The Institute for Clinical Social Work

The Lived Experience of Intuition among Psychodynamic Therapists

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By

Jodi Smith Cohen

Chicago, Illinois

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Abstract

This study explores how psychodynamic psychotherapists think about and experience intuition in their clinical work. Although there is very little research on how intuition is used in psychotherapy practice regardless of theoretical orientation, in private conversations many practitioners acknowledge their use of intuition. It is considered to be a valuable way of knowing.

Using van Manen's method of phenomenological inquiry, five psychodynamic clinicians were interviewed about their use of intuition in therapy. I found that intuition was believed to be an innate characteristic made up of curiosity, sensitivity, receptivity, and an ability to observe things about others. The therapists in the study believed that intuition was shaped by and influenced by life experience, relationships with others, academic knowledge, and clinical experience. In professional practice, these worked together to establish an authentic therapeutic relationship, formulate clinical impressions, gain deeper understanding, and strengthen self-awareness. Intuition was relied on as a trusted process and mode of understanding, one that often continued and changed throughout the treatment. Meaning was found in bringing together innate talents and knowledge gained through personal and professional experience; the decision to become a psychotherapist was an act of self-expression.

The study provides qualitative empirical support for the use of intuition particularly in psychodynamic practice where there is emphasis placed on the relationship between a therapist and her clients. Implications for psychotherapy practice, education and research are discussed.

For Dan, Joshua, Nora and Eli.

And, for Betty, Quique, Janet, and Howard.

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Editorial Method

Although dissertations are traditionally written using a third-person narrative voice, I purposefully use a first-person narrative voice in order to ground my writing in a constructivist position that is consistent with my use of an experience-near methodology. Because the task of my research was to reflect on, interpret, and discover themes that came out of my conversations with the participants in this study, I was not an impartial observer; hermeneutic phenomenological interviews are interpretive conversations where both partners self-reflectively orient themselves to the interpersonal or collective ideas that bring the significance of a phenomenological question into view (van Manen, 1990).

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Chapter I

Introduction

Though several schools of psychotherapy have created varying theoretical definitions of intuition, very few authors of any orientation have made it the center of their writings (Sprenkle, 2005). Within the broad framework of what constitutes the practice of psychotherapy, intuition has been posed in contrast to analytical, scientific thinking and is usually described as a hunch, a sudden insight, or a felt sense that conveys a sense of knowing on the basis of inadequate information and without rational processing. Theories and much of current research attempt to provide a comprehensive approach to psychotherapy that includes a way of thinking about, working with, and communicating about clients, implying that there is no form of knowing that exists outside of a particular theory's tenets or a treatment that is determined by empirically validated data. In private conversations though, therapists often describe a kind of non-rational knowing that is helpful for us to better understand.

Richard Shweder (1998) offers the notion of "the astonishment of anthropology" (p. 1) to capture the breadth of what is required in working across the domains that anthropologists are interested in. He writes:

> Astonishment and the assortment of feelings that it brings with it - surprise, curiosity, excitement, enthusiasm, sympathy - are probably the affects most distinctive of the anthropological response to the difference and strangeness of

> "others." Anthropologists encounter witchcraft trials, suttee, ancestral spirit attack, fire walking, body mutilation, the dream time, and how do they re act. With astonishment. While others respond with horror, outrage, conde scension, or lack of interest, the anthropologists flip into their world-mode.

I believe that we can benefit from maintaining a similar attitude of astonishment in our profession. Alfred Margulies (1989) writes of the necessity of wonder in psychotherapy practice. He proposes that "experiencing freshly" (p. 4) is required when trying to understand the inner experience of another. It is through astonishment, a sense of wonder, and openness, not only to our clients but also to how we practice, that we can deepen our understanding of human change, generate and maintain an open dialogue among those in our profession about various modes of clinical understanding, and link clinical work with methods of research that are best suited to the topic being studied.

Statement of the problem

While most therapists do not deny following hunches, experiencing sudden insights, choosing directions without really knowing why, or having uncanny feelings that turn out to be important to a particular treatment, the study of intuition has been mostly neglected in the field of psychotherapy (Bastick, 1982; Bohart, 1999; Charles, 2004; Jeffrey, 2011; Rea, 2001; Welling, 2004). Despite the lack of research on the therapist's intuition in clinical practice, there has been an increasing amount of interest in and writing about intuition over the last decade. However, because of a valuing of scientific method over other methods of research, there has been a kind of discrimination against the inclusion of intuitive modes of practice in research. Additionally, because intuition has not

been considered a legitimate form of professional knowledge and because psychotherapy places itself among the sciences, psychotherapists are often reluctant to discuss the ways they practice especially if they fear losing credibility because of their use of processes that are considered to be unscientific.

Problematic are the gaps in research that do not describe our day-to-day experiences of clinical practice. This study increases our understanding of the lived experiences of clinicians who use intuition in their work and presents information about a subjectively experienced feature of clinical practice through the use of a research method suited to understanding personal experience.

Significance of the study for clinical social work

The study highlights an aspect of psychotherapy practice that has not been frequently studied despite its use. Because psychotherapy research directly influences psychotherapy practice and education, an epistemological shift toward the inclusion and appreciation of qualitative studies is important to our growth as clinicians. It is essential to the development of our knowledge base that we discuss how we work, to link research with clinical experience (Boucouvalas, 1997; Goldfried & Wolfe, 1998; Hoffman, 2009). This study contributes to an area of research that is working toward linking research with clinical experience, increasing clinical flexibility, and providing support for therapies other than those that have been empirically validated. Additionally, this study promotes open discussion about clinical practice through research.

General statement of purpose

The purpose of this study was to explore how psychodynamic therapists experienced intuition and thought about its function and meaning in the therapeutic process with the intention of moving the topic away from a dichotomous position and toward generating a more pluralistic understanding of how psychotherapists work. Following the hermeneutical phenomenological approach described by van Manen (1990), this study sheds light on the lived meaning of intuition as it is experienced by psychotherapists in their clinical practice. The specific research question was: How do clinicians experience and talk about intuition?

Epistemological foundation

Creswell (2009) writes that research design involves three intersecting components: philosophy, strategies of inquiry, and specific methods. He notes that any research endeavor is a reflection of the researcher's worldview and suggests that the researcher clarify his or her assumptions by 1) stating the philosophical worldview proposed in the study, 2) defining the basic considerations of that worldview and 3) describing how the worldview will shape the approach to research. I found the following questions to be helpful in explaining my rationale for placing this study within a particular paradigm of inquiry (Lincoln & Guba, 2013 p. 37):

1. The ontological question: "What is the nature of reality?"
2. The epistemological question: "What is the nature of the relationship between the knower and the knowable?"

3. The methodological question: "How does one go about acquiring knowledge?"
4. The axiological question: Of all the knowledge available to me, which is the most valuable, which is the most truthful, which is the most beautiful, which is the most life-enhancing?

As Lincoln and Guba (2013) suggest, the answers to these questions are limited by the answers to the previous questions. Because I have a relativistic view of reality and because I studied a socially constructed concept (intuition is *real* only because it has been granted an ontological status by me as the researcher and those participating in the interviews), this study could only be viewed through a constructivist lens. Creswell (2009) notes that once the epistemological question is answered, the underlying assumptions associated with any particular paradigm will help to guide the strategies of inquiry and provide a specific direction for procedures in a research design. Crotty (1998 cited by Creswell, pg. 8) summarizes the assumptions and procedures that accompany constructivist research:

1. Meanings are constructed by human beings as they engage with the world they are interpreting. Qualitative researchers tend to use open-ended questions so that the participants can share their views.
2. Humans engage with their world and make sense of it based on their historical and social perspectives—we were are all born into a world of meaning bestowed upon us by our culture. Thus, qualitative researchers seek to understand the context or setting of the participants through visiting this context and

gathering information personally. They also interpret what they find, an interpretation shaped by the researcher's own experiences and background.

3. The basic generation of meaning is always social, arising in and out of interaction with a human community. The process of qualitative research is largely inductive, with the inquirer generating meaning from the data collected in the field.

These presuppositions, along with my interest in studying a particular experience, led me to select a phenomenological strategy of inquiry. Though there are several approaches to phenomenological research, I chose to use the hermeneutic phenomenological method described by van Manen (1990). He writes that phenomenological research is a search for what it means to be human, a search for the fullness of living and describes it, in part, as a poetizing activity where thinking on an original experience and speaking in a primal sense (speaking the experience rather than *of* the experience) allows the experience to be known without having experienced it oneself. He maintains that, as in poetry, it is inappropriate to ask for a conclusion or a summary of a phenomenological study. To summarize a poem in order to present the result would destroy the result because the poem itself is the result. Pursued against the background of an understanding of the "evasive character of the *logos* of *other*, the *whole*, the *communal* or the *social"* (van Manen, p. 7), hermeneutic phenomenology is a philosophy of the personal, the individual.

van Manen's (1990) method of inquiry resonated with my own ideas about how best to join clinical experience with research and was uniquely suited to my research

question which sought to describe the lived experience of intuition as it was described by psychotherapists who had the experience.

Statement of Assumptions

In addition to the constructivist presuppositions listed above, I brought several assumptions that are important to mention because they shaped my ideas about research, psychotherapy, and intuition. These were relevant to my analysis and interpretation of the data:

1. There are unconscious factors at play in all human interactions including interactions between a psychotherapist and her clients.
2. Social constructivism is an adequate lens to understand both the social-structural and unconscious-individual factors in the process of psychotherapy.
2. There is a knowing but not knowing how something is known process that exists for those who practice psychotherapy (Jeffrey, 2011).
3. These experiences occur regardless of theoretical orientation and across many disciplines (Schon, 1983, Petitmengin-Peugeot, 1999).
4. Intuition is experienced and made sense of in a way that is unique to the individual (Boucouvalas, 1997; Welling, 2004).
5. Human science research methods are appropriate for studying personal experience and subjectivity.

Chapter II

Literature Review

Central to this study is the lack of research on intuition in psychotherapy and in particular, psychodynamic psychotherapy. The literature review discusses how historical, social, and individual factors have influenced 1) human science research, 2) beliefs about professional knowledge, 3) psychodynamic theory, and 4) constructions of intuition in non-technical writing, professional literature, and within psychodynamic theory. Though research is scarce, three qualitative studies are highlighted. The conclusion of the literature review calls for linking the practice of psychotherapy with broader methods of research if we are to better understand the processes that guide the clinical work of practitioners and impact their clients.

Conceptual Framework

Beginning with Dilthey, who first made the distinction between natural science (where the goal is scientific explanation) and human science (where the goal is understanding the meaning of social phenomena), a minority has voiced dissatisfaction with the adoption of the methodological template developed by the physical sciences as the exclusive framework for the study of the human realm (Polkinghorne, 1984). Over the last several decades, philosophers of science have reconsidered the relationship between science and "objective" reality and have proposed that there are no purely objective facts

and observations which lie outside of theory; science is not an unbroken line of ideas representing a closer and closer approximation of the "truth" (Mitchell & Greenberg, 1983; Polkinghorne, 1984). Rather, one's theory, one's understanding, and one's way of thinking all determine what are likely to be taken as facts and determine how and what one observes. Schwandt (1995) argues that human beings do not find or discover knowledge so much as construct or make it through the invention of concepts, models and schemes which are then tested and modified based on new experience.

Scarr (1985) writes that in addition to constructing our own view of the world that is influenced by our environment, the context of our situation and our interactions with others, each of us seeks to find "facts" to assimilate into our world view as well as seek out relationships with others who have the same or similar views. Each of us then has our own reality of which we try to persuade others. This is true in everyday life as well as in science; science takes place within a community that employs a common language based on certain assumed and ultimately untestable premises (Mitchell & Greenberg, 1983).

The historical root of psychotherapy is deeply imbedded in a medical model of psychotherapy, in part, because of Freud's training in neurology. He strongly felt that psychoanalysis should be placed among the sciences. In the last of the New Introductory Lectures, he addresses what fundamental view of the world is appropriate to psychoanalysis:

> …a Weltanschauung is an intellectual construction which solves all the problems of our existence uniformly on the basis of one overriding hypothesis, which, accordingly leaves no question unanswered and in which

> everything that interests us find its fixed place. It will easily be understood that the possession of a Weltanschauung of this kind is among the ideal wishes of human beings. Believing in it one can feel secure in life, one can know what to strive for, and how one can deal most expediently with one's emotions and interests (in Gay, p. 783).

Systematic empirical research attempts to get at this kind of construction, to provide practitioners with

1. problems that can be classified,
2. explanations for problems, and
3. a theoretical conceptualization and knowledge that will posit psychological mechanisms of change.

These components (which are given primacy over contextual factors) along with a therapist who can administer "therapeutic ingredients," make up the medical model of psychotherapy (Wampold, Ahn, & Coleman, 2001). In contrast, a contextual model emphasizes the process of psychotherapy where therapy provides

1. an emotionally charged, confiding relationship with a helping person who has the client's best interest in mind,
2. a rationale, conceptual scheme, or myth that offers a plausible explanation for the client's symptoms, and
3. a ritual or procedure which is consistent with the rationale of the treatment and involves the participation of both the client and therapist (Wampold et al).

These opposing models are recognized by Aron (2012) who notes that among practitioners, there is a divide between those of us who believe that psychotherapy is a

science and those of us who believe that it is an interpretive discipline. This disagreement is significant because each position has different ideas about the role of research and theory. Aron also states that there are those of us who believe that psychoanalysis is a "third" (Aron & Star, 2012 cited by Aron, p. 707), something that defies binary categorical distinctions - it is a hermeneutic discipline concerned with interpretation and meaning but it is also concerned with scientific accountability.

I propose that intuition is one process that some therapists make use of but do not describe or research because, as Schon (1983) suggests, this way of working is at odds with the prevailing model of professional knowledge. However, he maintains that the dilemma of rigor or relevance may be dissolved if we are able to develop an epistemology of practice which places technical problem solving within a broader context of inquiry that 1) includes non-logical processes, 2) shows how these processes may be rigorous in their own right, and 3) links the art of practice in uncertainty and uniqueness to the scientist's art of research.

The Development of Professional Identity within Psychotherapy

Andrew Abbott (1988) has developed a sociological model for explaining the division of expert labor. He asserts that diagnosis (claims to classify a problem), inference (reasoning about the problem), and treatment (taking action on the problem) are the subjectively determined tasks that create what he calls "jurisdictions" within any professional field. In his analysis of the professionalization of the "personal problems" domain, he provides a historical explanation of how this jurisdiction was created, split, reattached to other jurisdictions, split in new ways and re-conceptualized many times between 1860

and 1940. He contends that psychiatrists' assertion of social control under the rhetoric of prevention, the clergy's deliberate desertion of its traditional work (dealing with everyday problems), the emergence of Freudian analysis, and the neurologists' self-defeating elitism all took place within a structured ecology of professions to produce the results we see today, a primarily medical model of psychotherapy.

Rea (2001) writes that the marked lack of research geared toward incorporating intuition into clinical practice may be indicative of the prevailing mood within the field. As the field of clinical psychology closes in on its emulation of the "medical model" (Albee, 2000), a model that is associated with research methods that measure outcomes based on concepts that can be operationalized, clinicians are left with a narrowed understanding of people and limited ways of working with them. He argues that though the study of an elusive process like intuition is not easy, the lack of research leaves clinicians to "grapple with 'hunches' and 'gut feelings' with little empirically derived guidance" (p. 98).

In keeping with the above arguments made by Abbott (1998) and Rea (2001), I suggest that all methods of psychotherapy, including psychodynamic psychotherapy, have become more and more influenced by the ideology of systematic empirical research (over other sources of knowledge). Information gained in small studies, qualitative studies, and individual case studies is often overlooked by the university-based researchers and funders who set the research agenda for the psychotherapy field (Hoffman, 2009; Walls, 2011). Safran (2012) writes that it is becoming increasingly difficult to obtain funding for any psychotherapy research (as opposed to basic brain science research). He adds that any proposal suggesting a connection to psychoanalysis is unlikely to receive a

fair hearing since everyone "knows" this type of treatment does not help. Panel members who review proposals are primarily cognitive therapists and biologically oriented researchers. He argues that the shift in political climate has serious implications for the construction of knowledge consumed by the public and for the kind of treatment that patients receive.

Today, insurance companies pay for treatments that come out of empirically validated data; students and therapists are taught to implement manualized treatments in training programs and places of employment. How we work is often discussed in this language leaving the impression that we are technicians who apply a kind of treatment in order to help clients with their problems (Balkan, 1967) much the same way a medical doctor treats asthma or diabetes with a specific generalizable type of treatment. Working from this perspective conveys a misunderstanding of underlying epistemological issues; human experience requires a creative dimension in the process of understanding experience (Hoffman, 2009). Cushman and Gilford (2000 cited by Hoffman, 2009 p. 993) note that evidence-based approaches involve an "abhorrence of ambiguity, complexity, uncertainty, perplexity, mystery, imperfection and individual variation in treatment."

Additionally, the recommended treatment practices that come out of systematic empirical research leaves us with rigidly enforced professional identities that limit the ways we work with clients, how we discuss our work publicly, and think about ourselves as clinicians. Schon (1983) writes that many practitioners are locked into a view of themselves as technical experts who experience uncertainty as a threat (its admission is a sign of weakness) while others may feel uneasy because they cannot say what they know how

to do (because of the intuitive processes they use) and because they are unable to justify the quality or rigor of how they practice.

Hoffman (2009) believes that what is required in psychoanalytic treatment is as much knowledge and sophistication as we can gather regarding possibilities to consider in terms of understanding and relating to our patients. He argues that the privileged status given to systematic research and neuroscience (as compared to in-depth studies or other accounts of psychoanalytic process) is potentially damaging both to the development of our understanding of the analytic process and to the quality of our clinical work.

Spezzano (1999) proposes that rather than a monadic view of truth which maintains that right/wrong and true/false answers exist, a relational view of truth is called for. This perspective allows for ongoing conversations within communities of practitioners where the focus is on process rather than conclusion (there is always more to be said) and many possible interpretations. Though there is continued debate over whether *truth is found* or *truth is made*, Spezzano asserts that neither position can be proven.

The Enduring Problem of Theory in Practice

Schon (1983) observes a growing skepticism about professional effectiveness that is related to the delivery of competent services based on special knowledge. Theories and tasks created to address problems can seem "fragile and incomplete" (p. 10) because of the changing character of situations of practice which are characterized by "complexity, uncertainty, instability, uniqueness and value conflict" (p. 18). He describes the dominant epistemology of practice as one of "technical rationality" (p. 21), where profes-

sional activity associated with problem solving is made rigorous by the application of scientific theory and technique. He maintains that this model is limited because complexity, instability and uncertainty are not removed or resolved by applying specialized knowledge. Rather, these "divergent" (p. 49) situations call for an art of practice characterized by "trial and error, intuition, and muddling through" (p. 43). This paradigm, which he calls "reflection-in-action," (p. 49) is characterized by a kind of knowing which does not stem from a prior intellectual operation.

Spezzano (1999) says that new theories in psychoanalysis evolve when we want to discuss clinical problems but are unable to discuss them in the language of current theories. He argues that this does not make one theory right and another wrong but rather shows that certain analysts find it easier to talk about certain topics in one language than another. When we begin to think in the way that a particular theory asserts or are developing language to describe something that has not yet been formulated, it is because we think that this is how things *really* are. He suggests that we need to give up "certainty about truth" (p. 450) and encourages us to accept that there is, and always has been, an "endlessness" (p. 450) to our professional discussions. This is what will allow us to observe and experiment, to change the way we think.

Gabbard (2007) writes that while a dialogue that explores differences and similarities across psychoanalytic cultures exists, a byproduct of pluralism has been the tendency for some to respond with a shoring up of theoretical boundaries, causing us to lose sight of the fact that psychoanalytic thinking is fundamentally non-reductionistic. He cautions that we are at risk of becoming locked into our "nutshell" (p. 560) of theory (which can confine our thinking). Although theory is an essential tool for the analyst, he

writes that it "should be regarded as a passenger in the journey that we take with the client, not the driver of the vehicle" (p. 3). We need to recognize that our preferred theory is but one lens out of an assortment of lenses through which we can view our clients. He cites (p. 560) Feigl & Brodbeck (1953) in Schlesinger (2003) who note that psychoanalysis is not a "nothing but" science but rather a "something more" science and argues that analysis should expand our understanding, not reduce it.

Friedman (1988) too comments that though theory provides a common language that allows a way to both describe and perform treatment as well as help us to understand abstract concepts, he cautions that we must understand what is "at stake" when composing theory; we should be looking for multiple expressions of how we work and look at psychotherapy from a vantage point outside of theory so that we can see the role it plays in practice. Lomas (2005) maintains that we cannot abandon theory. Our world is dependent on the concepts that we develop in order to make sense of things. However, theory can have "diminishing returns and impoverish our understanding, particularly in the realm of personal relationships." (pg. 59). He argues that theory can "never" accommodate the subtleties and nuances of human relationships.

The above authors do not suggest giving up theory but rather indicate a need to be aware of its limitations as well as its strengths, to understand the place that it has in our work. They also indicate that there is a need to be open to the diverse ways that psychotherapists come to know their clients. Analogously, I believe that intuition, despite being a primarily unstudied form of non-rational thinking, is a legitimate form of professional knowing (Schon, 1983). However, we need to study it in a way that does not reduce it

into an operationalized concept or theory that restricts how it is used or our understanding of what it is.

Socio-Historic Factors that Influence Intuition

In a narrative chronicling intuition, Boucouvalas (1997) illustrates how constructions of intuition have changed. She cites Inglis (1987) who keys in on the concept of *daemon,* referred to as "a force or a presence, a voice, a passion, an urge of certitude that impels one to action" (p. 7) and something that "takes the form of the Muses who inspire the poet, artist, writer, and composer and of the "Eureka effect" that influences mathematicians and scientists" (p. 7). Boucouvalas writes that the idea of the Latin *daemon,* described throughout history by both modern civilizations and indigenous cultures, fell out of favor in the West around the nineteenth century as those with higher education began to embrace the emergence of more scientific kinds of knowledge. Ultimately, *daemon* gave way to the English *demon* which was, and continues to be, interpreted as a source of evil influence. As her historical account of intuition illustrates, the construction of the source of intuition has changed over time. Though descriptions of the experience of intuition have stayed consistent over time, the changing conceptualizations of its source have affected our understanding of it as well as its credibility as a legitimate form of professional knowledge.

Constructions of the source of intuition

Currently, despite the dearth of research, there is quite a bit of writing about intuition both in professional and non-technical literature. In popular publications about thinking and decision making, the idea that we are of two minds has become common.

For example, Frantz (2005) writes that we are both analytical and intuitive beings arguing, that though complementary, the right and left hemispheres of our brain process information differently. The left hemisphere engages in step-by-step thinking, the right hemisphere makes an overall view of the environment, including others' intentions. Frantz suggests that reason, or analytical thinking, may be used to explain our intuitive sense of things. Similarly, Kahneman (2011) creates the story of two different systems of the brain. System one thinks quickly and intuitively; system two thinks more slowly and analytically. He writes that the two systems each have strengths and limitations; together, they form our judgements and decisions. Others have come to similar conclusions about how analytical and intuitive thinking work together (for example, Damasio, 1994 argues that intuition, emotions and feelings play a part in rational decision making and Poincare [cited by Damasio and Frantz] suggests that intuition is a catalyst for a vision which is then followed by analysis via logic).

These attempts to make intuition more scientific by linking it to brain processes is perhaps in keeping with what Boucouvalas (1997) writes about the valuing of scientific knowledge over other kinds of knowledge. Charles (2002) supports this idea. In her review of the professional literature on intuition, she concluded that it has been avoided in research because of associations to concepts like *daemon* which make the topic emotionally loaded and lacking objectivity. She adds that the negative view of intuition has led psychologists to introduce other phrases thought to be more scientific (for example, Schore, 2010 uses terms such as "primary process cognition," "right brain unconscious mechanisms," and "implicit primary process" to describe features of intuitive ability).

The above cognitive framework of intuition is one construction of its source. Boucouvalas (1997) lists many contemporary conceptualizations of the sources of intuitive knowledge. She (p. 7) writes that:

1. many hold the position that the source is an immediate understanding that lies outside sensory channels and analytic thought;
2. others claim that intuitive knowledge may come through the senses first but through subliminal or non-conscious awareness that is stored in the unconscious before coming into consciousness;
3. some focus on a contemplative and spiritual framework;
4. a Jungian perspective questions whether flashes of intuition are accounted for by human memory ruled by a collective unconscious;
5. Jung considered intuitive capacity to be an innate mental function; and
6. others focus on gender (women's intuition) and differences in brain physiology and genetics.

These along with various counter-positions contribute to problems in understanding the origin of the experience and its meaning (for example, regarding gender [Collins, 1993 and Murphy et al, 1993 cited by Boucouvalas] and the "mind-brain problem" [Brothers, 2001]).

Constructions of the source of intuition in psychodynamic thinking

Freud's theory included the concept of a dynamic unconscious where the unconscious mind was considered to be the container of feelings, thoughts, urges, and memo-

ries that are outside of our conscious awareness. His theory explains personality, motivation and psychological disorders by focusing on unconscious determinants of behavior. Because he believed that a "psychology of the unconscious" had its place among the sciences, he accepted the philosophy of science that existed during his lifetime. He says (in Gay, 1989, p. 784):

> If, however, the investigation of the intellectual and emotional functions of men (and of animals) is included in science, then it will be seen that nothing is altered in the attitude of science as a whole, that no new sources of knowledge or methods of research have come into being. Intuition and divination would be such, if they existed; but they may safely be reckoned as illusions, the fulfillments of wishful impulses. It is easy to see, too, that these demands upon a *Weltanschauung* are only based on emotion. Science takes notice of the fact that the human mind produces these demands and is ready to examine their sources; but it has not the slightest reason to regard them as justified. On the contrary, it sees this as a warning carefully to separate from knowledge everything that is illusion and an outcome of emotional demands like these."

Despite the use of a technique, "evenly suspended attention" (Freud, 1912), that suggests, or at least seems similar, to non-analytical thinking, Freud did not consider intuition to be a credible source of professional knowledge. In linking intuition to philosophy, he clarifies his opinion further:

> Philosophy is not opposed to science, it behaves like a science and works in part by the same methods; it departs from it, however by clinging to the illusion of being able to present a picture of the universe which is without

> gaps and is coherent, though one which is bound to collapse with every fresh advance in our knowledge. It goes astray in its method by over-estimating the epistemological value of our logical operations and by accepting other sources of knowledge such as intuition (in Gay, p. 785).

While Freud thought that intuitive understanding was a kind of fantasy not grounded in reality, Klein suggested that it is a developed capacity. She writes:

> The deep admiration felt by the little girl for the father's genital activity leads to the formation of a paternal super-ego which sets before her active aims to which she can never fully attain. If, owing to certain factors in her development, the incentive to accomplish these aims is strong enough, their very impossibility of attainment may lend an impetus to her efforts which, combined with the capacity for self-sacrifice which she derives from the maternal super-ego, gives a woman, in individual instances, the capacity for very exceptional achievement on in the intuitive plane and in specific fields (1928, p. 178).

Klein's techniques and understanding came out of her ability to imagine what it was like to be an infant in a world that was unstable, fluid, and constantly fending off psychotic anxieties and she came to regard the adult mind much in the same way she understood the child's (Mitchell & Black, 1995). Her theory contributes to our understanding of what clinical observation and intuitive identification are about: "areas of confusion, fusion, lack of boundaries, of communicating without the differential structures of speech" (Mitchell, 1986 p. 31). Mitchell writes that identification and intuition, on the basis of accumulated experience, are maternal characteristics and the mechanisms by which a

mother comes to know the meaning of her baby's cry; she suggests that these qualities (which provide a unique depth of understanding) are also critical components of the treatment.

Like Klein, Winnicott believed that intuition was a valid source of knowledge. He primarily wrote of mother's intuition which he believed to be something that comes out of a mother's identification with her baby. However, he differed from Klein's idea that intuition was a developed capacity. He explains intuition as an unlearned form of knowing. In a BBC broadcast talk which was directed to mothers, he says:

> We can easily see that years of brilliant research have gone into the doctor's bit of advice about vitamins, and we can look with awe at the scientist's work and at the self-discipline that such work entails, and be grateful when, by the results of scientific research, a great deal of suffering can be avoided, perhaps by some quite simple advice like adding a few drops of cod-liver oil to the diet. At the same time the scientist, if he cares to do so, may look with awe at the mother's intuitive understanding which makes her able to care for her infant without learning. In fact, the essential richness of this intuitive understanding, I would say, is that it is natural and unspoiled by learning (Winnicott, 2002 p. 19).

Winnicott strongly believed in the accuracy of a mother's intuition about what her baby feels and needs. It is through intuitive knowledge that the baby is able to form trust. He felt that the early relationship between a mother and her baby should not be interfered with by anybody (including physicians, nurses and other professionals) because it may

undermine her self-confidence and interfere with her ability to identify with her child. He states:

> I am trying to describe various aspects of the things you do naturally in order that you may be able to recognize what you do, and in order that you may be able to get the feeling of your natural capacity. This is important, because unthinking people will often try to teach you how to do the things which you can *do* better than you can be *taught* to do them (Winnicott, 2002 p. 23).

Winnicott frequently described that intuitive understanding is what enables a mother to hold, handle, and feed her baby so that they are both comfortable and secure in a way that allows for the child's development to proceed (Winnicott, 1950, 1966, and 1968 in Winnicott, 2002).

Differing from Freud, Klein and Winnicott, Jung believed that intuition is an innate capacity. He distinguished four major mental functions that are a part of his theory of personality types (1971). Among the four are two perceptive functions and two judgment functions. The perceptive functions indicate whether we primarily gather information through the use of our five senses or through the use of intuition; the judgment functions indicate whether we make decisions based on thinking or feeling. Each of these four primary types (sensation, intuition, thinking, and feeling) are classified as either introverted (referring to a preference for an inner subjective world) or extroverted (referring to a preference for the outer objective world). Of intuition, Jung writes:

> I regard intuition as a basic psychological function. It is the function that mediates perceptions in an unconscious way. Everything, whether outer or inner objects or their relationships, can be the focus of this perception. The

> peculiarity of intuition is that it is neither sense perception, nor feeling, nor intellectual inference, although it may also appear in these forms. In intuition a content presents itself whole and complete, without our being able to explain or discover how this content came into existence (p. 453).

Jung believed that personality types and psychological functions are more than developed or learned characteristics that evolve over time. Rather, they are rooted in biology. He states,

> …the types seem to be distributed quite at random. In the same family one child is introverted, the other extraverted. Since the facts show that attitude-type is a general phenomenon having an apparently random distribution, it cannot be a matter of conscious judgment or conscious intention, but must be due to some unconscious instinctive cause. As a general psychological phenomenon, therefore, the type antitheses must have some kind of biological foundation (p. 331).

Similar to the historical account of intuition given by Boucouvalas (1997), the cited authors, published in both professional and non-technical literature, demonstrate how differences in socio-historic context, personal worldview, and interest shape the formulation of theoretical concepts. Though I have focused on psychodynamic theory in the above section because it is most related to my study, Sprenkle (2005) calculates that there are more than forty definitions within the field of psychotherapy and observes that scientific trends and orientation preferences have influenced the conception of intuition throughout the profession's history.

Research on Intuition

Though there is very little research on the experience of intuition among psychotherapists of any orientation and none exploring the experience of psychodynamic clinicians, there are a few qualitative studies that describe aspects of intuition and provide insight into its meaning.

In Psychotherapy Practice

Jeffrey & Fish (2001), in a phenomenological study using a modification of van Kaam's methods (in Moustakas, 1994), explored how eight marriage and family therapists viewed and experienced intuition in therapy. They found that intuition was a valued part of the therapists' clinical work (it provides information, guidance, and a relationship-based sense of clients that may not be accessible through other ways of knowing). They also found that the participants felt that certain aspects of clinical intuition were uniquely related to marriage and family therapy. Their research suggests that not only is intuition experienced by an individual in a way that is characteristic of that person, it may also take on a different meaning given his or her theoretical orientation.

Charles (2004) recruited a group seven psychotherapists with varying approaches to participate in a discussion about their personal experiences of intuition in clinical practice. From the focus group, she generated several elements of intuition:

1. Intuition is more likely to occur with an intuitive type of therapist (based on Jung's typology and using the Myers-Briggs Type Indicator) who is relaxed, aware, and receptive.

2. Essential features of intuition include: the picking up of cues or clues (which may or may not be combined with pre-existing knowledge), non-logical and holistic mental processing, and the making of connections to produce something new.
3. Other significant properties of intuition are: bodily sensations, images/fleeting thoughts, the sense of speed with which an intuition can appear, and the sense of empathy, flow and congruence felt with a client.
4. Reactions to intuition, on the part of the therapists, were both positive and negative. Positive reactions included that it was a highly valued, transcendent experience. Negative reactions included that it was scary, difficult to explain and not easily recognized because of its potential to be mixed-up with other things. Also, there was worry that an "intuitive therapist" would be viewed as someone who is poorly trained and unintelligent.

Charles (2004) also studied how intuition is employed in therapy using grounded theory methodology. Through the use of a form designed to gather data about a) what prompts an intuition in a session, b) the form that intuition takes, c) the therapists' responses to intuition, d) the application of the intuition in a session, e) the clients' responses to intuition, and f) the perceived outcome of using intuition in a session, she studied the work of clinicians of varying theoretical orientations. Six clinicians agreed to complete the form for each session where intuition occurred for one month; Charles tracked her own work in the same way for one year. Case material from Theodore Reik, taken from his book *Listening with the Third Ear* (1948/1975), was also included. She found that:

1. Intuition was prompted by: observations of clients whose actions or words do not fit with their behavior or body language, a lack of progress in the treatment that calls for a new approach to be taken, the sense that the client's narrative about others appears to carry a message about the therapy or therapy relationship, and other unconscious cues.

2. The form of intuition was recognized in subjective ways (for example, a feeling, an impression, a sudden perception, bodily unease, or a sense of danger).

3. Therapist responses to intuition were: verbal, action oriented, or withholding

4. Therapists might use the knowledge gained through intuition immediately in the session or at some point in the future. The intuition might a) generate a joint activity (for example, discussion) b) give client insight (for example, dream interpretation) and c) provide a next step (for example, work on an inner conflict, or take a new direction life).

5. The client's immediate response to the therapist's use of intuition reaction may be positive (feels helped), negative (shows avoidance), mixed (expresses astonishment followed by a positive or negative response), or undetectable.

6. Therapists indicated that, on the whole, intuitive interventions lead to positive progress in the therapy with regard to seeing their clients gain increased self-understanding, a reduction in symptoms, or more effective

management of life. It also increased the therapists' comprehension of the case and improved the therapeutic relationship.

Charles (2004) writes that intuition is "a perceptive process that occurs largely out of awareness, that combines both internal and external cues to produce some new understanding, knowledge or creativity" (p. 199). New understanding "arrives in consciousness as a complete entity and may be marked by suddenness and a subjective feeling of certainty. It is an ability which is partly innate and partly acquired through experience" (p. 199).

Across Professional Disciplines

In a qualitative inquiry conducted by Petitmengin-Peugeot (1999), twenty-four participants of various backgrounds (including psychotherapists of varying schools of therapy, artists, scientists and others) were interviewed about intuition in their every day lives. From the data, Petitmengin-Peugeot identified several classifications of knowledge that were available through intuition. These include: the physical, emotional or mental state of another person, an event distanced in time, the behavior to follow in a given situation, and the solution to a personal question or an abstract problem.

Additionally, she discerned four phases of intuitive process that capture the moments before, during, and just after an intuitive experience:

1. During the phase of letting go, which precedes an intuition, the participants felt a sense of release, opening, and a quieting of any internal chatter (for example, their thoughts and feelings). This was accompanied by a series of

mental and physical changes including a more vertical, defined posture, slowed breathing, and a general slowing of mental activity.

2. The phase of connection refers to a sense of joining or inviting inward the person, situation, question, or object in mind. The sense of connection could be felt physically (sensed), seen visually (through imagery), or heard auditorily. Some participants described this connection to be the result of a decision or intention to "go into the interior of the other." Others stated that the connection would occur spontaneously.

3. Just prior to an intuition, the phase of listening was described as a calm, present state where attention was turned inward to their own internal processes. The participants described this phase as receptive rather than active. They payed attention to their sensations and thoughts without expecting anything in particular.

4. The intuitive moment was described as an experience of receptivity or passivity. Intuition entered the participants' awareness in various ways including sensory modalities, images, feelings, sounds or words, tastes, smells, or a manifest thought. Often these occurred in combination or in sequence. The reaction to the intuition was one of certainty.

As a result of the data, Petitmengin-Pegeot (1999) writes that intuition is "no simple acquisition of information or of knowledge, but rather an experience which touches being in its totality." Significant to her study is the understanding that intuition is an experience which activates the whole being of the person, not only its intellectual dimension but also its sensorial, emotional dimension.

Conclusion

Despite the disagreement about the source, the cache of literature seems be in agreement that intuition represents a way of direct knowing that seeps into conscious awareness without the conscious use of logic or rational processes. Because there are many terms used to convey intuitive experience, some represent process (for example, right brain thinking) and others speak to experience (for example, a gut feeling), advancing our understanding of intuition will involve the recognition and acceptance that it may manifest as a mental thought, an emotional feeling, a spiritual experience or even a visceral sense (Boucouvalas, 1997; Welling, 2004).

Boucouvalas (1997) states it may be possible for several theories of the source of intuition to all have validity and maintains that regardless of the source, intuition is a credible form of knowing that is capable of exploration. She argues, “in our age of diversity and concomitant complementarity, it seems essential to transcend the either/or way of thinking that previously juxtaposed in an antithetical manner the rational/analytic and intuitive modes of knowing, in order to embrace the notion of balance” (p. 13) and suggests that “multi-modal epistemologies for research" (p. 13) are needed to accomplish this.

Most therapists approach therapy with a trained way of understanding problems and a framework for taking action to solve them. However, any therapist whose plan includes listening and responding empathically still needs to work out his or her empathic responses on a moment-to-moment basis. There is no overarching set of rules that therapists of all theoretical orientations follow which can determine exactly what words to use,

what content to focus on, or how and when to add emphasis (whether verbal or nonverbal). Bohart (1999) argues that how therapists proceed in each moment is based in their intuitive understanding of what is going on as well as their analysis of what is important in the client's communication. He believes that no matter how formalized or manualized, therapy is a creative, intuitive process.

Lomas (2005) writes that what we know about human beings is based primarily on intuition. We know about them from living with them. In trying to understand a new person, we draw on our experiences of ourselves and of others and link this with our perceptions of the other. We think about them, we feel about them, and we do this in an instant. This is true of all human interaction including psychotherapeutic interaction. Intuition cannot be separated from the practice of psychotherapy because intuition cannot be separated from what we know about others.

Reik (1948, p. 135) describes the kind of knowing that Bohart (1999) and Lomas (2005) suggest and elaborates on the elements that usually go unaccounted for but are a part of the therapist's unconscious perception of the patient:

> Peculiarities of features, movements, dress, gestures, tone of voice, olfactory nuance, sense of touch while shaking hands, warmth, clamminess, softness, smoothness, the way a person looks, glances and looks. Muscular twitching in the face while speaking, breath, choice of words, tone of voice, little stresses on certain words, loudness of voice, vocal modulations, rhythm, accent (and most important the combinations of these particularities) subliminal perception, our instinctual feeling or reaction towards a person

> (slight annoyance after the patient has left) feeling bound/hypnotized/lightly impressed, the remarkable pleasantness that a patient can transmit.

He specifies further (p. 273):

> There remains, to lead us in our search (for unconscious secrets), only what we call intuition, that is experience, which has become unconscious. Intuition serves us like a blind man's dog.

Because it is experienced in ways that are characteristic to the individual, difficult to describe and therefore to operationalize (Shirley and Langan-Fox, 1996 in Jeffrey 2011, p. 349), intuition has remained somewhat of a mystery in the practice of psychotherapy. This does not mean that it does not have relevance. Intuition is worthy of study because it is frequently noted in private conversations about clinical practice, in theory, and is often credited as being a catalyst for research (for example, Kuhn, 1970 asserts that the greatest strides in science have come, not from laborious analysis, but from moments of unanalyzed moments of inspiration). What this study offers is an in-depth look at how some psychotherapists talk about, use, and give meaning to intuition in their clinical work which will, potentially, generate possibilities for other practitioners to have in mind as they work with their patients (Hoffman, 2009). Although, several writers (for example, Jeffrey 2011a, 2011b; Rea, 2001; Sprenkle, 2005; Welling, 2004) either call for a universal definition of intuition so that it is able to be studied or have incorporated it into a theory of practice, the need to remain open to the "infinite space" of meaning, motive, and causation should be the hallmark not only of clinical psychoanalytic practice (Gabbard, 2007) but of clinical research as well.

Chapter III

Methodology

Method of Inquiry

Before describing the overall design, I will review some of the key foundational points made earlier. Qualitative research begins with the worldview of the researcher, the assumptions associated with that worldview, the possible use of a theoretical lens, and the study of a research problem inquiring into the meaning that an individual or group ascribes to a social or human problem or phenomenon (Creswell, 2007). My worldview is grounded in constructivism which holds that (Creswell, 2009):

1. Individuals develop subjective meanings of their experiences and these meanings are varied and multiple.
2. These subjective meanings are also rooted in a social and historical context, embedded in interactions with others and historical and cultural norms that are unique to an individual's life.

As a researcher with these assumptions, my methodology had to be appropriate to constructivism (Lincoln & Guba, 2013). Phenomenology is an approach capable of examining subjective phenomena and of understanding the complexity of multiple views; hermeneutic phenomenology is a method used to describe, interpret, and understand lived experience in an effort to discover meaning. Because the nature of this study had to do

with describing a phenomenon and the meaning that it had to the participants who experienced the phenomenon, I conducted a qualitative study using the hermeneutic phenomenological approach described by van Manen (1990).

The specific research question was: How do clinicians experience and talk about intuition?

The research question explored: What meaning and function does intuition have in the treatment process?

Scope of Study

Over the course of several weeks, I interviewed five psychotherapists who had experienced intuition in their clinical work. The process included both in-person discussions and ongoing email correspondence. Potential participants were recruited through e-mails sent to members of professional organizations; flyers posted in academic institutions of psychology, social work, and other clinically focused training programs; and through direct mail letters sent to local clinicians both in private practice and in agencies. Each participant was offered $10 for every interview, $10 for reviewing draft descriptions of the transcribed interviews with the emergent themes, and $10 for reviewing the phenomenological reflection written about the experience and meaning of intuition as a whole. I took on the first five participants who voluntarily agreed to participate in the study, met the inclusion/exclusion criteria, and understood and provided informed consent.

I had brief communication, over the phone and through email, prior to the first meeting to determine whether potential participants met the criteria for inclusion. The

criteria for participation in this study included having experienced intuition in the practice of psychotherapy, being clinically active in providing psychodynamic treatment, holding a graduate degree from an accredited clinically focused training program, living in the Chicagoland area (in order to facilitate in-person interviews), and being fluent in understanding and speaking English. Additionally, potential participants had to be open to being interviewed several times (up to five meetings) and to reviewing drafts (up to five drafts) of the transcribed interviews to confirm that the emerging themes were accurate. Added after the study began was the inclusion of payment for the review of the phenomenological reflection.

My plan to meet with five psychotherapists multiple times came out of my interest in talking in depth about intuition while working toward saturation in the data. Although one of the tasks for a researcher conducting a phenomenological study is to reach saturation in the data, there is no definitive sample size that makes reaching this goal certain (Mason, 2010). The guidelines that have been recommended by Creswell (1998 cited by Mason, 2010) and Morse (1994 cited by Mason, 2010) vary which suggests that sample size is a somewhat arbitrary choice. My hope was that the quality of data, rather than the sample size or quantity of interviews, would be the measurement of the study's value (Mason, 2010).

Though van Manen (1990) writes that the study of meaning is difficult to capture in a research plan or proposal, his design involves 1) the gathering of lived-experience data, 2) hermeneutic phenomenological reflection, and 3) hermeneutic phenomenological writing. Using this design, I was able to understand the aspects or qualities that make clinical intuition what it is 1) through conversational interviews with therapists who had

experienced intuition in their work and 2) through the process of reflectively clarifying and making explicit the themes that emerged from the lived-experience descriptions. The final step of my research process was to reflect on the themes in order to create a phenomenological text that allowed for the meaning and experience of intuition to be known, to "effect more direct contact of the experience as it is lived" (van Manen, p. 78).

Data collection

Participant interviews and observations were the only source of data for this project. My initial prompt was, "Tell me about your experience of intuition in your clinical work." I hoped that this cue would stimulate discussion and illuminate the themes that became the basis of the phenomenological reflection that is at the heart of this study. Follow up questions (for example, What does intuition do? How does it manifest itself? What contexts influence intuition? What is the significance of intuition in clinical practice?) were used for clarification and to encourage the participants to give examples of how intuition was used in their day-to-day clinical experiences.

Initial interviews were held at a time and place that was convenient for each participant. Following the interview, I sent each a copy of the themes that were developed out of the phrases that seemed most notable in our conversation. The themes were paired with quotes taken from the interviews. The participant was asked to reflect on these themes, and her own words, to determine whether or not they fit with her experience of intuition. Though I had planned to meet with each participant for a second interview to gain further insight and to discuss any thoughts about the themes, two felt that I had captured her experience in the first interview, another chose to make small changes via

email, and two chose to meet for a second interview. After any changes were made, either through email or in the second interview, a new draft of the themes was sent for approval. This continued until no further changes were needed.

Though there were commonalities to the discussions, each participant's interview process illuminated a theme that felt significant to that particular person. As a part of the reflective writing process and as a way to organize the data, I chose to write about each participant's experience of intuition broadly but also in a way that highlighted the particular theme most characteristic of that person. Once the profiles were developed, they were sent to the participant so that she could determine whether I had written a text that was representative of her. Further data was gathered at the end of the reflection and writing process. The descriptive and interpretive reflection about the meaning of intuition was sent via email for their feedback. This final interaction with the participants regarding the data gave me the opportunity to be certain that my interpretation of the meaning of intuition was a fitting expression of the experience. Bollnow (1982 cited by van Manen 1990, pg. 99) observes that good conversations tend to lapse into silence. The data collection process ended once all of the participants felt that I had accurately captured our conversations about intuition.

van Manen (1990) asserts that an openness that allows for choosing directions and exploring techniques, procedures, and sources that are not always foreseeable at the outset of a research project is required in human science research. Although it was hard to predict how many interviews I would need to complete the task of gathering the strongest richest description, I anticipated conducting multiple interviews (between three to five) with each participant and fifteen to twenty-five interviews in total. In the end, I conducted

eight interviews and engaged in 20 email exchanges regarding the data. All interviews were tape-recorded, transcribed, and stored to protect the anonymity of the participants by giving a randomly selected false name. Final payments were made in person or sent if meeting was not possible; each participant was given a note thanking her for her participation. Though the data collection procedure changed somewhat from my initial proposal, the final result is representative of the participants as confirmed by their affirmative responses.

Data Analysis

Although the data collection and data analysis are somewhat intertwined in van Manen's (1990) method, he describes three approaches of uncovering or isolating the thematic aspects of a phenomenon in a text. The wholistic approach looks at the text as a whole and tries to articulate the meaning by formulating a phrase or sentence that captures the fundamental meaning or main significance of the text as whole. The selective or highlighting approach identifies words, phrases, and sentences that appear to stand out as essential to the experience. The detailed reading approach looks at every sentence or sentence cluster asking what it reveals about the phenomena of study. I made use of all three approaches over the course of gathering the data. The selective and detailed reading approaches were useful in helping me uncover and develop the themes that provide the structure for the study however the wholistic approach allowed me to reflect on the experience as a whole.

In the reflective reading and re-reading of the transcripts, I underlined the statements that captured my attention. These were turned into the notes and paragraphs that

were shared with the participants. Reflective exploration occurred within four lifeworld existentials described by van Manen (1990, 2014): 1) spatiality (lived space), 2) corporeality (lived body), 3) temporality (lived time), and relationality or communality (lived relation). These categories are essential to the process of phenomenological questioning, reflecting and writing. They form the "intricate unity which is the lifeworld" (van Manen, p. 105).

Lived space or spatiality is felt space and refers to how we feel in particular spaces. For example, we may feel safe in our homes or frightened in a new environment. Whatever the space, we feel a particular way when we are in it and for this reason, we might seek out a certain space to feel a certain way. van Manen (1990) suggests that we become the space that we are in (p. 102).

Lived body or corporeality relates to existing in a physical body, we are always bodily in the world. When we meet another person, we first meet that person through his or her body (van Manen, 1990, p. 103). It is through our physical presence that we both reveal and conceal something about ourselves though not always consciously but rather, as van Manen writes, "in spite of ourselves" (p. 103). For example, when looked upon, our bodies might respond in different ways depending on how the gaze is perceived (a flush of embarrassment, a glow of happiness).

Lived time or temporality refers to subjective time rather than time that can be objectively measured by a clock. Lived time is our temporal way of being in the world (p. 104) and encompasses our past, present and future where each has its own quality. For example, a young adult looking to the future experiences the world differently than an elder reflecting on the past. Each is affected by the past and has hopes or expectations for

the future yet both the past and future exist in the present through memories, sense of self, and beliefs about what is possible.

Lived relation or relationality is the lived relation we maintain with others in the interpersonal space that we share with them (van Manen, 1990, p. 104). In addition to seeing others and being seen by others in a corporeal way, we also develop relationships. Through these, we are able to create a sense of connectedness and community, purpose and meaning.

The existentials can be differentiated but not separated. In research, they can be studied as distinct aspects while acknowledging that one existential always calls forth the other aspects (van Manen, 1990). These categories of understanding were the guide I used to develop the themes that came out of the discussions with the participants about their use of intuition in clinical practice. They also led to my understanding of the meaning that intuition has.

Trustworthiness of Method

Creswell (2007, p. 215) writes that clear discussions of the criteria used to evaluate phenomenological research are missing. He cites Polkinghorne (1989) who identifies questions that researchers can ask themselves with regard to whether the findings of a phenomenological studied are valid:

1. Did the interviewer influence the contents of the participants' descriptions in such a way that the descriptions do not truly reflect the participants' actual experience?

2. Is the transcription accurate, and does it convey the meaning of the oral presentation in the interview?

3. In the analysis of the transcriptions, were there conclusions other than those offered by the researcher that could have been derived? Has the researcher identified these alternatives?

4. Is it possible to go from the general structural description to the transcriptions and to account for the specific contents and connections in the original examples of the experience?

5. Is the structural description situation specific, or does it hold in general for the experience in other situations?

As has been shown, many of these questions are answered by the use of van Manen's (1990) methods. Participants had the ongoing opportunity to read, collaborate, and influence the data until we agreed that the description and meaning of the experience were known; conclusions were made in collaboration.

Ethical consideration

The Institute for Clinical Social Work is aware of and endorses both its professional ethical responsibility and the federal mandates for the safeguard of the rights and welfare of human subjects in all research which fall under the auspices of the institution. The Institute will implement this mandate to protect the community through its Institutional Review Board for the Protection of Human Subjects.

Chapter IV

Results

This chapter provides an analysis of the data that came out of the interviews in this study. This chapter will a) review the purpose of the research, b) provide background information on the participant sample, c) present psychotherapist profiles with emerging themes for each psychotherapist participant, d) present essential themes, e) interpret the phenomenological dimensions of the themes, and f) provide a phenomenological reflection about intuition.

Purpose

The purpose of this study was to explore and describe the lived experience of self-described psychodynamically informed psychotherapists who had experienced intuition in their clinical work. The question answered was: How do clinicians experience and talk about intuition? Understanding was sought in the participants' interviews in order to identify the themes and dimensions that transcend the experience. Common themes were identified to create a whole and to describe the dimension of the phenomenon.

Background Information

This section will describe the participant sample and give a generalized sense of the whole from the interviews and transcriptions.

Participants

The participants, five psychotherapists, met all of the inclusion criteria. Each:

1. held a graduate degree from an accredited clinically focused training program,
2. provided psychodynamic treatment,
3. experienced clinical intuition,
4. lived in the Chicagoland area,
5. agreed to 3-5 interviews ranging from 30-75 minutes each and to review 3-5 draft descriptions of the transcribed interviews, and
6. was fluent in understanding and speaking English. All signed an IRB approved consent form (Appendix C) prior to participating in the study.

Two psychotherapists responded to the flyer that was sent via email to clinicians at a local university (Appendix A). One responded to the flyer sent to the offices of local clinicians (Appendix B). Two responded to the flyer that was distributed to a social work listserv.

All participants were women. The age range was between 25-47. Years in practice ranged between 4 years and 20 years. Four participants were Caucasian, one of Hispanic ethnicity, and one participant was African American. Though each woman identified having a psychodynamic orientation, the theoretical orientations varied as did clinical interests.

Sense of the Whole for the Sample

When given the prompt, “Tell me about your experience of intuition in your clinical work,” most of the participants, at first, seemed unsure of how to reply. One participant said, “I'm noticing that you're not defining intuition.” Two paused for a moment before asking a clarifying question. One responded with “That’s a good question,” and took a moment to gather her thoughts. Only one participant began speaking about her experience immediately following the prompt. Once I replied that my intention was to understand their ideas about intuition, the conversations became fluid. The participants tried to make distinctions between abstract concepts like empathy, countertransference, instinct, and intuition and openly shared stories about their personal histories and their clinical work.

Though understandable that my open-ended directive and lack of definition caused the participants to pause before answering, I question whether their uncertainty also speaks to a larger issue. It can be difficult to talk about how we know what we know particularly when we are discussing terms that refer to abstract concepts or have differing definitions and usages within different theories. Intuition is unique in that is both abstract and not used in theory. Additionally, because intuition is not considered an analytical process and is not thought of as a scientifically valid mode of understanding, it may have been uncomfortable to openly discuss their use of intuition. Especially initially, the participants were eager to mention that intuition alone is not enough in clinical practice, that psychotherapy is a scientific endeavor. For example, one participant said that she did not know “if therapy can just be intuition” because “that’s more like fortune reading” and added that “most theoretical frames” are “somewhat based in science.” Another commented that in her master’s program, there was a strong emphasis on using a scientific

method of practice. She said that intuition is “there as something that can help us.” At different point in the interview she said, “We're not magical beings. We don't have ESP. That's not how therapy works.”

Throughout the interview and draft review process, the unease disappeared as they came to better understand how they thought about and used intuition. Each remarked that she found it helpful to think through her ideas about intuition, to discuss how she works, and to describe how she knows what she knows clinically.

Psychotherapist Profiles

This section presents individual portraits of the participants and the emerging themes that felt most significant in the individual interviews with that person. To protect identity and yet give sense of the person, a false name was created for each psychotherapist. The names were chosen randomly and have no relationship to the women that they represent.

Jessica

Jessica responded to the flyer that was sent via email to a group of psychotherapists who are affiliated with a local university. The university offers clinical training programs in psychotherapy as well as clinical services in an outpatient clinic that is staffed by student, staff, and affiliated therapists. We met at Jessica’s university office however she noted that she was planning to end her affiliation so that she would have more time to expand her private practice. In addition to her clinical work, where her primary interest is infants, very young children and their families, she teaches at a local psychotherapy

training institute. Though making use of several different modalities of treatment, she uses attachment theory in her work and the study's focus on intuition interested her. Interpersonally, she was thoughtful, engaging, and warm.

Jessica was raised in South America as the middle daughter of three. As we spoke, it became clear that she had always thought of herself as an intuitive person. When reflecting on her experience of intuition, she considered the differences she observed in her family of origin:

She said that she frequently had intuition about her parent's marriage and what was happening with her sisters. These were things that she did not "know about" but "sensed" were happening.

She moved to the United States as a teenager because of her father's job and studied psychology as an undergraduate. At the time of our first meeting, she had been working as a psychotherapist for 12 years. The sense of herself as intuitive, "It is who I am, I think," underlies not only how she thinks she comes to understand those in her personal relationships but in her therapeutic relationships as well.

> When you work as a therapist and you're sitting with people and you're becoming close in so many ways, but you're not, it's not a friendship. But there's still that, I think there's still a great amount of closeness in a therapeutic relationship so I think intuition is just part of that.

She described her intuition as an innate sensitivity and interest in the "nuances" of other people that predated her work as a psychotherapist however she was explicit in saying that her training is an equally important influence that guides her work. Both her in-

tuition and her academic training form her clinical understanding. She said that she relied on her sense of the other person to sometimes perceive something that is going on without direct communication. This has been helpful in her work with children and those who may not be able to articulate their experiences:

> Maybe it's more of a feeling you get in the room with clients about what might be going on for them related to what we're talking about that maybe they're not spelling out or really talking about. So that's one way I think about intuition but also, thinking about what, you know, with kids what might be going on for them.
>
> They may not have the developmental ability to speak about all of the things they're experiencing so some of it is knowledge about development and what I expect they might be experiencing but also, as you get to know a client what might be underneath some of the behaviors, stories, play.

Her ability to trust her intuition about others is very much connected to her own self-knowledge; it is through her understanding of herself and her reactions that she is able to trust her intuition about others. She spoke about this at several points during our conversation:

> I would tend to think that being aware of your reactions opens you up to listen to your intuition in a different way so you can separate what's intuition about the client and what's a reaction about, you know, what is the reaction about what's happening and what's triggering you.
>
> A reaction is more about yourself. And an intuition is really thinking more about what's going on for the client.

> So I think the reactions have to do with things that are getting triggered for you based on your history and your experiences, but those feelings you have about clients, about their lives and decisions…I think they are, that's intuition.

The interview with Jessica highlighted a theme that was noted in the conversations with each therapist. Each woman spoke of having experienced herself as an intuitive person for as long as she could remember, beginning in her personal relationships. Each spoke of the importance of clinical training in her work and the difficulty in separating who she is as an intuitive individual and what she had learned about clinical practice through her training program.

Chalise

Chalise responded to the flyer that was sent via email to a group of 650 psychotherapists who are members of an infant mental health listserv. We met at her office which is a part of a health care organization that serves medically underserved communities in Chicago. She provides individual, family and group therapy intuition a school setting as well as consultation to medical providers and teachers. In addition, she has a small private practice where she works primarily with adults and very young children. Her master's degree is in community counseling. She was interested in the study on intuition, noting that this topic is not one that comes up often with other therapists. Interpersonally, she was open, non-judgmental, and direct.

Chalise described having "stumbled" into the profession of psychotherapy about 20 years ago, in part, because of a natural receptiveness to other people:

> It's just, you know, I'm standing at the bus stop, minding my own business, and see somebody that didn't look like they were having a great day and I would smile at them and say, 'Hey, how are you doing?' And then the next thing you know, I knew about the dog dying and the husband left them and everything.
>
> I've been told by a couple of people, that, you know, they don't mind talking to me because they feel like they can connect with me or they don't feel judged and I'll often tell people, "This is non-judgment zone."

In addition to being receptive, she said that she's always had an "inner voice," that even as a child, there were certain things that she "just knew." An openness to this voice, which she often described as a "gut-feeling," has helped her not only in her clinical work but in her personal life as well. For example, she described coming home from work at age 15 or 16:

> I got in the car with this guy I didn't know because I asked for directions and he offered to drop me off. As we were driving, I had that gut feeling again. I'm like, I need to get out of this car. And he made a stop and I looked around and I was like, 'Oh I know where I am.' And I jumped out of the car and he was like, 'Wait, wait, wait. I'll take you. Hold on. Wait.' And I was like, 'No, this is fine. Thank you. Have a great one.' And I cut out of there. Yeah, it's situations like that that made me always feel like I had the inner voice, the

> gut feeling, the something that kept me out of situations that could have turned worse.

The combination of her receptivity to others and an openness to listening to her inner voice provide a basis for her "loose definition" of intuition. She described intuition as a "feeling, a gut feeling, a thought that there's more to the story." She shared the first time that she became aware of having a "gut feeling" in her clinical work:

> I was talking to a little girl who, it was two different families in the same foster home, and there was a brother and sister, and then there was this other girl. And there was something very intriguing about this other girl but I couldn't quite put my finger on it. She would always tell me these statements of, 'I saw my mom this week. We had a family visit. I'm gonna be going home soon.' And just the conversation, you really felt like she was very believable. Very believable. Reading the counselor's notes prior, you know, they believed her. But something wasn't quite right so I tracked down the caseworker and they were like, 'We don't even know where her mom is. She has visits with two out of her six siblings.' And so, that's when I became aware. I was like 'Whoa. That was deep.' Even though she sounded very believable, there was something about it that wasn't quite right, that didn't, it didn't feel right.

She also explained that her own sensitivity is a part of her intuition:

> One some levels, I just feel like because my personality is, I've always been a sensitive kid. But I have a very, I'm a very sensitive person so I think that plays a part in it as well. You know, I don't cry at the opening of envelopes but

> I feel other peoples' pain. I feel when people are in pain and I think that plays a part in it.

Sensitivity is what helps her to establish an alliance in a way that she believes is genuine and is experienced as authentic by her clients. This element of what she brings innately to the treatment is essential, particularly to the development of empathy:

> You have to understand the people that you're working with and understand that you have to leave your biases and your, how you were raised and your life outside of it, and you have to learn to see things from other people's perspective. If you don't have the ability to do that, you don't have the ability to help them. If you can't see yourself in that person's situation, and be glad that you're not, but still be able understand that person's situation and not judge them, then it's gonna be very hard for you to do this work because people are not going to trust you. They're not going to feel like you're genuine.

In addition to her clinical training, intuition helps Chalise to be confident that she is "complete in her assessment," to make sure that she has either the "complete story or enough of the story" so that she is able to help the person she is trying to help.

Sensitivity toward others, receptivity to others, and an openness to her own inner voice are the elements that Chalise described in talking about her experience of intuition. These characteristics were also noted in each interview and were acknowledged as qualities that predated academic training and as having existed in both clinical and non-clinical settings.

Kim

Kim responded to an email sent to the affiliated and clinical staff of a psychotherapy training program at a local university. For the last seven years, Kim has specialized in working with couples, families and individuals impacted by substance abuse. She said that her method of psychotherapy is integrative but that she relies on object relations theory to understand clients' relationships not only with themselves and their family members but also with the substance(s) they may be misusing or abusing. In addition to her private practice, she provides clinical supervision to graduate level students. Interpersonally, she was direct, curious, articulate, and warm.

Kim said that the road to becoming a psychotherapist began when she discovered that she had a talent and energy for writing grants while in the Peace Corps. When she left, she found a job working for a social services agency interviewing program managers about their services so that she could persuade funders to donate money. It was at this job that she acknowledged that she wanted to provide services rather than write about them. Raising money felt "too removed." She wanted to "be more connected to human beings on a day-to-day basis versus a computer screen or doing research." She talked about being intuitive before her therapy training program; she used intuition to understand others as well as establish connection. She came to feel that her growing self-knowledge, newly acquired information about psychotherapy services, and intuition about others had all come together in a way that made sense and provided a career direction.

Kim discussed how the relationship between the therapist and client involves more than language, theory or a manualized approach. She described it as an experiential process that exists between the therapist and the clients involved:

> I'm, like, it's not just words that are connecting us. It's also just being in the same space and feeling like there's a connection or an openness that's reciprocal, especially in therapy, I mean, somebody's coming in and they're in a pretty vulnerable state to some degree. They're distressed, most likely, about something, and then they're sharing that. They're articulating it out loud with basically a stranger.

For Kim, intuition is a part of the experience that forms the bond out of which the therapeutic relationship develops. She uses her intuition to develop a relationship with her clients especially in the "initial sessions" when she has little information to go on. She explained, I think it's part of forming an alliance, you know…I hear you, I understand you, I get you…and I'm gonna engage with you in a way that tells you that."

Commented [1]:

Throughout the treatment, her intuitive understanding allows her to act spontaneously in ways that are unique to how clients present themselves in any given moment. For example, her tone of voice, use of silence, or feeling about a client are not always solely the result of analytic thinking but rather, because of a "sense" of how to proceed or an "energy" or a "signal" that causes her to behave in certain ways. She said that with some clients, she "just somehow" knows that her "demeanor" and "approach" have to be "modified" to help them "feel more comfortable."

> You know how with some clients, somehow you know you need to be a little more deliberate and careful with, when you reflect back to them what they've

> said? And some clients, you get this sense or you just know somehow they don't need that. Like, that to me is intuition.

An alliance or relationship that forms, at least in part through intuitive insight, produces a "purer" form of connection and to Kim, it "feels more authentic in the room;" it allows for a genuine, unfiltered understanding of clients.

> I feel less influenced. I feel more influenced by what's between or among my clients and me than my own, like my own shit, my own past, or my own unresolved stuff. It just feels like, I don't know how else to say it, but just, I'm not bringing it into the room. It's brought into the room by my clients.

Kim observed that her intuition is informed by her clinical experience, academic training, and life experience. She was not sure where her intuition originates but she observed a "warmth" that is characteristic of intuitive people:

> Well, where does…it's funny because then the word I have in my head is warmth. Like, people who are intuitive, I automatically assume as being kind of a warm person. Like a...like, kind and understanding. Maybe intuition is related somehow to understanding.

Warmth is the background of the therapeutic relationship and an aspect of creating safety and connection in her practice.

Significant to the study is the idea that intuition is essential to establishing an authentic connection. Each participant stated that she used her intuition to connect to others in both her personal and professional relationships as well as with clients; each believed

that intuition allowed for a purer, more authentic connection to and understanding of another person.

Jo

Jo responded to the flyer that was sent via email to a psychotherapy group practice located in Chicago; the managing director of the practice placed the flyer in a common area for those who might be interested. Her method of practice is also integrative including the use of object relations to conceptualize the intrapsychic development of her clients, particularly in her work with couples. For the last three years, she has been a part of a private group practice working with adult individuals and couples. In addition to her clinical work, Jo writes a blog that focuses on managing intimate relationships when one partner is in medical school. Interpersonally, she was engaging, warm, and articulate.

In thinking about intuition and therapy practice, Jo questioned whether "more intuitive people pursue the career of being a therapist" or whether going through training to be a therapist, one "becomes a more intuitive person." Her sense of herself as intuitive predates her training but she noted that her training caused her intuition to develop in ways that are unique to the practice of psychotherapy:

> I had a certain level of intuition or skill with intuition before going into therapy. It wasn't created. It wasn't heavily bolstered by any means but it was fine tuned. It was just reinforced in a certain context to be able to recognize certain patterns and certain conflict styles for couples, or the way that people develop, or that anxiety works that could inform my intuition in the moment when working with clients.

She described how her intuition and training have, over time, melded into a fluid thought process that help her in her clinical work. She believes that intuition is an innate ability that can be honed, reinforced, and deepened.

Central to her experience of intuition are curiosity and observation. Though these are components of any psychotherapy training program, her intuitive process of observation and curiosity are non-rational and non-analytical. There is "this intuitive sensation, this intuitive response" that causes Jo to "guide the therapy in a particular direction,"

> You're listening to what (clients) are saying, what's behind the words they're saying and I think it's intuition partly manifesting itself to keep fueling that line of thinking, to be observant in a few different ways…you're observing what they look like, how they're sitting…what are they saying and what is beneath that.

This kind of observation and curiosity is different than the active, purposeful listening and responsiveness that was taught in Jo's academic training program. Intuition helps to her to "know which questions to ask or what to say." She said that this is different than being taught how to be observant. Intuition helps her to "know what tone of voice to use," to know whether something is "okay to ask." Intuition provides knowledge about what is *not* said as well as ways of responding that cannot always be learned in advance.

Jo said that it is through intuition that she is able to glean the emotional undercurrent of what is happening behind the spoken word of her clients:

> I feel like intuition is a direct pathway to empathy or being able to empathize with someone else, you need to…you need the intuition to kind of unravel the

> layers of like what the person might be feeling and part of that is kind of trying, making more efforts to understand where they're coming from or what might be fueling a particular emotional response, but you need that intuition and that drive to understand that and connect with that to be able to then empathize with them and really understand their emotional experience.

She noted that academic training programs cannot cover every circumstance that occurs in practice. Therapists must sometimes rely on intuition to guide the therapy hour rather than learned ways of proceeding; students cannot be taught every needed follow up question because each therapy is different.

> So you have this general idea of when you're supposed to institute a particular intervention or when you're supposed to let the couple, the partners talk to each other, when you're supposed to interrupt and have them talk to you. I'm just using couples as an example but you need intuition to help fill in the gaps for all of the what ifs that can't be covered."

She explained that intuition is "so much more deeply rooted in something other than the particulars of a theory" which may not always allow for "follow up questions that might help get in touch with how (clients) are feeling," account for "individuality," or allow for "contextual factors to come into play." Intuition is important because an "openness to flexibility" is required when trying to understand subjective experience, emotion, and meaning.

"It is like a curiosity and observant type of thing. You can't just be curious. You can't just be observant and not leave any more openness to other opportunities."

She said that intuition manifests itself in a way that is "very active,' that she is "constantly scanning in therapy." Jo described the process of intuition as an interest in, an observation of, and a curiosity about others. She believes that intuition is "more along the lines of a skill," that "you can work to be more intuitive and observant of what you're feeling, what someone else is feeling."

Though intuition is often described as an ability to understand something immediately, without analytical thought, the interview with Jo began to illuminate a different process. Rather than a one-time event, a singular moment of understanding, intuition is a process that is dynamic and for Jo, an ongoing, guiding presence in her work. The active and persistent nature of intuition was described by each of the participants. Each noted an alert, active curiosity that is not always guided by rational thought; each noted a keen observation of their clients that was not purely academic.

Leigh

Leigh, also, responded to the flyer that was sent via email to the group of psychotherapists who are members of an infant mental health listserv. For the last 17 years since she completed her master's program, Leigh has specialized in working with children and families impacted by trauma in high poverty urban communities. For the last five years, she has specialized in working with very young children and their families. She is trained in Child-Parent Psychotherapy, an evidence-based model for children 0-5 who have experienced trauma and their caregivers. The intervention, which draws on a number of theories, is most fundamentally psychodynamic. In addition, she supervises clinicians and graduate students, does public awareness and coalition-building work related to young children's exposure to violence, and is responsible for the administration

of a small, community-based clinical program for families with very young children who have been exposed to violence. Interpersonally, Leigh was warm, thoughtful, and articulate.

In considering whether intuition is an innate characteristic, Leigh said that she began to realize only somewhat recently that she is intuitive. She said,

> You know, I haven't…I haven't been a person, and there might just be something about, sort of, the word and my, sort of, schema about the word or just that I haven't necessarily spent lots of time in my life with a lot of people who throw the word around, like, I have not been somebody who walks around saying, you know, 'I'm a very intuitive person.' So it's interesting to be talking about this.
>
> I've really quite recently in my life started to tune into the fact that I do think that just, you know, outside of the work, I mean, in just normal social interactions with people or whatever that I think I do sort of pick up on a lot more or, sort of, gather a lot more data or form a lot more hypotheses about what's going on with people mentally and emotionally and maybe circumstantially too. You know in, sort of, that I gather a lot more data and form a lot of hypotheses sort of quickly and even, or based on small interactions in, sort of, one big intuitive swoop more than other people do, and I think I don't…I think to some extent, I have always been like that.

Her innate capacity for being "extra tuned in" to others' "feelings and emotional/mental states" conjoins with her academic training and clinical experience to help

her in her clinical work in a process that is “experiential,” “intellectual, and “analytical.” She explained,

> I do feel like a lot of the data that I gather in the moment in sessions or kind of, the first thing that hits me is my gut level feelings, experiential sense of what’s going on in the room. And I guess I would call all of that intuition.

She suggested that there is a need for efficiency in psychotherapy, a need for responses that are fluid, in-the-moment, and spontaneous. Training programs teach theory, hypothesis formation, and clinical analysis which often fall to the background when an immediate response is needed. Leigh described it this way:

> I think my first thought or idea about what to do or say next in session is often intuitive, meaning that an idea about what would be the best thing to do or say next just sort of appears without my going looking for it or that I think most of the time, I’m not going through a conscious process of saying, you know, “If a client says X and does X then I say and do Y because of X, Y, Z things that I know.

Intuition, comprised of an innate sensitivity to others, clinical experience and academic training, allows her to skip steps, to act without analytic thought.

In keeping with what has been written about intuition, each participant described a capacity for understanding something without rational thinking. They felt that this ability was important to clinical practice where fluid, in-the-moment responses are required. They believed that this kind of more immediate knowledge, an ability to think without thinking, was informed by innate attributes, interpersonal relationships, academic

knowledge, and clinical experience. All noted that they did not "go looking" for intuition about a clinical situation; it was not something that could be forced.

Essential Themes

Essential themes provide the structure for phenomenological reflection and a description of the total phenomenon that is being studied. They are therefore critical to understanding lived experience in phenomenological research. The following are the themes fundamental to the experience of intuition for the psychodynamically oriented psychotherapists in this study who responded to the prompt: Tell me about your experience of intuition in your clinical work.

1. Curiosity and Observation
2. Sensitivity and Receptivity
3. A Way of Being
4. Authentic Connection
5. A Felt Sense

Curiosity and Observation

Though each participant said that they sometimes experienced intuition as traditionally defined, as a flash of understanding without conscious reasoning, they also described intuition as an innate sense of ongoing curiosity about others as well as a strongly developed capacity to observe them.

Jessica said, "I think being intuitive, however you would define it, whether it's just awareness, sensitivity, observation, you know, like, keen observation…observational

skills, is just a part of who you are." She noticed differences between her and her sisters and said that her younger sister who was "fairly self-aware but not enough that she really questioned too much" was quite different from her older sister who, for many reasons, "wasn't paying attention." Jessica said that she, herself, was "aware of people's relationships," and "more attuned and more connected." She attributed her curiosity and interest to "temperament," to something innate that she could identify early on in her life.

Leigh talked about a learned or developed capacity of observation based on her personal experiences in childhood. She felt that having an alcoholic parent as a young child may have caused her to gain a "survival self-protection piece of learning"

> Sort of ever since I can remember to be very tuned into, you know, doing a lot of reading of kind of non-verbals or of shifts in bodily language, tone of voice, whatever, to be sort of monitoring the mental and emotional state of people around me and just I think that, you know, for me personally, that was, you know, it may not have been the only factor, but it definitely was probably a significant factor in just kind of, yeah, shaping my intuitive responses, you know, in ways that I think actually have been, you know, that it's useful and it comes in handy in being a therapist.

Jo, too, talked about observation as a fundamental aspect of intuition. Distinguishing intuition from empathy, she said that she could "be intuitive about someone else's experience without necessarily connecting with them about it." She maintained that empathy was the "next level" of "understanding" when trying to understand what someone is going through, of "feeling" what someone else is going through. In contrast,

intuition was “more observant.” She added that intuition was different than “mere” observation though; it is her intuition that “tells” her “what kind of tone of voice to use” and whether something is “okay to ask” in the moment. Rather than a receptive experience, Jo characterized intuition as active, as something that “requires the effort, the curiosity, that wanting to be there for someone, to understand someone” and explained that her curiosity is like a “drive” to understand. In her practice, active curiosity allows her to gather more “informed choices” which then help her determine ways of working with her clients.

Kim said that intuition “comes from curiosity.” She thought that it “comes from being observant and picking up stuff in a conversation that maybe other people might not.. and being curious about that.” She often forms her hypotheses based on intuition which come out of what she is “feeling in the room” or a “hunch” about something that exists despite known facts. She described getting a “feeling” like, “Oh, I have an idea” or “Oh, something’s coming to me” which she transforms into a question to “explore if the intuition is grounded in anything real.” She stated that intuition causes her to ask a “question to kind of elicit explanation or discovery” and “exploration.”

Chalise described how observation of others causes her to be aware of “tell-tale” signs. She described that being aware of something in clients’ “facial expressions” or a “shift in their body language” causes her to move in particular direction especially when it is combined with “red flags” that she has learned to recognize through clinical experience and training. Using our conversation to illustrate her point, she said:

> It’s kind of like our interview. It’s kind of like this. I’ve given your information. You pretty much know where I'm going and what I’m thinking

but as I answer questions, something triggers something else that makes you ask a different question.

Rather than exclusively being a one-time event or experience, intuition was acknowledged as an active and ongoing process that was associated with case conceptualization, forming hypotheses, discovery, and exploration. In addition to sometimes being a passive, receptive process where one receives information, intuition was noted to be an active, searching, and imaginative process similar to how Margulies (1989) describes empathy. Curiosity and observation occurred both as a conscious process that was in keeping with academic training but also without conscious reasoning, generating more spontaneous, and natural responses by the therapists rather than analytical decisions to ask certain questions or use particular techniques or interventions.

Sensitivity and Receptivity

Just as the participants noted an innate curiosity about and observation of others, they also described having an innate openness which was comprised of a delicate sensitivity to their own and others' feelings as well as a receptivity to their own and others' experiences.

Though she questioned how it could be "measured" or if it was "really true," Kim recalled that as a child, she was "a little more, kind of, attuned," and "more sensitive." Leigh, also, said that she "started out extra tuned in, especially to other people's feelings and mental, emotional states." She expressed that intuition "means being tuned in, both actively and passively in maybe both a wider way, a way that's both wider and deeper than just the explicit communication or the words in the room." Jessica questioned

whether people who come to the job of therapist are “called to be therapists because there is a part of them that's already intuitive and aware and sensitive.”

Sensitivity was specifically related to an awareness of emotional states. This was important to the therapists because they felt that there was often a need to understand the emotional experience of their clients especially if they were unable to communicate it themselves. Jo thought that her intuition about others was necessary for filling in “the gaps” that could not “be covered” in theory and training. She suggested that psychotherapy is more than a science, requiring more than a treatment developed from empirically gathered data:

> And I think in part, that is the art of therapy and how it's an art and a science, and I used to roll my eyes when people say that, but you know, like when you…manualized treatment, which is kind of the far end of the spectrum of the types of therapies that there can be, I feel like you can't ever go through every ‘what if?’ scenario.

She wondered whether people who are more “skilled” with intuition were better at “losing themselves in movies and books,” whether they were better at reaching “the point of empathy” so that they feel what the character is “struggling with.” She acknowledged that she is “willing” to put herself in that “experience” with her clients.

Chalise described being aware of what her clients say in addition to what is not being spoken. She said that she will “have this feeling that there’s something else going on with them,” something that may cause her to “change” her tone or cause her to go in a different direction with her formulation of what is happening in the moment. She said

that the feeling that a person is “not telling” her something is “more” her “intuition” than something that she has learned through theory.

Intuition was also described by the participants as an ability or willingness to pay attention to their own signals, triggers, and reactions. Jessica discussed this kind of receptivity with regard to her own reactions. Having access to her own feelings and experiences allows her to be more open to “whatever else” can be known about the other person. She said:

> I think being aware of your reactions can lead you to have some more clear intuitions about or ideas of what’s happening in the relationship, if that makes sense. So being aware of your reactions makes you open to whatever your intuition is. So if you’re getting triggered by a client and you’ve, in any way, good or bad, knowing that and being able to be aware of that, which not, I think, every therapist can do that, which I think they should be able to do that, but knowing that you are having a reaction and being open to it makes it easier to listen to whatever the feeling is underneath.

She questioned whether she could “listen” to her intuition without having done some “work” on herself as a therapist.

In distinguishing countertransference from intuition, Leigh felt that a “countertransference” reaction said something about the therapist and that intuition said something about the other person. While countertransference can “inform or lead to intuitive responses, intuitive responses “are not just about very emotionally charged events” from her earlier life. She said that “intuition goes way beyond countertransference and those more sort of personal reactions to things that come up with clients.” Knowledge about her

reactions and feeling, being open to experiencing them, allowed her to "use and trust" intuition. Using intuition with a sense of confidence makes it "possible" or makes it "easier" to be "more fully, directly, emotionally present in the moment, in relationship" with the people she works with.

The discussions about sensitivity and receptivity put intuition within a framework that is both intrapsychic and interpersonal. The therapists were sensitive and receptive to another's feelings but also relied on being sensitive and receptive to what was going on within themselves. Commenting on the intrapsychic and interpersonal nature of intuition, Leigh said, "We're talking about the therapist's intuition but obviously everybody in the room is having some kind of intuition going on." Without self-knowledge and self-awareness, they felt that they could not be as available and sensitive to the other. This interpersonal process was thought to be crucial when when trying to understand subjective experience, emotion, and meaning. Similar to the ongoing experience of curiosity and observation, receptivity and sensitivity existed throughout the treatment process. As emotion and meaning were intuitively understood and then articulated, the therapists felt that their understanding led to further intuition and greater understanding as time went on.

A Way of Being

Each woman noted being intuitive since childhood. Kim, Jo, Chalice, and Jessica all had many early memories where intuition played a part in their family relationships and friendships. They each said that their intuition about others predated their academic training. For example, Chalise said, that "even as a kid" there were certain things that she "just knew." However, Leigh came to recognize this about herself more recently. She said that when she was "a lot younger, before both coming into the field and all that

personal development stuff" she was "to a pretty high extent" not very aware of her intuitive responses. She says that she now recognizes that she gathers "a lot more data and form a lot of hypotheses sort of quickly or based on small interactions in one big intuitive swoop more than other people do" and believes that "to some extent" she has "always been like that."

Ideas about the source of intuition, where it comes from, were subjective even when they had shared perspectives. For example, all participants felt that intuition was an innate characteristic. However, Jo and Kim also attributed intuition to gender. Jo noted that women are more relationally oriented because of their historical traditional roles as "caretakers of a particular group." She believes that women are "socialized to just connect with each other," to talk about "emotions and express them in a different way than most men might" which allowed them to "tune into people." This helped women to "work on that intuition skill" that "men may struggle with and not necessarily pick up on." She felt that it is "both a skill and innate, in a way," a "baseline" that is predetermined but is then worked on over time. Kim said that women are taught to "honor" their instincts, to trust their "feelings" especially when they sense that they may be in a dangerous situation. Leigh thought that perhaps it is a developed capacity that comes out life experience:

> Having an alcoholic parent as a young child and that survival self-protection piece of…ever since I can remember, to be very tuned in, doing a lot of reading of non-verbals or of shifts in body language, tone of voice, behavior, whatever, to be monitoring the mental and emotional state of people around me and I think that for me personally, that was, it may not have

> been the only factor, but it definitely was, probably, a significant factor in shaping my intuitive response.

Chalise thought of it as a "gift" that comes from another source. She said that she has "always" felt a "connection" with "something else." She said,

> As a kid, even when we would have relatives that would pass away, like, a couple of days afterward or weeks after the funeral and everything has calmed down, I'll feel that person's presence or I'll feel them or see them in a dream, and you know, it used to freak me out as a kid to see people and that person pass away.

The way intuition manifests itself was also characteristic of each therapist. Jo stated that "you can't give someone a recipe for intuition." Kim experienced it as "more of an Aha," a sense of "Oh, I get this." She said she gets "excited" and feels "a little more energized." Jo perceived it as "a discomfort with whatever is currently happening in the room" or a knowing that something in that moment "needs to happen" or "change." Chalise said that for some people, she may feel "the hair raise" on the back of her neck. With others, it may be a "thought that floats" through her head "like there's something else here." And with still others, it may be experienced as "an energy" that comes from another person.

Each noted that it may also be recognized differently with different clients and at different points in the treatment. Jessica observed that in her clinical work, every relationship was "unique," that even if she is working with "five families with kids who are anxious," she doesn't have "the same feelings or level of intuition with every family." She said,

> I can sense a difference in me when I'm with different people, like, meeting new people in the room. And then, with clients who are, you know, ongoing clients, I think if something is not the same for the client, I think you get a, I get a feeling as well that something is not right.

The sense of who they are as intuitive could not be separated from the therapy that they do. Each said that their intuition, in addition to being an innate trait, was influenced by life experience. This included academic training, personal relationship experience and what had been learned about how to be helpful both in training programs and interpersonal experience. Each of these elements played a role in the development of intuitive knowledge. Jessica said in "working with people, so much of who you are becomes a part of the work." She added that clinical work is a result of "who you are period…and your training and your job, right?" Leigh said that "clinical intuition" comes from, not only her childhood but, "knowledge and study and clinical experience over time," that she has "stronger, and probably faster intuitive responses to people in situations that I know more about." Similarly, Chalise said that in assessing a client, she may get a "certain, a gut feeling" but that there are also "tell-tale signs." She said that though "you kind of see it, you kind of hear it in their voices a little bit, you're not really sure unless you ask the questions." Jo said that intuition serves as a "guide" of how to proceed but it is not "strictly intuition" that helps to guide the treatment. For her, her "intuitive sense" is the "most educated guess" that she can make because it is combined with an academic "knowledge base."

The experience of intuition was unique to each clinician and unique to each therapy relationship. Experiences with others, preferred theoretical orientation, clinical experience, academic training, and views about the origin of intuition fit together in ways that were subjective and distinctive to the individual women.

Authentic Connection

The participants felt that intuition allowed them to have an authentic connection to their clients which they believed made their clients feel understood in ways that had meaning for them; a relationship grounded in authenticity was an essential element of the treatment they provided and wanted to provide.

Leigh said that being able to "use and trust intuition" made it "easier to be more, kind of, fully, directly, emotionally present in the moment" and that it would be difficult to have the "authentic relational piece" without "a lot of intuition going on" because it is not something that "you can fake or that you can arrive at, you know purely in a sort of intellectual or analytical way." She said that human beings were "wired" to know the difference between feeling understood intellectually rather than emotionally. She explained:

> We have a sense of knowing even if we can't immediately explain it or maybe can't explain it at all or we don't arrive at that conclusions of knowing through a process of explaining We just experientially know the difference between someone understanding us, our thoughts our feelings our situation in an intellectual way and in an emotional way, and you know I think generally most people prefer to feel understood in a more emotional or intuitive way.

Chalise said that she would not have the "connections" that she does with people if it were not for her intuition. She said that she would still be able to "do the work but" did not feel that "it would be as genuine." She described it as "the ability, for a glimpse" to "have like an out of body experience "where she steps into the client's "body" and "life," to see what they see and how they see it. This allows her to feel connected to her clients but also allows them to feel that they can connect with her, to not "feel judged."

This connection also makes it possible for the therapists to proceed in ways that are best for the treatment. They described noticing that they sometimes behaved in ways that are unique to a particular client. For example, Chalise said that she experiences different kinds of "energy" from clients. When it is a "softer energy," her "nurturing motherly skills kick in." She may feel the "need" to "go very soft." Jessica said that in a first meeting with families where there is a lot going on, she "can get the feeling things just are not what they seem." She may then find herself, "playing a more maternal role" or knowing, without analysis, "when to nurture or when to question," and added that she operates out of her "sense" of what a client needs at particular moments during the treatment. She observed that her intuition is "strong at the beginning with a client" when she is "trying to make sense of what's going on so that experiencing of the client comes in a lot." When a strong connection has been established, she experiences intuition more frequently; when she does not have a very strong connection to clients, she experiences intuition less.

Jo said that it is her "intuitive sense" that helps her know what clients are "feeling and what they're trying to convey in whatever story they're telling." She said that it is the "action" that helps her obtain empathy. Kim said intuition allows her to "pick up on

whatever is happening" with her clients in a "more authentic way,"a way that is outside of her "own filter."

In a way that is similar to the intrapsychic and interpersonal processes of receptivity and sensitivity, the therapists described having authentic connection to themselves and their clients; it is through this connection to themselves that they can connect to and understand others. Kim said that countertransference is a "reminder of a relationship" that she's got with herself and that she has to "be careful about mixing that up" with her intuition. She said that countertransference is her "own reactivity" about something that is "triggering" a part of her. Jo felt that her intuition is a "higher level of understanding and processing" where she she is "able to be in tune with" her "emotional experience, understand what's causing it" and be able to tune to "someone else's experience."

An authentic connection allows for each therapy to be unique, to be unconstrained by a specific treatment protocol. It also helps to build safety and trust in the therapeutic relationship so that if and when therapeutic techniques are used, they are used in a way that is spontaneous and comes out of the therapist's experience with the client. For the therapists in this study, intuition helps to make spontaneity and genuineness possible.

A Felt Sense

In keeping with what has been written about intuition, the participants described intuitive knowledge as non-rational. Rather than being sought, intuition occurred; knowledge appeared "fully-formed." Directions in therapy were sometimes chosen because of a felt-sense instead of analytical thought.

Jessica explained that her treatment plan is "both informed by" her "clinical knowledge, knowledge of whatever the presenting problem is, but also something else that's neither of those that's more kind of an experience with the client." She gave an example of how intuition felt different from, though influenced by, what she had learned in her clinical training and academic curriculum:

> You know, I work with an individual, a woman who lost her mother as an adult, and a lot of things…a lot of things get triggered for her that I don't think she is aware of necessarily or there's a sense of sadness or anxiety that comes up, which I associate with loss, but it's…so, I can know that clinically but it's when she's sitting in the room and I get a feeling that she's…that the loss of her mother might have an impact on what's going on now. I don't know.
>
> I feel like that sometimes is different from knowing that the loss of her mother has a potential to impact her. Like, I know that clinically but it's when I'm sitting with her and she's telling me something, and she's not really…saying that or even aware of that. I think it is a feeling I get. Like, I wonder…any time you're wondering out loud with clients, is it because you had a conscious thought about it at a clinical level or is it because you had an experience with the client in that moment that makes you…think?

Leigh also believed that intuition was "experiential than it is intellectual or analytical." She said:

> If I would maybe compare what I would call intuition with an analytical or a decision making process that you might find in a clinical social work textbook

> or something, it's kind of skipping a couple of steps, you know, like a client says something or does something and I right away jump to what I feel or think or believe is the next right thing for me to say or do without consciously going through steps of analyzing based on what I saw and heard the client say and do."

Intuition, or felt sense, allowed them to be in-the-moment. Their education and clinical knowledge allowed them to think through what had happened. Leigh said that "what to do or say often just kind of shows up." It is then that she may "ask" herself or "check it out" to "explain "why it's the right thing to do." She explained:

> I think the first thing is just, something feels different. And then maybe the next, this is all happening in milliseconds but, then the next thing that happens is 'Hmm…this reminds me of all the other times I've seen this happen.' And then, I get to the more intellectual part of, 'Why do I think that this person is dissociating at this particular time with whatever else that has just happened in the room or with what the person is trying to talk about?"

Kim felt that the ability to "skip steps" came out of experience. She recalled a story that she heard on the radio:

> And then there was a story on NPR about a police officer, you know, all these terrible shootings with the cops and…this officer was being interviewed and he said, 'Intuition is based on past experience. So if you've gone into a dark alley before, if you do it a third time, you're better prepared.

She believed that intuition that came out of clinical experience led to a greater sense of confidence in her work. She said, "Like, when I've sat with, you know, sitting with my first or second patient that was clearly borderline, you know, kind of difficult, is really different from sitting with like now my 18th."

Chalise said that it is a "feeling" that she gets when she questions whether a client is telling her what he or she thinks she wants to hear "versus what's truly going on" but added that she has "been doing this for a while so sometimes that plays a really big part in it." Jo said that she feels most "confident doing something in therapy," something she described as "an intuition in the moment" that is "based on something" that she has learned "previously." Jessica questioned, "So, is it the intuition that reminds you of the knowledge you have and then you kind of bring it into the room?"

The ability to skip steps, to trust intuition, came out of everything that had been learned personally and professionally. Taking action without rational thought was thought to be necessary because therapy often requires immediate, in-the-moment responses. The natural fluidity that occurred because of intuition made developing an authentic relationship possible.

Phenomenological Dimension

Using the lifeworld existentials described by van Manen (1990, 2014), themes were developed to provide a framework for explaining the phenomenological dimensions of intuition.

The themes of Curiosity and Observation and Sensitivity and Receptivity refer to the experience of the *lived space* of clinical practice. Though psychotherapy typically

takes place within a physical space, the therapist's office, the concept of *lived space* also refers to the *lived space* created by each therapy relationship. Intuition allowed the therapists to feel certain ways with certain clients, to be curious and observant about things spoken and unspoken, to be sensitive and receptive to their own emotional states as well as those of their clients.

Understanding was frequently conveyed and experienced through the *lived body*. Each therapist intuitively embodied her role of therapist through her tone of voice, gestures, movement, facial expressions, and posture. Additionally, the above themes were often experienced bodily. Feelings and physical sensations, singly or in combination, were a source of self-knowledge (for example, a personal trigger) and awareness of unspoken information about the client.

The theme A Way of Being refers to the sense of *lived time*. The temporal quality of intuition was expressed in the narratives the therapists had about being intuitive since childhood and of using intuition to understand family and friends prior to beginning academic training. The therapists also anticipated that they would continue to rely on intuition in the future; all expressed that they could not take intuition out of how they came to understand others. The temporal quality of intuition was also observed in their clinical work. For example, over time, intuition changed and grew as intimacy and trust grew.

Perhaps most significantly, the *lived relation* to an other was enhanced by intuition. The theme Authentic Connection explains the way in which intuition allowed each therapy relationship to be highly personal and unique. A Felt Sense describes how non-

rational knowing allowed for the therapy relationship to have spontaneity and naturalness. Through the lived interpersonal relationship, trust, intimacy, and change became possible. Intuition allowed the treatment to have fluidity and creativity.

The purpose of phenomenological reflection is to comprehend the meaning of an experience as whole. Understanding is accomplished through an analysis of the themes. Each theme is a statement about a broader category or idea and provides a structure for a fuller description of the larger phenomenological dimension of the lived experience (van Manen, 1990). The following interpretive dimensions, taken from the above themes, portray the lived experience of the therapists in this study who had experienced intuition in their clinical work.

As if they were separate, intuition was broken into five themes. However, within the practice of psychotherapy, they are inseparable. This is because for psychotherapists who experience intuition, intuition is an innate way of understanding others that cannot be completely eliminated or separated by learned methods or theory. Underlying how the clinicians thought about intuition was the belief that it was an innate characteristic made up of curiosity, sensitivity, receptivity, and an ability to observe things about others. They believed that intuition was shaped by and influenced by life experience, relationships with others, academic knowledge, and clinical experience. In professional practice, these worked together to establish an authentic therapeutic relationship, formulate clinical impressions, gain deeper understanding, and strengthen self-awareness. Intuition was relied on as a trusted process and mode of understanding, one that continued and changed throughout the treatment, frequently growing as trust and intimacy grew.

Meaning was found in bringing together innate talents and knowledge gained through personal and professional experience; the decision to become a psychotherapist was an act of self-expression.

Phenomenological Reflection

Lomas (2005) writes that children do not first learn about theory and then apply it to how they relate to those around them. Rather, they learn about relationships by being in them, by experiencing them first-hand. As their cognitive ability increases, they develop the beginnings of theories, making practice and theories about practice inseparable. He maintains that a psychotherapist is involved first and foremost in practice. Therapy is a personal undertaking where, often, doing the "ordinary" thing that would be helpful to another person in the "real world" has as much significance as knowing about and making use of theories. There is a connection between the best way to help others in every day living and good psychotherapy. Similarly, the qualities and attributes of the therapist are of key importance to the outcome. While what is believed to be helpful in therapy is subjective and frequently determined by a theoretical framework, Lomas stresses that ordinariness, an ability to be genuine, to be oneself, with clients is valuable and necessary.

About being intuitive, one therapist said, "It's just who I am." As they might with those in their personal lives, the therapists in this study used intuition to understand others, to determine whether to speak, sit silently, give advice, question, laugh, show compassion or pass a tissue. Since therapy is, in part, an attempt to create a relationship, to create intimacy and trust, it makes sense that they would come to know their clients in much the same way that they come to know people in other situations. Their intuition,

thought to be a combination of temperament, lived experience and academic training, allowed them to be ordinary with their clients, to be themselves so that they were able to establish an authentic connection. This connection was at the core of the therapeutic relationship and treatment.

My conversations with them suggested a sense of vocation, a calling to make use of oneself in a particular way based on "innate talents," to use oneself in a field that places itself among the sciences in a natural and creative way, to not be limited by theory, technique, or a mandated approach. Hoffman (2009) has emphasized that it is the whole person of the analyst that is at the heart of what is relevant in engaging with those who are struggling with "problems in living." Using intuition meant bringing all their capacities to the treatment. This is essential, not only for the reasons expressed by Hoffman and Lomas (2005), but also because each therapist reflected that they were unable to eliminate an innate way of being and mode of understanding to exclusively make use of theory or technique. They used technique and theoretical concepts intuitively based on their immediate sense of the clinical situation rather than in a prescribed, ordered way. They checked and questioned their intuition based on self- knowledge. Practicing therapy was a form of self-expression. These were clinicians who, in addition to academic training and theoretical understanding, brought an innate, sincere interest in, curiosity about, sensitivity toward, and openness to others to their clinical work.

Verhoeven (1992 cited by van Manen, 2005) writes that the gaze of wonder looks on, takes in, and remains open to things. van Manen (2005) suggests that perhaps true wonder does not ask questions, at least, not immediately. Wonder requires a capacity to sit with uncertainty, an ability to be comfortable with not knowing until an inquiry that

comes out of a profound sense of wonder begins. He adds that there is no natural transition from a moment of wonder to questioning, it is not simply caused when looking for answers. However, just as inspiration may be the antecedent to writing poetry, wonder may be the antecedent to inquiry (van Manen, 2014 p. 37). Wonder "transports us into the beginning of genuine thinking" (Heidegger 1994, p. 143 cited by van Manen, p. 37).

Wonder is necessary in the practice of psychotherapy. Without wonder, we run the risk of assuming that we know the inner worlds of our clients, of missing subtlety, of failing to notice the nuance of subjective experience, the things that make an individual an individual. Intuition, is in part, a state of wonder. Or perhaps, it emerges from a state of wonder. Intuition is a state of sensitivity and receptivity, a state of curiosity and observation. Intuition allows for the unspoken to be known and the spoken to sometimes be questioned. It is passive and active, a flash of understanding and an ongoing process. It is a way of understanding that leads to spontaneous ways of interacting as well as thoughtful exploration. It is innate yet informed and influenced by experience. The use of intuition in clinical practice allows a genuine connection to be established.

Shedler (2010) states that the goals of psychodynamic therapy include not only symptom remission but also the development of psychological capacities and resources (for example, an ability to tolerate a wider range of emotion, a capacity to have more fulfilling relationships, or an understanding oneself and others that has greater depth). These ends are pursued through a process of "self-reflection, self-exploration, and self-discovery that takes place in the context of a safe and deeply authentic relationship between therapist and patient" (p. 99). He maintains that there are profound differences in the way therapists practice, even therapists who seemingly provide the same treatment.

What takes place in clinical practice reflects the qualities and style of the individual therapist, the individual patient, and the unique relationship that develops between them. It is easy to imagine that there are certain qualities that are more desirable in therapists than others. This is why we may be more or less likely to recommend or not recommend certain therapists to others. The qualities associated with intuition, those described in the study, seem especially suited to psychodynamic treatment. The ability of a therapist to bring herself to therapy in a particular way is the art of therapy, the thing that cannot be taught. Sometimes therapists start out with an eagerness to heal, to be helpful, by using their innate intuition and ordinary human capacities (Lomas, 2005).

The origin of the word intuition comes from the Latin verb intueri. *In* meaning "upon" and *tueri* meaning "to look." Though intuition has most often been described as a flash of understanding without conscious reasoning, the origin of the word describes a different process, one that is similar to the descriptions given by the clinicians in the study. To look upon involves being alert, inquisitive, and actively receptive to what is being seen. Therapy is a place where, with our clients, we look upon their lives and experiences with curiosity, openness, and sensitivity, hopefully, as we maintain a sense of wonder, spontaneity, and genuineness. Intuition is the sensibility that gives rise to understanding others and allows the whole of the therapist to be present.

Chapter V

Discussion

This chapter will,

1. present an overview of the study,
2. discuss the reliance and significance of the study,
3. present a comparison with the existing literature, and
4. discuss the implications and recommendations for psychotherapy practice, education, and research.

Overview

This study evolved from a personal and professional interest in understanding how intuition is a part of the lived experience of psychotherapists who practice using psychodynamic theories. I am interested in the lived experiences of others, my clients for example, but also, in the lived experiences of my colleagues. It is through discussion and written work about our lived clinical and personal experiences that we can share what we know with each other.

Hermeneutic phenomenological research is an attempt to understand, rather than explain, human life (van Manen, 1990). Although it is a method that is used to describe and interpret lived experiences, those that are everyday experiences to those who experience them, its main purpose is to grasp the meaning of those experiences. Meaning is illustrated through a written phenomenological text which aims to increase thoughtfulness

and practical resourcefulness (van Manen). Research, reflection, and writing, according to van Manen, are practically inseparable activities. I chose to use a human science research method for this study because I believe that it is the best approach to use when trying to understand, rather than explain, how we work and to convey what is learned to other clinicians.

With these goals in mind, participants were interviewed about their experiences of intuition in their clinical work. Each viewed intuition from a somewhat different perspective though there were commonalities in their stories. From an analysis of the transcribed interviews, individual themes were determined using the lifeworld existentials described by van Manen (1990, 2014). The themes were used as the data for the phenomenological interpretation and then for the phenomenological reflection of the experience as a whole.

Interpretive phenomenological inquiry is mindful of the realization that "no interpretation is ever complete, no explication of meaning is ever final, no insight is beyond challenge" (van Manen, 1990 p.7). This study is not an absolute truth or objective observation. However, it does give a glimpse of the meaning and experience of intuition. Because the goal of qualitative research is not generalization but, rather, a thick description of an experience of a particular sample (Creswell 1998), the final text is representative of the five participants involved in this study. Though I hope to have rendered a text that has a "convincing validity" (van Manen, p. 151), I cannot know for certain whether the described themes and meanings will be true for others.

Both the decision to take on the first five respondents who met the inclusion criteria and the nature of criterion sampling limited generalization of the findings. The data

and interpretation may have been different with other participants or a more diverse sample. For example, the use of the term intuition attracted a somewhat homogenous group. Had I used another term (right-brained thinker or other term or phrase that is associated with the origin and use of intuition), the outcome may have been different. The sample was also limited to those who had experienced intuition in their clinical work and did not allow for an opposing or varying perspective. The sample did not allow for differences that might have occurred among practitioners of another gender, those using another theoretical orientation, or those living in a non-urban area.

All research is subject to bias, error, and the influence of the researcher. I realize that my openness to and shared interest in intuition along with my assumptions prior to beginning the study allowed for a specific kind of conversation that was interpreted and understood in a way that is a reflection of my perspective. My constructivist stance also led me to pursue a particular research method and design. Had another researcher conducted the study, the outcome would have been a reflection of that person's worldview. Throughout the data collection and reflective process, the participants were asked for feedback to ensure that I was accurately capturing their thoughts. The data collection process did not end until we had a mutually agreed upon understanding of the phenomenon as they experienced it. Further credibility can found if others in clinical practice are able to recognize how they work in the descriptive interpretive dimensions described in this study.

Relevance and Significance of the Study

Psychotherapy research has an influence on clinical practice. The participants in this study believed that their intuition was an innate characteristic comprised of curiosity, observation, sensitivity and receptivity. Crucial to the treatment was the way in which intuition allowed for the establishment of an authentic relationship where both the therapist and client felt a sense of genuineness and spontaneity. These qualities are desirable attributes of a psychotherapist especially because, as Lomas (2005) points out, there will be times that we will "fall short" of being an "ideal helper." It is in these times that we need to be able to demonstrate a capacity to be reflective, self-aware, empathic, sensitive and responsive to our clients in much the same way we would with those in our personal lives. Though there is a limited amount of research on intuition in psychotherapy, the results suggest that intuition is valuable, particularly in psychodynamic treatment where there is emphasis on the therapeutic relationship. The results also indicate that intuition, because it was believed to be an innate trait, cannot be eliminated from the treatment of those who experience it.

The findings both highlight and confirm that subjectivity exists in clinical practice. This is significant to clinical social work because studying subjectivity requires specific research designs. Atwood and Stolerow (1993) distinguish metapsychology, which explains subjective experiences by objectively occurring "entities, events, or processes" (p. 172), from clinical concepts, which are subjectively determined by a theorist's own subjective world. Metapsychology research involves "detached observation, controlled experiment, and mathematical or quantitative measurement" (van Manen, 1990 p. 4). However, the preferred approach for understanding a subjective world involves description, interpretation, and self-reflective or critical analysis (van Manen, p. 4). Qualitative

studies aimed at understanding subjective experience, both of clinicians and clients, need to become a valued component of clinical social work research if we are to fully investigate and understand human change.

This study, a study of the lived experience of intuition in the practice of psychotherapy, increases our awareness of how some psychotherapists approach their clinical work. Having a multidimensional understanding of practice, whether that concerns intuition or another lived clinical experience, is of importance because of its potential to positively, or negatively, impact our work.

Comparison with Literature

A recent search of the literature reveals no additional research on the experience of intuition in psychodynamic practice. The literature review in this study focused on many constructions and theories about intuition in both professional and popular publications. The results indicate, as Boucouvalas (1997) suggests, that several theories about the source of intuition, as well as its function, may be valid. There were similarities among the participants and the psychodynamic theorists in the literature review. Though Freud did not support the use of intuition in clinical practice, his use of evenly suspended attention as a method of receptivity to his patients seems close to the state of receptivity associated with intuition that was described by the participants. Like Klein, they felt that it was a developed capacity influenced by clinical experience and academic training. Similar to Winnicott's view that it is a form of unlearned knowing, they described intuition as a non-rational, felt sense of knowing how to proceed. They also, like Jung, believed that their intuition was a hard-wired innate trait.

The therapists in the present study also describe intuition in ways that are comparable to the works of Petitmengin-Peugeot (1999), Jeffrey & Fish (2001), and Charles (2004) indicating that intuition occurs similarly regardless of theoretical orientation and across many disciplines. Therapists and others all experience intuition in sensorial, emotional, and intellectual ways that are somewhat subjective. Intuition is helpful in picking up on the the physical, emotional or mental states of another person, determining the behavior to follow in a given situation, and gaining the solution to a personal question or abstract problem. In therapy, intuition helps to create a positive therapeutic relationship and increase the therapist's understanding of her clients.

Petitmengin-Peugeot's (1999) operationalization of intuition as a source of immediate knowledge implies that there is a beginning, middle, and an end to intuition. Charles' (2004) study suggests something similar in her assertion that intuition arrives in consciousness as a complete entity. The therapists in the current study contribute to our understanding of intuition as, not only a passive, receptive moment of understanding, but also as an active, ongoing process made up of curiosity and observation that continues throughout the course of any therapy treatment. Their interviews also illustrate how intuition helps them to behave in unconscious, spontaneous, attuned ways (for example, finding themselves responding in a maternal, nurturing way rather than consciously choosing to do so). This suggests that intuition is not only a moment of understanding and process that is conscious but it may also operate unconsciously and recognized later after analysis.

Implications and Recommendations for Psychotherapy Practice, Education, and

Research

Though Rea (2001) maintains that intuition is difficult but not impossible to study quantitatively, the qualitative studies highlighted in the literature review as well as the current study give information that does not need to be quantified. This present phenomenological interpretive description of intuition in clinical practice provides insight into not only how psychodynamic therapists use and think about intuition but also how they give meaning to their experience. The study along with the research conducted by Petitmengin-Peugeot (1999), Jeffrey & Fish (2001), and Charles (2004), though not exhaustive of the research on intuition across professional disciplines or across theoretical orientations among psychotherapy practitioners, presents implications for psychotherapy practice, education and research.

Psychotherapy Practice

Yalom (2002) writes that it is the task of experienced therapists to "establish a relationship with the patient that is characterized by genuineness, positive unconditional regard, and spontaneity" (p. 34). He asserts that at its core, the flow of therapy is spontaneous and is something that "should" have the freedom to follow "unanticipated riverbeds." Shedler (2010), Lomas (2005), and the therapists in this study all maintain that it is the genuineness of the therapist that is frequently crucial to the treatment, particularly in psychodynamic treatment where, in addition to theory, attention is given to the therapeutic relationship.

In this study, intuition was believed to be essential to the establishment of an authentic connection between a therapist and her client. As one therapist suggested, using

intuition is the art of therapy, a way of understanding and feeling into another that cannot be taught. This data highlights that clinical practice, though strongly influenced by theory and training, is also deeply personal and a reflection of the particular background and innate characteristics of any therapist who is engaged in clinical work. Each person's "unique life history" (Atwood and Stolorow, 1993, p. 177) informs her understanding and way of being in the world. If we accept that we cannot take the personal history out of a clinician's framework for practice, which may require a change in epistemological stance for some, we need to better understand and discuss the ways in which our individual worldviews and innate traits impact the treatment that we provide.

Lomas (in Morgan, 1999) asserts that there are therapists all over who think and do things that do not get discussed or written about. He believes that this is because therapists are "afraid" of being revealed as ordinary human beings who can be "petty, stupid, silly, nasty and who don't want to be revealed as they really are" (p. 23). I would add that in addition to not wanting to discuss our less than admirable characteristics, we fear disclosing how we work especially if we believe that it will be denigrated by our colleagues.

According to the therapists, intuition provides psychological understanding that theory sometimes lacks. Intuition influences assessment, the direction or techniques used during the clinical hour, and also gives an understanding of what may be unspoken. Additionally, using intuition effectively involves a therapist having an understanding of her own "reactions," "triggers," and "countertransference" responses. Assessment, choosing direction, using technique, recognizing the unspoken, and having a measure of self-awareness are all essential to any treatment and in fact, are the same things that are taught

in training programs and encouraged in clinical supervision. For an intuitive therapist, what is learned informs her intuition just as her intuition informs what is learned. However, the therapists in the study expressed concern about discussing their use of intuition because they did not want to be viewed as "fortune tellers" or "mind readers." Charles' (2004) research also asserts that clinicians worry that they will be perceived as unintelligent or poorly trained for their use of intuition. Because of this, they are reluctant to talk about it. Yet, it is clear that intuition, clinical experience, and academic training work together in ways that cannot be separated.

We have much to gain in sharing all that we bring to our clinical work. Strengths and weaknesses, successes and failings, methods both traditional and seemingly unconventional, and ways of understanding both rational and intuitive are all worthy of discussion. That we do not speak openly, or that we edit what we say, is inconsistent with what we ask of our clients. The findings in this study place emphasis on the need for open discussion about the individual ways that clinicians practice so that we are able to understand what is helpful but also so that we can determine what may be ineffective or even harmful. This can only be accomplished through honest, unguarded communication in our written work, conferences, peer consultation groups, online forums, and research.

Psychotherapy Education

Lomas (2005, p. 7) writes that our natural intuition, everyday logic and experience of living are too valuable assets to be placed in the background in favor of an entirely new approach to helping others. Learning good psychotherapy, because it is not

only a technical accomplishment, entails a cultivation of these assets. He gives this analogy (p. 16):

> Imagine that while traveling in a lonely area you come upon a lost and helpless child. He speaks, but in a foreign tongue unknown to you. It would be of immense help to have a dictionary or another means of interpreting his words. But what matters even more crucially is the common sense, the compassion, the determination and the experience of children's needs that you would bring to your effort to help him. And if you focused all your attention on understanding the language and kept your nose in the dictionary, the child would benefit little.

He argues that in order to learn the best way to behave in a room with someone who is troubled, we need to begin with the knowledge that we have gained from other, similar situations. Any new knowledge or theory should be assimilated into this basic core of "practical wisdom" (p. 10). He believes that those who train in clinical practice should be encouraged to retain their own style of relating to others in order to avoid the "erosion of spontaneity" (p. 123) that can occur when a particular method is imposed. This is essential to maintaining a sense of creativity and genuineness in the therapeutic relationship.

Because each person has her own style of relating, as the participants in the study have shown, students can benefit from becoming aware of how their subjective ways of knowing, developed through personal experiences and interpersonal interactions (Ringel, 2003), will impact the treatment that they provide. Self-awareness developed through

self-reflection can be accomplished in academic courses, personal therapy, and most significantly, according to the participants, in clinical supervision. Supervision involves both learning technical skill and gaining self knowledge (Aponte and Carlsen, 2009). Ringel (2003, p. 25 cites Gitterman,1986) who suggests that the ability to move between the intuitive and self-reflective pole and the domain of conceptual knowledge and critical analysis is an important educational benchmark for the developing practitioner. It is through supervision that students can begin to develop an introspective process of ongoing self-examination, a process that is necessary throughout a therapist's career. Supervision provides an opportunity for what is learned academically, gained through clinical experience, and acquired from life experience to come together to form a whole if the supervisory experience allows for open expression. Key to gaining self-understanding in supervision, about intuition and other aspects of clinical practice, is the safety created by the supervisor. Students need to feel that they are able to openly express their feelings, reflect on clinical dilemmas, and consult about their use of intuition without embarrassment and shame. Because the therapists in this study and those in Charles' research believed that the usefulness of intuition was dependent upon becoming more familiar with the process and learning to trust it, discussing its use is necessary.

Though Jung (1971), Charles (2004), Lomas (2005), and others suggest that intuition is a capability that is more developed in some people than in others, Lomas (2005) and Charles (2004) write that it can be cultivated. Lomas suggests that students should be encouraged to trust intuition and to risk expressing it rather than hiding behind received authority (theory, for example), need to be helped in ironing out some of the blind spots that stand in the way of intuitive understanding, and need to consciously be encouraged

to seek a frame of mind that is likely to promote her intuitive ability (for example, through the use of free-floating attention).

Intuitive supervisors could share their own experiences with difficult clients, treatment failures, and occasional self-doubts. They could also share their experiences with intuition and illustrate how their own self-reflective processes have lead to greater awareness of how countertransference has influenced the treatment and the use or effectiveness of intuitive knowledge. Because new students often experience self-doubt, encouraging them to sit with their own uncertainty would have the effect of helping them to trust their own voices and intuition, be more available to their clients without heavily focusing on what to say next, and rely more on the here-and-now experience that they have with their clients. Students who are more intuitive can help other students by sharing their intuitive and internal processes.

Finally, Lomas (2005) and Bohart (1999) suggest that if we are able to acknowledge that psychotherapy is both an art and a science, intuition would have more of a place within the profession. Training programs could put intuition on the agenda for discussion, validate its presence in clinical work, and reduce the stigma of both the word and its use. Supervisors, teachers, and mentors could share their own experiences of intuition to normalize the process and make the inclusion of different methods of practice and ways of knowing more acceptable particularly because whether it is discussed or not, some therapists use intuition in their clinical work.

Psychotherapy Research

This study confirms that there is a need for more than generalizable, empirical research and demonstrates that qualitative studies can increase our understanding of topics that are difficult to examine quantitively. Though each participant experienced intuition, each experienced it differently at different times with different clients. Treatments can vary widely depending on the person providing them and some treatments, those that are not manualized, are continually modified and co-created by therapists and their clients throughout the course of treatment (Bohart, O'Hara, and Leitner, 1998). Research methods capable of gathering nuanced information must be used if we are to fully appreciate and accurately describe the intricacies of clinical practice.

Though criteria has been determined for deciding what is an "empirically validated treatment" by the American Psychological Association (1995 cited by Bohart, et al., 1998), the task force designated to generate these guidelines have also acknowledged that empirical investigation can only lead to empirical *support* for a therapy but never to "validation." They have, however, created the criteria for empirical validation. This involves the use of randomized clinical-trials designs or single subject-designs that are aimed at examining the outcome of manualized treatments for particular disorders or problems. Problematic then is that some treatments (for example, those that are growth-oriented or meaning-making) cannot be manualized, may not involve a diagnosis or classification of a problem, or do not focus on the the treatment of a specific disorder or problem. These therapies, based on the recommendations set forth by the task force, cannot be empirically validated. This does not mean, though, that other treatments do not work or that they cannot gain empirical support.

Bohart et al. (1998) assert that empirical investigation of psychotherapy should have two interlocking goals. The first is the issue of accountability: Does the therapy work? The second has to do with the furthering of psychological science: Does the investigation illuminate our understanding of human change? I would add that it is also important to study how the subjective ways that clinicians practice, even when using a particular therapy, influence the treatment. Do they work?

For any given therapy there are different answers to the question of whether it works or not. Bohart et al. (1998) maintain that the question that needs to be asked is: Works for what? Does the therapy accomplish what it sets out to accomplish? Showing empirical support would involve demonstrating that it works based on the general principals and philosophies of the approach. They argue that a therapy could be said to work in the sense that it has helped people change their dysfunctional cognitions, helped them to learn about their pasts, or helped to them grow. Empirical support might include showing that the therapy or therapist provided a kind of growth producing climate where clients had the opportunity to examine their lives or that a ongoing conversation with a deeply respectful and empathic human being provided an opportunity for personal meaning-making. These outcomes are in keeping with the goals of a humanistic approach to psychotherapy. Because psychotherapies have different theories, methods, and beliefs about what is a successful outcome, showing support involves matching these with research methods and relevant evaluation criteria.

This study sought to understand how clinicians experience and talk about intuition and I believe that it provides empirical support for the use of intuition in psychodynamic

treatment. Despite those who feel that intuition is difficult to study, it is clear that is capable of being researched and evaluated through the use of human science research methods because of its focus on personal experience and subjectivity. Further studies about intuition could include an understanding of how clients experience working with psychodynamic therapists who use intuition: How do they experience the treatment? How has intuition impacted the treatment? How does this compare to psychodynamic treatments where the therapist does not use intuition? How does intuition impact other treatments, for example mandated treatments? More qualitative studies about clinical practice can enhance our understanding, generate possibilities for practice, and provide empirical support.

Both systematic research and qualitative studies accomplish the same thing: both provide support for different treatments and provide possibilities for therapists to have in mind as they work with some of their clients (Hoffman, 2009). The change required is epistemological (Atwood and Stolerow, 1993, Bohart et al., 1998, Hoffman, 2009) because the best ways of studying complex phenomena are often qualitative (Bohart et al., 1998, van Manen, 1990). In giving equal consideration to quantitative and qualitative research, which requires a shift away from the current privileged status given to empirical research, we can understand not only what is helpful to our clients but also the day-to-day experience of clinicians. Maintaining an open attitude to multiple methods of investigation will help us in our ability to study human change (Bohart, et al.) and the therapist's impact on clinical treatment.

Appendix A

Flyer

Looking for psychotherapists to participate in a study on:

The Clinician's Experience of Intuition in the Practice of Psychotherapy

*

I am a doctoral student at The Institute for Clinical Social Work in Chicago, Illinois and am researching the psychotherapist's experience of intuition in the practice of psychotherapy. I am looking to interview clinicians in order to describe how intuition informs clinical understanding as well as explore the meaning that intuition has to therapists who have experienced it in their work.

***

The criteria for participation in this study includes:

holding a graduate degree from an accredited clinically focused training program;

being clinically active in providing psychodynamic treatment;

having experienced clinical intuition;

living in the Chicagoland area;

agreeing to 3-5 interviews ranging from 30-75 minutes each;

agreeing to review 3-5 draft descriptions of the transcribed interviews; and

being fluent in understanding and speaking English

**

If you are interested in participating or finding out more about this study, please contact Jodi Smith Cohen at 847 869-0200

or

via email at info@jodismithcohen.net

Appendix B

Direct Mail Letter

Dear_____,

I am a doctoral student at The Institute for Clinical Social Work in Chicago, Illinois and am researching the psychotherapist's experience of intuition in the practice of psychotherapy. I am looking to interview clinicians to explore this phenomenon in order to describe how and in what way intuition informs understanding in the practice of psychotherapy as well as to explore the meaning that intuition has to therapists who have experienced it in their clinical work.

Though intuition is rarely credited as being a legitimate source of professional knowledge and is infrequently researched, most psychotherapists do not deny following hunches, experiencing sudden insights, choosing directions with really knowing why, or having uncanny feelings that turn out to be important to a particular treatment. The information obtained in this study will be of significant value to psychotherapy practitioners because in gaining a deeper understanding of how intuition informs practice, they may gain more possibilities to have in mind as they work with some of their patients. Additionally, continuing to expand our knowledge about how we practice and linking it with research is essential to moving our profession forward and crucial to working with our clients in more meaningful ways.

` The criteria for participation in this study includes:

- holding a graduate degree from an accredited clinically focused training program;
- being clinically active in providing psychodynamic treatment;
- having experienced clinical intuition;
- living in the Chicagoland area;

- agreeing to 3-5 interviews ranging from 30-75 minutes each;
- agreeing to review 3-5 draft descriptions of the transcribed interviews;
- being fluent in understanding and speaking English

I am available to discuss any questions that you might have about this project or your participation and look forward to hearing from you. I can be reached at 847.869.0200 or via email at info@jodismithcohen.net.

Sincerely,

Jodi Smith Cohen, LMFT

Appendix C

Consent for Participation

Institute for Clinical Social Work
Research Information and Consent for Participation in Social Behavioral Research
The Clinician's Experience of Intuition in the Practice of Psychotherapy.

I,_____, agree to take part in the research entitled: *The Clinician's Experience of Intuition in the Practice of Psychotherap*y.

This work will be carried out by Jodi Smith Cohen, LMFT (Principal Researcher) under the supervision of Carol Ganzer, PhD (Dissertation Chair).

This work is conducted under the auspices of The Institute for Clinical Social Work; At Robert Morris Center, 401 South State Street; Suite 822, Chicago, IL 60605; (312) 935-4232.

Purpose
The purpose of this study is to describe how and in what way intuition informs understanding in the practice of psychotherapy as well as to explore the meaning that intuition has to therapists who have experienced intuition in their clinical work.

Though intuition is rarely credited as being a legitimate source of professional knowledge and is infrequently researched, most psychotherapists do not deny following hunches, experiencing sudden insights, choosing directions with really knowing why, or having uncanny feelings that turn out to be important to a particular treatment.

The information obtained in this study will be of significant value to psychotherapy practitioners because in gaining a deeper awareness of how intuition informs practice, they may gain more possibilities to have in mind in their clinical work. Additionally, continuing to expand our knowledge about how we practice and linking it with research is essential to moving the profession forward and crucial to working with our clients in more meaningful ways.

Procedures used in the study and duration
Participants will be interviewed between three and five times, in-person, and in a private setting (for example, the participant's home or office or the office of the principal investigator) which will be determined by the participant as the most comfortable place to discuss his or her clinical work. The initial interview will last between 60 and 75 minutes; subsequent interviews will last between 30 and 60 minutes. Interviews will be audiotaped with a tape-recorder and transcribed by the principal investigator.

Between interviews, participants will be sent via e-mail a copy of a draft description of the transcribed interview with the phrases that seem to be thematic of the experience of intuition so that he or she will have an opportunity to reflect on the text before the next

interview. This will be the basis of the next interview. Interviews will end when the participants feel that their experiences of intuition in the practice of psychotherapy have been accurately described.

A maximum of $100 will be offered for participation in this study. Specifically, each research participant will receive $10 at the end of each interview (regardless of whether the interview is completed), for a maximum of five interviews with each participant and a total of $50 for each participant. Additionally, each participant will receive $10 for reviewing the draft description of each transcribed interview with the phrases that seem to be thematic of the experience of intuition for a maximum of five reviews and a total of $50.

The interviews will be digitally recorded using a digital recorder, transcribed by the principal investigator, and saved in a password-protected file on the principal researcher's personal password-protected computer. Any identifying information will be kept strictly confidential and stored in a secure file drawer at the principal researcher's home office, separate from any data from the interviews. The principal researcher will be the only person who has access to a participant's identifying information. Each participant will be assigned a fictional name for the duration of the research project, a name that will not be personally identifiable.

The raw data generated in this study, meaning the data obtained from the interviews, will be kept strictly confidential throughout the research project and can be viewed only by the principal researcher, the dissertation chair, and dissertation committee members who may review the transcripts of the interviews at times to ensure that the understanding and interpretation of the data is credible given what the participant communicates in the interviewing process.

The raw data, including the digital recorder used to record the interviews, will be locked in a secure file drawer at the home of the principal investigator separate from any other data (including identifying information).

All of the data in this study will be kept for five years after graduation from the program. At that time, the interviews that were recorded will be erased from the digital recorder, the raw data including transcribed interviews will be shredded, and consent forms and any other identifying information will be destroyed. Additionally, all electronic forms of data kept in a password-protected file on a password-protected computer will be deleted five years post-graduation.

The results of this research will be published in a dissertation that will be available for viewing by the general public. Any identifying information will be modified and disguised before publication. In addition, the results may be published in other academic venues, for example, in a professional journal, book, or electronic or digital media, etc.

Benefits

This study has potential benefits both to the field of psychotherapy as well as those participating in the study. For example, as a result of the study, practices and research methods may change because of the increased awareness of how therapists think about and discuss their clinical work. Additionally, the research method itself may have a lingering effect on the participants and those reading the study. For example, conversations designed to create a rich understanding of the meaning of a phenomenon may lead to new levels of self-awareness, heightened perceptiveness, and increased thoughtfulness not only in clinical practice but in living as well.

Costs
There are no costs associated with participation in this study.

Possible Risks and/or Side Effects
This study poses minimal potential risk to participants; any risk would be in the form of possible emotional discomfort as a result of discussing their clinical work with the principal investigator.

Though the anticipated risk for emotional distress as a result of this study is minimal, if during
the interviewing process, the participant becomes uncomfortable, in-the-moment support will be offered so that he or she can choose to skip and come back to a particular question, not answer a particular question at all, take a break, or withdraw completely from the study without any consequences. In addition, if at any point during the interviews, the participant does not want to be in the study any longer and/or wants to immediately end an interview, the participant will be asked if he or she would like a referral for a debriefing at a later time with a qualified mental health professional. Names of appropriate local clinicians and community mental health clinics will be readily available to any participant who would like a referral. The participant will also be given the telephone number of the principal investigator and be encouraged to contact her with any further emotional reactions to the study. All questions asked will be in the service of understanding the research topic.

Privacy and Confidentiality
The principal investigator and the dissertation committee members (dissertation chair Carol Ganzer PhD, committee members Dennis McCaughan PhD and Denise Duval Tsioles PhD) will have access to raw data. However, this data will not include any identifying information, only transcripts from the interviews. Only the principal investigator will have access to any identifying information.

Names of participants will be removed from transcribed interviews and each participant will be assigned a fictional name for the duration of the research project, a name that is not personally identifiable. The master list connecting participant names and fictional names will be kept separate from the transcribed data in a locked file drawer. Consent forms with participant names will also be placed in a locked file drawer separate from

any other data. Only the principal investigator will be able to view any data with identifying information. All of the data will be secured in locked file drawers at the home office of the principal investigator.
The digital recorder used for recording interviews will be kept in a locked file drawer in the home office of the principal investigator when not being used for interviewing. After each interview, the digital recording will be transcribed by the principal investigator and saved in a password-protected file on her personal password-protected computer. Only she and the dissertation committee will have access to the raw data, which will be stored in a file in a locked file drawer separate from any other data.

The master list connecting participant names with fictional names, consent forms, and all raw data transcribed from the interviews will be kept in separate locked file drawers for the period of five years following graduation from the program. The transcribed data will then be shredded and destroyed by the principal investigator; the digital recordings of the interviews will be erased. Additionally, all electronic forms of data kept in a password-protected file on her password-protected computer will be deleted.

Subject Assurances
By signing this consent form, I agree to take part in this study. I have not given up any of my rights or released this institution from responsibility for carelessness.

I may cancel my consent and refuse to continue in this study at any time without penalty or loss of benefits. My relationship with the staff of The Institute for Clinical Social Work will not be affected in any way, now or in the future, if I refuse to take part, or if I begin the study and then withdraw.

If I have any questions about the research methods, I can contact Jodi Smith Cohen (Principal Researcher) or Carol Ganzer (Dissertation Chair/Sponsoring Faculty), at this phone number: (773) 339-8486.

If I have any questions about my rights - or my child's rights - as a research subject, I may contact Dr. John Ridings, Chair of the Institutional Review Board; The Institute for Clinical Social Work; At Robert Morris Center, 401 South State Street; Suite 822, Chicago, IL 60605; 312.935.4232.

Signatures

I have read this consent form and I agree to take part in this study as it is explained in this consent form.

_____

Signature of Participant Date

I certify that I have explained the research to
_____and believe that they understand and that he

or she has agreed to participate freely. I agree to answer any additional questions when they arise during the research or afterward.

_____

Signature of Researcher Date

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