

RESEARCH ARTICLE

Intuition in counseling: Implications for humanistic practice

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Abstract

This phenomenological study focused on how counselors experienced instances of intuition in their practice. Four counseling psychologists were interviewed about their intuitive experiences and four main themes emerged. The findings are discussed along with ethical and humanistic considerations regarding counselors accessing and using intuition.

KEYWORDS

client attunement, counseling, ethics, intuition, phenomenology

INTUITION IN COUNSELING: IMPLICATIONS FOR HUMANISTIC PRACTICE

Clinical intuition (CI) is a phenomenon that has long existed in the field of counseling. Pioneering psychotherapists, including Freud, Jung, and Rogers refer to CI in their writings (Jung, 1971; Morf, 1965; Rogers, 1985). However, there remains a lack of consensus on how to define CI and what the experience of CI is for counseling professionals. We undertook the present study to address this lack of consensus.

Though historically intuition as a general concept and process has been poorly defined (Zander et al., 2016), theorists in recent years have endeavored to explain how it might work as a counseling process (see Marks-Tarlow, 2012, 2014; Schore, 2011). Despite this, there remains a dearth of research exploring the mechanisms and definitions of CI. It would thus be of benefit to clarify how counseling and allied mental health professionals experience and define CI. As humanistic-focused professionals, it behooves us to understand how the use of intuition with our clients might contribute to more holistic, empathic, and creative ways of working together.

LITERATURE REVIEW

In the following sections, we review several schools of thought about the role of CI in the counseling process. We also highlight discrepancies within current theoretical understandings.

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Psychodynamic perspectives of CI

Freud's expressed understanding of intuition was not always clear (Morf, 1965). He generally related intuition to instinct and the realm of the unconscious, and he thought that CI was related to *vorurteil*, a German word meaning *prenotion*, *prejudgment*, or *hunch* (Morf, 1965). Early in his career, Freud saw intuitive hunches as representing occultism and rejected their use as a way to gain insight within psychoanalysis. However, later in his career, he seems to have shifted and outlined that CI might facilitate important clinical insights from the analyst's unconscious mind with psychoanalytic patients (Arnd-Caddigan & Stickle, 2017).

Like Freud, Jung saw intuition as arising from the unconscious realm. Intuition appears to have a lot of varying meanings and applications throughout Jung's career. However, he diverged from Freud by outlining that intuition was a way for the mind to connect to the images and themes of the collective unconscious, a theory which diverged from Freud's idea of the unconscious (Pilard, 2015). Jung wrote extensively about his own intuitive experiences of connecting to the collective unconscious through dreams and psychic events and also outlined how his patients showed intuitive qualities in their lives (Beebe, 2012). Further, he spoke about how intuition was a basic psychological function, and he developed an "intuitive type" of personality style (Beebe, 2012). He contrasted intuition, as an individual's unconscious activity, with that of *sense perception* which he saw as a conscious activity of the senses. He also contrasted the psychological function of intuition, as a way to understand a situation, with *instinct* that represented taking some action based on situational understanding (Pilard, 2015). With respect to clinical applications, Jung believed intuition could lead an analyst to new understanding about patients, and that it could show up as feelings of empathy and/or counter-transference in the clinical relationship.

Eric Berne wrote extensively about intuition, based on his experience as a psychoanalyst (Arnd-Caddigan & Stickle, 2017). Similar to Freud and Jung, Berne indicated that intuition was a way to connect to information that exists below conscious awareness. However, he was first to begin to speak about it as a psychological process whereby the information gathered and processed is in respect to a "subject," which indicated a focus on another person. Further, he was the first to label "clinical intuition" as a phenomenon in therapy (Berne, 1949). Berne explained that CI is a way for analysts to gain knowledge implicitly within the therapeutic encounter and indicated that it seems to arise without conscious thought (Bove & Rizzi, 2009). Further, in a precursor to some of the current information processing definitions of CI, he indicated that greater clinical experience can lead to more instances of intuition that emerge as a rapid, effortless process that occurs below therapist awareness (Bove & Rizzi, 2009).

Humanistic views of CI

Writing and research regarding CI from a humanistic viewpoint has been somewhat scarcer compared to the other perspectives summarized in the "Literature review" section. Though Carl Rogers affirmed intuition was an essential part of the counseling process, he did not explicitly define it as a phenomenon; rather, he spoke about moments when it would arise and how it was related to therapist qualities (Arnd-Caddigan & Stickle, 2017). Rogers explained that his experiences of CI stemmed from a deep empathy and attunement toward a client. This empathic attitude allowed him to connect with parts of the client that they had lost contact with (Kirschenbaum & Henderson, 1989). In later writings, Rogers (1985) spoke of CI as part of a nonconscious "self-actualizing" quality on the part of the counselor and described how it led him to an altered state of consciousness in the client-counselor relationship (p. 566). He also considered how CI led him to behave in particular ways with clients, which usually did not have a rational explanation, but which usually had a good therapeutic outcome (dos Santos, 2003). We can see some overlap with psychoanalytic perspectives in Rogers' work, in how he described CI as being associated with a nonconscious counselor quality. Further, he outlined



how CI shows up in the counselor–client interaction, evoking Berne’s view on intuition that focused on a “subject” within the clinical encounter.

Although Rogers drew attention to the phenomenon of intuition, there exists very little research about intuition in counseling from a humanistic perspective. A search of the research literature showed one study of humanistic counselors’ perceptions of intuition. Daigle (2010) found the concept and use of intuitive capacity resonated well with several core conditions of a person-centered approach (see Bozarth, 1998). Participants described how intuition was facilitative of them demonstrating empathy in the therapeutic relationship, and to a lesser extent, unconditional positive regard and congruence (Daigle, 2010). We believe that it would be of benefit to understand more deeply how mental health practitioners experience intuition in ways that might assist with (or detract from) demonstrations of these core conditions.

Integrative neurobiological approach

Schore (2011), drawing on prominent perspectives in a number of fields, has outlined an integrative neurobiological theory of CI known as *regulation theory*. Schore’s theory uses the dual information processing model as a base for understanding CI. These dual processes of thought, or ways that information arises, comprise two different types of thinking: intuitive and analytical (Alter, et al., 2007; Pretz & Totz, 2007). In the context of a dual processing model, intuition is part of a system that is holistic, automatic, affective, fast, and associative; whereas analytical processing is systematic and non-affective (Pretz & Totz, 2007). Alter et al. (2007) suggested that intuitive processing is rapid and effortless and analytical processing is slow and deliberate. Schore indicates that CI is a type of intuitive processing which represents an implicit type of cognition whereby a person receives information from both the external and internal worlds (Marks-Tarlow, 2014). He moves past the information-processing focus on cognition alone by also including how CI includes sensing implicit affect, contributes to implicit affect regulation, and can result in implicit communication between therapist and client.

Schore (2011) also added neuro-psychoanalytic and attachment-based narratives in his integrative approach. He brought neural perspectives into CI by explaining that both a therapist’s and client’s analytical and verbal functioning is primarily related to structures in the left hemisphere of the brain, whereas nonverbal, implicit, and symbolic functioning are primarily related to right-hemispheric structures. He distinguished between what he called “the secondary cognitive processing of the left hemisphere,” and the primary implicit, intuitive processing of the right. He integrated the dominant perspective within current psychoanalytic approaches, which emphasize attachment, by asserting that a counselor’s CI is “implicit unconscious affect” and emphasized its role in generating a corrective emotional experience that helps clients co-regulate their emotions in therapy and can help address attachment imbalances (p. 79). Essentially, CI is a nonverbal communication system between the client’s unconscious signals and the therapist’s sensing of and acting on these signals (Marks-Tarlow, 2014). Similar to the perspectives on CI presented in the psychodynamic section, Schore (2011) conceptualized how CI processes are generally outside of conscious awareness. He expanded on Berne’s (1949) and Rogers’ (1985) seminal work by bringing in the client as the “subject” of intuition and developed the notions of how CI can affect counseling (and other) relationships. Further, with the explanation of how counselors act on CI, Schore diverges from Jung’s view that CI does not necessarily mean acting on intuitive perceptions. Overall, along with Marks-Tarlow (2012, 2014), Schore contributed important ideas that expanded our theoretical knowledge of how neuro-correlates and psychoanalytic and attachment explanations might be integrated for explaining CI.



Spiritual explanations of CI

Some evidence suggests that CI has a spiritual element to it. Pysklywec (2008) interviewed counselors from Christian backgrounds and described how CI in counseling was experienced as sensing, trusting, multimodal listening, sourced from God, and enhanced by confidence and experience in the counseling process. We see a similarity to Berne's (1949) notion that CI arises more naturally when therapists gain more experience. In a study of marriage and family therapists, Jeffrey and Stone Fish (2011) found that therapists viewed CI in the relationship with their clients in a number of ways, including as a spiritual intuitive insight. Kishtainy (2019) also discussed incorporating spirituality and faith into clinical practice and further acknowledged that although CI can be seen as important for clinical decision-making, we need more understanding of how intuition operates as an intrapersonal process for helping professionals.

STUDY OBJECTIVES

Various perspectives on CI exist, ranging from messages from the unconscious realm (Freud), to messages from the collective unconscious (Jung, 1971), to a central therapist quality that can lead to enhanced relationship (Rogers, 1985), to a theory outlining how neuro-processes explain unconscious relational processes (Marks-Tarlow, 2012; Schore, 2011), and finally as a way for counselors to connect with the spiritual realm to assist their clients (see Jeffrey and Stone Fish, 2011). Although each of these views holds some illuminating type of definition and/or theory regarding CI, a comprehensive account of what the experience of CI is and how it is put into practice, regardless of one's theoretical beliefs on the subject, is lacking. There is very little empirical research about the phenomenon of CI in general and even less research focused on the ways in which counselors might respond and implement CI within the counseling context. These gaps prevent us from building a full picture of the phenomenon of CI and are the reason for our undertaking of the current study.

METHOD

Following Creswell (2013) and Wertz (2005), we developed research questions in order to examine the lived experiences of counseling professionals with respect to the phenomenon of CI. The overall aim was to understand how these experiences "manifest as a structural whole that is socially shared yet apprehended by individuals through their own perspectives" (Wertz, 2005, p. 169). In order to achieve a full description and, thus, a more complete understanding of CI, the central research question is as follows: What is the essence of the experience of CI for counseling professionals? As the literature review revealed gaps in understanding how CI works within a counseling relationship, and in the implications and challenges of using CI (Stickle & Arnd-Caddigan, 2019; Witteman et al., 2012), we used the following subsidiary questions: (1) What influences how counselors experience CI? (2) What challenges do counselors face when experiencing CI? (3) How do counselors describe the implications of experiencing CI?

Transcendental phenomenology

As previously outlined, intuition is sometimes difficult to explain or quantify, so we saw qualitative research, specifically a transcendental phenomenological approach (Moustakas, 1994), as appropriate for the topic. Phenomenological research is well suited to explore variables comprising subjective experience and topics related to psychotherapy (Thorpe, 2013; van Manen, 1997). The aim of



transcendental phenomenological analysis is to “reduce individual experiences with a phenomenon to a description of universal essence” (Creswell, 2013, p. 76). Phenomenology assumes that experience is conscious and intentional, that the subjective accounts of individuals who experienced a phenomenon of interest can help to explain objective reality, and that all experiences have an underlying structure (Creswell, 2013). These assumptions fit well with our research questions and overall purpose to uncover the underlying structure or “essence” of CI.

Phenomenology provides a medium to better understand lived experience and to uncover implicit meanings humans attach to specific experiences. As Wilson (2015) highlighted, the descriptive process in phenomenology can help explain people’s perceptions or awareness about the world. By generating data through open-ended interviews (Wertz, 2005), we can capture narratives from individuals who may be otherwise silenced or marginalized. Through reading about others’ experiences, a reader may vicariously experience the phenomenon. In this way, phenomenology can empower people, promote understanding in others, and inform professional engagement with human populations. Phenomenology lends itself to investigations other research methods are otherwise unable to address, particularly with respect to experiences that involve human beings relating to each other, such as counseling professionals interacting with clients (Wilson, 2015).

EPOCHÉ

The first step of a transcendental phenomenological study is to engage in the process of epoché (Creswell, 2013). What follows is a summary of my, as principal author and researcher, reflections on personal and professional experiences with intuition or CI. The intention of the epoché is to clear one’s mind to focus more fully on the topic and experience at hand (Moustakas, 1994). In reflecting on past and more recent encounters with CI, I recalled several memories that I reflected on until I was able to adopt a stance of neutrality before investigating the research. As I reflected on CI, I became aware of memories of client encounters, clinical consultations, and clinical supervision that occurred over the short course of my professional career as a psychotherapist.

My preexisting knowledge of CI has been influenced over the course of my lifetime in many ways, through exposure to ideas such as Christian ideology and occult practices, including consultation with psychic mediums and training in mediumship in an attempt to better understand personal loss. At times, I favored critical thought and rejected intuitive ways of knowing, whereas, at other times, I favored intuition over thinking. Countless educators and mentors have implored me to trust “gut instincts” in clinical inquiry and decision-making, particularly in relation to client risk. Indeed, there have been multiple instances in which clients have denied being at risk and CI prompted me to investigate further, resulting in life-saving interventions. Paradoxically, there were never academic resources accessible to me in terms of guiding CI in practice. I continue to feel uncertain about the topic and unsure as to whether CI is helpful or harmful. I approach the topic with confusion and uncertainty, eager to elucidate some understanding of the experience of CI and how it may or may not be beneficial to clinical practice and the therapeutic relationship.

By allowing memories and related thoughts and feelings to come and go until there was a sense of completeness, I was able to detach past experiences from my current interpretations of the data. I was able to undertake the exploration of CI with a genuine wonder of not knowing what it is, paired with deep curiosity and long-standing yearning to understand the utility and risks of CI.

Participant recruitment

We proceeded with recruitment by identifying potential participants who had experienced some type of “unexplainable knowing” that had impacted their clinical practice. Participants also needed two or



more years post-licensing counseling experience to be eligible. Recruitment continued until there was a saturation of themes, or a redundancy in the primary data collected (see the “Data analysis” section) (Creswell, 2013).

After receiving approval from the university institutional research board, we distributed a recruitment poster to members of our professional networks, which consisted primarily of counseling psychologists and graduate students who were counselors in training. We distributed the posters to various types of counselors in training with instruction to pass them on to more established colleagues. Colleagues who volunteered to share the poster were excluded from participating in the study to minimize dual relationships. With permission, the recruitment poster was displayed in counseling agencies, a hospital, and on a social media page exclusively for psychologists. The study was open to Registered Psychologists, Canadian Certified Counselors, and Registered Social Workers with counseling experience. These are the three main categories of regulated health professionals who engage in counseling and psychotherapy within Canada, and experience in counseling clients is necessary before licensure is granted.

Only Registered Psychologists volunteered for the study. Most of the psychologists were registered in AB, Canada, and one was registered in BC, Canada. Three of the four participants were female and one was male. Each participant reported varied professional specialties. For instance, one participant highlighted working with grief and loss and another with posttraumatic stress. Without specific prompts, participants reported using a variety of therapeutic modalities, including Gestalt approaches, Hakomi, eye movement desensitization and reprocessing, and interventions that involved body-focus, mindfulness, and meditation practices.

Data collection

I (principal author) discussed the scope and intention of the research with each participant and obtained their informed consent prior to conducting interviews. Participation was voluntary and participants were free to withdraw from the study at any time. Participants selected or were assigned the following pseudonyms: Cleo, Rosemary, Alexandra, and Richard. Upon completion of the interview, we debriefed participants and provided each with resources in the event the interviews were distressing.

I used open-ended questions that were designed to enable participants to discuss their experiences of intuition in the clinical setting. Interviews were from 60 to 90 min in length, audio recorded, and transcribed verbatim. Informed by Creswell (2013), I solicited verbal descriptions of what CI is and how it was experienced in each individual interview. The interview protocol in Appendix A outlines examples of the questions asked. These questions were developed to be sufficiently broad to “capture the essence of participants’ experiences related to the phenomenon of interest” (Heppner et al., 2016, p. 389)—in this case, the phenomenon of CI. As the interviews proceeded, summarizing and questioning skills were used to solicit descriptions and areas for further exploration. After my review of each interview, I contacted each participant via e-mail with a summary of their own significant statements that informed the general descriptions used in the analysis. I also provided them with a summary of findings and asked them to reflect on these. I asked if the analysis accurately captured what they meant, and each was provided an opportunity to clarify meanings. Alexandra was the only participant who suggested a revision, and upon further discussion, she agreed her revision was captured in the initial analysis and descriptions. We will expand on this in the following section.

Data analysis

I transcribed and systematically analyzed the interviews, using a modified transcendental analysis process first discussed by Moustakas (1994) and modified by Creswell (2013). First, as per the epoché, I outlined my personal experiences with CI in an attempt to suspend any preconceptions about the topic



and instead focus on the experiences of the participants. Then, I read each transcribed interview several times for a sense of the whole of each participant's *unique* experience of CI. I used memos that helped organize the data and identify significant statements, in the form of direct quotes, about how each person experienced CI. Next, I manually coded each of the participant's transcriptions into individual themes, or "meaning units" (Creswell, 2013), by combining significant statements in order to describe the unique meaning of intuition for each participant. Following this, I developed common themes among participants. I then linked common themes by linking individual meaning units and significant statements together. Informed by the themes and statements, participants described the experience of CI in two ways: texturally and structurally. Textural descriptions outlined the experience of CI, or *what* it is, and structural descriptions described the context of intuition, or *how* it was experienced. Combined, I used these individual descriptions to develop a composite description of the necessary and invariant structures, or the *essence*, of the experience of CI for the entire group of participants (Creswell, 2013). The essence of the CI experience was captured by a written statement, as well as by a visual representation.

As with all transcendental phenomenological studies, the aim of the analysis was to reach a saturation of common themes, or a point in analysis where no new themes emerged (Creswell, 2013). Phenomenological research typically includes 3–25 participants (Creswell, 2013), and thick descriptions and common invariant themes representing saturation among participants can be achieved with sample sizes as small as two (Boyd, 2001; Parse, 1990). Further, the number of participants in phenomenological research is not determined a priori but a decision to stop is made by the researchers based on the amount of thick data and common descriptions being generated. Following each interview, we analyzed transcripts for themes that described what and how CI was experienced, and when no new themes emerged after the third interview, saturation was evident. We conducted a fourth interview and saw that this revealed no emergent themes, so we ceased recruitment. As the interviews did not reveal new or emergent themes, we determined that there were sufficient data and justifiable "thick" descriptions to inform the description/essence of CI.

Establishing trustworthiness

We achieved trustworthiness and credibility in several ways. As primary researcher, I used the *epoché* to become conscious of my own lived experiences with CI, suspend preconceptions about CI, and to approach the data with greater objectivity. We ensured anonymity through voluntary participation and through the use of pseudonyms and offered participants a safe environment to be vulnerable and offer rich descriptions of their lived experiences through the consent process and opportunities to review their transcripts. We achieved a triangulation of data (Creswell, 2013) in a number of ways. First, I documented my impressions and reflections throughout the process, and the secondary author (my supervisor) also reviewed these. Second, as per Wertz (2005) and Heppner et al. (2016), we (researchers) continued to dialog with relevant literature related to emerging themes. Lastly, (as described before) I contacted each participant with a summary of the findings and at that time they were invited to share any pertinent information not initially included in the initial interview, and the final analyses were member-checked, or validated, by each participant (Creswell, 2013).

FINDINGS

Following transcendental phenomenological analysis (Moustakas, 1994), the unique individual descriptors of CI are presented. This is followed by common themes built from the meaning units, and then by an outline of the essence of CI based on thematic descriptors. Participant quotes are used throughout this section to illuminate the findings and to provide the "thick description" required of rigorous phenomenological analysis and presentation (Heppner, et al., 2016).



INDIVIDUAL DESCRIPTORS

We summarized the overarching ideas of each interview into a unique single description for each participant. Alexandra described CI as a “creative spark” or “felt sense” that provided her with knowledge about what treatment strategy or plan might be helpful to a client. Richard likened experiencing CI to, in his words, being a “medium” who takes on “energy” from clients. Rosemary characterized her experience of CI as being an “inner voice” that she trusts will foreshadow or guide the therapeutic interaction to where it needs to go to serve the client. Cleo described CI as a sort of “bodily knowledge” that helped her better understand what could help her clients. The accounts of each participant were varied in some ways, yet there was overlap in the descriptions and conditions surrounding the intuitive experiences, to be outlined in the following section.

Themes

We clustered meaning units into four broad themes. These are: (1) CI is an internal experience that arises from mindful awareness, slowing thoughts down and grounding oneself, internal attunement, and attunement to a client; (2) CI is unplanned, is unstructured, arises spontaneously, and involves creativity; (3) CI entails sensing nonverbal communication and a potentially deeper knowing regarding the client’s struggles; and (4) CI brings up ethical concerns regarding how to respond to the information that arises from CI. The themes and subthemes are outlined in the following section, as well as visually depicted in Figure 1.

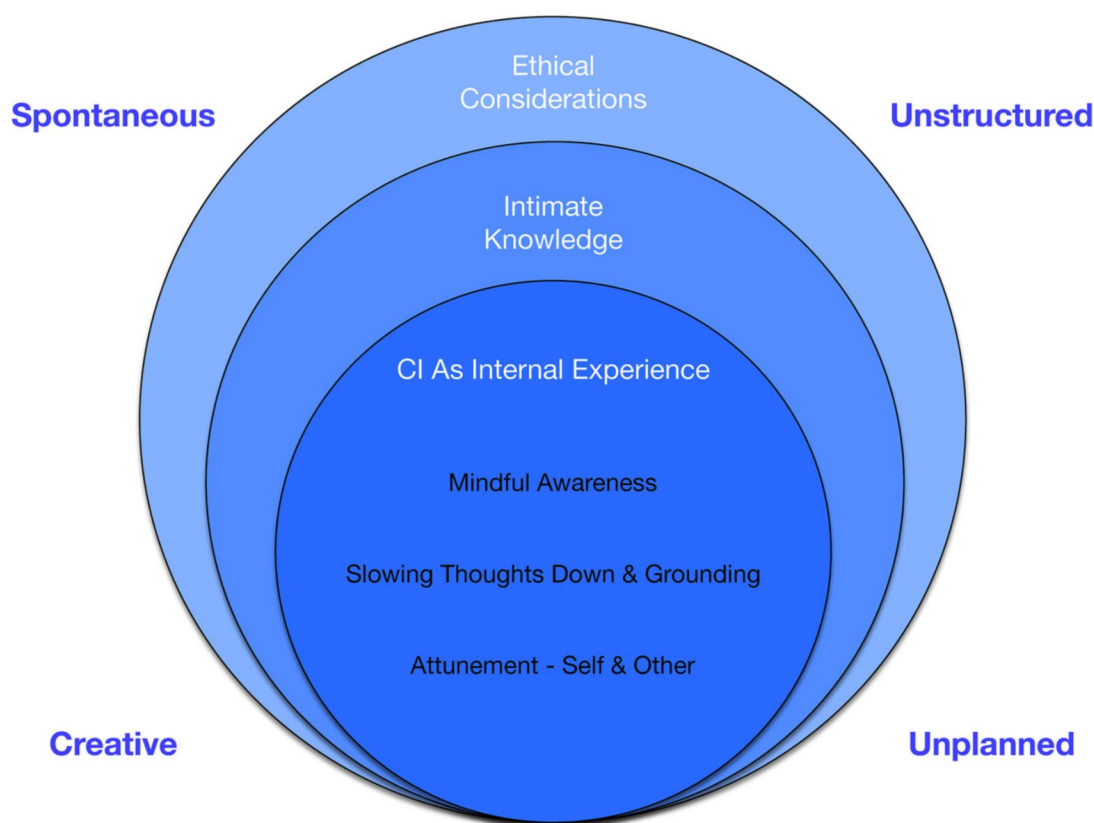


FIGURE 1 The themes and contexts of clinical intuition.



CI as an internal experience

Mindful awareness

The participants talked about how CI was connected to being mindful, which they generally understood as paying attention to the moment with intention. These recollections are similar to current conceptualizations of mindfulness, where it is seen as a way of systematically paying attention to one's experiences in the present, and on purpose (Johnson et al., 2019; Kabat-Zinn, 1994). Richard spoke eloquently about the nonjudgmental and present-focused parts of mindfulness using the metaphor of a radar operator:

I think a person has to work on some mindfulness building in the raw consciousness. So, there's no evaluation, there's no interpretation, you're just kind of being able to experience it. An example would be a radar operator would watch the screen but they would interpret it like this is the bird this, this is a plane, this is something else. But imagine listening to that radar and just being fully aware of the radar without making any judgements about what is there.

Alexandra described the experience as being in the moment due to minimizing distractions:

It's kind of like I'm able to understand their story and them better because I'm fully in the moment with them in that room, and I'm not being distracted by my other thoughts or what I had to do that day.

Conversely, some of the participants described how intuition was less available to them when they were distracted or not as mindful. Cleo said she noticed a shift in her clinical work when she was able to tune into the present moment. She elaborated and said, "You notice what's happening in the here and now and maybe that's just more presence, and maybe that's just more awareness to the present moment."

Slowing thoughts down and grounding oneself

Three out of four participants discussed the importance of slowing down their thoughts and grounding in some way in order to be able to access CI. This is consistent with current work in the field of CI; specifically Stickle and Arnd-Caddigan's (2019) study of CI in clinical social workers, where several participants described slowing down and use of grounding practices as a means for connecting to CI. Richard, from the current study, explained the process in this way:

Most of the time there's a subtle enough piece of information that I can pick up on it, and when you get to that place where everything's really quiet and things are very slow you do get the information. You start to pick up on more of it.

For Cleo, getting "too much into her head" in session when she perceives challenges with her clients is a process that "blocks intuition." She discussed the need to ground herself so that she can tune into the needs of her clients: "... grounded myself ... there's a person here who just sort of needs someone to be present with them and help them lift themselves up." For Rosemary, her grounding strategy that allowed her to tune into CI was reflection in session. Specifically, she indicated "reflective practice is really where it's at ... that constant checking in, in the room, in that moment." This idea resonates with Mickleborough (2015), who argued that reflective practice is as important for medical practitioners to



develop their intuition as technical knowledge is in the medical field (as we might see in the counseling field in relying on theory or skills alone) is not enough.

Attunement

Participants portrayed CI as a type of counselor self-awareness that arose when they were focused on their own internal experiences while being with their client. They outlined CI as an inner experiencing that is facilitated by an orientation to the present moment, and they further described this as an *attunement* to the here and now. These descriptions were consistent with theorists in the field of CI. Stickle and Arnd-Caddigan (2019) outlined CI as a process that involves attuning to the needs of the particular client in the particular context through the therapist's willingness to both listen to the words spoken but to have an awareness of how those words feel and to endeavor to understand. It appeared from our results that attuning to another's experience requires first attuning to oneself. Rosemary spoke about this:

When I'm feeling very attuned and I'm working from a place of being very attuned, not only am I monitoring my own inner experience, but I am also entering the experience of someone else, and my intuition plays a part in both of those processes.

Internal attunement

Stickle and Arnd-Caddigan discussed how in moments of CI, therapists immerse themselves in a client's context and this seems to be connected to the subtheme of *internal attunement* for our participants. Richard indicated that an important component of CI was "paying more attention to yourself." Richard described one experience where he could feel a "turning energy movement" in his own throat, and he indicated that his inner experience led to insight that ultimately helped his client. Cleo described inner attunement as a "connection to self." She explained, "I think it's about getting out of my head and into my body."

Attunement to client

Consistent with Rosemary's previous quote, the remainder of participants described that attuning to themselves in the moment allowed them to pay attention to their clients and to gain insight regarding their clients and their struggles. These descriptions were reminiscent of Berne's (1949) work summarized in the "Literature review" section, which outlined that CI arises only in relation to someone else—a "subject," as he described it. Berne also indicated that intuition arises without conscious thought and this seems captured in the experiences of the participants.

Several participants framed attuning to the client as part of a strong counselor–client relationship. For example, Cleo indicated that intuitive moments arise when she trusts "where I'm at and that the therapeutic relationship is carrying us to where we need to go." Further, participants discussed how attuning clients allowed them to express qualities such as empathy. This connection to empathy and intuition was seen in the "Literature review" section in the work of Jung (Pilard, 2015) and Rogers (2007). Alexandra highlights empathy in her description of the listening process:

I think for me one of the biggest things I'm doing is that I'm really listening to a client, and I'm really connecting with them on that empathetic level...I'm just focused on their experience and what they're telling me. So, it's almost like there's a different level of connection with that client in that moment than maybe other moments with clients.

Richard described the process of attunement as one of "holding space" whereby the counselor's ability to be present and attuned to the client encourages the client to be open with the counselor.



CI is unplanned, unstructured, involves creativity, and arises spontaneously

The second theme was about the context of CI. This theme represents the structural part of the analysis or *how* CI was experienced as a phenomenon (Creswell, 2013). Consistent with current understandings of CI (i.e., Petitmengin-Peugeot, 1999; Stickle & Arnd-Caddigan, 2019), each of the participants described CI as a process that arises without a specific intention to access intuition (*unplanned*) as well as allowing CI to arise spontaneously. They also indicated that CI was different than planning a particular intervention with steps (*unstructured*), which allowed them to be *creative*. Alexandra described the context of experiencing intuition in session in this way: “Whatever is going to happen is going happen. I’m going to be open to it and to see what [the client] brings up.” She also explained that creativity arises when things are *spontaneous*, “Something creative arises in not trying to plan everything.” In describing how CI unfolds as a “creative spark,” she outlined that she gets creative insights about using interventions she has learned in a different or creative manner. Alexandra observed that CI is “a sudden deeper knowing about what the client needs, the client is telling you, or you’re missing in session.”

Cleo expressed her preference for experiential spontaneity in saying, “You can’t get lost in theory because, at the end of the day, there is a person in front of us.” She also indicated that relying on her feelings made her interactions with clients more unstructured and allowed her to be more present versus trying to “fix” the client:

I’ll get lost in my head a little bit because I want to find a solution, but that’s not really my focus as a person. I’m not a fixer. So, I can bring myself back in, to be like, to trust more in the process and I think maybe that’s where I bring in intuition the most would be like trusting where I’m at.

Cleo also described how CI has prompted her to continue to learn new and creative ways of assisting her clients.

For Richard, the unplanned context of CI involves not putting a label or judgment on the experience. He encapsulated this thought in this way: “There’s no evaluation, there’s no interpretation. You’re just kind of being able to experience it.” He talked about CI as something the counselor cannot plan; it has to emerge without forcing it. He utilized the metaphor of a radar screen operator who does not impose preconceived ideas about what blips on the screen signify.

Rosemary described the unstructured context of CI as a knowing of how to move forward, or what to say, or what micro-skills to use or not use. Or, without a lot of, sort of, cognitive effort that would be a kind of going along with clinical judgment, or the case conceptualization, or enacting an intervention plan, or something with a more technical word that can be used—it is much more effortless than that:

Rosemary also characterized CI as something that comes along spontaneously that she cannot plan for or necessarily call upon: “It’s not something I am able to call on when I’m stuck, for example, but when there is intuition...I can choose to listen to it or not.”

CI involves unspoken intimate communication about clients

Rogers spoke about CI allowing him to connect with a part of a person with which they had “lost touch” (Kirschenbaum & Henderson, 1989, p. 150), and all of the counselors interviewed described how intuitive knowing gives them “deeper” or more intimate insight into the less perceptible nuances of the interaction between a counselor and client. Cleo said CI was a “deeper felt sense of what’s happening,” and Rosemary said of her experience with CI, “there’s something going on more than enriching your case conceptualization and having more depth of understanding of someone’s



experience, it seems to me.” Richard emphasized that getting in touch with intuitive promptings “helps me deepen my relationship with clients because I can connect with them on that level that’s very subtle, that’s not spoken.” Alexandra also resonated with the nonverbal way of knowing and described her process in this way: “I’m listening more to those emotions, or those nonverbals and what they’re telling me.” Alexandra described a “sudden deeper knowing” with respect to what the client is not verbally stating in session. For these counselors, a *deeper knowing* about the client is an invitation to go somewhere that focusing solely on words might not allow.

Both Richard and Cleo described CI as a type of unspoken “energy exchange” between the therapist and the client. Cleo said CI can “push on a sore spot” for clients, and Richard commented, “Some people have no interest in the stuff whatsoever, and they’ll shut it down really fast.” He reflected how CI can be more difficult to achieve with these clients and considered, “It is like they haven’t given their consent to be that vulnerable, so you don’t go there.” Rosemary’s experience was that when brought up in therapy, clients generally received CI positively. She described what happens when she experiences an unexplainable knowing and expresses it to a client,

My experience has been that when I am curious about, and people do take me up on it, that it doesn’t seem to be an overstep or digging too hard or digging too deep. The reaction tends to be, “how could she possibly know?”

CI brings up ethical considerations

Many of the participants linked their experiences of CI with being aware of client vulnerability. Thus, participants recognized the need to be ethical in how to bring up or implement intuitive information. Richard cautioned that, when encountering CI, a person must be “very cognizant and respectful of where another person is on that journey and whether or not they want to look at things in that way.” We were reminded of the principle of “respect for the dignity of persons” (Canadian Psychological Association (CPA), 2017), which centers on client autonomy and choice. He also described the need to keep therapeutic boundaries front and center when experiencing intuitive insights about clients to ensure that the intuition received is truly about the client and the working relationship, not the therapist’s ego, which seems to speak to the “principle of integrity in relationships and nonmaleficence” (CPA, 2017). Each of the counselors interviewed described how experiences of CI involved a careful consideration of a client’s readiness to talk about the intuitive knowledge prior to disclosing the intuitive awareness to the client. In all cases, the participants emphasized the use of tentative language while broaching their intuitions with clients.

Rosemary suggested, “Part of the attunement is knowing whether or not you can give voice to that intuition and whether or not it is best to just sit with it.” Rosemary further described the decision-making that accompanies recognition of intuition:

Whether I bring it into the space or not, it is almost like intuition - it somehow, sometimes lets you be many, many steps ahead and sometimes too far ahead. And there is something about that that gets involved in the decision point of, “do I voice this?”... That decision point about whether or not to give voice to it because I am well aware of how powerful it can be that I want to be really; I want to make sure that they are ready.

When we asked about what would be important for counselors to know about CI, Cleo also described the need to use CI in service of her clients:

I think you really have to be aware of yourself, always assessing yourself, and you have to be humble. You might have an internal knowing and internal understanding of information that comes to us from whatever source, but use that delicately—use that information



delicately, and use it in a way that would be beneficial for clients from their perspectives, not from yours. You don't know what's best for them. And that's the place where I think you can get lost in what you think is best for the clients, and you're not actually listening to what they're asking for.

CI and benefit to client

Richard said of his experience, "I think a person has to be—they have to have a background or have this backdrop of what's going to be beneficial to the client." He said, "This is a huge part of intuition, is that the intuition piece is not for you. It is sometimes for someone else." Like Richard, all participants described CI as awareness about something that would benefit the client. During the member-checking portion of the analysis, Alexandra emphasized that, "at the heart of the how's and why's" of her experience with CI is that it should always be in service of a client. Each participant shared in this description of wanting to assist clients through CI. Alexandra clarified,

What I mean is that I don't choose to modify an intervention or say something unexpected because it's fun or a science experiment - it's because I believe at a very genuine level it might do two things: help the client or help me better understand the client.

Role of experience

Both Cleo and Alexandra discussed how gaining more experience in general as practitioners affected how they recognize and respond to moments of CI. Cleo identified that with more clinical experience, she is better able to regulate her emotions and to be more comfortable with the level of "presence" that being with clients requires. She indicated that she would be at greater risk for "burnout" in remaining present and having subsequent moments of CI if she were a novice therapist. Alexandra also spoke about the role of developing more confidence as a therapist with time and experience. This confidence affected her willingness to acknowledge intuitive promptings in the therapeutic relationship. She explained, "I feel like they happen a little bit more often now than in the beginning because I'm a bit more aware of myself, more in tune with myself, and more open to sitting in the awkwardness of the session of what's unknown to try to figure out what's really going on." It appears from Cleo and Alexandra's accounts that they viewed experience as integral to their recognizing and responding more intentionally to moments of CI.

The essence of CI

One of the central goals of transcendental phenomenology is to write an overall descriptor of the phenomenon in question based on the themes derived from the inquiry (Lavery, 2003; Moerer-Urdahl & Creswell, 2004). Thus, based on the four themes before, the participants described CI in essence as a prompting that arises from their inner selves while working with clients and allows them to attune to nonverbal information within the counselor–client interaction. It arises from a state of mindful awareness, is unplanned and spontaneous, and brings up questions about whether to share the intuitive insight with the client, and at what point to do so. Moments of CI arise spontaneously in the therapeutic environment and can bring client vulnerability and ethical considerations into focus. Further, CI appears to be an insight that occurs to the counselor when considering what might be beneficial to the client, and where to go next with them.



DISCUSSION

There were several key crossovers between the study's themes and historical understandings of CI. The themes encompassing CI entailing implicit, unplanned, and unstructured promptings parallel how earlier psychoanalysts discuss CI as an unconscious process (Berne, 1949; Morf, 1965; Pilard, 2015) and how neurobiological perspectives capture CI as implicit non-verbal awareness about a client (Marks-Tarlow, 2014; Schore, 2011). Participants described some of the empathic qualities of CI in their descriptions about being able to attune to clients (Rogers, 1985). The theme of mindful awareness corresponds to existing ideas about CI involving a sensing or a trusting in the moment (Marks-Tarlow, 2014; Pilard, 2015), Freud's *vorurteil*, or hunch (Morf, 1965), and how Rogers (1985) described experiencing an altered state of consciousness. Finally, that CI involved a focus on benefitting clients aligned with the idea that CI was associated with positive therapeutic outcomes (dos Santos, 2003).

Overall, the results have several important implications for counselors and humanistic counseling in particular—in the areas of mindful awareness, ethical and reflective practice, and implications for trainees. Felder and Robbins (2016) discussed attunement to self as counselor and other as client in an article exploring the connections between mindfulness, attunement, and sociocultural variables. They indicated, as do others, that a counselor's ability to attune to self and client can facilitate the counselor's presence, which in turn can enhance Rogerian qualities such as empathy and congruence (Peace & Smith-Adcock, 2018). Counselors would be well advised to consider the benefits of learning mindful strategies for facilitating attunement and enhancing empathy for clients (Leppma & Young, 2016). There is great potential to use intuition in an empathic way, as evoked by participant accounts of when CI was relevant to a client, which helped enhance the level of trust and non-judgment in the therapeutic interaction. Participants associated CI with the unspoken, implicit dimensions of the therapeutic relationship. By establishing a basis for talking about and understanding CI, continued research could help counselors better support clients, minimize harm, and know what to do when encountering CI.

Implications for ethical practice

A tendency to over-rely on CI as a counselor could pose serious ethical concerns. Gaudiano et al. (2011) found evidence to suggest that intuitive thinking styles may bias counselors, causing negative attitudes toward research and evidence-based practices in favor of alternative treatment and unsubstantiated beliefs about health. In considering the ethical implications of CI, it is important for professionals to consider the risks and benefits of recognizing and responding to CI.

Reflective practice

Some participants articulated how reflective practice may help counselors differentiate when CI could be helpful or not. Each participant emphasized the role of counselor self-awareness in order to differentiate whether the intuitive knowledge was about themselves or about their clients. This conclusion is supported in some of the literature on reflective practice. In a recent scoping review regarding reflective practice in counseling, Taylor (2020) found that, in general, reflective practice can be beneficial in guiding ethical decision-making with clients. From a theoretical perspective, Marks-Tarlow (2014) encouraged balancing intuition with more rational thought and deliberation to make clinical decisions: "The ideal, intuitive therapist moves flexibly between implicit and explicit modes, between bottom-up sensory, somatic, and emotional primary experience and top-down modes of deliberation and creative insights" (p. 393). Thus, our results are consistent with some prominent works on the use of reflective practice and its use to make decisions with counseling relationships.



Beneficence, nonmaleficence, and timing

Keeping the client front and center, with intentions to improve their well-being, is a central aspect of ethical practice that the study's findings bring into sharp focus. All participants discussed the need to consider how the use of CI might benefit a client. It is also important to remember that CI is not automatically a helpful phenomenon for counselors or their clients. In Alexandra's words, CI can "flop," meaning it could be completely irrelevant to the client and the counseling process. Furthermore, the unspoken, vulnerable aspect of CI may push on a client's "sore spots" (Cleo) and cause potential ruptures in counseling relationships. Thus, counselors will need to be careful when sharing understandings that they may have gleaned through intuitive ways of knowing with the client. Participants conveyed how using tentative language around the experience of CI may safeguard clients and practitioners from going too deep too quickly and will keep the client's needs at the center of the interaction.

Implications for humanistic training and practice

Participants described the attunement and presence associated with CI, and we heard echoes of the cornerstones of Rogers' (2007) core conditions. In addition to the skill of immediacy and related attunement, participants also recognized that the Rogerian conditions of authenticity and empathy were essential to intuition. Alexandra said,

When I'm not kind of planning, it's like I'm fully in tune with the client and the client's needs. So, essentially, if you think of Rogers and his criteria for meeting good counseling, I feel like I'm actually hitting those three things: empathy, being authentic, and the other aspects of theory.

When Richard elaborated on what he meant by being an authentic practitioner (a feature of his experience with CI), he said, "Authenticity, you know, Rogerian stuff, means being more organismic and paying more attention to yourself." Despite the appropriate overlaps with humanistic aspects that CI evokes, we also know that counselor training programs do not spend much time talking about intuition as a skill or elucidating how counselors might develop CI in deliberate ways (Wittman et al., 2012). The use of humanistic philosophy and descriptors such as Rogers' core conditions might represent a theoretical "way in" for counselor educators to speak to what intuition is, how to recognize it, and to respond to it in a reflective way.

In addition to talking about CI in counselor training, we also need to talk about it in practice, and this includes discussions about how to integrate the experience so that one maintains one's presence and empathy for one's client. Used inappropriately, the rapid, heuristic features of CI (as in Schore's, 2011 conceptualization) could lead a counselor to act impulsively and to use intuitive promptings to validate their own biases. In turn, they may lose their ability to empathize with the client and to be of assistance. These pitfalls could be further complicated if a counselor is limited in seeking external support from colleagues or supervisors.

Limitations

Although we engaged in the epoché process and member-checking to limit bias in our research process, it is possible that the description of CI we developed was influenced by our preconceptions. Further, although the findings from this phenomenological inquiry can contribute to theory development, we cannot claim that our understanding of CI as presented here can be generalized to all counselors (Wilson, 2015).



There are limitations with respect to the participant pool in this study. The participants were not balanced in terms of gender; nor did we collect demographic information regarding other important categories such as racial background, cultural background, or sexual orientation. Clients and therapists of particular genders and cultural backgrounds might find it easier to engage with CI (Stickle & Arnd-Caddigan, 2019); the fact that the current study did not focus on these factors is a limitation.

Role of experience

We did not ask participants about the role of clinical experience (other than requiring a minimum of 2 years in practice to participate) and this is a limitation. Although it may be true that clinicians with more experience feel more connected and comfortable with using CI, we need to be cautious about assuming that being more familiar with CI equates with better outcomes for clients. As Rousmaniere (2016) highlighted, counselors appear to develop better narratives about their effectiveness and the helpfulness of their skills when, in fact, their efficacy remains stagnant. It is possible that similar trends may occur over time in relation to familiarity and implementation of CI—counselors may feel more confident and see it as more helpful for their clients as time goes on when this may not be accurate.

SUMMARY AND FUTURE RESEARCH

We see this study as a good start to understanding counselor experiences of CI. However, a more thorough exploration of CI and how it might be used in conjunction with various counseling practices would provide an opportunity for counselors to better understand the impact of using CI and whether it is generally more beneficial, less beneficial, or harmful to the counseling process and the counseling relationship. This study and subsequent research have important implications for anyone who has an interest in looking at how the counseling profession may focus on the means whereby less definable processes, such as intuition, and more definable structured, language, and skills-based processes might influence one another. Subsequent work might examine potential parallels between intuitive processes and how these are similar and different to humanistic qualities such as presence, attunement, and empathy.

Future directions also require a more thorough examination of how to balance intuitive knowing with more reasoned or structured knowing. Ethical counselors are required to be intentional in what they do, act in the best interests of their clients, be self-aware, and exercise effective clinical judgment (CPA, 2017). More understanding regarding the process of using CI in an ethical way would benefit current counselors, those in training, supervisors, and ultimately, the clients whom we serve.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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APPENDIX A

INTERVIEW PROTOCOL

Variations of the following questions were used during the interviews.

Central question: It is my goal to grasp what it was like for you to experience intuition in clinical practice. Please describe in as much detail your experience of intuition in counseling.

Guiding sub questions:

1. Questions to prompt textual descriptions:
2. What interested you in this research project?
3. What has been your professional experience of CI in working with clients?
4. In what ways did you know if you were experiencing CI or not?
5. What did you do when you experienced CI?
6. In what ways do you think your experience of CI has impacted how you engage in practice?
7. What would you like counselors to know about CI?
8. What would you say are some of the risks and benefits of CI?
9. Questions to prompt structural descriptions:
10. How did you experience intuition in counseling?
11. When did you experience intuition in counseling?
12. Describe what you were doing before you experienced intuition in counseling.
13. Describe what you did after you experienced intuition in counseling.
14. What happened when you experienced intuition compared to when you did not?

