelings, examples, ideas, and situations" that comprise the experience (Moustakas, 1994, p. 47). This description brings the reader to the phenomenon itself, and analyzes deeper layers of meaning. Qualities are recognized and described, perceptions are viewed unencumbered due to the bracketing process, and a full description is derived. In the phenomenological reduction, the phenomenon is described as completely as possible.

Giorgi (2009) suggests reading the transcript to gain a "sense of the whole." This involves reading the whole description to get an overall sense of the descriptions. Here, clarification or making explicit meanings is not the focus, which is accomplished in subsequent steps. Rather, the goal is to gain an overall sense of the data. For each transcript, I initially read it as a whole to get an overall sense of the descriptions before moving on to the next step. Next, the process of horizontalization began. In this process, statements that were irrelevant, or repetitive were deleted, leaving behind the horizons, or the textural meanings and invariant constituents of the phenomenon (Moustakas, 1994, p. 97). Determination of the meaning units involved breaking down "meaning units" from the data. They are established by going back to the

beginning, re-reading the description, and marking the data every time there is a significant shift in meaning.

Once all of the horizons were identified, they were organized into themes. Each theme is distinctive, and all meaningful statements provided by the participant should be categorized into a specific theme. For each participant, this resulted in an *individual textural description*; a descriptive integration of the invariant themes obtained through the analysis of the transcript. Then, the horizons and themes are synthesized into a coherent textural description of the phenomenon.

Imaginative variation. Following the reduction, the next step in phenomenological research is the Imaginative Variation, or creating the structural description (Moustakas, 1994). This part of the research process reflects Husserl's emphasis on discovering the essence of a phenomenon or clarifying the meaningful structure of an experience (Giorgi, 2009). In the Imaginative Variation, the major task is to describe the essential structures of the phenomenon. This process "depends on intuition as a way of integrating structures into essences" (Moustakas, 1994, p. 98).

In summary, the steps of Imaginative Variation (Moustakas, 1994, p. 99) include:

1. Systematic varying of the possible structural meanings that underlie the textural meanings;
2. Recognizing the underlying themes or contexts that account for the emergence of the phenomenon;
3. Considering the universal structures that precipitate feelings and thoughts with reference to the phenomenon, such as the structure of time, space, bodily concerns, materiality, causality, relation to self, or relation to others;

4. Searching for exemplifications that vividly illustrate the invariant structural themes and facilitate the development of a structural description of the phenomenon.

Synthesis of meanings and essences. After the textural and structural descriptions were developed, the next step in the research process was the integration of the data into a unified description of the phenomenon as a whole for each individual, called the textural-structural description. Husserl (1931) wrote that essence is the universal quality without which a thing would not be what it is. However, it is important to keep in mind that the essence of a phenomenon cannot be totally exhausted. Although the research methods are rigorous, the resulting synthesis of phenomenological research represents the essences at a particular time and place, and from the vantage point of an individual. Although every individual description is going to be different, the meaning behind the description can be identical (Giorgi, 2009). Following the development of each individual textural-structural description, the phenomenological study culminates with the composite description. This final step provides a synthesis of the meanings and essences of the experience (Moustakas, 1994).

Summary of methods. The following is an overview of the methods used in this study following the transcription of the interviews, adapted from Moustakas' modified version of the Stevick-Colaizzi-Keen method (1994, p. 122).

1. In the bracketing process, the researcher sets aside personal pre judgments by describing personal experiences and thoughts of the phenomenon.
2. From the transcriptions, a list is developed of the significant, nonrepetitive statements (Horizontalization).
3. These significant statements are grouped into larger meaning units, or themes.

4. From the themes, a description is written of “what” the participants experienced (textural description).
5. A description of “how” the experience happened is then developed through reflection of the setting and context in which the phenomenon was experienced (structural description).
6. An individual textural-structural description for each participant is written to describe the essence of the phenomenon.
7. From the individual textural-structural descriptions, a composite textural-structural description is written. This is the culminating step and integrates all of the individual descriptions into a universal description of the experience representing the group as a whole.

Data Collection Procedures

Participants. Data was collected from individuals who have experienced the phenomenon; clinical intuition in the context of alcohol and drug counseling. Because of this, purposeful sampling procedures were used to identify participants. For this study, the participants were required to meet the following criteria:

1. Hold a Licensed Alcohol and Drug Counselor (LADC) license in the state of Minnesota.
2. Be currently providing alcohol and drug counseling services to clients.
3. Have experienced clinical intuition as indicated by self-report.

I recruited participants who were close enough proximity to meet in person to conduct the interviews. Because of my experience as an academic internship supervisor for alcohol and drug counselors in training, I have had the opportunity to meet many counselors and supervisors.

Purposive sampling was utilized based from professionals that I know in the local community of Mankato, MN. In order to avoid a homogenous sample, I sought participants with differing degrees of experience. The participants ranged in experience from 5-40 years. I also sought participants who have experience working in a variety of treatment settings. Although it was a requirement for participants to have experienced clinical intuition, based on self-report, I did not seek participants who are especially intuitive, or those who declare to use intuition extensively in their practice. Rather, I aimed to research the typical case of the average experience of intuition. I also made an effort to recruit culturally diverse participants, however, I was able to recruit only one participant from a non-majority culture due to the general lack of diversity among treatment professionals in the area. An effort was also made to recruit participants of different sexes, three women, and two men participated. A weakness of using a purposeful sampling method is that it limits the generalizability of the research. However, it is important to keep in mind that the intent of qualitative research is not to generalize, but rather to provide a detailed description based on the experience of a few individuals (Creswell, 2013).

There is a wide range regarding number of participants used in phenomenology, typically ranging from 3-15 (Creswell, 2013). In order to complete a thorough analysis of each participant, a relatively low number of participants will be appropriate for this study. In addition, the specific requirements may limit the pool of which to choose from. In order to conduct a phenomenological study, a group of individuals who have all experienced the same phenomenon are needed (Creswell, 2013). The primary characteristics of participants in this study were: 1) Being an alcohol and drug counselor, and 2) Experiencing clinical intuition. I was able to recruit a total of five participants who met the criteria and provided as much diversity as possible.

Validation strategies. Validation methods in qualitative research are conducted in order to ensure that the study has been conducted in a valid and trustworthy manner. Qualitative researchers seek to establish trustworthiness through various methods (Creswell, 2013). Two specific methods, member checking and peer review, were employed in the current study. Member checking, also called respondent validation, is the process of utilizing the participants to review the data to verify that their views are represented accurately. It is an important procedure to assure that the results are valid and meet the criteria of confirmability. Member checking helps to minimize researcher bias in interpretation. This process also represents an ethical act by honoring participants' rights to be informed of the results (Schwandt, 2007). In the qualitative tradition of collecting data from a variety of sources, participants were invited to email any follow up thoughts that occur following interviews. Also, after conducting the first round of interviews, the textural and structural descriptions were provided to the participants. Participants were given the opportunity to review and make changes to the transcript so that it accurately reflects their views. Three participants responded to the feedback request, but no significant feedback was provided, as they agreed the description was an accurate reflection of their experience. This member checking process helped ensure the trustworthiness by providing the participants to verify that the analysis was an accurate reflection of their experience (Giorgi, 2009).

The quality of phenomenological research depends on the validity of the results. The descriptions should provide an accurate portrait of common features that are manifested in the data. Creswell (2013, p. 260) offers the following points to assess the quality of a phenomenological study:

- Does the author convey an understanding of the philosophical tenets of phenomenology?

- Does the author have a clear “phenomenon” to study that is articulated in a concise way?
- Does the author use procedures of data analysis in phenomenology?
- Does the author convey the overall essence of the experience of the participants? Does this essence include a description of the experience and the context in which it occurred?
- Is the author reflexive throughout the study?

Ethical considerations

During the process of planning, designing, and implementing a qualitative study, researchers need to consider ethical implications (Creswell, 2013). In order to ensure informed consent, an informed consent form was signed and provided to each of the participants. This disclosed the purpose of the study to the participants and indicated that participating in the study is voluntary and it will not place the participants at undue risk. Also, participants were able to withdraw from the study at any time. There is minimal risk for participants, and possibly some benefits. Possible benefits of participating include gaining personal insight into the use of clinical intuition, and contributing to the field’s understanding of a potentially important aspect of alcohol and drug counseling. Several participants did express being pleased at the opportunity to discuss their experience with intuition.

Permission from the Minnesota State University, Mankato Institutional Review Board was sought and approved to conduct this research. In order to conduct ethical research, participants will be provided with instructions on the nature and purpose of the research. Informed consent was obtained from participants, which clarified responsibilities and outlined confidentiality. Any identifying identification was omitted from this dissertation, and pseudonyms were used for all participants. Information including: the purpose, procedures, risks

and benefits, confidentiality, voluntary nature of study, contact information, and contact information was included in the consent form.

Conclusion

The described methods were utilized to conduct the research study. The methods provided an outline on the steps needed to comprehensively meet the research objectives. Implementing a phenomenological design is best suited for goal of examining the experience of clinical intuition among alcohol and drug counselors. Although qualitative research is a fluid process, the described methods provided a detailed framework in data collection and analysis. Creswell (2013) suggested that phenomenological approaches are especially valuable for therapists and educators by providing a deep understanding of a specific phenomenon. It is hoped that the results of this research will be useful for counselors and educators who want to understand how to use clinical intuition effectively through the understanding of the experience of others.

Chapter 4: Participant 1

Anne has over 30 years of experience in the alcohol and drug counseling field. She has worked in multiple states and has worked in nearly every setting of treatment: outpatient, inpatient, family, and aftercare in many different locations. Further, she has experience working with adolescents, and women and men of all ages. Currently, she supervises multiple outpatient treatment centers while maintaining her own primary caseload.

Textural Analysis

Gut feeling. Anne endorses experiencing and utilizing intuition frequently during many different contexts in her work as an alcohol and drug counselor. She describes her intuition as a "gut feeling," but in a figurative sense. She does not experience any physical sensations, but rather experiences intuition as a sudden thought or feeling. This feeling is typically very powerful, and indicates to Anne that she has uncovered something important that needs to be addressed. This strong intuition that "something important is going on," immediately turns into feelings of excitement and engagement in the counseling process. Further, she then uses her intuitive feelings to guide her treatment interventions by providing a direction in which to guide the client.

However, there are some prerequisites that need to be in place in order for Anne to experience the "gut feeling." For her, intuition arises from having experience in the field and having a deep understanding of addiction: "this disease is very predictable... First of all, I have to have a lot of knowledge about alcohol and drugs." Her acquisition of a large knowledge base about addiction and addictive behavior provides her with a subconscious storehouse of information. Then, when she is counseling a client, she can seamlessly draw on her knowledge, and apply it to the client's current situation.

In addition to having established extensive knowledge about addiction, another aspect of Anne's clinical intuition is, "paying attention to all of the aspects involved" when interacting with a client. This requires being fully present with clients and being engaged in the counseling process. In many cases, Anne points to non-verbal communication, especially body language, as contribution to her intuition: "You can tell a lot with just body language and different things like that, which, if I'm paying attention to, it kicks my intuition that something more is going on... Then I have to keep digging." By going beyond the client's words, and being aware of all aspects of communication, Anne can utilize her intuition to understand underlying aspects of the presenting problem. For example, she often experiences a gut feeling when she is working with clients who are trying to protect themselves by not revealing their true feelings, or by not completely disclosing information.

Relationship. Another important aspect involved in Anne's experiencing and utilizing intuition is the relationship she has with a particular client:

I need to know the client well enough to know if they're strong enough to go there. If I think, 'They really don't trust me yet,' then I'll say some things, bring some things to their attention, but I may not dig as much right in the beginning.

If Anne experiences a strong intuition with a new client, she will be especially cautious with how she utilizes it. In that situation, she will just let the intuition "sit," and perhaps bring it up with the client at a later time.

Because Anne experiences intuition in the context of the counseling relationship, and needs to be fully aware of the client's nonverbal communication, she is less likely to experience intuition when she is distracted. If she is particularly stressed or occupied, she is not as receptive to her intuitive feelings:

I may not experience intuition if I'm stressed, if I don't have my head in the game. For example, I'm thinking about a few weeks ago when I was totally swamped. We were due to be audited by licensing and I felt like I wasn't in the group 100% because I was distracted. In that case, I had to have another counselor cover my group until the process was completed.

After Anne experiences an initial intuition, she uses it to further explore a specific topic. Then, she observes the clients non-verbal reactions as verification: "Through their responses from rewording questions and getting different answers, and seeing them blush, or noticing eye contact... It isn't just intuition. It's observations, and body language says a lot, I think." In this way, the process of experiencing intuition is a reciprocal process of experiencing, communicating and verifying.

Excitement. When Anne has an intuition, she experiences it as a feeling of excitement. She immediately gets excited because at that moment she feels like she has material that can be used to facilitate a meaningful discussion with the client: "I don't show them, but inside, I'm like, 'Oh, there's a whole lot more to this story.'"

This excitement occurs when Anne feels confident that she knows what path to take with a particular client. "I just have this feeling that there's so much there. It's not that I feel like I conquer something. I just get so excited to really think there's something there, and this would just be exciting to take this client from here to there." This excitement can also take the form of "a feeling in my gut... I may get this feeling that a client's sadness is about something that they're not willing to talk about."

Although Anne feels an internal sense of excitement, she is very strategic with what she does with that excitement. She is especially mindful of giving credit to clients for their gained insight, rather than emphasizing her own knowledge:

They're the ones who are making the change, and they're getting all of this credit and positive feedback for it. That's just so rewarding. When they leave the program and they say thank you, I say, No, you did it. Not me, you did it.' I mean that because I guided them, but it's really exciting when they get all those realizations.

Structural Analysis

Using intuition. Because the intuition that Anne experiences provides useful clinical information and results in excitement, she is strategic when communicating her thoughts to clients, especially if it is a new client in which a strong therapeutic relationship has not yet been established. Even in situations where she does have a strong therapeutic relationship, she prefers to use an indirect approach rather than explicitly disclose her intuitive thoughts or feelings to clients. Although she has a path that she would like clients to go (based on her intuition), she believes it will be more meaningful if clients come to their own conclusions.

One strategy she uses is “playing dumb.” When Anne feels the excitement of experiencing an intuition, she may “play dumb,” and asks a lot of questions rather than explicitly disclosing her intuition to the client. If she does disclose a thought based from her intuition to clients, she states it tentatively, rather than as a fact:

I say "I may be totally off base with this, but this is my feeling, or these are my thoughts. Tell me if you disagree with me, but this is what I'm seeing." Most of the time, it's right on. I've been fooled and I've been wrong. But I think I have a pretty good gut instinct with doing it as many years as I have.

Likewise, if Anne feels like someone is not being truthful, she will strategically use that information in a non-confrontational way. "You can just tell when they're lying through their teeth... There's a time when I'll come back and play dumb and say, 'I don't remember what you said before,' but I did." Although Anne has a lot of confidence in her intuition, she does not directly confront clients when she believes clients are being misleading. Instead, she uses her intuition to prompt them to clarify and expand their responses.

In Anne's role as a supervisor, she often consults other counselors. Although this does not involve direct client contact, she may experience intuitive thoughts during case consultation. As opposed to when she is working with clients (where she will indirectly use her intuition to guide), Anne will directly communicate her intuitive thoughts to her supervisees:

The other night I had a strong gut feeling. A counselor that I'm supervising at another site called me about a client that was having a relationship with another client. It was a very enmeshed mess. I said "he needs to be discharged." However, this client was also a member of the drug court, and the drug court team didn't want him discharged because they said "we can't prove this." But it was disrupting the whole group... Then I said, "Okay, you know what? He's going to discharge himself." The counselor was like, "how long do we wait for that?" I just said, "It's going to be okay, he won't last long."

The next day, he called me and said, "How do you know this shit? (the client) just got busted big time." I don't know if that was my gut instinct, or if it is just having the knowledge that he's not going to keep getting away with it.

The Digger. Anne has developed a Billname by co-workers that she is rather proud of, 'the digger.' When Anne experiences intuition-induced excitement, it is generally because she senses "there is a whole lot more to this story." The digging is her ability to get clients beyond

surface level discussion about their addiction. Anne believes that there are underlying issues that are the root of alcohol and drug use:

By the time people come into treatment, I think that so many of their issues stem from negative messages and things they heard when they were growing up... There are so many times that clients talk about issues that happened years and years ago that they're still carrying with them, like abuse issues that they're not dealing with... For recovery, my job is not only to educate them about alcoholism, but also to teach them living skills, teach them how to do things differently, communicate, give them permission to grieve. I just really think that we need to treat the whole person.

By using her intuition as a tool to guide the client to deeper insights, Anne increases her effectiveness as a counselor. However, Anne strategically utilizes her intuition-based questions in a manner in which clients reach their own conclusions:

The more I dig and the more questions I ask, what usually ends up happening is throughout our dialogue, it's like this client comes full circle and comes to their own conclusion based on what I said or the questions I asked. Then it's like this light bulb goes off for them.

In some cases, Anne's intuition signals to her that there is something important that the client is not discussing. When this occurs, she begins digging:

One of the clients here is a female. I had been working with her a few weeks and we had a good working relationship. She was sharing that she grew up in an alcoholic home, where feelings were not allowed to be discussed. You couldn't show anger or sadness, that kind of thing. She ended up being successful professionally but became a

workaholic. Based on the questions that I was asking her due to my intuition that there was something more there, she broke down and said recovery is very scary for her right now, because she couldn't even identify her feelings... I didn't know how she was going to react, but my intuition said: 'this girl has got so many feelings, and she doesn't even know what they are.'

When Anne successfully applies her intuition, she empowers her clients to move forward in their recovery. That empowerment allows her clients to process difficult material genuinely in the context of the therapeutic relationship. Further, because of her non-confrontive approach, Anne's clients are empowered to reach their own conclusions. Through the "digging" process, her clients gain personal insight which enables them to take a new perspective.

Development. Anne believes that she has developed skills to experience more accurate intuitions and successfully apply those intuitions over time. Her development as a counselor and how she utilizes clinical intuition also coincided with a broader shift in the field of alcohol and drug counseling; a shift from a confrontational approach to a person-centered approach. "When I started out, the approach was to tear them down and bring them back up, that kind of stuff. It is not at all like that anymore. I think I was much more confrontational when I first started in the field."

Anne's theoretical shift from a confrontational approach to a more person centered approach increased her ability to use her intuition in a more nuanced, and effective manner. Rather than directly confronting clients about their addictive behavior and dishonesty, she now utilizes the therapeutic relationship as a means to establish trust and develop honest communication. In addition, Anne has become "much more compassionate" towards clients as she has gained experience:

I just think of all the wonderful people that I've met. Just the realization of how this disease has destroyed so many. If I didn't have the compassion that I have, I wouldn't be doing this for 30 years. I think that when you first start out in counseling, you think you're going to save the world and do all of that. It's not about me. It's about them.

By having a compassion for her client's situations, and having a genuine desire to guide them on their journey of recovery, Anne has maintained her ability to form therapeutic relationships. Likewise, Anne's approach to acknowledging and applying her intuition has been fine-tuned over time, and cautions against less experienced counselors "digging" when they are not prepared:

I had an intern who was in group with me. I guess that's where I got the name, the digger. He was very impressed with that and tried doing that himself. He didn't have the skills to do it. I would tell him, "I've been doing this for 30 years..." He would take the client to a certain point, and then didn't know what to do. You can't do that. I had told him on one occasion, "Do not go in there and think you're going to tear somebody down," because I don't do that. The intern had gut feelings, but he didn't know how to handle it. I told him that it comes with experience and you need to take some baby steps, and clients need to trust you. He was fascinated with the techniques that I use, but he didn't have the experience, I don't think. He eventually got much, much better.

Textural-Structural Analysis

Anne has strong beliefs about the use of intuition, "I think that good counselors need good intuition. I think that there are people out there that just have that knack, and I think you need that to be really effective." Although to some extent, Anne believes intuition is a characteristic that some counselors have, and some do not, knowledge and experience also play

important roles in the experiencing of clinical intuition. Knowledge here includes an understanding of addiction: "Counselors need to have the knack to listen to intuition, but I also think that this disease is very predictable." This knowledge develops over time, and is an outcome of working with many clients that have been addicted to drugs or alcohol.

Although it is difficult for Anne to fully describe how she experiences intuition, she nevertheless values the indescribable feelings as a crucial element to her therapeutic effectiveness. Utilizing her intuition has become an integral part of her work with clients. As she has gained knowledge, experience, and skills, intuition has become "just a natural thing that occurs."

The prerequisites for Anne to successfully use intuition are her extensive knowledge base related to addiction, and her years of experience. In addition to having that knowledge base, establishing trusting relationships with clients is also necessary in order to effectively utilize her intuition. Although she may experience intuition with a new client, if trust has not been established, she will be less likely to disclose the intuition because it is not as likely to be well received compared to a client with whom she has established trust. With those prerequisites in place, the next step in the process is for Anne to be very attentive to the verbal and nonverbal communication from her clients. The synthesis of those factors may result in experiencing an intuitive thought or feeling. When the resulting intuition is particularly strong, Anne experiences a strong sense of excitement. Further, this initiates the "digger mode" which allows her to explore the deeper core issues that have been contributing to her client's addictive behavior. This enables Anne to translate her feelings of excitement to be used strategically to help clients gain insight, or process something meaningful to advance the client's recovery. When Anne applies

her intuition to aid her clients, she does so by asking questions that guide clients to reach their own conclusions.

By synthesizing the textural and structural themes, a sequential process emerges that describes how Anne typically experiences the phenomenon of clinical intuition. Based off of knowledge, experience, developing a strong therapeutic relationship, and being aware of clients' verbal and non-verbal communications, the process of clinical intuition may occur. With that groundwork in place, intuition (gut feeling) arises naturally and suddenly. This confident feeling then triggers strong feelings of excitement. Anne feels excited because of the prospect that she understands something important, that can be used to guide the client. Then, the excitement leads to "digging." When used successfully, the digging results in empowering the client to gain meaningful insights, and apply them to recovery. This process of experiencing and then utilizing intuition has become an integral part of her work with clients. After years of experience in the field, Anne has learned to seamlessly utilize her compassion, knowledge, skills, and intuition to help her clients improve their lives and engage in recovery.

Chapter 5: Participant 2

Bill has over 40 years of experience in the alcohol and drug counseling field and has worked in numerous different settings and roles. Previously, he has worked in inpatient and outpatient treatment as a family counselor and alcohol and drug counselor, and he has worked in a sexual abuse programs. Currently, he is a director of a substance abuse treatment clinic and is currently focusing much of his time working with high-risk adolescents in the public school system.

Textural Analysis

Awareness. Bill utilizes his extensive experience and his theoretical orientation (influenced by Rogerian and Gestalt approaches) to inform his views on clinical intuition. For Bill, clinical intuition involves an awareness of the client's emotional state, and being open to the message it sends. This awareness is multifaceted, and involves being simultaneously aware of many different factors, including the client's history, the client's immediate presentation, the content of what's being discussed, and internal thoughts and feelings that occur as a result of those factors.

Awareness involves being open to feelings that occur in the moment during a counseling session. By being attuned to the client's emotions, a sense of what approach to take can be developed. However, it also involves being “aware of the client, their surroundings, their emotional status, how that fits with their presentation. What does it say? What does it indicate? Does it give guidelines in terms of what would my response be?”

Another facet of awareness that Bill described involves being aware of what the subject matter being discussed means to the client. “How do they respond to it? How are they responding to me in that whole process as well?” This is also sometimes influenced by what the

previous relationship was like with the client. "I'm drawing a lot from what our relationship has been previously in terms of what have I learned about you? What have I learned about what brings us to this? What appears to be a meaningful situation that's associated with it?"

For Bill, awareness also involves "checking things out" with the client. "You keep reestablishing what's really happening here and what's going on and making sure you're on track with it." When Bill does experience an intuitive awareness, he actively processes it to consider its meaning. By putting the thoughts and feelings he is experiencing in the context of the client's situation, he then develops an appropriate response.

These multiple facets of awareness arise through the process of active listening and mirroring:

I do a lot of mirroring, looking for clients to help me have an understanding. Much of what I will say to them is: I'm not looking to be right. I'm looking to have an understanding of the situation. I'm not here to tell you what your problems are as much as I want to make sure I do have an understanding.

Unconscious interpretation. When reflecting on earlier experience and his own views, Bill stated:

When I was younger, earlier in the field, what people always talked about was a gut feeling. I would say a gut feeling is really more of an unconscious interpretation. It hasn't really been given a form at that point in time necessarily. I don't think it's necessarily an intuitive leap as much as you're picking up on a lot of unconscious cues that are leading you in a direction, and you're choosing to trust it, to follow it through.

Bill views using clinical intuition as unconscious interpretation which requires conscious reflection in order to make an intuition useful. He describes using this process "constantly," but

also cautions that this unconscious interpretation requires verification by the client to be used productively.

Putting into words. Bill discussed that many clients, particularly adolescents, need assistance in putting emotions and ideas into language. Using intuition can aid in helping clients verbalize and recognize feelings. By expressing intuitive feelings to clients, important avenues can open up that were previously unaddressed. This process of "putting into words" occurs suddenly after a period of internal questioning:

Just recently I was working with a young woman who has some chemical issues, and a variety of things going on. She has a fairly passive demeanor, pretty bright. I've had numerous meetings with this individual and had formed up a pretty good relationship with her. In the course of it, we were talking about an ongoing issue of trust between her and one of her parents. As we were talking, what I was trying to pay attention to was: what is it that's wrong here? Listening, it wasn't real clear. There's no trust. Where is the trust? What is the problem with this? As we were going along and they were sharing some information, it just came together. All I said was, "Oh my god, you're so disappointed. You're so disappointed in her." Then the tears began to roll. We went to a far different level than where we had been before that... putting some vocabulary out there opens up that venue... I don't consider that an unusual situation.

Bill elaborated that this sudden verbalization occurred as a result of a strong feeling of dissonance when listening to the client; feeling like something was not right. Further, he experienced the client's lack of expression as a defense that protected her from negative feelings. By making a simple statement based on a sudden feeling, "you're so disappointed" the defense seemed to break down. Bill emphasized the importance of ensuring that clients feel safe. For

Bill, defenses are important and “say as much about a client than anything they express... By breaking defenses too soon, the client will view me as a threat, and will build even stronger defenses. I believe my job is to never be a threat.”

Structural Analysis

Deepening the relationship. For Bill, strengthening the clinical relationship is a cornerstone to his work. By picking up on unconscious clues, a better sense of understanding and trust can be established. Through a process of being aware of multiple factors (client history, client presentation, content, meanings, internal thoughts/feelings), Bill is enabled to connect meaningfully with clients. Utilizing intuition through the unconscious processing of those factors provides valuable information for Bill. When used effectively by accurately communicating thoughts/feelings to clients, trust will increase.

Bill discussed empathy as being a “key factor” in facilitating clinical intuition. When empathy is established, it is “helpful in developing that picture... developing that language.” Bill believes that especially in brief therapy, using intuition to identify clinically meaningful information is an integral part of the counseling process. Without establishing empathy, his internal thoughts may not connect with the client.

Cautions. Although Bill values the use of intuition in his work, he also emphasizes the importance of using caution when verbalizing intuitive thoughts or feelings to clients:

It’s a double-edged sword because you’ve got the risk of putting too much of your situation, your understanding, into something. It’s like counter-transference. If you’re not careful in a situation like that, I think sometimes that intuitive leap is really as much about your own situation as it is about the client’s. You have to be particularly careful about that.

For Bill, using caution is especially important when working with clients who have had a similar background as him, “I was raised in a home where I had two alcoholic parents. I commonly see kids who have that type of situation or some other similar things.” In this situation, utilizing empathy helps to establish a working alliance, but this needs to be done without imposing personal experiences on the client’s situation. When a client has a similar background as Bill, he is especially careful not to make assumptions that might not fit the individual client.

Continuing to check. In order to avoid projecting personal experiences on the client, Bill utilizes several methods of verifying intuitions are coming from the client. In the moment, Bill “mirrors back” his understanding to the client. This mirroring provides an opportunity for the client to verify an accurate understanding. Although Bill views intuition as being very helpful, he believes it has the potential to be counter-productive if there is overconfidence:

If we get to the point where we feel like ‘I can read their mind I’m so in tune with them,’ then you’re in real danger... We never want to dismiss the client and we never want to be so intent on our own judgment that we lose sight of what the client is telling us.

In addition to using an “internal dialogue” when working with clients, Bill also utilizes colleagues to receive feedback about his clients. By engaging in peer supervision, he looks to verify that his thoughts and conceptualizations fit with the particular client, which provides another safeguard against projecting inaccurate ideas towards clients. Having a co-therapist is especially helpful to minimize counter-transference. This way, the co-therapist witnesses the same occurrence, and it can be processed after the session. “I keep looking for opportunities to verify what my thoughts are... Does this fit with what other people are seeing?”

Textural-Structural Analysis

Bill was able to articulately describe his views and experiences with clinical intuition. Rather than viewing intuition as an unusual experience, he views it as a common occurrence in counseling. Utilizing theoretical frameworks to frame intuition, Bill was able to discuss how successfully utilizing intuition can create a deeper level of trust and understanding, and strengthen the therapeutic relationship.

Although Bill values the role of intuition in his work, he continuously discussed the importance of using caution in "trusting your gut." Bill provided two diverging examples of utilizing clinical intuition. In one case, it facilitated a deeper connection and understanding. The other case served to distance the client. Examining the differences between the two situations may shed light on the phenomenon. In the situation where clinical intuition was used successfully, it was described as "just coming together." This feeling of "coming together" resulted in poignant statement that the client deeply connected with, and began crying as a result of the meaningful connection. Bill emphasized the importance of "putting into words" feelings and thoughts that clients are experiencing, but cannot verbalize themselves. By successfully putting into words what the client was experiencing, the self-protecting defenses that the client was implementing broke down, resulting in the gaining of insight and the strengthening of the therapeutic relationship.

Because of Bill's ability to describe his process of utilizing his intuitions, it is possible to describe the sequential process that occurs when he successfully utilizes intuition. First, *awareness* occurs by establishing empathy, and mirroring. In this context, he may become aware of dissonance. Next, *putting into words* occurs when Bill is able to accurately identify the client's feelings. *Connection* with the client then occurs when the client confirms that Bill's

intuition was accurate through verbal and nonverbal communication. This results in *strengthening of the relationship*, which allows the client to get past defenses and acquire insight.

To illustrate the potential danger of relying on intuition, Bill described an experience that occurred very early on in his career. This example was presented as a caution against being too confident in your own thoughts, and the importance of being aware of counter-transference. This situation occurred when Bill was working with two adult sisters that had a lot of conflict between them. In this case, Bill “really felt like they needed to hug each other,” and then worked to find a way to get them to hug each other. These efforts did not turn out to be productive and likely served to strengthen their defenses and decrease the therapeutic relationship. Following this incident, the co-therapist working with Bill confronted him on his actions and they processed the situation. After processing, he concluded, “of course, what came out at the end of it was that was really more about my discomfort than their discomfort.” Bill identified this as not being helpful because this was what he felt needed to be done, and the clients felt differently:

Sometimes you have to have the capacity to allow somebody to be right where they are because they’re working their way through it. Instead of interjecting yourself, simply help put a form on this thing and help them figure out what they need to do with it.

In this case, Bill’s co-therapist confronted him on his strong intuition that the sisters needed to hug. After reflecting on this, Bill learned that intuitions are not always accurate. For Bill, having inaccurate intuitions or countertransference is rooted in a personal history of having experienced a similar situation to what the client is reporting. When this occurs, caution and self-reflection is needed to avoid projecting inaccurate thoughts and feelings on the client. This has the potential to decrease trust and devalue the client’s personal experience.

The following summarizes Bill's unsuccessful use of clinical intuition: *Awareness* occurs, but in this case awareness is based on countertransference, "it's about me, not the client." Next, *imposing actions* occurs when the client's needs and emotions are inaccurately identified. Then *disconnect* occurs and the client increases defenses. Finally, this results in a *weakened relationship*, stagnation, and no insight gained.

Bill frames intuition as unconscious processing which he uses to put words to what the client is feeling. This ability occurs when accurate empathy has been established in the context of the therapeutic relationship through the use of non-judgmental active listening, and mirroring. Further, for Bill, the successful application of intuition results in "putting into words" feelings or thoughts that the client was struggling to verbalize. This deep connection results in a strengthening of that relationship. Although he endorses using clinical intuition "constantly," Bill emphasizes the necessity to use caution. He has been able to learn from past experiences when his intuitions were based off of his own needs, rather than the clients. To avoid that from happening now, Bill frequently checks his intuitions: through internal dialogue, verifying with the client, and consulting with his colleagues. This helps ensure countertransference will not interfere with authentically connecting to clients.

Bill has learned from his experience, and has clearly maintained a desire to continually reflect on his work with clients. His ability to self-reflect and describe his counseling process results in an excellent ability to reflect on his experience with using clinical intuition. By constantly attending to the therapeutic relationship and maintaining a non-judgmental environment, Bill creates the conditions to utilize clinical intuition. Bill described this as a circular relationship: the stronger the therapeutic relationship, the more possible it becomes to

utilize intuition. Further, the successful use of clinical intuition ultimately results in strengthening the therapeutic relationship.

Chapter 6: Participant 3

Chloe has been in the alcohol and drug counseling field for 17 years, and she has worked in numerous settings during that time: halfway homes, outpatient, inpatient, and after care programs. Further, she has worked with many different populations. Currently, she is working in a women's residential treatment facility. Chloe utilizes her extensive experience with counseling and supervising, in addition to her own spiritual growth to inform her views on clinical intuition.

Textural Analysis

Awareness. For Chloe, "intuition is based on relationships and awareness... I don't think that clinical intuition can take place outside of understanding the counselor/client relationship." Chloe experiences this awareness on three different categories: personal awareness, awareness of the client, and awareness of personal spirituality. These three categories of awareness are interrelated, and all three need to be attended to for Chloe to successfully utilize clinical intuition.

Personal awareness for Chloe is of paramount importance. In order for clinical intuition to occur, she needs to be attuned with her current state of being, emotions, and thoughts while working with clients. Personal awareness also involves being aware of personal struggles and traumas that may be triggered when working with clients. By having personal insight, Chloe is better able to utilize internal responses during an individual or group counseling session.

Awareness of the client involves completely focusing on the client. For Chloe, an important part of this is being in a calm and present state of mind. By being mindful, she can pick up on subtle forms of communication that the client is communicating such as a "change in pitch in their voice. Change in their facial expressions, and where they're looking... eye contact

is important.” When there are not any internal or external distractions, Chloe becomes better able to connect meaningfully with clients. This in turn leads to more potent intuitions. Further, when there is a high level of trust in the relationship, she is better able to express her intuitions to clients productively.

Chloe has had an intuitive awareness since she was a child, which is fostered by her spirituality, which is rooted in the Lakota tradition:

I'll just be completely open, I have had it since I was a child... intuition and spiritual awareness. At some point in time I think our lives... and what happened for me was exposure to alcoholism, addiction and trauma within the family system. Then that portion of my life got cut off. Where I wasn't so spiritually connected and became keenly aware of a fear-based thought system as opposed to a love-based thought system. So it closed my eyes to that for many years. Just recently... I would say in the last five to ten years, I have been more in-touch with my intuition, my spirituality, how I'm feeling about something.

This spiritual intuition goes beyond the clinical relationship, but it is also a key aspect to Chloe's clinical practice. As Chloe gains a stronger sense of personal spirituality, she is better able to utilize her intuition in clinical settings.

Spirituality. For Chloe, the experience of clinical intuition is intertwined with spirituality. Chloe described different levels of intuition, and her spiritual beliefs and practices help her to reach higher levels. Her culture and spiritual beliefs are an integral part of her life, and provide the basis for her experiences with intuition, "I think my spiritual beliefs increase my intuition and my willingness to continue to talk about it increases my intuition."

Part of Chloe's spiritual beliefs and intuitions involve awareness of energies, and how those energies affect relationships:

I've had experiences where I'm feeling very centered and I'm in a session with a client and that client speaks about a trauma that she's experienced. If I'm in touch enough with myself and centered and spiritually connected in that moment, I can actually see snippets of that trauma.

Chloe described an incidence that occurred at her treatment center that intersects with her personal spiritual belief system. A new non-Native client was admitted to the treatment center, and brought with her a Native American peace pipe and an eagle feather. There were some major issues with this because the items were not being taken care of properly. The sacred pipe was being kept in a dog carrier, which is extremely disrespectful, and the eagle feather is illegal for non-Natives to possess. After being admitted, the client asked Chloe what should be done with the items. Upon seeing them, Chloe became very dizzy. Not only that, several other staff members suddenly began feeling "sick, dizzy, vertigo. Their chests felt heavy." However, they felt better shortly after leaving the facility. Chloe consulted a medicine woman about how to take care of the items, and she was given specific instructions on how to properly dispose the items. In this situation, the medicine woman believed the sacred items were meant to be taken care of by Chloe, as a part of her spiritual journey. The spiritual journey is a path in which she is continuously traveling. As she advances on this journey, Chloe is gaining an increased ability to utilize her intuition.

Experiencing intuition. Using clinical intuition is a critical aspect of Chloes's counseling, and she experiences intuitions in many different ways. The most vivid forms of intuitions occur when working with clients who have experienced trauma: "If I'm in touch

enough with myself and centered and spiritually connected in that moment, I can actually see snippets of that trauma... It's almost like when you're watching a movie and it flashes through a sequence of different scenes."

Chloe also sometimes experiences physical sensations such as dizziness in certain situations. More commonly, she experiences an "uneasy feeling or sensation." This occurs commonly in a situation where a client is not being honest, "I can tell usually within the first four or five words of a sentence... it depends on how much of a relationship I've established with that client." If there has been a previously established relationship, and Chloe is centered, the intuitions become more potent.

Structural Analysis

Conditions for clinical intuition. Having a specific state of mind is necessary for Chloe to experience clinical intuition:

I can't be distracted, I can't be thinking about other things. I have to be in that moment. Otherwise my intuition is way off. What facilitates intuition is self-awareness, connection, being present, and being able to listen to your inner voice. Being distracted, being pressured to meet an agenda or an item or sign a treatment plan, or this kind of thing are all distractions to clinical intuition.

Another factor that is important for Chloe to use her intuition is the physical space and environment. Being in a more natural setting helps facilitate a better connection:

One of the interns is working with a Native American client. She doesn't really open up, she's disconnected. I asked 'where are you doing your sessions?' This is an unnatural environment, the office, the computer, all of that is unnatural. Take the client outside and walk beside them. Just be aware and just listen. Then the client will talk and open up

because that's what feels natural. It's a different frequency when you're in natural surroundings.

Although there are many things to be mindful of to set the ideal conditions for intuition to occur, the actual intuitions arise naturally and without effort. For Chloe, the most important aspect for creating the optimal conditions is to ensure that there are no internal or external distractions to connecting with the client. Then, by being open to the inner experience, intuitions will arise.

Cautions. Chloe emphasizes the importance of being careful about sharing intuitions, especially powerful ones, with clients. In many of these cases, "It may not be something that I need to verbalize with the client, but something that will help me understand them and help guide them down the path of recovery." When a strong intuition does arise, Chloe waits:

I always wait... I think a lot of times people are pressured to speak and respond.

Part of using that intuition or that knowledge that I have been given is learning to wait and learning to just sit in that silence with the client... A lot of therapy or groups that I do, I don't speak very much either. A client may get a head nod or a (agreeing noise) from me, acknowledging them and I have to wait until the right time, place, and the right situation to deliver that.

In part because of the priority Chloe puts on meaningfully connecting with clients, extremely difficult client situations have the potential to negatively impact her. In one situation, a client had been violently sexually assaulted, and Chloe worked with her immediately after the attack. As a result of the encounter, Chloe had become very triggered and distressed herself: "that was an experience where using that intuition and caring for the client and going to that level became too much for me. But quickly, I was able to, with the help of my peers, to quickly

rebound from that.” One aspect of intuition for Chloe involves the here-and-now interaction with clients, but it can also expand and become an internalized part of her:

And so I have to really work hard... work very hard... A lot of people in this career don't make it past seven years. I've had to work really hard in terms of putting things in their place where they need to be and practicing self-care and doing those kind of things so I can continue to work in the field, build my skill set in terms of intuition, and have good boundaries.

It is important for Chloe "to know when to turn it on and when to turn it off." If she is unable to disconnect as well as connect, the results can be negative. Although Chloe frequently utilizes her intuition, she emphasizes the importance of not having preconceived notions about individuals based on their background. This can act as a block to intuition because it is based on stereotypes and assumptions, rather than arising genuinely from the relationship. Assuming people are a certain way is judgmental, and not accurate intuition.

Development. As Chloe has gained more experience, and has increased her spiritual awareness, she has experienced stronger intuitions when working with clients. "As I grow in my career, more of those things kind of show themselves to me. I become more open to talk about them." In this way, successfully using her intuitions and increasing self-acceptance has resulted in her having more confidence to discuss her intuitions with others. In contrast, she has also seen counselors have difficulties working with clients if they are not aware of their own personal struggles and how that can impact the therapeutic relationship.

Chloe's ability to experience and effectively utilize her intuition has been continuously developing during her 17-year career. As she continues to advance in her own spirituality by completing traditional rituals and practices, the greater her intuitive abilities become. The ability

to be in the present moment is the critical skill that is required for clinical intuition to occur. Practicing meditation, mindfulness, and trying new things can foster this ability.

Textural-Structural Analysis

For Chloe, there are different types of intuition, also in a specific context, there are different levels of intuition. How powerful the intuition is, and what form it takes, is dependent on the situation. In its most powerful form, Chloe experiences vivid visuals of traumas. Or, she may experience physical symptoms such as dizziness. These situations occur when the client is discussing, or is about to discuss, an extremely emotional situation or trauma. When experiencing these sensations, Chloe is especially cautious about communicating these with the client... “I always wait, because I need to sort that out.”

A more common way Chloe experiences intuition is a vague feeling that something is off with what the client is saying. This typically occurs when a client is not telling the complete truth, being manipulative, or is minimizing their drug and alcohol use. When Chloe experiences this phenomenon, a typical response is, “Let’s try that explanation over again.” Then, the client typically provides a more honest response.

There is also a type of general intuition that Chloe experiences outside of the context of the therapeutic relationship. This occurs when experiencing intuitions about co-workers or when experiencing a strong sense of negative energy. Having more general intuitions is facilitated by having honest communication with her co-workers and having a safe environment to share her thoughts with others. Chloe sometimes will practice rituals such as smudging (burning sage to cleanse/purify an area) and prayers when she feels the need.

Chloe’s spiritual beliefs emphasize the importance of interconnectedness. This is reflected in her experience of clinical intuition. The three categories of awareness that Chloe

utilizes (personal, client, and spiritual) are co-dependent. In order for her to be aware of clients' communications, a genuine relationship needs to be established. For that connection to occur, there needs to be personal awareness of current feelings, thoughts, and personal history. The foundation of that personal awareness is having a strong spirituality.

Another interconnected dimension is self-care. Because of the deep connection Chloe develops with her clients, there is potential for her to become triggered when working with clients who have experienced extreme trauma situations. Chloe has continuously worked on self-care and personal development so that she can continue to build her knowledge and skillset. Being connected to her community, giving back, and advancing her spiritual practices aid in preventing burnout and maintaining effectiveness. Also, seeking personal therapy has been helpful for personal and professional development.

Intuition and spirituality is an integral part of Chloe's personal life, and clinical practice: "recovery can't happen outside of spirituality, they're interconnected." In order to gauge her true feelings and connect deeply with others, she must be "centered" and in touch with her spirituality. This involves being open to experiencing her own intuitions, and being open to connecting with the client. When all of those dimensions come together, she may experience very powerful intuitions in the form of visions, physical sensations, or general feelings of uneasiness. With experience, Chloe has learned to use these intuitions productively to discover meaningful insights and deepen the therapeutic relationship with her clients.

Chapter 7: Participant 4

Dawn has been working as an LADC for five years. During that time, she has worked in a variety of settings, including residential treatment with women and adolescent treatment. At the time of this writing, she was working as an adult (men and women) outpatient counselor.

Textural Analysis

Electricity. The most common phenomenon that Dawn experiences at intuition is an electric feeling when she is working with a client individually, or in a group setting. Intuition, "starts with an electrical feeling, it feels like it's at the base of my ears." This electrical feeling occurs suddenly, and alerts Dawn that "this isn't the whole story." Dawn may experience this phenomenon in different situations; it may alert her when a client is using a defense mechanism, or when a client is trying to protect her or his addiction. In addition to the electric feeling, she sometimes experiences intuition as a warmth in her face, indicating that "something is going on" that needs further exploration:

I was going over someone's treatment plan with them and so this was somebody who was started in treatment. We're going over the treatment plan and I put an assignment in there about grief. It's a packet about grief. The question back to me was 'well do you think I'm grieving after all these years?' It's been over a decade. My intuition, the electric feeling, was 'I don't know.' I don't know if you're grieving or not, but this is a packet to help you raise your awareness. Just kind of putting out there to that person honestly, 'I really don't know the answer to that but I want to help you learn more about this, so you can determine for yourself. It de-escalated the person and all of a sudden they were processing their grief.

At other times, the electric feeling is experienced as a change in energy:

The energy in the room changes if somebody is getting escalated or they're using anger as a defense to keep people away from them. That tends to raise the energy in the room and that's when you really have to take a deep breath and determine what your intuition is telling you. Do you push this person or do you just give them the feedback that you're sensing, or maybe the intuition will tell you we need to take a break now.

When Dawn experiences intuition in the form of an electric feeling, warmth, or energy, it alerts her that she needs to explore the situation further. Although the sensations occur automatically and unconsciously, she then faces a decision on how to use the information gained from the intuition.

Listening, observing. The cornerstone for intuition for Dawn comes from listening to the client:

Intuition comes from sitting with the person and they're telling me a story of what their life is like... It comes from observing the people in the room around you and their body language and what seems to be happening with their intuition. Picking up on eye contact is also important.

When Dawn is able to fully listen, feelings of intuition spring up naturally. For this to occur, an environment free of distractions is needed. Conversely, she is unlikely to experience intuition if she is having an "off day, if I'm not completely 100% in the room and really observing everything that's going on." If Dawn feels distracted for personal reasons, she is not as in tune with the client, and will be less likely to experience the electric feeling of intuition.

Detecting a mismatch. When Dawn experiences the electric feeling, it may indicate that there is a mismatch between what the client is verbally communicating, and the reality of the situation. In the field of alcohol and drug counseling, clients regularly minimize their alcohol or

drug use, or minimize the consequences of their use. For Dawn, intuition sometimes arises when a client is “trying to protect their addiction.” This can occur when working with clients, or it may occur when talking to a family member:

I find that intuition occurs when families ask me, ‘how do I know if my family member is using or not?’ I guess I’m talking to them about intuition. If something doesn’t feel normal. If it’s outside of the baseline then that might be a good indicator... That intuition feeling of ‘yeah, that’s outside of the baseline. It feels like they’re doing more on their end of justifying and protecting their behavior so that you don’t look at it.

Another situation where Dawn experiences intuition is when clients insist that everything is fine and they are not experiencing any difficulties with their recovery. In this case, there is a mismatch between the client’s report that “everything is fine” and Dawn’s internal assessment of the situation. In one example from Dawn’s work, a client had hidden a container of urine in the treatment center bathroom to pass a drug test. In that situation, the client was passing drug screenings while continuing to use substances, and was getting away with it until another staff member discovered the container in the bathroom. At the time, Dawn’s intuition did not alert her to the problem. She believes past experiences like that have helped to now become more skeptical of clients who report that, “everything is fine.” This demonstrates the complex relationship of past experiences with clients framing responses towards subsequent clients. However, she cautions that intuitions that are based on previous experiences rather than the current situation could be inaccurate, and reflection is needed to use intuitive feelings productively.

When Dawn experiences intuition while engaged with a client: “There is a decision-making process, but you’re not doing it out loud in your head, you just sit with the client and it

happens.” However, she also experiences intuition to help with clinical decision-making during assessments, where there is more conscious deliberation about the intuition. For example, when determining during an assessment if a client should be referred to inpatient treatment or outpatient treatment, “you could make those decisions based solely on gut feeling, but that wouldn’t be ethical.”

Structural Analysis

Helping the client see. Dawn takes a stance of unknowing when she experiences intuition. When the electric feeling is experienced, she does not state anything with certainty, but rather poses gentle questions based on her intuition:

You use your intuition to help them see... it’s not really about me and what I think about them, it’s how they are feeling about themselves... I use my intuition to help encourage them to see what’s going on internally, to discover what they’re really thinking about themselves.

In order for the intuition to be used productively, Dawn uses it to help clients gain personal insight. For this to occur, the intuition must be coming from the client, and the client needs to agree that it is an accurate intuition. By having a curious and encouraging attitude, Dawn can check with the client to see if there is meaningful information coming from the intuition. Asking non-judgmental questions encourages the clients to expand on the topic naturally.

Co-dependent experience. Dawn experiences a reciprocal relationship between her intuitive feelings, and the client's reactions to her response. Dawn's electric, intuitive, feelings alert her to look deeper into what the client is discussing. As she gently encourages the client to say honestly what really is going on, and the client responds affirmatively, "the electric feeling

will dissipate as they tell you a little bit more. It's like you're heading in the right path with them." If the intuitive body sensation is a warm or red face, the same process occurs: "As I start to feel that I'm helping them become more comfortable, the redness kind of dissipates." In this way, successfully using intuition results in an increased understanding between Dawn and her clients.

Cautions. Although using intuition is important in Dawn's work, she also emphasizes the need to use caution when experiencing intuition. This is especially important when making important placement decisions following an assessment:

Clinical intuition is really important, but it's a difficult thing because you could intuitively make a wrong decision about somebody. I think it's safest if you focus on the evidence first, then rely on your intuition to help guide you... my biggest struggle with intuition is just how to balance it so that I don't make a decision that could negatively impact somebody, because I feel like intuition could get into stereotyping. I don't want to do that to people.

Dawn stressed the importance of assuring that she addresses what is important to the client, rather than what is important for her, when working with clients. When intuition is based on the counselor rather than the client:

You miss out on your intuition because you're not really making it about the client and reading what they're trying to bring to the table. When you miss that then you're missing an opportunity to help them change. For example, if you grew up in an alcoholic family and a parent was an alcoholic, and you get a client who reminds you of that parent, you might miss out on opportunities to use your intuition to help the change.

To achieve this ability to discriminate between what intuitions originate with the

client, and what intuitions originate within herself, Dawn utilizes personal self-care practices. When beginning a session, she may utilize some self-reflection to help her stay focused on the client, and be open to her intuition: "If it's a day when I'm struggling I'll go 'wait a minute, this is three hours. Three hours where you're going to focus on the group.'" Reminding herself that she needs to be fully present in order to help clients enables Dawn become more receptive to her intuition. If she experiences an especially strong intuition, she finds it helpful to focus on her breathing by taking a deep breath. Further:

I'm a big believer in therapy for counselors, LADC's, or anybody who's in the profession of taking on other people's problems all day... I do that and that's where I get to the end of the three hours, and I know that I will have my own appointments, that's where I'm going to work on my stuff.

Having an outlet where Dawn can focus on herself through her own counseling enables her to be fully present with her clients. When she does feel distracted, Dawn reminds herself that she has her own time to focus on herself later. Past experiences and personal distractions have the potential to cloud intuitive feelings, but Dawn is able to clear the clouds through self-reflection, and by utilizing her own counselor.

Development and acceptance. For Dawn, utilizing clinical intuition is an important part of her work, but it needs to be developed over time: "I've been in the field for many years, and I'm just at the point where I'm starting to get it." When she first began working with clients, intuitions did not seem to arise naturally, and it has taken years to utilize intuition strategically and effectively. In an early experience, when Dawn was leading a group of unmotivated clients as an intern, she felt underprepared and overwhelmed:

You can't have intuition in that situation, because your energy and your thoughts are coming from a place of anxiety, 'oh my God, what happens next or what am I going to do?' ... I was not able to be aware and have my head in the game. Now I can walk into a group with confidence. I still need a plan, but at least I can stray from my plan. I can get in the room and say this person really has something they want to bring to the table.

Dawn has learned from her supervisor (who has over 30 years of experience) how to utilize intuition. By observing her supervisor, she has learned to be more open to her own experiences of intuition, and is continuously looking to develop her intuition:

At this point I'm striving to have my intuition mature, because when I first started it wasn't as developed. Now it's my intuition telling me 'this isn't the correct way to go about this.' My intuition is now telling me, 'how do I help somebody see this in an honest way for their own life?' I'm hoping that it can mature into that tool. It's a skill that I'd like to see mature so that I can help people become more aware about their honesty so I can help them change and grow... Another part of intuition is learning to accept.

As Dawn has gained more experience, and confidence in her abilities, she has also learned to be more accepting of intuition as a means to help her clients. Now that DAWN has become more open to acknowledging and discussing her intuition, she has now been able to utilize it as a skill:

Intuition is a skill that for me is going to mature over time. I've become more mature in it. I can bring my energy into the room and put it towards the clients now... Now I can see someone escalating or I can see someone just crumbling under the weight of her guilt or shame and we can stop what we're doing and say 'let's talk about that. Let's just give you a minute.'

Textural-Structural Analysis

The foundation for Dawn's use of clinical intuition is having developed self confidence in working with clients, and accepting that intuition can be used help her clients. Since, "this is odd to talk about in our field," Dawn was somewhat hesitant to discuss the use of intuition with others. However, over time, she has learned to gain more confidence in her abilities and discuss the topic with her supervisor. This acceptance and increased confidence has enabled her to acknowledge her intuition and to find ways to use it productively in her work.

Primarily, Dawn experiences intuition with an electric-like feeling while she is interacting with a client. In order for this to occur, Dawn must be fully present, distraction-free, and completely listening to the client. This feeling most often occurs when there is a mismatch from what the client is verbalizing, and what Dawn experiences internally. Examples of that include when the client is being dishonest, or minimizing the consequences of drug/alcohol use. In addition to the electric feeling, Dawn may also experience a warming sensation, or a general feeling of energy coming from the client.

Dawn uses her intuition as a means to detect hidden messages from clients: "I feel that whatever that the client is trying to hide or whatever they are being dishonest about is what the treatment issue is for them." Her intuitive electric or warm sensations signal to Dawn that there is something that is not being addressed that needs to be. By using her intuition, she can then gently guide the client into bringing into light what was previously hidden in darkness. When Dawn maintains a non-judgmental and curious way of being, critical topics can be openly addressed. One of the biggest risks of intuition for Dawn is making what is important to the counselor important to the client. If the intuition arises from Dawn, rather than the client, there is potential that the intuition will be incorrectly applied to the client's situation. Or, it may "cloud" the

clinical picture: "If you grew up in an alcoholic family and a parent was an alcoholic, and you get a client who reminds you of that parent, you're going to miss out on opportunities to use your intuition to help them change."

Dawn has an integrated view of clinical intuition. For her, intuition is not a "stand alone" phenomenon. Rather, it needs to be balanced with diagnostic criteria and evidence-based practices. Although with experience she has gained confidence in her overall abilities, and trust in her intuition, she continues to implement an internal self-assessment to ensure that she is acting in the best interest of her clients. When Dawn experiences an intuition, she then proceeds to a decision making process. This decision making process is needed to check out if the intuitions experienced are balanced in order to avoid making a decision that might negatively impact a client. This balancing involves self-reflection focusing on ensuring that the intuition is coming from the client, and not herself. She internally strategizes based on the question: "How do I help somebody see this in an honest way for their own life?" Another aspect that Dawn self-reflects on is safeguarding against stereotyping the client, "sometimes intuition may get into stereotyping." If the intuitive feelings come from experiences with past clients, or assumptions, rather than genuinely coming from the client, the intuition will be inaccurate. This inaccurate intuition then may be imposed on the client, thus becoming harmful.

Dawn's primary goal in using intuition is to utilize it as a tool to help her clients gain personal insight. When she experiences the electric feeling of clinical intuition, she "slowly and gently" communicates this with the client. Then, if the client connects with the feedback, the electric feeling dissipates, and Dawn then knows she is on the right track. The ability to trust and effectively use her clinical intuition has developed over time, after several years of experience in the field. Now, after becoming more accepting of the role that clinical intuition plays in her

work, she has been able to discuss the topic with her colleagues, and ultimately become a more effective counselor.

Chapter 8: Participant 5

Erick began in the field with an abstinence-based orientation, but became more eclectic in his approach while gaining experience in harm reduction settings. He started in the field working with clients with severe and persistent mental illness (SPMI) and substance use disorders. Erick also gained harm-reduction experience working at a methadone clinic. While working with new populations, he adapted his abstinence-based approach to work in harm reduction programs. Currently, he works as an outpatient counselor working with adults, and integrates Cognitive Behavioral Therapy to help clients reach their abstinence-based goals. He identifies as being in recovery himself, and utilizes his own experiences to help his clients gain insight into their own behaviors. He has been licensed for about 2.5 years, but has been in the addiction field for the past five years.

Textural Analysis

Focus. In order for Erick to experience intuition, he needs to be fully present and focused on both the client's verbal and non-verbal communication. In whatever context he is working in, being attentive to the client facilitates thoughts and feelings that have the potential to be clinically useful. By focusing in a broad sense on recovery issues, and then further focusing on the individual issues, Erick uses his intuition in a variety of contexts within his work. The majority of the treatment Erick conducts is in the group context. This creates multiple factors which can make focusing more challenging:

In a group situation, being focused on where the clients are can be very difficult. In regards to intuition and in regards to where the group is going or where the individuals are going. What I want the group to understand is that the drink and the drug use is what gets them to treatment, but it's their behavior that keeps them sick.

Something important is happening. Building a relationship with the client, and then focusing in the present moment sets the stage for Erick to experience intuition. When Erick experiences intuition, it is most often a feeling that signals to him that something important is happening with a client, or notifies him that “something is amiss.” This feeling is difficult for Erick to describe but it involves a sense of unease while interacting with a client. When this uncomfortable feeling is experienced, he will make sure that the feeling is “put to rest” before proceeding on. Or, at other times, Erick may “store it away to use it later.” Erick’s intuition also involves a reciprocal communication with clients. In this case, he utilizes his intuition to gauge the client’s reaction to their dialogue: “Intuition is a feeling or perhaps just the way I see somebody interpreting what I’m saying and if I’m getting through to them or not.” In this sense, Erick’s intuition is used to determine what the client needs at a given time, then it is utilized again to determine if the client is connecting in a meaningful way to the conversation. In both instances, the intuition manifests itself as a vague feeling that is difficult to verbalize.

In addition to direct client interaction, another unique context that Erick experiences intuition occurs when a guest speaker is speaking to his clients. He utilizes community recovery speakers to provide an opportunity for his clients to learn more about an individual’s trials and tribulations in recovery. Although Erick values the speakers, on occasion: “there's something that's going on with the speaker that I just don't think is working. I observe the clients and my intuition may tell me that they're getting uncomfortable.” This unique situation presents a predicament:

The interesting thing about this is I may not like what somebody’s saying, but in the same standpoint, they may be saving somebody’s life right there. I’m very leery in regards to

that intuition... I don't know if it's my own point of thinking I'm losing control of the group, but certainly in that point it's a very uncomfortable feeling.

Erick's intuition may also inform him on how a client will do in treatment and recovery. However, sometimes his intuition is not accurate in terms of predicting client success. "It happens often in regards to me thinking a client is going to really be successful, and in two weeks I hear differently. That intuition... I always say, 'If I'm a betting man I would be very, very broke.'" Conversely, he sometimes believes that a client is not going to be successful in treatment, and the opposite occurs:

I have a client that was just in today who has been doing great; he just closed on a house, got a brand new truck, his wife is back with him. My intuition was that this guy was not going to make it. In that sense, I'm off a lot, which is frustrating because we just never know... A lot of times this is wonderful, I love being wrong in that case. This guy's got so many strikes against him and he's made it, and he wants to come back and talk about it to other clients... Ultimately, clients are going to help themselves.

Assessment. One context where Erick utilizes intuition is during assessments. Although comprehensive assessments are very intensive and lengthy, he often knows if the client has a substance use disorder very early on in the interview. While conducting assessments, Erick often experiences a strong intuition early on that informs him about the severity of the client's drug or alcohol problem. However, it is difficult for Erick to verbalize precisely why he comes to an intuitive feeling about the individual's substance use: "Where do I get it from? It's difficult to answer. It's a whole bunch of things. It's the way they're going to answer the questions, it's their mannerisms, it's their blame. Typically it's all of the above."

Early on during assessments, about 4-5 minutes, Erick is typically confident if the person needs treatment. However, this arises in Erick as a strong feeling rather than logically weighing the evidence. In a recent example:

There was an individual that came in for an assessment and I knew it (that he had an alcohol problem). I knew it within five minutes but could not put my finger on it... Again, I have boundaries and need to make sure there is evidence for a diagnosis. I had a couple of collaterals, but after receiving their input I had no diagnosis. But there was something. Can't put my finger on it, couldn't tell you why, right now why, but there was just something.

In this case, the intuition that Erick experienced was strong enough for him to take additional action when deciding on treatment recommendations. Although he could not verbalize why he felt so strongly, this feeling prompted him to make an additional third collateral contact, more than the two contacts that are required by Minnesota state guidelines:

He came in later to sign a release of information for the extra collateral contact, and he was wasted. It was ten in the morning and he was drunk. In that situation, I wish I could tell you exactly what it was, but I wasn't getting anything on paper, but I knew it. I just knew it.

With this assessment, Erick initially did not have enough evidence to warrant treatment, but based on his intuition, he requested an additional collateral contact. When the client showed up intoxicated to sign the release form, he was admitted to Erick's treatment program and was a client at the time of the interview, and was doing well in treatment. Following the initial interview, "on paper," the client did not meet criteria for an alcohol use disorder diagnosis. But, "something was amiss" and Erick dug deeper, which resulted in successful treatment.

Although Erick utilizes his intuition to make appropriate recommendations, he stresses the need to use caution when experiencing intuition, “I have to take professional ethics and the diagnosis seriously.” Erick emphasized the importance of using collateral information and other counselors to verify that his recommendations are evidence-based. In the above example, Erick utilized his intuition, but did not make treatment recommendations based only on that intuition. Rather, he utilized it as a tool to search for more evidence. By balancing strong intuitive feelings with sound diagnostic procedures, Erick ensures that he provides the most appropriate recommendations.

Structural Analysis

Connecting. Erick experiences intuition when he is:

connecting with somebody, with an individual or a group. In a group setting when you're talking ten or twelve people, you have three or four generally that are disengaged, just aren't there, or maybe participating but not getting it. I'm looking for what I think is that understanding, that connection. It is really... It's more than a feeling.

Erick uses his intuition to gauge what clients are engaged and connected with the group, or if they are connected to the specific topic being discussed:

You can feel when somebody's engaged or not. It's a lot more than a feeling. You're going to get a reaction... when you see that reaction, you know you can engage them and you know there's an opportunity there to change that behavior, or at least, maybe not change it, but at least gain some insight into their behavior.

By developing a therapeutic connection with clients, Erick becomes open to experiencing intuitive feelings about multiple dimensions about the client and the therapeutic relationship. One dimension that is informed by Erick's intuition is client engagement. He may encounter a

vague feeling that a particular client is not meaningfully part of the discussion. When this occurs, he may take steps such as asking a strategic question to the unengaged client.

When an intuition arises as a result of connecting with a client, Erick strives to convert this intuition productively to help the client. Because of Erick's emphasis on examining behaviors, he uses his intuition to help clients gain insight on their behaviors. The ultimate goal is to develop ways to change behavior (which involves more strategic deliberation), but Erick makes initial progress by helping clients gain insight into behaviors. By using his own intuition and internal reaction, Erick looks for opportunities to express them to clients. This is most effective when he has previously developed a relationship with the client because that client will be more likely to accept feedback and be more willing to self-reflect.

Self-disclosure. Erick often utilizes his intuition when determining when to self-disclose to the group. Because he is in recovery, he draws on his personal experience to relate to clients and to help them on their own journey. Erick is also very open to disclosing recent events in his own life to normalize what his clients are going through in recovery. In one example, he recently disclosed to the group a problem that he had with his lawnmower where he was repairing a broken rope. It ended in frustration and anger, which can be a common trigger to use substances for people in recovery:

I bring this into the group because I want people to identify and to understand that these emotions happen all the time. Whether we recognize them or not, it is happening to us all the time. In that form, that's how I will work with the group in regards to having them understand emotion, understand resentments, understand guilt, shame, fear, all of this. I'll take what happens to me and how I handle issues in recovery, and then the group will

process situations that have happened to them. They all start talking about how they dealt with these situations and the process they used to get out of it.

Although Erick utilizes self-disclosure often, the decision on when and what to disclose occurs unconsciously. In this way, his intuition guides him to deliver the best response to facilitate meaningful group discussion. Erick's intuition also guides him on how to guide clients in processing their emotions: "All these feelings are there. How do we process them and how do we work through them? We don't get over them. We simply work through them." Since these are difficult things to process, Erick acts as a role model in this sense. Following a disclosure, "I step back and let the group work through those things... my intuition is that I disclose a lot, if I can see this as a benefit." Erick also discussed the importance of self-disclosing situations that he didn't do well in, this normalizes the process for clients and encourages them to open up. Similarly to other contexts in which Erick uses his intuition, it is difficult to verbalize the decision-making process that occurs during counseling sessions. Rather than conscious deliberation, he arrives at the decision to self-disclose automatically, based from the communication he is feeling from a client.

Cautions. Erick discussed the importance of using caution when experiencing feelings of intuition in multiple situations. When he experiences a strong intuition while conducting an assessment, he takes additional measure to confirm or disconfirm the accuracy of his intuition. When experiencing an intuition in the group setting, (for example an intuition to self-disclose), he reflects internally if that would be a useful learning tool for clients. In the situation where he experiences a strong intuition in reaction to a guest speaker, he considers if his clients have the same reaction, or if his intuition is originating from personal issues such as fear of losing control

of the group. In order not to avoid making poor treatment recommendations, or to avoid imposing his own views on clients, Erick uses caution before acting on his intuitions.

When Erick has an intuitive feeling of “something is wrong, I have to stop this,” during a group session, there is potential that this intuition may result negatively. “This could harm the client because I have shut the door on him and gone the other way because I think something’s going to be inappropriate. The group will pick up on that. Right back to intuition, you also have to be cautious in regards to doing more harm than good.”

Another intuition-related area where Erick stresses the need for caution is when it has the potential to label clients. At times, he may experience an intuition that the conversation in group is not going down a productive path and so he strategizes ways to change the path of the discussion, “then, all of the sudden the discussion continues a little bit further and the client just said something amazing. That intuitive nature can work against me because I have stacked the cards against this client because of past experiences.”

Textural-Structural Analysis

For Erick, intuition is a general concept that results from focusing on the individual needs of clients. With his background of being in recovery himself, he entered the field with a perspective centered on abstinence based treatment. However, after gaining experience in different settings, he broadened his approach to better meet individual needs, “People are struggling just to survive. Really, I started looking into harm reduction and having the understanding that we’re going to help all clients where they are, period.” Although Erick has a strong background in the 12 steps, he integrates techniques from Cognitive Behavioral Therapy, Dialectic Behavioral Therapy, and Motivational Interviewing to help his clients succeed. Although all of those methods influence his work with clients, his intuition is

“omnipresent.” Due to the non-verbal nature of intuition, it is challenging to verbalize process, but it is nonetheless a critical aspect of his work, “Where do I get it from? I wish I could tell you exactly what it was, but I just knew it.”

Erick utilizes his intuition in multiple facets in his work as a counselor. It influences individual and group counseling, but also some more specific contexts: assessments, gauging client engagement, determining when to self-disclose, evaluating guest speakers, and predicting client outcomes. Although there are many different situations when Erick experiences intuition, they all share commonalities. No matter what the context of the intuition, he experiences it as a very strong, but vague, feeling that something is important, or “amiss.” This feeling is not ignored, instead it is acted on in some capacity, “If I get that certain spark, I’m going to use it.” This action may be a here-and-now response to a client, facilitate a search for further information to confirm or disconfirm the intuition, or be kept in mind to be applied later.

By being attentive and utilizing basic counseling skills, Erick sets the stage to experience intuition: “As clinicians we always need to be very focused on where the clients are.” When successfully using his intuition, he helps his clients gain some insight into their addiction or current behaviors. This is rooted on establishing a therapeutic relationship with the client. “I’m looking for that connection, it’s more than a feeling, you’re going to need that reaction... When you feel it, you know that you can engage them, and help them go deeper.” In this way, successfully using intuition can result in building a deeper relationship and facilitating insight. Further, when conducting an assessment, successful use of intuition can result in a more accurate assessment, ensuring that clients get the treatment they need.

Erick is careful to emphasize the need of using caution when experiencing intuition because it has the potential to be incorrectly applied and even result in harm to clients. “Intuition

in itself can be very positive or negative. We have these feelings. They are just what they are, feelings. How are we going to respond to them? Also, is the response going to help the client, or be harmful?" In all situations where he experiences intuition, he utilizes caution to avoid applying inaccurate intuitions to clients. To avoid harm Erick is mindful of balancing his intuition with best practices (verifying with evidence, confirmations from clients, and consultation) rather than assuming that his intuitions are correct. "It goes back to what's going on with the clinician, is there transference? Is it coming from the counselor or the client?" If the intuition arises from Erick, or assumptions, rather than genuinely from the client, there is potential to impose inaccurate intuitions, thus damaging the therapeutic relationship.

Erick believes that the nature of counseling itself necessitates the use of intuition. Although it is challenging to describe intuition, he describes its importance as "invaluable." Intuition is vital in Erick's work, but it can be a double-edged sword:

It's just trying the best you can to keep the pulse on the group, good and bad, and how you're reading them. Again, I can be flat out wrong in the way I read somebody. I don't know. Most of the time I think we have a pretty good pulse. We think we know what's going on, but we don't always.

Erick's personal experience with being in recovery, coupled with his experience working in a variety of addiction treatment settings, has resulted in a strong passion for being an alcohol and drug counselor. He has used this passion and willingness to self-reflect to utilize his intuition productively when working with clients. Due to the nature of intuition, it is difficult to explain the inner sensations that are experienced when it occurs, even though it is experienced frequently. When the intuition is particularly strong, he goes above and beyond to gather evidence and look further into the situation. This enthusiasm is tempered by Erick's caution that

his intuition might not be accurate. On occasions when further research indicates that his intuitive feeling was not accurate, Erick self-reflects about the source of the intuition, which typically originates from personal distractions, assumptions, or transference. However, when his intuition is genuine, he uses it effectively to deliver interventions that result in his clients gaining the services they need.

Chapter 9: Composite Description

Following the individual analyses of each participant's experience of clinical intuition, a composite description of the phenomenon as a whole can be established. "The final step in the phenomenological research process is the intuitive integration of the fundamental textural and structural descriptions into a unified statement of essences of the experience of the phenomenon as a whole," (Moustakas, 1994, p. 100). This is the culminating step and integrates all of the individual descriptions into a universal description of the experience representing all of the participants. Although each of the participants are unique in how they experienced the phenomenon of clinical intuition, and used different vocabulary to describe their experiences, unified essences can be readily established. This chapter is organized into the prominent themes in the experience of clinical intuition: *conditions conducive to experiencing clinical intuition*, *experiencing clinical intuition*, *utilizing clinical intuition*, and *circular causality with the therapeutic relationship*. Then, three additional prominent domains: *cautions*, *development*, and *importance* will be reviewed. The following themes and descriptions provide a composite overview of how the alcohol and drug counselors who participated in this study experience and utilize clinical intuition.

Conditions Conducive to Experiencing Clinical Intuition

The participants in this study all described ways in which they can increase the likelihood that clinical intuition will occur. Also, every participant identified factors that interfere with the likelihood they experienced clinical intuition. They discussed the role of personal factors in experiencing clinical intuition, but differed in their terminology used. Some used the language of countertransference, and some emphasized self-care:

I may not experience intuition if I'm stressed, if I don't have my head in the game. For example, I'm thinking about a few weeks ago when I was totally swamped. We were due to be audited by licensing and I felt like I wasn't in the group 100% because I was distracted. In that case, I had to have another counselor cover my group until the process was completed (Anne).

Bill emphasized the necessity of awareness in order to experience intuition: "being aware of the client, their surroundings, their emotional status, how that fits with their presentation. What does it say? What does it indicate? Does it give guidelines in terms of what would my response be?" (Bill). He also discussed the role of countertransference in experiencing and utilizing intuition. Because he was raised in an alcoholic home, he is especially careful when working with clients from a similar background to ensure he does not confuse his personal experiences with those of his clients. In this situation, his intuition may be based from his personal history, rather than what is presented by the client.

For Chloe to experience intuition, it is critical that she is distraction-free: "I can't be distracted, I can't be thinking about other things. I have to be in that moment, otherwise my intuition is way off. What facilitates intuition is self-awareness, connection, being present, and being able to listen to your inner voice. Being distracted, being pressured to meet an agenda, or this kind of thing are all distractions to clinical intuition." Because of this, Chloe utilizes mindfulness-based practices, personal counseling, and self-reflection to help her avoid being distracted when working with clients.

Dawn also emphasized the role of self-care in being able to effectively experience and utilize intuition. She focuses on being fully present and utilizes self-reflection: "If it's a day when I'm struggling I'll go 'wait a minute, this is three hours. Three hours where you're going to

focus on the group.’” Like Chloe, Dawn believes in the importance of counselors seeking their own therapy as a means for self-care, which ultimately results in an increased ability to distinguish useful intuitions originating from clients, as opposed to intuitions based on countertransference or personal issues. “I’m a big believer in therapy for counselors, LADC’s, or anybody who’s in the profession of taking on other people’s problems all day” (Dawn).

Like the other participants, Erick discussed the need for self-awareness when utilizing intuition to avoid labeling a client, or imposing an intuition that is based on countertransference, rather than when the client is presenting. When Erick is experiencing stress in his personal life, he consciously self-reflects to ensure he is not imposing his own stress onto clients. Further, he uses extra caution when he has had related negative experiences related to the content that a client is discussing: “That intuitive nature can work against me because I have stacked the cards against this client because of past experiences.” With experience, Erick has become more aware of these occasions and has been able to work more productively as a result.

Experiencing Clinical Intuition

When the participants were able to successfully prepare themselves for experiencing intuition by deliberately being aware of personal issues that may obstruct intuition, or by taking measures to ensure they are able to focus in the here-and-now, they then set the stage to experience clinical intuition. All of the participants experienced clinical intuition frequently in their work. However, they all had their own conceptualization of the experience. A commonality of the experience is having a strong feeling that something significant occurred within the therapeutic relationship that signals to the counselor that there is an area that needs further exploration. When an intuition is experienced, it signals that: “something important is going on”

(Anne), “there’s dissonance” (Bill), “something is off” (Chloe), “this isn’t the whole story” (Dawn), or “something is amiss” (Erick).

The participants experienced intuition by means of two broad and overlapping categories: affective, and physical. Three participants (Anne, Bill, Erick), experienced intuition as a sudden powerful feeling, but did not associate any physical sensation to intuition. Chloe and Dawn sometimes experienced clinical intuition as both sudden feelings and physical sensations, such as dizziness or warm sensations. Chloe was the only participant to report experiencing mental visualizations. However, even among Chloe and Dawn, the physical sensations occurred less frequently than non-physical intuitions.

Affect-based intuition. All of the participants reported the most common means of experiencing clinical intuition as a sudden affective response to communication provided by the client. The affect is experienced as a vague feeling that is difficult to describe. When Anne experiences an intuition, it quickly develops into feelings of excitement:

I just have this feeling that there’s so much there... I just get so excited to really think there’s something there, and this would just be exciting to take this client from here to there... I may get this feeling that a client’s sadness is about something they’re not willing to talk about (Anne).

Like the other participants, Bill described his intuition as a sudden gut feeling, and described it analytically:

I would say a gut feeling is really more of an unconscious interpretation. It hasn’t really been given a form at that point in time necessarily. I don’t think it’s necessarily an intuitive leap as much as you’re picking up on a lot of unconscious cues that are leading you in a direction, and you’re choosing to trust it, to follow it through (Bill).

Chloe frequently experienced clinical intuition as a feeling that has the potential to provide valuable information: “I get a feeling when a client is lying or manipulating very, very quickly. Usually within the first four or five words of a sentence” (Chloe).

For Dawn, intuition is frequently experienced as an electrical feeling, “I experience it kind of like a little electricity feeling in the air or something. You go hmmm.” Erick also experienced intuition primarily as a sudden affect arising out of the therapeutic relationship: “Intuition is a feeling, but it’s more than a feeling... there was something. Can’t put my finger on it, couldn’t tell you why, but there was just something” (Erick).

Physical-based intuition. In addition to experiencing intuition as a sudden affect, two of the participants (Chloe and Dawn) experienced intuition through physical sensations.

Chloe frequently experienced intuition in the form of vague affective reactions, but she also experienced physical sensations such as dizziness. In addition, she also described experiencing intuition in the form of visualizations:

I’ve had experiences where I’m feeling very centered and I’m in a session with a client and that client speaks about a trauma that she’s experienced. If I’m in touch enough with myself and centered and spiritually connected in that moment, I can actually see snippets of that trauma (Chloe).

Like the other participants, Dawn primarily experienced through vague, but strong feelings that there is “something important going on.” However, she experienced intuition uniquely, by way of an “electrical feeling, it feels like it’s at the base of my ears.” She may also experience a warm sensation in her face or internally note changes in energy in the room. When this occurs, it signals to Dawn that there is a need to further explore the situation that the client is presenting.

Utilizing Clinical Intuition

Although the participants each have their own unique way of experiencing intuition, they all utilize their intuitions in very similar ways. Following the experience of an intuition, the participants all described using a conscious decision-making process in order to strategically use the intuition to strengthen the therapeutic relationship, or help the client gain personal insight. All of the participants reported utilizing intuition when it is experienced, rather than dismissing the sensation, “If I get that certain spark, I’m going to use it” (Erick).

When communicating an intuition to clients, Anne, along with the other participants, typically communicates the intuition tentatively:

I say “I may be totally off base with this, but this is my feeling, or these are my thoughts. Tell me if you disagree with me, but this is what I’m seeing.” Most of the time, it’s right on. I’ve been fooled and I’ve been wrong. But I think I have a pretty good gut instinct with doing it as many years as I have (Anne).

Another common approach to utilizing intuition described by the participants was asking questions for elaboration:

The more I dig and the more questions I ask, what usually ends up happening is throughout our dialogue, it’s like this client comes full circle and comes to their own conclusion based on what I said or the questions I asked. Then it’s like this light bulb goes off for them (Anne).

Bill described the process of utilizing an intuition as “putting into words.” By verbalizing the feelings resulting from an intuition, a deeper connection with clients can occur:

All I said was “Oh my god, you’re so disappointed. You’re so disappointed in her.” Then

the tears began to roll. We went to a far different level than where we had been before that... putting some vocabulary out there opens up that venue... I don't consider that an unusual situation (Bill).

Sometimes you have to have the capacity to allow somebody to be right where they are because they're working their way through it. Instead of interjecting yourself, simply help put a form on this thing and help them figure out what they need to do with it (BILL).

Similarly, Dawn described using intuition to aid in the acquisition of insight: "You use your intuition to help them see... it's not really about me and what I think about them, it's how they are feeling about themselves... I use my intuition to help encourage them to see what's going on internally" (Dawn).

In addition to providing a signal that there is an area that needs further exploration, intuitive feelings are also used to know when that issue has been addressed. "If you just encourage them slowly and gently, that electric feeling will dissipate as they tell you a little bit more. It's like you're heading in the right path with them" (Dawn).

Although the clinical intuition occurs on a subconscious level, the participants all engage in deliberate decision-making process following the experience of the phenomenon. The objective of this decision-making process is to advance the therapeutic relationship by demonstrating genuine empathy. This occurs when the intuition is disclosed, and then the client affirms the correctness of the intuition, thus creating a deeper connection. Another way the therapeutic relationship is strengthened through utilizing clinical intuition when an intuition is used as the basis for asking strategic questions. Through this question-asking and responding process, a deeper connection between the counselor and client is established.

Another deliberate objective that the participants have after experiencing an intuition involves helping the client gain personal insight. Clinical intuition facilitates the acquisition of insight through a process of self-disclosure of the insight presented to the client in a tentative way.

Circular Causality with the Therapeutic Relationship

Each participant acknowledged a relationship between the therapeutic relationship and experience and use of clinical intuition. The relationship between clinical intuition and the therapeutic relationship is not linear however. Instead, there is a circular causality where establishing a strong therapeutic relationship increases the frequency of clinical intuition, and utilizing clinical intuition strengthens the therapeutic relationship. Further, when an intuition occurs, the strength of the previously established therapeutic relationship determines how the counselor will utilize the intuition.

When deciding how to utilize clinical intuition, participants frequently referenced the necessity of considering the therapeutic relationship. For example: “I need to know the client well enough to know if they’re strong enough to go there. If I think, ‘They really don’t trust me yet,’ then I’ll say some things, bring some things to their attention, but I may not dig as much right in the beginning” (Anne). And: “I’m drawing a lot from what our relationship has been previously in terms of what have I learned about you? What have I learned about what brings us to this? What appears to be a meaningful situation that’s associated with it?” (Bill).

All participants emphasized the need for a trusting therapeutic relationship for clinical intuition to initially occur: “Intuition is based on relationships and awareness... I don’t think that clinical intuition can take place outside of understanding the counselor/client relationship” (Chloe). “Intuition comes from sitting with the person and they’re telling me a story of what their

life is like” (Dawn). “Intuition occurs when I’m connecting with somebody, with an individual or a group... I’m looking for what I think is that understanding, that connection. It is really... more than a feeling” (Erick).

Cautions

All of the participants stressed the importance of using caution when experiencing clinical intuition, expressing that although clinical intuition is an integral part of their work, there is potential to misuse it:

New interns may not have the skills. I had an intern who would take the client to a certain point, and then didn’t know what to do. The intern had gut feelings, but he didn’t know how to handle it. I told him that it comes with experience and you need to take some baby steps, and clients need to trust you. He eventually got much, much, better. (Anne)

It’s a double-edged sword because you’ve got the risk of putting too much of your situation, your understanding, into something. It’s like countertransference. If you’re not careful in a situation like that, I think sometimes that intuitive leap is really as much about your own situation as it is about the client’s. You have to be particularly careful about that... If we get to the point where we feel like ‘I can read their mind I’m so in tune with them,’ then you’re in real danger... We never want to dismiss the client and we never want to be so intent on our own judgment that we lose sight of what the client is telling us (Bill).

It may not be something that I need to verbalize with the client, but something that will help me understand them and help guide them down the path of recovery. I think a lot of times people are pressured to speak and respond. Part of using that intuition or that

knowledge that I have been given is learning to wait and learning to just sit in that silence with the client (Chloe).

It's difficult because you could intuitively make a wrong decision about somebody. I think it's safest if you focus on the evidence first, then rely on your intuition to help guide you... my biggest struggle with intuition is just how to balance it so that I don't make a decision that could negatively impact somebody, because I feel like intuition could get into stereotyping. I don't want to do that to people (Dawn).

I can be flat out wrong in the way I read somebody. I don't know. Most of the time I think we have a pretty good pulse. We think we know what's going on, but we don't always... you have to be cautious in regards to doing more harm than good (Erick).

Development

All of the participants described becoming better at recognizing their own intuition, and being able to apply their intuition successfully during the course of their careers. This development occurred over years, and involved increased confidence and trust in counseling abilities.

Reflecting back on over 30 years of experience, and consistently working with interns new to the field, Anne strongly emphasized the role of experience and development in utilizing clinical intuition. As she has gained experience, she has gained a deeper understanding of the role of empathy and the therapeutic relationship, and attending to those factors has enabled her to utilize her intuition more effectively. Likewise, Bill (who has over 40 years of experience) discussed being able to better utilize his intuition as he gained more experience. Also, he emphasized the importance of continuing to get feedback from colleagues and even learning from interns. Interestingly, both Anne and Bill discussed that as they became more empathetic

when working with clients, and more confident in their abilities, they gained ability to use their intuition more effectively.

With experience, Chloe has learned to trust and utilize her intuition to a greater capacity: “As I grow in my career, more of those things kind of show themselves to me. I become more open to talk about them.” Chloe was similar to the other participants in that she developed her clinical intuition over the course of her career; however, she also connects this development with her spirituality due to her beliefs about interconnectedness between her spirituality and work with clients. “Just recently... I would say in the last five to ten years, I have been more in-touch with my intuition, my spirituality, how I’m feeling about something.” As Chloe continues her spiritual development and continues to gain confidence in her abilities as a counselor, she likewise increases her ability to successfully utilize her intuition.

Dawn closely ties the development of clinical intuition with experience levels: “I’ve been in the field for many years, and I’m just at the point where I’m starting to get it.” Further:

At this point I’m striving to have my intuition mature, because when I first started it wasn’t as developed. Now it’s my intuition telling me ‘this isn’t the correct way to go about it.’ My intuition is now telling me, ‘how do I help somebody see this in an honest way for their own life?’ I’m hoping that it can mature into that tool. It’s a skill that I’d like to see mature so that I can help people become more aware about their honesty so I can help them change and grow (Dawn).

Out of all the participants, Erick had the least amount of experience in the field, two and a half years, but he agreed that he “absolutely” has developed his clinical intuition with experience. This skill development has been to increase his ability to “meet the client where they are at,” and to utilize self-reflection in the counseling process. Interestingly, all of the

participants were able to describe how they have been able to both experience intuition more frequently, and use it more productively as they gained experience. However, this learning arose naturally as they gained experience. None of the participants reported addressing clinical intuition explicitly with supervisors. One participant (Dawn) discussed learning how to utilize intuition through co-facilitating groups and modeling, but the phenomenon was never addressed directly as intuition. Further, the participants appeared to enjoy the opportunity to discuss the topic with the researcher as it is not typically discussed with colleagues, perhaps because “this is an odd thing to talk about in our field” (Dawn).

Importance

One of the most prevalent themes among the participants was regarding the importance of clinical intuition. All of the participants agreed that clinical intuition is an integral part of their work, and identified the ability to utilize intuition as necessary to being an effective counselor. “I think that good counselors need good intuition. I think that there are people out there that just have that knack, and I think you need that to be really effective” (Anne).

Bill described clinical intuition as “an extraordinary useful tool,” and utilized it to strengthen the therapeutic relationship and connect authentically with his clients: “we cannot remove our heart and our mind from this process.” In Bill’s experience, clinical intuition and empathy have a reciprocal connection. By being as empathic as possible when with clients, he is more likely to experience intuition. This intuition further enables the development of a strong therapeutic relationship.

Like Bill, for Chloe clinical intuition’s importance lies in developing and utilizing the therapeutic relationship: “It’s really important, it’s useful, and it’s important to know when to turn it on and when to turn it off” (Chloe). Although Chloe was the only client to emphasize her

personal spirituality as a means of facilitating and experiencing intuition, her views on its importance and role in counseling was similar to the other participants.

Dawn and Erick both greatly value clinical intuition in their work, and strive to use it in conjunction with evidence based practices. This thought of the need to balance intuition with evidence provided by the client and adherence to best practices was consistently brought up by all participants. Despite the importance that the participants placed on utilizing their intuition, none of them blindly followed their intuition. Rather, each performed verifications to ensure that they provide interventions that will benefit their clients.

Clinical intuition itself is a very elusive concept to describe because at its essence, it is a non verbal phenomenon. Despite this, the participants in this study frequently utilize their intuition and greatly value its importance. For the participants in this study, clinical intuition's greatest value was as a contributor to establishing the therapeutic relationship. Secondly, it was used as a means for helping clients bring to light therapeutically relevant information.

Summary

The purpose of taking a phenomenological approach to research is to closely examine a specific shared experience through a process of data gathering, analysis, and a description of the essential characteristics of the phenomenon. This chapter succinctly highlighted the commonalities between the participants in their experiences with clinical intuition. Although the participants varied in their theoretical explanations of clinical intuition, and differed in the sensations signifying intuition, they all utilized their intuition to achieve similar objectives. The common themes of: *conditions conducive to experiencing clinical intuition, experiencing clinical intuition, utilizing clinical intuition, and circular causality with the therapeutic relationship* and

additional domains of: *cautions*, *development*, and *importance* were reviewed to provide a composite description of how the participants experienced the phenomenon.

Chapter 10: Conclusion

In this dissertation, the primary aim was to gain an in-depth understanding of how clinical intuition is experienced and utilized among alcohol and drug counselors. This was achieved through the application of phenomenological research methods. First, a comprehensive literature review was provided, followed by a detailed description of methodology. The findings consisted of textural, structural, and textural/structural synthesis for each participant. Then, the penultimate chapter provided a composite analysis to the prominent themes commonly experienced among the participants. This concluding chapter will briefly discuss the research conducted, synthesize the findings with previous research, discuss implications for counselor education and supervision, and suggest directions for future research.

Discussion

The primary purpose of this research project was to capture the essence of the phenomenon of clinical intuition as experienced by alcohol and drug counselors. To achieve this, five alcohol and drug counselors were recruited and interviewed according to phenomenological methods. Following the verbatim transcription of each interview, the process of individual analysis was undertaken. For each participant, a textural analysis, structural analysis, and textural-structural analysis was completed which represented the essence of the individual's experience. Following the individual analyses, the composite description was provided in Chapter 9. The following seven themes were established: *conditions conducive to experiencing clinical intuition, experiencing clinical intuition, utilizing clinical intuition, circular causality with the therapeutic relationship, cautions, development, and importance.*

The seven themes were established through the phenomenological methods of analysis described in Chapter 3. In sum, the seven themes represent the essence of how the participants in

this dissertation experience clinical intuition. Although each participant had their own language in how they described their experience, commonalities emerged which provided the basis for each theme.

Limitations. Because the goal of a qualitative approach is depth over breadth, caution must be used when generalizing these results. Clinical intuition was a very personal experience for each participant, and was experienced uniquely within each individual. However, by examining the essence of the phenomenon, a greater understanding was obtained. An effort was made to recruit diverse participants, and it appears likely that cultural and spiritual beliefs significantly impact the conceptualization of clinical intuition. Notably, one participant experienced clinical intuition as being directly guided by her Native American spiritual belief system. More cultural diversity in the participant sample would provide valuable information on how clinical intuition is informed by cultural background. Another limitation in this study involves the age and experience level, which ranged from 5-40 years. Including counselors with less experience in this study may have provided valuable information. The validation strategy of member checking was employed in this study. However, only three participants responded to requests for feedback to ensure that the analysis accurately reflected their experience with clinical intuition. The participants who responded confirmed the accuracy of their analysis and did not provide additional feedback.

Comparison to Previous Research and Literature

The results from this study verify, complement, and expand previous research on clinical intuition. By examining the phenomenon through the lens of alcohol and drug counselors, and finding strong similarities with previous research, the case can be made that clinical intuition is a universal phenomenon among helping professionals. This becomes evident through the

comparison of themes established in this dissertation with findings from previous research on clinical intuition.

Due to the complexity and unconscious nature of clinical intuition, very few concepts in the history of psychology have had as many different proposed definitions as intuition (Epstein, 2010). This statement was reflected in the participant's varying use of language concerning the experience of intuition: "feelings of excitement" (Anne), "gut feeling" (Bill), "visual snippets" (Chloe), "electric feeling" (Dawn), and "more than a feeling" (Erick). In addition, each participant experienced intuition in multiple ways, depending on the context and strength of therapeutic relationship with the client. The participants in this dissertation framed their conceptualization of clinical intuition according to their theoretical perspective, life experiences, and belief systems. Although different perspectives on intuition were provided, essential commonalities were prevalent which provided the basis for the Composite Description.

The experience of each individual in this study displays the complexity of the phenomenon of clinical intuition. However, perhaps due to the participant's high levels of self-reflection, coherent descriptions were obtained. The participant's process of preparing for, experiencing, and utilizing intuition fits closely with the findings of Jeffrey and Stone Fish (2011) examination of clinical intuition in the context of marriage and family counseling. The researchers found that their participants utilized self-awareness practices to prepare for intuition in similar ways to the participants in this dissertation. Also, participants in each study experienced intuition in different ways through both affect and physical sensations. Further, participants in both studies used caution when utilizing intuition, or as Jeffrey and Stone Fish labeled it, "dealing with fallibility in intuition."

The experiences of the participants also concurred with Witteman et al. (2012) research that found mental health clinicians treat intuitions as hypotheses to be tested, and create a compromise between using empirical methods and intuition. Results from this dissertation affirm those findings through the theme *cautions*, and indicate that alcohol and drug counselors utilize a similar process. For example:

I say “I may be totally off base with this, but this is my feeling, or these are my thoughts. Tell me if you disagree with me, but this is what I’m seeing.” Most of the time, it’s right on. I’ve been fooled and I’ve been wrong. But I think I have a pretty good gut instinct with doing it as many years as I have (Anne).

It’s difficult because you could intuitively make a wrong decision about somebody. I think it’s safest if you focus on the evidence first, then rely on your intuition to help guide you (Dawn).

In addition to connections with previously conducted qualitative research, findings from this dissertation provide qualitative verification of information processing models of intuition (see Chapter 2 for detailed overview of information processing models). Participants in this study experienced intuition in a way that is very compatible with various dual-processing models (i.e. Stanovich & West, 2000; Hogarth, 2001; Epstein, 2010). Dual-processing models suggest that the human brain has two different operating systems, intuitive and analytic. The intuitive system is automatic, subconscious, rapid, and intimately associated with affect (Epstein, 2010; Evans, 2010). This largely aligns with the experience of the participants in the current study who described their intuition as strong sudden feelings that contain important information, i.e. “I just have this feeling that there’s so much there” (Anne). Although none of the participants explicitly stated that they experienced two separate information processing systems (intuitive, and

analytic), they did indirectly describe this by describing the unique features of intuition, and distinguishing this between more typical communication during counseling.

Researchers in cognitive psychology (Glockner & Betsch, 2008) have identified four different types of intuition. The most complex type of intuition, *constructive intuition*, coincides strongly to the participant's experience of clinical intuition. *Constructive intuition* goes beyond simple information processing and involves the synthesis of multiple elements that make up intuition. In this model, elements from past experiences and information occurring in the here-and-now are synthesized to produce intuition. Simultaneously, irrelevant information is unconsciously devalued, and relevant information is highlighted. This information then results in strong emotions, but the individual cannot describe the origins, i.e. "Intuition is a feeling, but it's more than a feeling... there was something there. Can't put my finger on it, couldn't tell you why, but there was just something" (Erick).

Similarly, findings from this dissertation provide support to researchers that have identified different types of intuition (Gore & Sadler-Smith, 2011). One domain-specific type of intuition identified by Gore and Sadler-Smith, *social intuition*, closely aligns with clinical intuition as experienced by the participants. This type of intuition is the rapid evaluation of another person's cognitive and/or affective state through the nonconscious processing of verbal and/or nonverbal indicators. Further, Gore and Sadler-Smith suggested that in order for *social intuition* to occur, an empathic connection to the other person is needed. The experience of the participants in this study fit that description very well.

In addition to providing practical verification to dual-processing models, findings from this study provide support for Welling's (2005) five-phase model of clinical intuition. Participant's experiences aligned closely with the five phases of intuitive knowledge in

counseling as outlined by Welling: (1) Detection, (2) Dichotomic Awareness, (3) Related Object, (4) Metaphorical Solution, and (5) Explicit Verbal Understanding. This model describes intuition as a process rather than a single phenomenon, and asserts that intuition occurs when there is an unconscious perception that results when the perception is different than what is expected. This model describes the cognitive mechanisms that are embedded in the themes of *experiencing intuition*, and *utilizing intuition* that were established in this dissertation.

In the available clinical intuition literature, relatively little focuses specifically on the phenomenon in relation to the therapeutic relationship, which was a prominent theme among the participants in this dissertation. The theme found in this dissertation, *circular causality with the therapeutic relationship*, appears not to have been addressed in previous research. The participants in this study emphasized the reciprocal relationship between the use of clinical intuition and the therapeutic relationship. Previous studies have not specifically articulated this finding, however, Jeffrey and Stone-Fish (2011) found that the therapist-client relationship had the potential to facilitate or disrupt intuitive responsiveness. When therapists in their research experienced a close therapeutic relationship, use of intuition seemed to “flow.” However, when the therapeutic connection felt disconnected, intuitive responses were “blocked.” Others have suggested that the strength of the therapeutic relationship may be facilitated when there is congruence between the counselor’s and client’s right-brain unconscious systems, which occurs during the experience of intuition (Marks-Tarlow, 2012; Schore, 2012). Schore (2010) suggested that a clinician’s intuitive capabilities may dictate the “depth of the therapeutic contact, exploration, and change process” (p. 193).

Implications for Counselor Education and Supervision

The findings of this study have particularly important implications regarding counselor education and supervision. Among the participants, there was a prevalent concern raised involving lack of acknowledgement or training regarding the use of clinical intuition. Because of the integral role that clinical intuition plays in the work of many counselors, this topic should be addressed during counselor education and training. Counselor educators can integrate clinical intuition into curriculum in multiple ways. By bringing attention to the topic in courses focused on counseling theory and skills, educators can communicate to students that this is a topic that is acceptable to discuss. Participants in this dissertation provided specific methods that they utilize to set ideal conditions to facilitate clinical intuition. Some of the methods include engaging in counselor microskills, such as: active listening, attending to non-verbal communication, and eye contact. Although using these skills facilitated intuition, strategically utilizing clinical intuition may itself be considered a microskill, alongside with focusing, empathic confrontation, reframing, feedback, and self-disclosure (Ivey & Ivey, 2014). Other methods participants used to facilitate clinical intuition include: mindfulness exercises prior to a session, engaging in personal spiritual practices, and general self-care. Two participants discussed utilizing personal therapy to aid in ability to be fully present with clients and foster self-awareness that increases ability to experience and process intuition. This connection between personal therapy and the development of clinical intuition was noted in previous qualitative research (Jeffrey & Stone Fish, 2011). Emphasizing the importance of those methods in counselor education may facilitate the experience of clinical intuition among students.

The participants in this study described in detail ways in which they successfully utilize clinical intuition to enhance their practice. This enhancement occurs by strengthening of the

therapeutic relationship, and by facilitating the acquisition of meaningful insights. This information, described in the Composite Description, can be integrated into the classroom so that students can effectively use their clinical intuition. Specifically, the theme of *circular causality with the therapeutic relationship*, in which a strong therapeutic relationship increases the likelihood of experiencing intuition, and intentionally using intuition strengthens the therapeutic relationship, provides important insight into the benefits of intentionally applying clinical intuition.

A strong theme that was unanimously emphasized by the participants is that clinical intuition develops over time, and is strengthened by years of experience and confidence in one's own abilities. As participants became more mature in their skills, they gained an increased ability to relate to clients authentically, and have increasingly relied on their intuition. Irvin Yalom (2015), expressed this when describing his work with a client:

I had no intention of following any schema; it had been decades since I proceeded so systematically. Like all seasoned therapists, I work far more intuitively in my pursuit of information. I've come to trust my intuition so much I suspect I'm no longer a good teacher for neophytes, who require methodical guidelines in their early years (p. 56).

Because this is likely a common sentiment in the mental health and addiction counseling field, it follows that this is a topic worthy of conversation in counselor education programs. The participants in this study were all very engaged and excited for the opportunity to discuss clinical intuition. Two participants (Chloe and Dawn) even expressed the thought that discussing intuition is seen as a taboo topic, out of fear of being perceived as a haphazard clinician. This attitude of hesitancy has been found in previous qualitative studies on clinical intuition, where participants worried about being criticized for using non empirically-based interventions (Jeffrey

& Stone Fish, 2011). Perhaps because of this, they were especially willing to participate in the study.

All of the participants described developing more skill and increased ability to successfully utilize intuition as they gained more professional experience. Personal processes of the development, acceptance, and application of intuition through self-reflection provided valuable information on this self-guided process. Supervisors are in a position to facilitate this process by encouraging supervisees to discuss instances of clinical intuition in their work. Expressing to supervisees an acceptance of the role intuition plays may facilitate development of the effective use of intuition. Rather than demanding supervisees provide detailed explanations of their clinical strategy, simply processing the intuition and how it was utilized may be a more helpful approach. An established method of live supervision, Interpersonal Process Recall (IPR) (Kagan, 1980) appears especially suitable for processing intuition. The purpose of IPR is to provide the supervisee with a safe haven to process internal reactions, and is based on the assumption that supervisees are “the best authority of their own dynamics and the best interpreter of their own experience” (Kagan, 1980, p. 279). The process of IPR involves the supervisor and supervisee viewing a recording of a counseling session together. At any point in which either person believes something of importance is happening, the video is stopped to process the moment. It is essential that the supervisor refrains from instructing the supervisee about what might have been done. Rather, the supervisor inquires into the situation. Utilizing IPR provides an excellent opportunity to aid in the exploration, acceptance, and development of clinical intuition.

None of the participants in this dissertation directly addressed clinical intuition during their education or training, yet they all ended up greatly utilizing it in their work, and described a

process of developing intuition. Perhaps this development would have occurred more quickly if clinical intuition was directly addressed in their education. To address this concern, Jeffrey (2012) developed the Clinical Intuition Decision Making Guide as a means to establish guidelines to aid counselors in developing self-awareness when they experience clinical intuition. By utilizing an organized set of guidelines such as the Clinical Intuition Decision Making Guide, students can be encouraged to reflect on the topic, and develop effective ways to utilize their clinical intuition. Further, clinical supervisors can promote the use of clinical intuition by disclosing to supervisees how they experience and utilize clinical intuition, and exploring the topic during supervision sessions. Likewise, by directly addressing clinical intuition in counselor education, an academic culture can be created that encourages students to process and develop their clinical intuition

Findings from this study may serve to support and validate counselors who currently employ strategies to utilize their intuition. It is likely that the majority of counselors from a variety of specialties do in fact utilize intuition, as counselors tend to rate their intuition as more influential in their work compared to evidence based practices (Baker et al., 2008; Gaudiano et al., 2011; Lucock et al., 2006). Despite the important role that intuition plays in the work of counselors, it continues to be a topic that counselors feel hesitant to discuss, and is a frequent theme in the literature: i.e. “Therapists of all kinds actually rely a great deal on intuition, though it is not popular to say so in training courses” (Rowan, 2002, p. 108). Two participants in this dissertation elaborated on this theme and discussed that they were hesitant to process and acknowledge their use of intuition with colleagues earlier in their career. However, they revealed that as they gained experience and confidence, they also became more open to discussing intuition: “As I grow in my career, more of those things kind of show themselves to me. I

become more open to talk about them” (Chloe). Since it appears that many counselors are hesitant to discuss intuition due to fears of being viewed as un-professional, educators and supervisors can help change those attitudes and foster a setting where intuition can be discussed openly. Further, access to research on the topic may encourage counselors to discuss intuition with colleagues, and aid in developing intuition-related skills.

Clinical intuition and alcohol and drug counseling. Regarding alcohol and drug counselors and the use of clinical intuition, the most prominent finding in this study was the similarity of experience among the participants in comparison to previous studies examining other areas, such as clinical psychologists, mental health counselors, and marriage and family counselors. Findings from this dissertation strongly affirm previous qualitative research and established models of clinical intuition. However, despite the overwhelming similarities, there were two alcohol and drug counseling context-specific areas in which clinical intuition was utilized. The two areas, detecting deception, and assessment, have not been directly addressed in previous intuition research.

One participant (Erick) emphasized the role that clinical intuition plays when conducting assessments and determining if the client has a substance use disorder. He reported often experiencing a strong intuition early in the assessment as to the severity of the client’s alcohol or drug problem, and if the client needs treatment. Erick could not verbally describe how he comes to the conclusion but is typically very confident:

There was an individual that came in for an assessment and I knew it (that he had an alcohol problem). I knew it within five minutes but could not put my finger on it... Again, I have boundaries and need to make sure there is evidence for a diagnosis. I had a couple of collaterals, but after receiving their input I had no diagnosis. But there was something.

Can't put my finger on it, couldn't tell you why, right now why, but there was just something.

In this case, the intuition that Erick experienced was strong enough for him to take additional action when deciding on treatment recommendations. Although he could not verbalize why he felt so strongly, this feeling prompted him to make an additional third collateral contact, more than the two contacts that are required by Minnesota state guidelines:

He came in later to sign a release of information for the extra collateral contact, and he was wasted. It was ten in the morning and he was drunk. In that situation, I wish I could tell you exactly what it was, but I wasn't getting anything on paper, but I knew it. I just knew it.

In this situation, Erick utilized his clinical intuition as a hypothesis, and sought further evidence to confirm the hypothesis. This balancing of intuition with evidence-seeking has been observed by other qualitative researchers (Wittman et al., 2012).

The other individual alcohol and drug counseling-specific sub-theme related to detecting deception from clients. Clients in alcohol and drug counseling are unique in that they oftentimes have motives for being untruthful about their presenting problem (alcohol and drug use) to their counselor for fear of negative repercussions. Three of the participants described using their intuition to detect when a client is being dishonest about their substance use: “you can just tell when they’re lying through their teeth” (Anne). Or, as Dawn more gently described utilizing intuition when clients are “trying to protect their addiction.” Although present, the sub-theme of detecting deception from clients was not salient enough to be included in the Composite Description.

The participants' experiences with clinical intuition for the large part are not context specific to the field of alcohol and drug counseling. Although there are some specific intuition-related experiences described by participants that only take place in an alcohol and drug counseling setting, the vast majority of the descriptions could take place in any counseling setting. Perhaps this provides evidence that clinical intuition is a universal aspect of the broader counseling field.

Future Research

Many scholars (Dodge Rea, 2001; Eisengart & Faiver, 1996; Garcia & Ford, 2001; Marks-Tarlow, 2012; Witteman et al., 2012) have advocated for further research to increase understanding of ways to successfully utilize clinical intuition. This dissertation, as well as the vast majority of previous research, examined clinical intuition in as a whole. Research into specific elements of clinical intuition has the potential to expand understanding of the phenomenon.

The findings from this study have uncovered multiple areas that could be addressed in future research. Among the participants in the study, it is apparent that their views and experience with clinical intuition is influenced by their theoretical orientation and their cultural background. An important area of future investigation is cultural factors involved in clinical intuition. Because culture frames our worldview, it is likely that culture influences perceptions of clinical intuition. Research investigating specific cultural groups and clinical intuition would provide important information pertaining to counselor education and training. It is also possible new contributions would be made by framing the phenomenon from a multicultural perspective by expanding the majority population-based paradigm on which this study was predicated. In

addition to cultural factors, research specifically examining the influence of spiritual beliefs and theoretical background would serve to further advance knowledge.

Among the participants in this dissertation, there was a unanimous belief that experience in the field is required in order for a counselor to effectively utilizing clinical intuition. In addition, this belief is widely held belief among authors who have written about the topic (e.g. Berne, 1949; Yalom, 2015). However, cognitive-based researchers emphasize the role of in-the-moment information processing as opposed to years of experience (i.e. Epstein, 2010; Evans, 2010; Stanovich & West, 2000). Cross-sectional research comparing clinical intuition between beginning and experienced counselors would provide important information regarding the nature and development of clinical intuition.

Another area of future research that would provide helpful information would be investigating clinical intuition in the context of online counseling. A growing body of knowledge is indicating that online counseling can have a similar impact and is capable of replicating the facilitative conditions as face-to-face counseling, but a need remains for understanding unique facilitative variables that contribute to its effectiveness (Richards & Vigano, 2013). The theme of *Circular Causality with the Therapeutic Relationship* found in this study highlighted the integral role that the therapeutic relationship plays in clinical intuition. This coincides with Marks-Tarlow's (2012) assertion that the congruence of unconscious communications facilitates the therapeutic relationship. It is currently unclear how clinical intuition is experienced in the context of online counseling, and examining this may contribute to identifying similarities or distinctions between online and face-to-face counseling. Research investigating clinical factors in online counseling is becoming more salient as online counseling is becoming increasingly prominent in the field (Richards & Vigano, 2013).

Researching and developing methods of education and supervision that facilitate the productive use of clinical intuition would provide valuable information. Jeffrey's (2012) *Clinical Intuition Exploration Guide* provides a unique tool to aid in utilizing intuition effectively. However, developing a more expansive evidence-based training program would enable more quantitative studies. For example, outcome research examining the difference between counseling that incorporates the deliberate use of clinical intuition making in comparison to standard counseling would provide valuable information about the efficacy of clinical intuition as a specific counseling technique. Because there may be hesitancy towards accepting the role of clinical intuition, especially among inexperienced counselors, research related to effective use of clinical intuition and treatment outcomes would help to validate its role in counseling, and to develop best practices on how to successfully utilize clinical intuition. Although it may initially sound incongruent to consider intuition under the framework of evidence-based practices, it is clear from the participants that they strive for a balance between their use of intuition and evidence-based practices. This is not a new idea, as described by a foundational intuition theorist, Eric Berne: "there is a time for scientific method and a time for intuition—the one brings with it more certainty, the other offers more possibilities. The two together are the only basis for creative thinking." (as cited in Dusay, 1971, p. 35). Further research has the potential to clarify clinical intuition's relationship with evidence-based practices, and uncover more specific guidelines as to how to use intuition most effectively.

Summary

During the course of embarking on this journey, the challenge of capturing the essence of a complex and unconscious phenomenon was undertaken. The remarkable participants in this study have shared how they experience, and effectively utilize clinical intuition to help their

clients. Despite centuries of theorizing and decades of scientific research into the phenomenon of intuition, many questions remain. Perhaps complete understanding of intuition will remain elusively in the domain of the unconscious. However, what is clear is the critical importance that clinical intuition has for the participants in this dissertation. As the counseling profession continues to search for new ways to effectively help people in need, doors should not be closed on topics that may initially be deemed as non-scientific. Since there is ample evidence indicating that mental health clinicians of all specialties experience, utilize, and greatly value clinical intuition in their work, integrating clinical intuition into counselor education and supervision will enable counselors to utilize clinical intuition more effectively.

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