The Intuitive Dimension of the Therapist's Consciousness: A New Paradigm

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THE INTUITIVE DIMENSION OF THE THERAPIST'S CONSCIOUSNESS:
A NEW PARADIGM

by

Bonnie Marie Truax

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
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The major purpose of this study was the examination of the incidence and nature of the intuitions of therapists. A secondary purpose was to create and evaluate an alternative approach to the study of human subjective experience. The research was completed in three phases.

Phase 1 involved creating a paradigm about intuition based on historical perspectives and viewpoints. Sixteen basic theoretical constructs about intuition were developed following an extensive synthesis and integration of philosophic and psychological literature.

In Phase 2, the paradigm was evaluated using the constant comparative method of qualitative analysis, which allows for the continual emergence of new ideas as information is generated. Eighty-two private practice therapists in southwestern Michigan with a mean of 8.4 years of experience responded to a 35-item questionnaire. In addition, 13 therapists, 6 females and 7 males, participated in hour-long structured interviews. Data from the questionnaires and the interviews with therapists provided ideas to evaluate the initial paradigm developed in Phase 1.
Using a process called theoretical reformulation in Phase 3, ideas were integrated into the original paradigm. None of the 16 constructs was refuted and 2 remained unchanged. Information collected as part of the study was used to modify 14 constructs.

Significant findings were: (a) a strong belief in intuition among therapists; (b) a slightly higher intensity of belief in intuition by female therapists than males, but no appreciable differences in how intuition was viewed or experienced; (c) intuition as a pre-conscious attending process was first perceived as mental, physical, emotional, or spiritual phenomena; (d) intuition had both spontaneous forms and active, deliberate forms that could be enhanced by therapists; and (e) intuition was a continuous, ongoing process, not a discrete event, and the problem for therapists is access.

The constant comparative method of qualitative analysis used allowed for needed flexibility in the research process. The steps followed in building, testing, and reformulating the paradigm about intuition were evaluated as valuable in combination with the survey methods of questionnaire and interview.
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DEDICATION

In the golden and royal blue threads of my everchanging tapestry are woven the lives and the magic of the wonderful women in this doctoral program—then and now. This is dedicated to all of you with love.
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Bonnie Marie Truax
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CHAPTER I

INTRODUCTION

Perspective

"The really valuable thing is intuition."
Albert Einstein, 1938

Over the centuries, the subject of intuition has been viewed with fascination and confusion. Fascination with the subject lies in the many discoveries and artistic expressions born from individual intuitive moments of the world's artists, musicians, scientists, and others labeled "great thinkers." Confusion lies in the many different definitions of what intuition is and in the difficulty describing where intuition comes from and just how it works. In the psychotherapeutic relationship, intuition is often mentioned as helpful to understanding the client, but it is rarely well-defined. Therapists are assumed to have "it." "It" being some sort of faculty that allows them to know more about the client than the client knows. "It" is often called a gut-reaction or a hunch when other logical means of explaining how something was discovered have been exhausted.

For many years there has been a general agreement that most all human beings "make judgments about everyday matters in their field by processes they cannot ordinarily explain" (Berne, 1949/1977, p. 1).

In the 20th century, psychologists such as Allport (1937), Maslow (1966, 1971), Jung (1939, 1958), and Bruner (1961, 1973) have
all acknowledged intuition as important and worthy of acceptance in the psychological world. In the early 1900s, Bergson (1912) and James (1902) proposed theories about human intuition as part of human consciousness and nonintellectual ways of knowing reality.

An historical perspective of what was happening in America at the turn of the century adds some understanding as to why intuition and other modes of consciousness have been neglected or negated by the psychological community. A wave of industrialization and technology that began in the late 1800s and early 1900s helps explain why psychology took the directions of behaviorism rather than a phenomenological direction. The age of scientism dictated that rational, linear cognitive operations be used as the primary tool in the study of human behavior. Perhaps, too, our primitive grasp of the brain and the ascendancy of explicit, measurable research and theory, paled psychology's interest in studies of consciousness.

James was one of the most influential psychologists in America at the turn of the century and was called "The Father of American Psychology." As such, his work on human consciousness represented the phenomenological theory's position on the study of human behavior. It is also possible that his (premature) death in 1910 created a vacancy that no one else was able to fill in such a global way (Betz, 1985). Without a proponent, the movement of the major American school of psychological thought, Behaviorism, overshadowed the work of the remaining followers of James. Camps such as the Humanists and the Gestalists evolved, but were not in agreement in their ways of studying human consciousness.
Psychoanalytic theory was unable to deal with "unconscious" factors at work in a positive way. Freud, a physician, did not directly concern himself with the notion of intuition. Intuition became connected to dark or preconscious processes that were generated out of the unconscious and might best be liberated, therapeutically neutralized, or best left alone (Goldberg, 1983). Out of Freud's work came the linear medical models of diagnosis and treatment, which were later adopted by psychiatry and clinical psychology, that attempted to make sense out of these negative impulses and urges. Since insight on the part of the client was thought to develop in psychoanalysis over a prolonged period of time, the need for intuition on the part of the therapist was minimized. This is not to say that intuition has been overlooked by all analytically trained therapists. Many psychologists and psychiatrists schooled in traditional analysis have discussed the value of intuition in their works (Berne, 1949/1977; Jung, 1939; Maslow, 1966; Reik, 1948/1964). For example, Reik described "free-floating attention" as the condition necessary for intuition to occur, in his well-known work, Listening With the Third Ear (1948/1964).

The behavioral schools, following the lead of Watson and Skinner, negated any aspect of human behavior that could not be observed. As one author described it, "In 1913 John Watson mercifully closed the bloodshot inner eye of American psychology. With great relief, the profession trained its exeroceptors on the laboratory animal" (Brown, 1958, p. 93). Behavioral therapies that evolved simply dismissed aspects of human consciousness that could not be
observed or quantified as belonging to the realm of superstition or nonsense. There was no need to study human consciousness, since it was not an observable behavior.

Whatever the case for the demise of the study of human consciousness, subjects like intuition left the angle of vision in psychology and led to pursuits of scientism and the logical linear views of human beings. Now, three-quarters of a century later, psychology has again directed its attention to the task of comprehending the human mind and why we know what we know. This refocusing of attention may be due to many current factors and converging events.

Convergence

At the present time, the subject of human consciousness still lies on the fringes of acceptability in the psychological community in Western cultures. Although psychologists talk about intuition, the majority do so with caution. Some are afraid of being labeled parapsychologists or mystics. These labels denote something less than a practitioner of true psychology, although both have a small, but staunch, number of followers. Unless attitudes about what connotes science change, it is unlikely new psychological theories will emerge. In his article, "The "ace of Conscious Experience in Clinical and Medical Psychology," Smail (1968) stated: "It is argued that the restricted view of science which we have tended to adopt has led psychologists to overlook aspects of conscious awareness and the individual's sense of 'subjectivity' in a way that has done violence
to their 'subject-matter'" (p. 171).

The effect of the frontal attacks on human consciousness for several decades was that many advocates went underground on these subjects. Those who value such concepts such as intuition in therapy became unlikely to voice their ideas. The type of theory building going on in the earlier part of this century has virtually stopped, because of the restrictions on what is acceptable as scientific. Intuition has remained on the periphery of psychological consciousness in the early years of the century, and remained there until the 1950s and 1960s. At this juncture in our history, several converging events and changes have brought about a renewed interest in studying intuition and other aspects of human consciousness. In the following discussion, five such events are described which help explain this phenomenon.

First, a turning point, and a dramatic change in concepts and ideas about science (Capra, 1982/1983) have helped bring about a resurgence of interest in studying human consciousness. Among these events were discoveries made in quantum physics by leaders in the field such as Wigner (cited in Capra, 1975, p. 300), that show events are based on a conscious experience of reality rather than a single objective reality. All is relative and the experience of an event is mostly subjective. This discovery has led many neurophysiologists to recognize a "need to utilize consciousness psychological constructs in order to fully account for the functioning of the human brain" (Battista, 1978, p. 56). It is beginning to be acknowledged that quantifiable, mechanistic descriptions of brain mechanisms are not
enough to account for all aspects of human experience. What is also needed are studies and explorations into the unknowns, i.e., human subjective experience.

Another interesting aspect of convergence in psychology occurred with the publication of the Diagnostic and Statistical Manual (DSM III) (American Psychiatric Association, 1980). Among the many reasons for its creation was an attempt to provide a useful diagnostic reference tool for practitioners that would merge concepts from both the behavioral and analytic schools of thought. Spitzer (1975), head of the task force that created the DSM III, and a psychiatrist himself, stated:

DSM II was a very primitive document. Psychiatry has been accused of being the most backward of the medical specialties because we had no behavioral or laboratory procedures for making a diagnosis. ... With the new DSM III criteria and procedures, we may have become a model for other medical fields. This is a quantum leap. (p. 24)

The DSM III was an unprecedented attempt to begin to merge concepts from two different theoretical schools of thought that were originally conceived as antithetical models of human experience. If this effort has the desired effect, then the next step for theorists would be to begin to incorporate the nonintellectual aspects of human consciousness into models for psychological treatment in a systematic way. This might result in better ways of preventing, diagnosing, and treating psychological problems and view these problems from the perspective of the whole person.

A third converging event lies in the human movement starting in the 1960s and described by Ferguson (1980) in her work, The Aquarian
Conspiracy. The movement involved a growing recognition that the mind is capable of such phenomena as accelerated learning, expanded awarenesses, creative thinking, fantasy, and visualization, as well as altered states of consciousness under the influence of drugs or meditative states. Some of this interest grew out of the frustration of the 1960's "baby-boomers" who were dissatisfied with the stagnation of ideas in the 1950s. Experimentation with drugs, as exemplified by the d-lysergic acid diethylamide tartrate (LSD) research of psychiatrist Grof (1980), led to increased interest in opening up for study the vast unexplored territories of the human mind.

Increased awareness of the possibilities grew out of a grass roots movement to explore the self, as well as out of discoveries being made in disciplines as varied as anthropology, sociology, education, science, medicine, religion, and psychology. The old singular, monistic definitions of human consciousness had begun to fall away. A basic search and questioning of our Western World's ideologies and institutions began in the 1960s and is still underway. Add this to accelerated advances in technology and communications, and it becomes harder for American society to ignore what goes on in other cultures worldwide. The ability to learn from the mistakes and the wisdom of other older cultures has increased dramatically in the past 10 years. The idea of a global village has become a reality.

In psychology the questioning has just begun regarding the adaptations of the medical model (previously described) that have led to some unsatisfactory methods of treatment. The medical model does not necessarily treat the whole person's problems. It is a dualistic
model and, historically, has divided the person into "parts" to be treated by specialists for one particular part. Thus, the psychologist treats the mind, and the physician treats the body. Since the whole person is often lost in the process, this model has become increasingly unsatisfactory for a modern age. Psychologists are aware that certain problems cannot be "talked" away and the understanding of the organic basis of certain problems, i.e., schizophrenia, has increased. Such awareness makes it possible to begin to study and appreciate the missing pieces in current therapies and treatment, most of which fall into the areas labeled right brain functioning.

Kuhn (1962) was the first to use the term "paradigm shift" in science to describe the need for new viewpoints to create an emergent, evolving new world view. He envisioned this to be an ongoing process to occur in the late 1900s as a scientific revolution. Kuhn attempted to broaden consciousness conceptualizations to be able to clearly see old things and ideas in new ways. This is, indeed, an ambitious task. From quantum physics, it has been learned what is observed is altered in the act of observing it (Capra, 1975). This makes the act of creating new ways of seeing things a highly subjective experience, not easily open to a consensus about what is observed. A more realistic version of the goal Kuhn described may be to open our eyes as wide as possible, attend, listen, and avoid judgments for a lengthy period of time in order to create alternative paradigms of consciousness.
The idea of "paradigm shift" in counseling and therapy, to include new consciousness dimensions, was first encouraged by Barclay (1984) in an article in the Personnel and Guidance Journal (p. 2). The most recent publication of the same journal in November, 1985 (now called the Journal of Counseling and Development), was devoted totally to new paradigms in theory and practice for counselors (Newton & Caple). Several of the articles are related to Battista's (1978) concept of informational holism. Other articles were about new techniques being tried that might lead to more holistic treatment methods in therapy. This journal publication is a prime example of the growing numbers of helping professionals attempting to make sense out of the consciousness movement that is exploding in this country.

A fourth convergent event in recent years is a resurgence and interest in Eastern religions and philosophies. Out of the emerging global village and the growing interrelated world cultures has come an awareness that ancient cultures have maintained theories, models, and methods to explore all aspects of human consciousness. Concepts and methods of religions such as Zen Buddhism, Taoism, and Hinduism are gradually being incorporated into Western thought. Examples of this incorporation include Western versions of meditation, relaxation training, and stress management, all of which come directly from Eastern techniques. The movement towards holistic concepts and movements in Western cultures has been in existence in Eastern cultures for centuries. Although the medical community, including psychology and psychiatry, has been slow to react, awarenesses are growing rapidly.
Relevant and responsible books emerging in the field of psychology in this area include *The Tao of Psychology* (Bolen, 1979), *Zen in the Art of Helping* (Brandon, 1976), *Zen Meditation Therapy* (Harai, 1975), *Zen Buddhism and Psychoanalysis* (Fromm, Suzuki, & DeMartino, 1960/1970), and *An Application of Taoist Thought in Short Term Psychotherapy* (Knoblauch, 1982).

In 1961, Sperry identified a fifth aspect of convergence that created renewed interest in studying aspects of human consciousness such as intuition. Sperry's work resulted in the development of the split-brain theory. He was able to show the distinct functions of each hemisphere and postulate the split consciousness of the human brain from his work with epileptic commissurotomy patients (Springer & Duetsch, 1981). For the first time in recorded history, distinct functions of the right and left brain could be verified. It was later in his career that Sperry (1983) advocated "bringing the mind back into the brain of objective science" (p. 21). In this statement, Sperry has described the growing need to study abstract constructs of mind and consciousness and relate these to discrete brain functions. The integration of the concepts of the old mentalism and materialism argument would help create a more unified view of human functioning in Western culture. In Sperry's mind, this is long overdue.

These are but five of many converging and synchronistic events (Bolen, 1979) that have led scientists and psychologists to a recognition of the need for more careful scrutiny and understanding of all aspects of human consciousness. Intuition has been on the "back
burner" for several decades, and it is now considered to be a legiti­
mate area for research.

Rationale

To begin a study of intuition in psychology it is necessary to
provide a broader background about how intuition fits into the
broader picture of the mind and human consciousness. The following
discussion presents a rationale for this study of intuition as a
qualitative dimension of human experience.

How do we know what we know? The predicament implied in this
question and the myriad of possible answers has preoccupied and
perplexed mankind since the beginning of time. As complex as a
finely cut glass crystal, the mind has eluded our ability to compre­
hend it. As we examine its many facets, we are astounded by its
multiple angles and many refractions of light, color, and perspec­
tive. Trapped within its own dimensions, the human mind finds it
difficult to clearly view itself. Yet an awareness remains that new
views of the mind are probably essential for a next step in human
evolution to occur.

In a treatise on reason and intuition, Salk (1983) spoke to this
need as follows:

The remedy for the human predicament for the malfunctions
in the human condition, lies in the reconciliation of the
intuitive and the reasoning powers of human beings. Intui­
tion is part of human nature; it is an expression of human
nature. Its alliance with reason is an expression of what
human beings have been given by nature to further the
process of evolution. This innate capacity for intuition
and reason emerged through the process of evolution itself.
In that process, qualities that serve life and knowledge have been selected and transmitted.

Until now, the important and great intellectual contributions have concerned the development of logic relating to our perception of the world and the universe in which we live. Now the problem is the development of an understanding of the mind which has conceived all this and the evolutionary purpose that it must have. (p. 107)

Ornstein (1976) discussed the human predicament in more urgent terms in *The Mind Field*:

The survival problems we now face are much more complex, if only because they exist on an emergent level of thought and action. Our problems are collective rather than individual: the development of more and more brilliant insights into the relationship of mass to energy has inevitably involved us with the possibility of nuclear holocaust. What is needed, is a shift in mode of consciousness by many people away from the egocentric, individual focus, toward one geared to overall relationships between entities. Such an emergent consciousness could convey a more comprehensive perspective of the life and action of an individual and of a group, as well as the relationships among seemingly disparate activities and systems. It would augment the Stone Age (man) or, at best, the . . . every-man-for-himself consciousness. (p. 14)

An act of intuition occurring in the minds of scientists and other scholars may be that this necessary evolution of mind is important for the survival of humankind and the planet. The suggestion to attempt to understand the other subjective dimensions of mind, previously untapped in Western cultures, pervades the current literature in disciplines as varied as medicine, physics, astronomy, biology, psychology, and education.

The study of the mind has even entered the political arena as U.S. and Soviet scientists race to learn to use and control subjective psychic phenomena. In the book, *The Mind Race* (Targ & Harary, 1984), a social scientist from Stanford Research Institute (SRI)
International describes this new arena of competition as "a puzzle well worth investigating and potentially significant to understanding the human condition" (Harmon, 1984, p. xiii).

The question now comes to mind: If it is so important, why has the study of aspects of human consciousness been so neglected and maligned? The neglect is certainly not that research into the field is unimportant. Answers to this question lie in the values of our culture and our Western historical notions of scientism. Scientism here is used to refer to the ideology as opposed to the practice of science (Goldberg, 1983). The scientism of our times dictates that the only right way to approach knowledge is with a rigorous inter-relating of rational logic and systematically acquired research in a laboratory or in a field setting.

The historical perspective includes a century of industrialization and technological advances in Western society that has emphasized products, utility, and control of the environment. The kind of science developed emphasizes measurable data and outcomes, quantifiable descriptors, and a linear reductionistic world-view.

Those interested in nonquantifiable, nonlinear aspects of knowledge find it difficult to reach consensus, hold less prestige, and are not viewed as practitioners of true science. The "soft" sciences such as sociology or psychology have tried to apply the theories and techniques of hard science to areas such as values, the meaning of life, and states of consciousness. These models do not necessarily fit human subjective experience.
The end result are studies attempting to measure what is essentially unmeasurable. This qualitative type of data, then, after being subjected to quantitative analysis, produces a meaningless stream of figures and facts that have led to no clearer understanding of the subjective side our total human functioning.

What is needed, then, are new methods and means of studying this human subjective experience. Research institutes such as Stanford Research Institute (SRI) International are beginning to emerge using new models for research.

This study used an alternative method of research conducive to creating new views about the human subjective experience of intuition. More specifically, the research involved the study of therapists' intuitive experiences, their beliefs, and how intuition may operate for them in the therapeutic relationship. It was envisioned that the research would be a contribution to many renewed research efforts in the 1980s to view the functions of the human mind from new perspectives.

Statement of the Problem

Intuition is a natural, mental faculty and a mode of human consciousness. It is a complement to rational thought. It is also a key element in helping therapists make discoveries about people, much the same way that scientists have historically used intuition to make discoveries about things. Better theoretical models are needed by therapists and counselors to make new discoveries about the therapeutic relationship. There is a need for a broader base of
theoretical knowledge about intuition for therapists. The impetus from many disciplines, and a convergence of disciplines coming together to make discoveries in the 1980s, suggested that it was time to begin responsible inquiry into the neglected and sometimes maligned subject of intuition.

The literature review about intuition, the activities of theory-building, and the inquiry into the actual experiences of therapists was designed to bring together a new constellation of theoretical constructs about intuition of particular value to therapists and counselors. The central focus of the study was to look at intuition from a qualitative angle to see what could be learned about it.

Questions addressed in the study included:

1. How has intuition been defined historically?
2. How do therapists define intuition for themselves?
3. Do therapists affirm or negate intuition as a useful tool in therapeutic situations?
4. What is the nature of intuition in the therapeutic relationship?
5. What conditions are necessary in therapy for intuition to occur and how can these conditions be encouraged or enhanced?
6. What are the varieties of the intuitive experiences of therapists?
7. How do therapists discuss their intuitive experiences?

The purpose of the research was to study the qualitative dimensions of intuition in the therapeutic relationship and to propose constructs towards an evolving theory of intuition. Intuition was
treated as a natural mental process and a mode of human consciousness. It was examined primarily for its qualitative dimensions, rather than for its quantitative ones. However, some quantitative data were generated from the research procedures used. The quantitative data used were aggregate data which helped describe the sample population, analyze dimensions of emerging trends, and determine subsequent directions for the process.

A number of researchers have attempted to study intuition along its measurable dimensions (Bastick, 1982; Wescott, 1968). They studied intuition as another form of cognitive process and related it to left brain functions. This study did not attempt to extend into this area of research. Much of the research in this area was found to be of limited value, was physiologically complex, and included models that confused the nature of intuition, rather than served to clarify or add to existent knowledge.

The study undertaken concerned itself with what could be learned about intuition as a nonlogical and nonintellectual process and as part of natural human consciousness. From all the literature surveyed, this was the identified area of need.

To clarify the perspective used, the eight main forms of consciousness proposed by Battista (1973) are critical to this discussion. Battista's model, called "informational holism," provides the basis for a general theory of consciousness. Three fundamental hypotheses of the model are:

1. Consciousness is information.
2. The different forms of consciousness refer to different hierarchical levels of information.

3. The intensity of a particular state of consciousness is a function of the amount of information it represents. (p. 8)

The eight main forms of consciousness that exist occur in context of six hierarchical levels. These are:

Level 1: **Sensation** is at the simplest level of information and precedes any perception of an event by the person. Examples are physiological or neuronal events.

Level 2: **Perception** is an interpretation of sensations that are experienced. The awareness of sensation may or may not result in a cognitive or conscious expression of an event.

Level 3: **Emotion** and **affect** are at the third level of information. **Emotion** refers to an interpretation of the meaning of a sensation. The awareness of an emotion may or may not result in a cognitive event. **Affect** refers to positive or negative valences attached to emotions and the degree of certainty attached to these valences.

Level 4: **Cognition** and **nonrational forms of consciousness** (i.e., intuition) refer to complementary aspects of a fourth level of information. **Cognition** is the ability to conceptualize and think in linear, sequential ways. Intuition is one main **nonrational form of consciousness**. Other forms are dreams, hypnotic states, and daydreams. It is at this level that experiences of the first three levels (perceptions, emotion, and affects) can be integrated and unified. The form taken will be determined by intensity and the degree of certainty of the event. Higher certainty and intensity
means more likelihood that the event will be consciously experi­
enced.

Level 5: **Self-awareness** is at the fifth level of consciousness
and refers to being aware of one's own style in relating to events
and experiences.

Level 6: **Unition** refers to the most complex level of informa­
tion. It refers to being aware of being aware. The whole or
totality of an event is experienced. The interrelatedness or syn­
chronist of all preceding levels is understood. When this occurs,
peak, mystic, transcendent, or satori experiences are possible.

Intuition is referred to by Battista (1978) as a part of non­
rational consciousness. Under certain conditions of certainty, this
information might be processed as thought or cognition. But the
nonrational aspects of cognition are what precede thought or cogni­
tion. This particular model of "informational holism" was useful
because intuition and cognition are viewed as complementary. Thus,
an integrated view of the human mind becomes a key construct in the
study. It was not necessary to separate intuition and cognition
with a dualistic or monistic framework.

Dualistic approaches view the mental and physical states as
totally separate entities. Monistic approaches argue that there are
only mental or physical states with no other possible modes of con­
sciousness available. The problems inherent in these latter two
approaches is that researchers have found it difficult to view a
"whole" person, since both methods ignore some part of the total
functioning of the person. The model proposed by Battista (1978)
was chosen because the whole of consciousness can be discussed simultaneously with any given part from his hierarchical model. The model was the best representative of actual subjective experience as it occurs for individuals in the real world.

In summary, therapists' intuition was studied as a natural faculty or aspect of consciousness. Questions were asked to broaden the base of knowledge about intuition, to understand therapists' beliefs, and to examine how therapists described intuition as it operated in their lives. All data gathered were examined for qualitative dimensions in order to create constructs that might have utility for other therapists. Some quantitative data were used to describe the sample population. The goal of taking a renewed look at nonlinear, nonquantifiable aspects of subjective functioning was a key signpost that was followed throughout this journey.

Limitations

The limitations of the method and data analysis procedures are threefold. The first limitation related to the abstract nature of the subject of the research, therapists' intuition. This limitation centered around the need for a clear and straightforward approach in definition, language, and procedures used. It was recognized that words used on the questionnaire and throughout the study connote different meanings to each of the subject respondents and the reader. However, certain words were purposefully not defined in order to gain the maximal amount of data from each respondent. As a research study on human subjective experience, the methods and
procedures used allowed each respondent to project and create meaning from the abstract constructs used.

The second limitation was the subjective nature of the data collected in this research, and the subsequent conclusions reached about the data and concomitant resources extensively quoted in the text. The purpose of the research was to sample the varieties of experiences of therapist respondents and to suggest a new paradigm regarding intuition. Therefore, the aggregate data were not used to suggest a prevailing viewpoint among therapists.

The third limitation of this research was factors related to the volunteer nature of the research and varying degrees of willingness to participate in all aspects of the study. The feeling of being recruited could effect the responses given. For example, some therapists might consciously or unconsciously control certain information related to intuition, dependent on their view of volunteering such information. Also, resistance or a desire to participate in an interview may have influenced responses to the questionnaire.

Despite these limitations, the method used was considered the best vehicle to deliver data useful to the final formulation of theoretical constructs about intuition.

Organization

This research followed traditional and nontraditional methods. To clarify, the rest of the chapters are organized as detailed into three phases of research.
Chapter II contains two basic sections that comprise Phase 1 of the research process. The first section is a review of pertinent, selected literature about intuition. Literature on intuition was selected for its ability to (a) define or classify, (b) provide historical perspective, and (c) present diversified viewpoints. The second section of Chapter II contains theoretical formulations about intuition. The constructs generated came from a synthesis and integration of the work of the theorists reviewed in the first section of Chapter II. Another part of the process of synthesis and integration came from the experiences of the investigator. This ended Phase 1 of the research.

Chapter III contains part of Phase 2 of the research. The first section presents the design and method of both qualitative and quantitative procedures used. Data collection and data analysis procedures are described, as well as limitations of the study related to these procedures. Chapter IV presents the findings for these procedures. Data generated is defined and classified into types of intuition. Summaries of both quantitative and qualitative data are presented and discussed. This concluded Phase 2 of the research.

Chapter V describes what occurred in the third and final phase of the research. The first section of the chapter presents the integration and synthesis of what was learned from Phase 1 and Phase 2 of the research. Additional formulations about intuition generated revised and new theoretical constructs. The second section of Chapter V summarizes the research and the usefulness of these
constructs to therapists. Recommendations for further studies end Phase 3 of the research.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

It would be difficult to study intuition only from the literature in psychology since so little exists. Much of what has been said about intuition comes from disciplines outside of psychology. Therefore, this section contains the historical, philosophical, and psychological foundations from which views of intuition have evolved. As much as possible, the review is presented in chronological order, to provide simplicity in the presentation. The reviews of Eastern and Western thought were separated, since the philosophical stances regarding intuition were so dissimilar. Discussions have been limited to three categories of information helpful to defining and classifying, synthesizing, and integrating ideas about intuition. Discussions were also limited to what each author had said that pertained to intuition, without attempting to present a total philosophy.

A basic problem in studying intuition is related to the dearth of data based research studies about intuition, which may, in fact, represent the reluctance to study the subject. During the period March through August of 1985, a number of computer aided literature searches were attempted. Five data bases were searched for titles and descriptions of articles using the word "intuition" and its
derivatives. The five bases were: Psychological Abstracts (from 1967), ERIC (from 1966), Comprehensive Dissertation Abstracts International (from 1891), National Institute of Mental Health (1969-1981), and Social Science Citation Index (from 1972).

Out of the exhaustive search of over 3 million articles, reports, and dissertations searched, 156 had the word intuition in the title. Of these, only 41 were studies about intuition. The others used the term in passing, in a casual way, as without explanation of its use.

Most of the 41 research efforts on intuition attempted to determine if subjects were intuitive. This type of research involved the use of questionnaires like the Myers-Briggs Type Indicator (Briggs & Myers, 1976) and did little to help define useful constructs about intuition or examine its properties.

Definitions

The process of studying intuition is also complicated by the fact that it has, historically, had many different definitions. From the Latin, intueri, intuition means "to see within." In Webster's Third New International Dictionary (1976), it was defined as "the power or faculty of attaining to direct knowledge or cognition without the use of conscious reasoning and inference" (p. 1187). The Oxford Dictionary (1933), which looks at the history of words, provided a definition for intuitive faculty or apprehension as: "of knowledge or mental perception that consists in immediate apprehension without the intervening of any reasoning process" (p. 444).
There are several derivatives of the word intuition. Meanings range from a faculty ascribed to mystical processes to descriptions of intuition as a form of rational, concrete perceptual processes.

In Heidenreich's (1968) Dictionary of Personality, intuitive thought is described as a type of thinking "in which the knowledge obtained is achieved without recourse to the logical, inferential, rational, reasoning or directed thought processes" (p. 88). The commonality shared in nearly all the simple definitions is that intuition works without something else working. What it works without is rational, linear left-brain reasoning.

Perspectives

Origins

Ancient cultures did not divide external events from the internal expression of events the way modern Western man has done. Evidence from the external or physical environment vied in importance and value with the internal, subjective impressions and intuitions experienced by individuals or by whole communities.

One example of an institution that evolved from the intuitive experiences of a prominent member of the community was the creation of seers or oracles. In many ancient cultures these special people in any community were respected and held in awe for their abilities to interpret events or examine the intuitive experiences of others. Such seers and oracles existed in Anglo Saxon, Egyptian, Babylonian, and the Aztec cultures. Sometimes these special people became
prophets or moral leaders as in the case of the Hebrews. Eventually, these special people became priests, healers, shamens, and masters who were responsible for knowledge not normally accessible through "rational" means.

**Eastern Viewpoints**

Eastern cultures like the Chinese have held on to these traditions and institutions in spite of political oppression. The Chinese have always taken these roles very seriously. The *I Ching* or Book of Changes (1950/1967), now popular in the West, was based on divining or interpreting the casting of yarrow sticks. The interpreter's role was to understand the interplay between outer physical reality, represented by the sticks, and the inner planes of human reality by performing the casting ritual.

The Eastern concepts, like intuition, have been elusive for Western cultures to understand. Intuition, for example, has not been separated from any other part of consciousness, but is simply another part of the flow of consciousness. This flow was later described as "the stream of thought (consciousness)" by James (1890/1950).

Lao Tzo (cited in Feng & English, 1972), the founder of Taoism, asked, "How do I know all things at the Beginning?" His answer, "By what is within me" (p. 54). This typifies much of Eastern thought which has valued right brain constructs and has viewed the journey to understand all as "going within." Wisdom is intuited directly by the individual seeker.
Mystics and yogis have viewed physical reality and modes of consciousness as interrelated events. They have believed that all laws pertaining to the self, at the simplest level, or of the universe, at the more complex level, are available by going within the self to perceive the nature of all things. This involves a personal journey and contemplation through meditation and other techniques, and this may take years to accomplish. This journey is never complete. Subjective and objective phenomena exist in parallel and are interrelated, so that both can yield enlightenment if the two can be experienced simultaneously. This is why some sects of yogis subject themselves to walking on hot coals and piercing the skin with sharp needles or sticks. The goal of mind over matter demonstrated by such feats forces the yogi to "go within" to overcome fear and pain.

Particularly, the Hindu cultures have examined concepts like intuition. Many yogis have attempted to reach higher states of consciousness and enlightenment via training the receptive, intuitive mind. Higher states of consciousness are defined metaphorically as "stationing attention at deeper levels of the mind" (Goldberg, 1983, p. 151). During this process, the person can become more in tune with nature and its external organizing principles. Intuition serves as a guide to help a person understand how to operate in harmony with natural, universal cosmic laws.

Until the 1900s, Eastern notions had little direct influence on Western philosophies; however, in this century, the influence has gradually spread. Watts (1961), for example, used Eastern metaphors to describe intuitive and spiritual experiences. The teachings of
Eastern spiritual leaders have been examined seriously in the past 30 years, and has led to our current interest in paradigm shifts in our theoretical models in psychology and other disciplines.

In studying the methods of Eastern cultures, we have learned that, physiologically, higher consciousness states are associated with inner calmness, the absence of mental noise, and mental clarity. Breathing exercises and rituals serve as keys to developing the long-term self-discipline necessary to achieving these states. Practitioners of different kinds of yoga, transcendental meditation (TM), and Zen have been able to expand their intuitive abilities in the process of raising their consciousness levels. Receptive modes for training in the intuitive in the I Ching are called K'un. In Zen, kensho means "to enter inside." Satori is pictured as a flash of intuition illuminating a dark (unknown) area.

In general, the Eastern philosophies speak to the metaphoric, rather than the rational mind. Therefore, the techniques developed to train the tacit, intuitive side are not part of rational intellect. Instead, they are techniques of body movement like Tai Chi or Oriental martial arts, music, sound, crafts, dreams, spatial forms, and stories (that are teaching puzzles). These techniques are used precisely because they suspend the intellect in order to discover tacit knowing, holism, and the relational aspects of the intuitive (Ornstein, 1977).

One such technique involves the nonrational experiencing and confusion of Zen stories and koans and Sufi teaching stories, all designed to flabbergast and confound the rational mind. Zen koans
are transmitted to a student by a master and are in the form of a riddle, question, or teaching story. A well-known Zen koan is, "What is the sound of one hand clapping?" As the rational mind becomes confused and exhausted in contemplating this question, nonrational processes like intuition will begin to naturally occur. A student might feasibly reach a rational "correct" answer to a koan. If the answer is not spontaneously and intuitively achieved, it will be considered "incorrect." Thus, two students could answer a question with the same answer and one could be correct and one incorrect (Deshimaru, 1982; Shah, 1970). Western cultures have difficulties with koans because educational training is geared towards achieving right answers by using only the left brain, rational mind.

Though much misinterpreted in Western culture, particularly by the media, the Oriental martial arts are another example of a technique designed to attain a sense of the intuitive flow. They were all designed, not primarily to defeat an opponent, but to attain intuitive flow that will come only with the highest level of mastery. Strength arises, not from muscular training, but from the balance of the three energy levels of body, breath, and mind. Techniques and systems of study are varied from the use of deadly weapons to the "breath throw" of Aikido, where the attacker is thrown into the air without feeling even a slight touch from a master artist. True masters will have a unified and tranquil spirit and will use their abilities as defense, but not for attack. Abilities take years and years of practice in order that the practiced movements flow from the person without consciousness thought (Payne, 1981).
Western Viewpoints

Western viewpoints about intuition over the centuries have been changed and modified, according to the general political and economic tenor of the times. In Table 1, 20 such properties are listed that have been associated with intuition over the centuries and accredited to great thinkers such as Aristotle, Ockham, Descartes, Spinoza, and Kant.

Aristotle (384-322 B.C.) wrote about knowledge that exists without proof, which he called intuitive reason. By itself, he thought that reasoning alone would involve endless numbers of proofs. He reasoned that an intuitively known truth is needed before inductively arrived at empirical truths could be discovered. According to Table 1, Property 10, a truth could be judged by its "rightness," and the comfort the discoverer had with its correctness. Intuition was viewed as an infallible source of truth, which is a position no longer valued in Western cultures. Indeed, with the onset of the Middle Ages this position was viewed as heretical to the church's views (Noddings & Shore, 1984).

Christianity stamped out most opposing forms of mysticism in the West. Seers continued to flourish, however, in cultures as diverse as the African, Asian, and North American Indian cultures; and the Sufis continued to expand the role of the seer in India. During the Middle Ages, occasional mystics like William of Ockham tried to explain the intuitive faculty as a part of a system of types of cognition. He contrasted it with abstract reasoning (Table 1,
<table>
<thead>
<tr>
<th>No.</th>
<th>Properties</th>
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<tbody>
<tr>
<td>1</td>
<td>Quick, immediate, sudden appearance</td>
</tr>
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<td>2</td>
<td>Emotional involvement</td>
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<tr>
<td>3</td>
<td>Preconscious process</td>
</tr>
<tr>
<td>4</td>
<td>Contrast with abstract reasoning, logic or analytic thought</td>
</tr>
<tr>
<td>5</td>
<td>Influence by experience</td>
</tr>
<tr>
<td>6</td>
<td>Understanding by feeling—emotive not tactile</td>
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<tr>
<td>7</td>
<td>Associations with creativity</td>
</tr>
<tr>
<td>8</td>
<td>Associations with egocentricity</td>
</tr>
<tr>
<td>9</td>
<td>Intuition need not be correct</td>
</tr>
<tr>
<td>10</td>
<td>Subjective certainty of correctness</td>
</tr>
<tr>
<td>11</td>
<td>Recentring</td>
</tr>
<tr>
<td>12</td>
<td>Empathy, kinaesthetic or other</td>
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<tr>
<td>13</td>
<td>Innate, instinctive knowledge or ability</td>
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<tr>
<td>14</td>
<td>Preverbal concept</td>
</tr>
<tr>
<td>15</td>
<td>Global knowledge</td>
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<tr>
<td>16</td>
<td>Incomplete knowledge</td>
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<tr>
<td>17</td>
<td>Hypnogogic reverie</td>
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<tr>
<td>18</td>
<td>Sense of relations, interrelatedness</td>
</tr>
<tr>
<td>19</td>
<td>Dependence on environment</td>
</tr>
<tr>
<td>20</td>
<td>Transfer and transposition</td>
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</table>

Property 4). This work was important because it influenced the ideas about intuition as the opposite of reason that became prevalent in later times, most notably the work of the 17th century philosophers. The church, however, generally discouraged any discussion that conflicted with church doctrine or suggestion that average people might have natural, intuitive abilities. The Oxford Dictionary (1933) contains several historical references from this time, suggesting that angels had natural, intuitive qualities, but not mortals.

In the 17th century, Descartes (1596-1650) wrote that "rational intuition" was the only way to gain certain kinds of knowledge and that it came as illumination from the soul. Descartes associated intuition with quick, immediate appearances, emotional involvement, and creativity (Properties 1, 2, and 7, Table 1). Descartes argued that intuition needed to be self-evident (Number 10) by stating, "I understand not the fluctuating testimony of the sense [of intuition], but the conception which an unclouded and attentive mind gives us so readily . . . that we are wholly freed from doubt about that which we understand" (Noddings & Shore, 1984, p. 13). This he believed to be rational intuition, which really came from nonrational sources.

Spinoza (1632-1677) created a model demonstrating intuition, apprehension, and rational thought as the three components of all knowledge. A notable distinction between this Renaissance philosopher's interpretation of intuition and that of the earlier notions of seers and oracles was that intuition was not sure and clear knowledge. It was at this point in Western history that intuition became totally divorced from its roots of mysticism (Noddings & Shore, 1984,
pp. 12-14). Intuition could be explained as a romantic word for reasoning and logical sequencing that occurred at incredibly fast speeds, so that it was experienced as a flash or Eureka! or ah ha! experience. Locke (1695) also validated the Eureka! phenomenon as he stated, "The mind perceives that White is not Black, that a Circle is not a Triangle... Such kind of Truths the Mind perceives at the first sight... by bare Intuition without the intervention of any other idea" (The Oxford Dictionary, 1933, p. 444).

The most notable impact on the concept of intuition in the 18th century came from Kant (1724-1804). Kant defined intuition as a nonrational recognition and awareness of individual entities. It was linked to what he called a sensual perception, necessary in order to give an intuition thought. He stated, "Intuition is the awareness of the object mediated by sensation" (Bastick, 1982, p. 25). By this, he meant that intuition was a type of preconscious process influenced by the experience of an object (Table 1, Properties 3 and 5). Two forms of intuition were space and time. However, his formulations lacked any notion of a personal or subjective quality to intuition, for which he was later criticized by other philosophers.

By the 19th century, the West had produced a remarkable fragmentation in ideas about intuition. The movement of the Utilitarians, represented by authorities such as Mill, ignored the concept. The Romantics harkened back to the notions of the mystics in the Middle Ages in their analysis of intuition. To further add to the furor, German philosophers such as Schopenhauer, Hegel, and Schleiermacher proposed new ideas about intuition. Schopenhauer's ideas are of
interest, because he attempted to link intuition to the concept of human will. Combined with the Kantian notions of intuition as sensory experience, he added that intuition could lead to cosmic truth (Goldberg, 1983). Schopenhauer's ideas were the first in several centuries to suggest that intuition had global, holistic qualities (Table 1, Property 15), and that individuals might have some ability to develop it much like other abilities.

The Twentieth Century

An interesting formulation was created by Bergson in the early part of this century. Bergson, a French philosopher, differentiated between what he called acquired intuitions and intuition involving true understanding. Acquired intuitions were developed after long exposure to superficial manifestations. An example might be a trick such as guessing a person's weight or age after being exposed to thousands of people. This would be similar, today, of the skills of individuals who are called "mentalists." Bergson was the first to begin to suggest differences in the types of intuitions possible. The Frenchman's definition of intuition was that it was "the sudden achievement of a concept without dependence upon the process of reflective thinking" (Bergson, 1946, p. 188).

Bergson (1946) also believed that the only way to develop true understanding was to "enter into" the object in a sense of intimacy. The French philosopher said intuition was a kind of "intellectual sympathy by which one places oneself within an object in order to coincide" (p. 226) and to understand what was unique about it.
Bergson believed that intuitions came from within as an inner know­ing, much as espoused by Eastern cultures. But at the same time, Bergson believed intuition had the peculiar quality of coming from some unnameable other which gave his ideas metaphysical aspects. These contradictions about how intuition occurred were initially discussed by Bergson. He believed that science and metaphysics met in intuition, and were necessary to each other. This is a concept returned to in the past decade in America.

At the turn of the century, the viewpoints of James (1842-1910) were the primary influences on American psychology and philosophy. Reck (1967) described the years of James as the "Golden Age" (p. 3) of American psychological thought. As previously discussed, James was the primary proponent of the study of human consciousness in all its aspects. He thought that intuition, as one aspect, should be studied and experienced as a personal, integrated, and continuous phenomenon. He was a harsh critic of the mechanistic tendencies occurring in the early 1900s in psychology, such as the behaviorist school of thought. James believed that the primary aim of psychological research should be to study the full range of human consciousness experiences. Even though his ideas disappeared after his death for several decades, his impact can be evidenced by the recent resurgence of interest in consciousness within the last several years. James's notions of consciousness fall in line with the study of new paradigms in psychology and of the nonlinear, nonrational dimensions he called the "stream of thought." In his Varieties of Religious Experiences, James (1890/1958) proposed: "Our normal
waking consciousness, rational consciousness, as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lies potential forms of consciousness entirely different" (p. 9).

There is a noticeable jump in time between the work of James and any further discussion in this century about the intuitive mode of consciousness. There have been many contributors to the study of human subjective experience in psychology, such as Adler, Fromm, Jung, Perls, Maslow, Berne, and Rogers. But in the main, they have not directly concerned themselves with consciousness or intuition. Interesting to note, too, is that these people are noted for their ideas related to counseling and psychology. Consciousness is the stream of thought that is followed now.

Maslow (1973), for example, spoke of the therapeutic value of listening to the "inner voices" that could help persons deepen confidence in themselves and successfully change. He did not specifically label this as intuition. It is evident he was referring to intuitive understanding when he wrote:

One finds what is right for oneself by listening carefully and Taoistically to one's inner voices, by listening in order to let oneself be molded, guided, directed. The good psychotherapist helps his patient in the same way—by helping the patient hear his drowned-out inner voices, the weak commands of his own nature on the Spinozistic principle that freedom consists of accepting and loving the inevitable, the nature of reality.

Similarly one finds out what is right to do with the world by the same kind of listening to its nature and voices, by being sensitive to its requiredness and suggestions, by hushing so that its voices may be heard; by being receptive, non-interfering, non-demanding and letting be. (p. 129)
Berne (1949/1977) was one of the few vocal proponents of intuition, however limited his definitions may have been. In his book, *Intuition and Ego States*, Berne (1949/1977) discussed his studies on the accuracy and nature of intuition in U.S. Army separation camps at the end of World War II. His work about hunches, or educated guesses, was an attempt to look at the subtle clues he felt existed at a preconscious level in all people, or that operated primarily in an unconscious way (p. 4). Berne's concept of intuition was similar to Bergson's concept of acquired intuitions. He helped create an understanding that one form of intuition involves attention to the subtle clues an individual may be expressing, particularly via the eyes. He called these clues eye signs, i.e., the "farmer's eye sign" or the "mechanic's eye sign," based on his Army camp research. His trained interviewers were often able to accurately guess, a significant proportion of the time, a discharged soldier's occupation via eye signs that were different for different occupations. This work led Berne to formulate a definition of intuition as follows: "Intuition is knowledge based on experience and acquired by means of preverbal unconscious or preconscious functions through sensory contact with a subject without the 'intuiter' being able to formulate how (he) came to (his) conclusions" (p. 4).

Berne (1949/1977) added to his formulations the following construct recently being studied by many of the followers of therapists, such as Satir and Erickson. Berne said: "The dynamic of the eyes and the periocular muscles express reality attitudes. The dynamics of the lower facial and neck muscles are much indicative of
instinctual vissitues (also called primal images)" (1949/1977, p. 31). Berne believed that primal images never reached conscious awareness. Instead, a derivative, intuition, might become conscious.

The concept of very subtle, verbal and nonverbal clues being subliminally perceived by the intuiter, was also the basis for the formulation of Neuro Linguistic Programming (NLP) by Bandler and Grinder (1979). They and several other researchers systematically studied the work of experts in psychology, such as Satir, Erickson, and Perls.

The NLP model viewed intuition as based on sensory cues being transmitted in subtle ways by the client. These cues might include eye movement, body odors, or subtle muscle movement in the face, neck, or body. Bandler and Grinder (1979) postulated that these cues or clues might be based on the individual's own transmitted sense of personal history. For example, a person might remember a childhood experience by a certain movement of the eyes to the right and upward. These would be called eidetic or remembered images. The "wizard" therapists were not just good intuiters, they believed. They were picking up on these subtle clues. Over a period of time, these therapists had learned how to perceive this subtle sensory information, in a way that these therapists could quickly make their hunches or intuitions meaningful to clients in limited amounts of time. These ideas were similar to Bergson's (1946) ideas of acquired intuition, and Berne's (1949/1977) descriptions of intuition as knowledge based on experience acquired by preconscious functions.
The NLP model viewed intuition as a perceptual screen that allowed the therapist to make clinical assessments based on both the subtle clues/cues of the client and the client's own subconscious processing. In their model, Bandler and Grinder (1979) believed they had revealed the true wizardry of the expert therapists. However, the model's original research on eye movement has been difficult to replicate. This model has certainly helped therapists to learn more about exactly what they are responding to in the therapy session. It does not, however, explain what the therapist's intuitions are all about.

Wescott (1968) presented three views of intuition that he believed covered all current viewpoints held. These three were the "Verstehenist," the inference position, and the Jungian viewpoint. Respectively, these represent holistic, cognitive, and Jung's unique views of intuition.

The Verstehenist position, translated, means global understanding. It possessed characteristics similar to Battista's (1978) concept of informational holism. According to this school of thought, intuition is the step from inference to understanding, involving global awareness of an idea or thing. Lewis (1976) believed that intuition was the part of consciousness that allows a perception of the whole, and not just the parts. Intuition was defined as "the perception of form, pattern and unity of form, wholeness" (p. 11). This describes the Verstehenist position.

Another author who holds that intuition was best viewed from holistic perspectives is Ornstein (1976, 1977). He maintained that
intuitions are sparse images that a person might have. Perhaps a connection existed in the person's mind with that image that allowed a new gestalt to form. These images are never fully clear or satisfactory by themselves. Intuitions are incomplete realizations and not finished works. The intellect works out a form for these glimpses to be clarified, first, to the self, before they can be of use to others. For Ornstein, there are two modes of consciousness, the analytic (rational) mode, and the holistic (intuitive) mode. These modes are complementary to each other. Ornstein maintained that understanding and integrating the two modes is the important step in the process of self-understanding.

The inference view was presented by Wescott (1968) as the second kind of intuition. It is also Wescott's personal position on intuition. Intuition was a special case of inferential processing, where some elements are conscious and available to awareness, while others are unconscious and not readily available to awareness. As part of a cognitive process, intuition was viewed as similar to inference, but less available for report. However, the exact mechanism in the mind this process used for reporting, or for deciding not to report, were not clearly defined. The inferential position is similar to the case for intuition as a special kind of rational process like Cartesian rational intuition.

The Jungian position is that intuition just "is." It was viewed by Jung as a faculty shown differently in individuals due to their own constitutions and genetic makeup. Some persons were more intuitive than others. Jung thought that societal constraints also played
a part in this and the "type" one might become. In order to gain true intuitive knowledge, Jung believed the individual must go "within," much as Eastern viewpoints espoused. However, a person's tendency towards a type was not viewed as entirely within a person's control or free will. Such factors as heredity and societal repression could have a great deal to do with the personality type of an individual. Jung defined intuition as, "an irrational [nonrational] mental activity through which an individual can perceive an internal or external event or object in its entirety" (cited in Campbell, 1971, p. 258).

There are many references in Jung's work to intuitive experiences, which he related to the stirrings of the collective unconscious. Creativity and intuition implied a direct link between the conscious mind and deep archetypal structures. The archetypes had the power to confer meaningful interpretations to experience and to interject into a given situation their own impulses and thought formations. Intuitive people, Jung believed, could perceive the inner processes and supply certain data which could be important for understanding what is going on in the world. Jung believed that these powers were related to the ability to prognosticate, to foresee new possibilities in some form or image, and to see events of the past or future. These latter descriptions are of psychic abilities.

In a recent meeting, Rogers (cited in Bennett, 1985) spoke to the need to place more emphasis on the "intelligent use of intuition in therapy and encounter groups" (p. 3). Rogers thought therapists should not be threatened by the experiential aspects of therapy that
are not observable or behavioral. Rogers has also mentioned intuition as a component of the empathy construct of his client-centered therapy model. He has cited intuition as one of the highly subtle aspects of therapy which remains only partially understood (Rogers, 1975), and which has need of further investigation.

Other Views

There are many viewpoints about intuition. A few other positions about the nature of intuition are noteworthy, as they add other dimensions to the subject. Kuhlewind (1976) provided such an alternative view. He believed intuition is what precedes conscious thought. In a sense, by this definition, then there is such a thing as pure perception in its preconscious form. Intuition determines the shape or form conscious thought may take through an image, an auditory thought, or an uttered word. Kuhlewind believed that it was only through intuition that the true essence of thinking could be grasped. This lends a metaphysical quality to intuition that is repeated in Eastern religions, the holistic philosophies, and in the Verstehenist position, previously described. Intuition serves as a guide or revealer of experience to an individual. It is unique and distinct from the other senses that reveal sensations from the material universe.

In a reference work, Nordby and Hall (1974) described another way to view intuition in practical terms. They stated:

Intuition is like sensation in being an experience which is immediately given rather than produced by thought or feeling. Intuition differs from sensation because the person
who has it does not know from where or how it originated. It appeared from "out of the blue." Intuition is an irrational function. (pp. 101-102)

The two authors described sense data as a product of intuition. Categorical intuition was a faculty that allowed an individual to perceive these data as part of a whole.

Battista's (1978) viewed intuition as one of eight main forms of consciousness (as previously cited in Chapter I). Intuition was a nonrational state. Other nonrational states of consciousness were daydreaming, reverie, hypnotic states, and dreams. Battista felt that intuition served as an alternative to cognition in relating to experience. Instead of treating experience in a logical, sequential manner, intuition allows experience to be grasped directly and holistically. Battista stated:

In my opinion, these nonrational states of consciousness are complementary to cognitive consciousness at the same general level of complexity. However, Western culture has generally considered nonrational states of consciousness as inferior to and more primitive than cognitive consciousness, whereas Eastern culture has tended to elevate some of them such as intuition (Buddhi) above cognition. (p. 61)

Right and Left Brain

Another way to view intuition is to look at what has been discovered about right and left brain functioning and hemispheric asymmetry over the past 25 years. Many of the discoveries in brain research have occurred since Sperry's (1983) monumental achievements with split-brain patients. An explosion of research efforts, since that time, have increased our knowledge of the brain several times over. It has been concluded by some that intuition operates in the
right hemisphere of the brain from studies of lateralization. It would make many minds content if the case were that simple. However, there is no justification that intuition is solely the property of the right brain. The dichotomies of analytic versus intuitive characteristics are grossly overstated. The models for these dichotomies vary, but labels and polarities are seen everywhere in the popular literature, as exemplified by this example in Table 2.

Table 2

Characteristics of Left and Right Hemispheric Brain Functioning

<table>
<thead>
<tr>
<th>Left hemisphere</th>
<th>Right hemisphere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thought</td>
<td>Intuitive thought</td>
</tr>
<tr>
<td>Rational</td>
<td>Intuitive</td>
</tr>
<tr>
<td>Logic</td>
<td>Intuition</td>
</tr>
<tr>
<td>Objective</td>
<td>Subjective</td>
</tr>
<tr>
<td>Realistic</td>
<td>Creative</td>
</tr>
<tr>
<td>Verbal</td>
<td>Nonverbal</td>
</tr>
<tr>
<td>Analytic</td>
<td>Holistic</td>
</tr>
<tr>
<td>Deductive</td>
<td>Inductive</td>
</tr>
<tr>
<td>Sequential</td>
<td>Global</td>
</tr>
<tr>
<td>Timebound</td>
<td>Timeless</td>
</tr>
<tr>
<td>Deliberate</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>Western thought</td>
<td>Eastern thought</td>
</tr>
</tbody>
</table>
As can be noted in Table 2, the words used in these dichotomous charts are not in exact opposition to each other in meaning. A better view might be that these words do not represent distinct and separate qualities, but are polarities in a set of continuous behaviors which probably have many in-between gradations.

Part of the reason for this misinterpretation had to do with a book by Ornstein (1977) called *The Psychology of Consciousness*. Ornstein was interested in studies of human consciousness, because of his studies of hemispheric asymmetry using electroencephalographic (EEG) methods. Ornstein did not believe that left hemispheric functioning was evil, as some have accused him. He was trying to stress that each cerebral hemisphere was specialized for thought. This point was stretched and misinterpreted in an attempt to create convenient labels, as evidenced in Table 2. He did believe that Western cultures had relied too heavily on analytic thought in intellectual training. He stated:

We have learned to look at unconnected fragments or at an entire solution... As a result of this preoccupation with isolated facts, it is not surprising that we face so many simultaneous problems whose solutions depend upon our ability to grasp the relationship of parts to wholes... Split- and whole-brain studies have led to a new conception of human knowledge, consciousness, and intelligence. All knowledge cannot be expressed in words, yet our education is based almost exclusively on its written or spoken forms. But the artist, dancer, and mystic have learned to develop the nonverbal portion of intelligence. (p. 78)

A second area of research is brain lateralization studies that have the potential to create new understandings about brain functions, like intuition. However, the electroencephalographic (EEG) methods have not yet conclusively demonstrated that intuition resides
in the right brain. Procedures with normal subjects have involved trying to present information to one side of the brain to see what will occur in terms of brain activity on the lateralized side. For example, sounds might be presented to one ear to see what is registered with the EEG. In normal subjects, however, it becomes impossible to rule out information processing on the opposite side of the brain being tested. This is because the corpus callosum is intact (not severed) as in split-brain subjects. Ruling out activity on one side of the brain is virtually impossible. Potentially important, EEG studies so far have yielded conflicting and confusing results. There has been little ability to replicate a study, even using the same subjects.

Springer and Deutsch (1981) have stated that studies comparing the same subjects' results in different tests (thought to study the same function) seldom show a high degree of correlation. This suggests that the tests don't measure the same thing at all. These authors also pointed out that repeated testing does not always produce the same results.

Linking actual intuitive experiences to what goes on in a laboratory setting to test for lateralization is, at best, an ambitious undertaking. A subject may be given a single stimulus and asked to respond to it. The tests are designed to study how the hemispheres respond to this incoming information. Obviously, more than one thing is going on in the brain when a person has a hunch about solving a problem, or a feeling to take a certain course or action, or a quick, surprise answer to a nagging problem. Goldberg (1983) suggested that
information processed is drawn from several sources, such as previous experience, habit, mood, or even from extrasensory avenues not yet understood. What comes together at an intuitive moment may receive contributions from both cortical hemispheres as well as from areas of the brain outside the cortex. EEG studies and other laboratory methods are not yet sophisticated enough to handle all the possible data.

There are a few things that are known about the two hemispheres with some degree of confidence. The left hemisphere has a distinct advantage in dealing with language, speaking, classifying objects, understanding grammar, and the meanings of words (Gazzinga, 1970; Gazzinga & LeDoux, 1978; Molfese, Freeman, & Palermo, 1975). The right hemisphere is better at spatial tasks, more sensitive to emotion, and is able to make fine sensory discriminations, such as recognizing a face. Springer and Deutsch (1981) stated:

The left hemisphere tends to deal with rapid changes in time and to analyze stimuli in terms of details and features, while the right hemisphere deals with simultaneous relationships and with more global properties of patterns. This distinction, which is not universally accepted, is often interpreted by assigning to the left hemisphere the labels "sequential" or "linear" and to the right hemisphere the terms "simultaneous," "holistic" or "nonlinear." (p. 72)

The rest of what are ascribed to the hemispheres in the ubiquitous charts available is pure conjecture and/or faulty inferences made on the few undisputed differences between the hemispheres.

What can be said about intuition as a right brain construct is that intuitive experiences involve cognitive qualities that now seem most associated with the right hemisphere. But this is not to say
that intuition is a "function" of the right hemisphere or that intuition "resides" there.

Another point of note is that while the sequential functioning of the brain's left hemisphere is thought to be antithetical to intuition, this does not indicate it lacks in importance. The left side of the brain plays an important function as a complement to intuition. The left hemisphere is involved in the synthesizing and processing activities related to the actual intuition, that may later form into a hunch, insight, or articulated thought.

**Summary of Literature Review**

There is one, and only one, certainty based on this literature review conducted. That is that since the beginning of recorded history, mankind has believed in intuition.

After that, there are several difficulties in extrapolating pertinent definitions and concepts. A list of these difficulties follow with explanations.

1. **Definitions in the negative**: Most of the current definitions of intuition are about what it is not, rather than what it is.

2. **Reluctance to study**: In this century, there has been a general reluctance to study any aspect of intuition.

3. **Lack of methods to study**: There are few research studies of an alternative nature that view intuition as a consciousness construct. This is because alternative research methods are not considered "scientific," according to present definitions of what science is. There are very few practiced ways of studying human
subjective experience. The current view of science is limited to a rational, linear view.

4. **Differing cultural viewpoints:** The views of Eastern and Western cultures about intuition are radically different. They do not speak the same language about consciousness, although changes are occurring to consolidate ideas. Several authors have begun the enormous task of integrating Eastern/Western constructs about non-linear modes of consciousness like intuition and have picked up where James and Bergson left off in the early 1900s. Efforts are still minimal, due to a skeptical profession of psychology and an even more skeptical public.

5. **Cultural impatience:** American culture has a tendency to distort and exploit the views of other cultures in an impatient effort to "get the job done." There is a danger of creating more and more techniques or of trying to copy techniques used in Eastern cultures, without any true theoretical understanding of what is being copied.

6. **Research impatience:** The possibility exists that this impatience could also extend into the area of neurophysiological studies. Evidence is already in that there are distortions being created in the inferences being drawn from the research on right and left hemispheric functioning.

The investigator was struck by one particular thing in the process of the literature review. In Western culture, historical efforts have been fragmented and full of argument about what to study and how to study it. The irony is that Eastern cultures have been of
one mind for centuries about consciousness and how to approach and appreciate it. The final irony, but perhaps the best hope, is that Western cultures are now turning to these older philosophies for guidance in a journey to understand intuition as a human subjective experience of consciousness.

Theoretical Formulations

Paradigm Building

The composite approach to theoretical formulations about intuition was followed in order to develop a new paradigm about intuition. A key part of the composite approach was in the division of the activities of paradigm building into three stages. A description of the three stages follows from a researcher’s work on theory building (Reynolds, 1971). He described this process as follows:

1. Exploratory: Research is designed to allow an investigator to just look around with respect to some phenomenon. The researcher should endeavor to develop suggestive ideas and the research should be as flexible as possible. If possible, the research should be conducted in such a way as to provide guidance for procedures to be employed in research activity during stage two.

2. Descriptive: The goal at this stage is to develop careful descriptions of patterns that were suspected in the exploratory research. The purpose may be seen as one of developing intersubjective descriptions, i.e., the development of a theory.

3. Explanatory: The goal in this stage is to develop explicit theory [in this case a paradigm] that can be used to explain the empirical generalizations that evolve from the second stage. This is a continuous cycle of:

(a) Paradigm construction;
(b) Paradigm testing, attempts to falsify with research;

(c) Paradigm reformulation and back to the first step, paradigm construction. (pp. 154-155)

This was the exact approach used in this research.

Definition of Terms

Definitions of terms used in the theoretical formulations process follow.

Paradigm: A conceptualization representing a unique description of the phenomenon, but not a dramatic or entirely new “world view.” This definition differs from what is called a “Kuhn paradigm” which represents a dramatic change from former formulations. Another distinguishing feature is that a paradigm is not a complete theory.

Additional characteristics of a paradigm are that new research strategies are suggested, but new procedures or techniques are absent. New conceptualizations may suggest new research questions and a clearer explanation of an event than currently exists.

Theory: A complete explanation of a phenomenon or a “world view” is a theory. Theories are presented in the forms of sets-of-laws, axioms, or casual events. For the most part, this word was not used in this research, as the process of building a complete theory was considered too ambitious for the scope of this research.

Theoretical formulations: A process used to create statements, constructs, models, typologies, or theories about a given phenomenon or event.
**Statements:** Statements present an idea in words to describe the existence of a phenomenon or to show the relationship between concepts.

**Concepts:** These are statements about an event or phenomenon that provide an integrated view, a thought, or idea about that particular phenomenon.

**Typology:** A system of concepts, including inferences made about a phenomenon, designed to present new formulations about that phenomenon.

**Methods Used**

The theoretical formulations methods used included (a) definition and classification, (b) synthesis, and (c) integration. These methods are described in *A Primer in Theory Construction* (Reynolds, 1971). Each of the methods was used in the three phases of the research in order to build a paradigm about intuition. These methods refer to a process interwoven into the fabric of the discussions and are not simple, discrete activities.

**Definitions and Classification**

This section of the research refers to the process of providing definitions and a way to classify intuition. Many systems could have been chosen for this purpose. The conceptual systems of holism and consciousness were the primary classifiers. These served as the basis for understanding the nature of intuition.
**Synthesis**

Concepts and statements about the nature of intuition were described, based on the review of selected historical, philosophical, and psychological literature. The discussion presented a major definition of intuition with descriptions of its characteristics. The theoretical constructs presented were created to discover, extract, synthesize, and integrate ideas about intuition from the literature and the mind of the investigator.

**Integration**

Integration was used in all phases of the research. In Phase 1, it was used to create the basic theoretical constructs about intuition for the developing paradigm. In Phase 2, integration was used to create coherence and suggest meanings from the many varieties of intuitive experiences of practicing therapists. In Phase 3, the constructs generated in Phase 1 were analyzed in light of the results of the research with therapists from Phase 2. The integration of all ideas about intuition created a final, revised paradigm, useful to therapists and counselors. Guidelines for the enhancement of the intuitive mode of the therapist's consciousness was an additional product of this method.

The preceding literature review yielded information that was used in the process of creating a new paradigm about intuition. In the second section of Chapter II, no attempt was made to generalize the constructs created to therapists. This was done in Chapter V at
the end of Phase 3 of the research. The process that follows of creating theoretical constructs was purposefully completed before the data collection phase in Chapter III. This was done to follow the process outlined of paradigm creation, paradigm testing, and paradigm reformulation.

In the following section of the research, there was one primary purpose. This was to create theoretical constructs about the nature and definition of intuition based on the review of selected literature and the investigator's experience. This was part of the descriptive process outlined as the second stage of building a new paradigm about intuition. Explanations are limited to what was necessary in order for each construct to be understood. The investigator-serving-as-theorist meant that no attempt was made to create a defense of each construct.

**Definition and Theoretical Constructs**

The primary definition of intuition follows which was synthesized and integrated from the literature review and the investigator's experience. Sixteen tentative constructs about intuition are presented to be tested in the research with therapists.

**Definition**

Intuition exists in human beings as a natural, mental faculty, and as one dimension of consciousness.
Constructs of an Evolving Paradigm

Theoretical constructs follow that are designed to create a new evolving paradigm about intuition.

1. Intuition is a nonrational, nonlinear dimension of consciousness. Using Battista's (1978) view, consciousness is referred to as information.

2. Intuition is the complement to the rational, linear process called cognition or rational thought. It works in an interrelated way with the rational process via mechanisms not yet understood.

3. The two processes of intuition and cognition provide the individual with more complete information (consciousness) than if just one of the processes was operating.

4. Intuition is a continuous event ongoing from birth to death and is not a discrete event occurring only from time to time. The reason intuition is experienced as a discrete event is the individual is not always aware that it is occurring.

5. Intuition involves qualities most associated with right hemispheric functioning. However, it is not only a function of the right brain. Both right and left hemispheric functioning are involved in the integration and processing of the intuitive dimension.

6. Intuition is a preconscious process that occurs before reaching conscious awareness. It precedes any thought of itself. However, since intuition and cognition are continuous processes, either may occur first in a series of events.
7. If an individual becomes aware of an intuition, it may be processed as a cognitive event, dependent on the attention being focused on the intuition. Attention is the state of readiness of an individual for an event to become conscious.

8. Attention, and the act of attending, is necessary in order for an intuition to be processed cognitively into an event or thought. Events reach awareness at a particular level of consciousness when a threshold amount of information for that level is reached.

9. The level of attention paid to an intuition is interrelated with all other levels of consciousness. These other levels were previously cited in Battista (1978) and outlined in Chapter I. They are unition, self-awareness, cognition, affects, emotions, perception, and sensation. Each individual will experience intuition differently, dependent on the person's current level of consciousness.

10. What is intuited by the individual is different from what is verbalized about it. It is impossible to verbalize the pure form of intuition, since it must be translated into a cognition, thoughts, and words.

11. Intuition does not depend on validation in the external world in order to exist. However, the tendency of individuals to ignore or suppress intuition from conscious awareness may be created from factors in the environment that discourage its expression.

12. Intuition serves the individual by integrating wholes and parts of experience in a way that the individual can: (a) perceive missing information, (b) perceive information that is hidden from
awareness, (c) perceive the interrelatedness or connections between parts of information that (initially) seemed unrelated. These kinds of information may be valuable to help the person meet survival needs, to become more self-aware, or to increase awareness and achieve higher states of consciousness.

13. Intuition may be first perceived by the individual by involvement of external and internal senses. An intuition may be perceived as a mental, physical, emotional, or spiritual event. These are described in brief as follows:

**Mental**: Seeing a pattern, gestalt, flash, hunch, or a thoughtful insight occurs.

**Physical**: Tingling or sensation in some part of the body such as chills, chest, head, or "gut" sensations.

**Emotional**: Change in mood, outburst of emotion, sense of foreboding or apprehension.

**Spiritual/Metaphysical**: Feeling of connectedness, aloneness, or oneness. Altered state of consciousness.

14. Intuition cannot be forced to work. The intuitive mode of consciousness appears to work best when subjectiveness is relaxed and the person becomes receptive.

15. Intuition can be enhanced by any method that releases person's subjectivity or by seeking states of consciousness that increase awareness, understanding, or insight. Intuition can have both passive, spontaneous forms or active, deliberate forms.

16. Intuition provides the rational mind with the certainty of an event. The rational mind operates skeptically to validate or
invalidate the original, certain nature of the intuition. Intuition provides and reason evaluates. Thus, the two modes of consciousness operate in dynamic tension with each other to maintain direction and purpose of mind.
CHAPTER III

DESIGN AND METHODOLOGY

During Phase 2 of the study, quantitative and qualitative data were collected to test the constructs of an evolving paradigm of intuition against the experiences and insights of therapists working in counseling and psychological settings. As Hall and Lindsay (1977) suggested, "if a theory [paradigm, in this case] is to make a contribution to an empirical discipline, it must possess some means for empirical translation" (p. 12). Thus, the constructs introduced in the preceding chapter were tested to see what might be validated or invalidated; and in Chapter III, the method for doing so is explic­ated.

To develop a scientific paradigm, steps outlined by Battista (1978) in Stream of Consciousness (Pope & Singer, Eds.) were followed. The five-step process included the following:

1. A definition of the phenomenon to be explained.
2. Collecting all the available data about the phenomenon.
3. Evaluating the ability of existing theories to explain the phenomenon.
4. Developing new constructs of a theory [paradigm] to explain the data, if no existing theory could do this.
5. Testing these constructs in previously untested situations (p. 66).

The method reported in this chapter represented the second and fifth steps in the process. As a result, additional data about
intuition were collected and the information about the theoretical constructs was tested against the experience of practicing therapists.

As outlined by Gordon (1980), a method using combined survey and interview techniques was used to collect additional data about the intuition of therapists. Gordon believed that the most powerful type of survey method was a combination of the two techniques—survey questionnaires and face-to-face interviews. Gordon's method called for surveying representative respondents about the phenomenon under scrutiny. In the present research, the practicing therapists were the representative respondents who were queried about intuition using questionnaires and face-to-face interviews.

Presented here are procedures used in obtaining a sample, a description of the data collected, the instruments used, and the techniques used for analysis of the data.

Population and Sample

The population to be surveyed in this research consisted of experienced therapists in mental health settings. Because many counselors and psychologists in mental health agencies do large amounts of paperwork, and other types of activities besides face-to-face therapy, it was decided to survey therapists whose primary focus was private practice. It was assumed that these therapists were more likely to spend a large percentage of their time seeing clients as opposed to other types of activities. Private practice therapists were identified using telephone directories in the southwest Michigan
area and a sample of 100 therapists were selected to participate in
the study. In Michigan only licensed professionals are permitted to
advertise in the telephone Yellow Pages. Thus, all therapists were
either licensed psychologists and psychiatrists, or they were social
workers or counselors employed by these types of practitioners. All
mailings were number coded with no other identifiers to protect the
confidentiality of the participants in all phases of research.

The 100 therapists were mailed letters, questionnaires, and
information sheets (see Appendices A, B, and C) in the middle of June
through the middle of August 1985. After three mailings (see Appen­
dices D and E), 82 had returned the initial questionnaire and infor­
mation sheet, representing an 82% response rate. Twenty-eight of the
therapist respondents were women and 54 were men. The mean age for
the total group was 41 years old. In the sample, the age range was
between 28 and 64. The mean age for the females was 39 (with three
ages missing) while for the men the mean was 41. Education levels
were as follows: 30 held a master's degree in counseling, social
work, or psychology, representing 36.6% of the total respondent
group; 46 held a doctorate, representing 56.1% of the respondents; 4
held a specialist degree, representing 4.9% of the respondents; and 2
were M.D.s, representing 2.4% of the total respondent group. Taken
together, those holding doctorate's and master's degrees represented
the largest respondent group of 92.7% of the total.

The total years of experience seeing clients in therapy sessions
was also determined. Forty, or 49.8%, of the total respondents had
over 10 years of experience in therapy. The mean number of years of

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experience was 8.4 years. Since experience was a criterion for the study, the respondent sample was considered representative of the therapist population by the fact they held well over an average of 5 years of experience.

The therapists were also queried as to number of clients seen per week. The majority (53.7%) of therapists were seeing from 21 to 50 clients per week. This criterion was included as a check on locating therapists who were seeing numbers of clients on a regular basis. Twenty-three of the therapist respondents were seeing between 11 and 20 clients per week, representing 28% of the total.

Additional information gathered revealed that the therapists used diverse theoretical approaches in their work. Those mentioned most often were: eclectic, behavioral, client-centered, reality therapy, transactional analysis, cognitive, psychoanalytic, ego psychology, gestalt, rational-emotive, family systems, and humanistic. No one approach dominated, and most respondents used several approaches.

There were 18 nonrespondents to the questionnaire. Three were females and 15 were males; thus, approximately 18% of the nonrespondents were female and 83% were male. It is not known why the female respondent group was so much higher than the male group. Some of this difference might be reflected in the higher numbers of males (69) to females (31) in the original sample that was polled. However, the differential was great enough that an interesting characteristic of the sample was the higher response rate of the female therapist respondents. As a group they responded at a 90.3% response
rate, as compared to a 78.3% response rate for the males. Since the number of male respondents in the sample was nearly double that of the females, the "average" respondent was considered to be a male.

To summarize, the average respondent to the questionnaire was 41 years old with a master's degree or doctorate and 8.4 years of professional experience. The average respondent saw at least 21 clients per week and used diverse theoretical approaches to therapy.

Procedures

The initial technique used with the sample included a questionnaire surveying the therapist respondents' beliefs about intuition and how they experienced it. The questionnaire designed was a self-administered inventory using a 5-point Likert response scale ranging from strong agreement to strong disagreement with each of the 35 items presented. The basic purposes of the questionnaire were two-fold: (a) to ascertain therapists' beliefs or disbeliefs in intuition, and (b) to determine the nature of intuition from the therapists' viewpoints. The content of each questionnaire was item analyzed: (a) as a total group of therapist respondents, (b) as a group of female therapists, and (c) as a group of male therapists. The analyses provided aggregate data useful in describing therapists' beliefs about intuition, the nature of intuition, and the strength of their beliefs. As a qualitative procedure, the analyses provided a means to assess commonalities and differences among the respondents. The data were not used to provide extensive quantitative information, as this was not the primary purpose of the research.
Items on the questionnaire were also analyzed in three clusters. One cluster represented the belief in intuition (BII) dimension, and the other cluster represented the nature of intuition (NOI) dimension. The third cluster contained six items of no particular relevance to the research.

The 35-item questionnaire was developed by the investigator and was designed to assess two aspects related to intuition. The first was to assess the strength of agreement or valences of therapist respondents' ideas and beliefs about intuition, using the BII cluster data. The second purpose was to discover the strength of agreement regarding the respondents' intuitive experiences, using the NOI cluster.

Factor analysis was attempted to determine the predominant clusters of items on the questionnaire. Twelve factors were generated from the 36 items and eigenvalues were computed for the 12 factors. The first two eigenvalues were 10.43 and 3.23, respectively. A high first factor followed by low factors thereafter, indicated a relatively pure instrument, as was intended.

Item analysis was performed for each item on the BII cluster of 16 items and the NOI cluster of 13 items, for the total group, for the female therapist group, and the male therapist group. A secondary purpose of the investigation was to discover if there were appreciable differences between the male and female therapist groups. Part of this interest in gender differences stemmed from old notions of "feminine intuition," and the other part related to recent research suggesting there may be differences in the way males and
females process information (Kimura, 1985).

The self-administered questionnaire used a 5-point Likert intensity response scale, with values ranging from strong agreement to strong disagreement (see Appendix B). If an item was scored low with a 1 or 2, the response indicated a strong, positive agreement with the item statement. An average score of 3 represented ambivalence or no opinion about the statement. If the item was scored high, a 4 or 5, the response indicated strong, negative disagreement with the statement. Mean scores were calculated for each of the 35 responses for the total group, for male therapist respondents, and for female therapist respondents (see Appendices F, G, and H). Total mean scores and percentile averages were also calculated for the 16 items on the BII and 13 items of the NOI clusters.

It was decided to use the percentile scores in the positive agreement and negative disagreement directions, because ambivalent scores could then be easily ruled out. It was impossible to score high and low on an item at the same time. Differences between groups and across dimensions were also easy to calculate using the percentile scores on each item. A high positive percentage was assumed if 60% or more of therapist respondents scored "strong agreement" (Number 1) or "mostly agree" (Number 2). Likewise, a high negative percentage was assumed if 60% or more of therapist respondents scored "mostly disagree" (Number 4) or "strongly disagree" (Number 5). Therefore, each item showed a high positive, negative, or ambivalence percentage, but not all three. Using this method, each profile could be analyzed separately. Total average percentile scores for the BII

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and the NOI clusters could also be analyzed and compared.

A second procedure used in the analysis involved ranking of percentiles from highest to lowest percentile. Average percentages on each item in the clusters were ranked from highest to lowest to determine the strength and direction of the clustered items. Items of the highest intensity were either "most agreed with" or "most disagreed with" and were labeled accordingly in the positive or negative direction of the response.

After research from the questionnaire had been analyzed, a number of interviews with a smaller sample of therapists were conducted in order to learn more about how intuition operated. Those chosen for the interviews demonstrated the strongest belief in intuition (BII) on the initial questionnaire. Selection of subjects with high BII scores was used to obtain qualitative data useful in the process of paradigm reformulation completed in Phase 3 of the research. The therapists responded to a series of structured questions about intuition (see Appendix I) and were audio-taped to insure accuracy in the data collection and analysis. Written consent to tape the interview (see Appendix J) and extract useful information was obtained.

During the course of the interview process, the constant comparative method of qualitative analysis was used because it allowed flexibility in collecting and analyzing data simultaneously in a procedure known as theoretical sampling. The application of this method maximized the likelihood that data relevant to the evolving paradigm would emerge. The method is fluid and not static, allowing
for modifications in the research strategy if needed. For example, had a large number of therapist respondents demonstrated disbelief in intuition on the initial questionnaire, then the questions asked in the structured interview would have followed a different course.

Glaser and Strauss (1967) noted the flexibility in the method:

The basic criterion governing the selection of comparison groups for discovering a theory is their theoretical relevance for furthering the development of emerging categories... The analyst can continually adjust his control of data collection to insure the data's relevance to the criteria of his emerging theory. (pp. 48-49)

Also used in the interview process was a the structured intensive interview procedure originally described by Maslow (1939, 1954). It has also been used in studies of human developmental stages (Levinson, Darrow, Klein, Levinson, & McKee, 1974). This procedure was advantageous because the study involved the reporting of information from the questionnaire and interviews over a period of time. The method was helpful in evaluating changes in the data reported by the 13 therapist respondents who were queried by both questionnaire and in the structured interviews.

An initial pilot study using the methods and procedures described was tested with two practicing therapists. Since the method itself allowed for a fluid, evolving process, then it was assumed this was sufficient to test and perfect the method. The pilot study was most useful in providing new information about conducting the structured, intensive interviews.
CHAPTER IV

FINDINGS

There were three purposes for this chapter related to Phase 2 of the research. The first purpose was to present findings from the questionnaire used in the research with therapists. Explanations of how the data were used to make decisions about the structured interviews were included. Secondly, the structured interview findings were analyzed for relevant qualitative data. Finally, the analysis and integration of information from Phase 2 was integrated with the concepts generated at the end of Phase 1 of the research.

Questionnaire Findings

In the total sample of 82 therapist respondents, the items showing the 5 highest positive percentages and ranks were found in the BII cluster. The percentage ranks that were over 60% are listed in Table 3 for all 35 items. The six unrelated items on the questionnaire were omitted as not relevant to the study and had no particular pattern. Those with the exact same percentages were numbered with the same rank and surrounded with a parenthesis.

Of the 15 items with high positive percentages of over 60%, 12 of the items were on the BII cluster of 16 items, representing 75% of all BII items. Only 3 of the items were in the NOI cluster, suggesting less agreement about how intuition might be operating for the 82 therapist respondents. The highest of any of the NOI cluster
Table 3
High Positive Percentages (60% and Above) and Ranks on All 35 Items of Intuition Questionnaire

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Total % 1 + 2</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>94</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>86</td>
<td>(2)</td>
</tr>
<tr>
<td>25</td>
<td>86</td>
<td>(2)</td>
</tr>
<tr>
<td>10</td>
<td>85</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>79</td>
<td>4</td>
</tr>
<tr>
<td>35</td>
<td>78</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>75</td>
<td>(6)</td>
</tr>
<tr>
<td>6</td>
<td>75</td>
<td>(6)</td>
</tr>
<tr>
<td>20</td>
<td>74</td>
<td>7</td>
</tr>
<tr>
<td>33</td>
<td>72</td>
<td>8</td>
</tr>
<tr>
<td>22</td>
<td>69</td>
<td>(9)</td>
</tr>
<tr>
<td>23</td>
<td>69</td>
<td>(9)</td>
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<tr>
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<tr>
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<td>64</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>56</td>
<td>12</td>
</tr>
</tbody>
</table>

rankings in a positive (agreement) direction was ranked 6th at the 75th percentile. It is evident that these results indicate a high belief in intuition, among therapists.
Another way the data was viewed was to examine the high negative percentages assigned, as shown in Table 4.

Table 4

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Total % 4 + 5</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>78</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>69</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>65</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>60</td>
<td>4</td>
</tr>
</tbody>
</table>

Three of the four items showing high negative percentages of over 60% or strong disagreement with an item were from the NOI cluster. Item 30 refers to intuition occurring as a sensory image involving color, light, smell, and shape was rejected as important by 78% of the sample. The two rejected items on the BII cluster were 18 and 19. These items were written in such a way that the negative response indicated a belief in intuition. Scoring presented a problem for these two items on the instrument, where percentage analysis had to be applied in reverse. The other NOI item, Numbers 13, represented disbelief in intuition as a kinesthetic experience or as a symbolic image. It was difficult to interpret this as truly representing lack of belief in these occurrences at exactly the 60% cutoff.

The lack of agreement of high positive and high negative percentages on the NOI cluster reflected lack of agreement or little
consensus as to how intuition was experienced by the sample. This result was not surprising, since intuition was being studied as a human subjective experience where consensus was not an issue. Therefore, it was felt that the questionnaire results of high belief responses and lack of agreement on nature of intuition responses, would necessitate using only the BII cluster to decide which therapists to interview.

Information gained from the high positive responses on the BII cluster suggested that 94% of the respondents have had hunches about clients that have proven to be true. Therapist respondents' second two greatest beliefs (86%, high belief) were that they experienced intuition in their work and that others had intuition. Thirdly, therapists believed they had had the experience of having a client deny or resist information that had been intuitively experienced by the therapist. Therapists revealed that clients had said to them more than once, "It seems like you read my mind" (79%, high belief). Finally, 78% of the total sample of therapists believed that there is a human sense called intuition.

Male and Female Therapist Findings

A similar process of percentage analysis was applied to the BII and NOI clusters with male and female therapists were treated as two separate groups. The analysis provided two areas of information: (a) items where there was agreement about intuition and (b) items where there was least agreement. It was arbitrarily determined that agreement would mean high positive or high negative percentages of no
greater than 5 points difference. Least agreement meant that high positive or high negative percentages were greater than 10 points difference.

Male and female therapists' common agreements were on the following summarized items:

1. **Item 15**: The fact that clients had said more than once "It seems like you read my mind."

2. **Item 3**: Their ability to validate their intuitions with their clients.

3. **Item 10**: Their ability to persist with an intuition to validate it, even when the client denied it.

4. **Item 14**: The fact that they had experienced hunches about clients that were validated.

5. **Item 31**: That they were able to sense a client's mental state, without conscious processing of thoughts.

6. **Item 35**: That they believe that intuition does exist.

It can be summarized that the common agreements among male and female therapists are about experiences of intuition with clients along with the belief that intuition exists.

Least agreement on the questionnaire between the male and female therapists were as follows:

1. The belief that others have intuition was 10% higher for females than males.

2. The belief that intuition had been experienced on many occasions (as opposed to rare or a few occasions) was 11% higher for females than males.
3. The experience of intuition as a brief flash of information which was later understood was 31% higher for females than males.

4. The belief that they had experienced intuition in their work was 10% higher for females than males.

Three of the four items related to BII items and one to NOI items. It should be emphasized that the overall difference on BII average positive percentiles were 6.91% higher for females than males and is interpreted as a minimal difference in the sample studied. The differences are interpreted to be a stronger intensity of belief among female therapists than among male therapists, since in all cases the females had higher percentages than males on the BII cluster.

Research by Wescott (1968) supported the finding of stronger intensity for females. He found that females stated more certainty about their intuitions than did males with both reporting the same number of intuitions. Females were more likely to verbalize and seek validation of their intuitions than were males. Males tended to be absolutely certain of an intuition before verbalizing it. This tendency could also be related to male/female socialization factors where females are often raised to be caretakers and to more readily share their feelings.

The differences between male and female therapists were markedly different on the NOI cluster with NOI percentiles always higher for females than for males. These differences are summarized as follows:

1. **Item 12:** That intuitions stayed with the therapist over a prolonged period of time was 27% higher for female than male
therapists.

2. **Item 24:** That intuitions come as glimpses of things that could be true was 23% higher for female therapists.

3. **Item 33:** That intuitions occur as an emotion or feeling was 21% higher for females than for males.

4. **Item 34:** That intuitions occur as mental pictures was 25% higher for female therapists than for male therapists.

**Summary**

The findings from the questionnaire supported the conclusion of a strong belief in intuition across the total sample of the 82 therapists. The female therapists demonstrated a consistently higher intensity of belief in intuition (BII) than did male therapists. Where differences occurred on the NOI dimension, the percentile differences were all over 20% higher for females than for males. Females also had a greater diversity in the number of believed items ranked in the positive direction. In the total profiles there were lower positive percentile rankings attached to the NOI cluster than to the BII cluster. Therefore, each of the 82-item profiles was analyzed on the BII cluster to determine who should be interviewed. Those with the highest positive percentile rankings were chosen for interviews. The logic used was that the therapists who most believed in intuition would have the most to offer about how they perceived intuition worked.
Structured Interview Findings

Using the logic described, 9 female therapists of the 28 possible respondents were initially chosen for interviews. Eight male therapists were chosen from the 54 possible by picking those with the highest number of Number 1 responses on the BII cluster. Final interviews were scheduled and conducted with 6 female therapists and 7 male therapists. Four therapists were not available during the time the research was conducted. The final group represented about an equal number of female and male therapists and was assumed to be a reasonable division of the sample studied. The extra male therapist created a balance reflected in the larger original male respondent group.

Each of the 13 therapists was interviewed in 1-hour appointments and were asked the same questions (see Appendix I). In all cases the therapists' high beliefs in intuition were validated. Each therapist interviewed expressed a strong belief in intuition, its usefulness to therapy, and a willingness to answer all questions. Because of the enormous amount of data collected, representing over 13 hours of audio taped material, only data related to the basic questions were highlighted as they pertained to the questionnaire results and were useful to the present study. A summary of relevant data follows.

**Question 1:** What is your own personal definition of intuition?

There were no two exact common definitions of intuition among the 13 therapists. However, all the therapists related definitions that mentioned intuition as a mental faculty that did not use logic.
or linear thought. The other commonality was the belief that intuition involved a certainty in "knowing" something. "I just know," was a statement repeated by more than one therapist interviewed. Knowing had the aspect of subjective certainty first delineated by Aristotle as a key construct about intuition.

Characteristics of intuition mentioned by therapists included: physiological signals such as sensations in the arms or stomach, gut reaction, hunch, preconscious process operating, emotional features, influenced by sense of personal history, subjective certainty of being right (correct), sense of interrelatedness, empathy or "tuning in," sensory imagery, spiritual dimension, contrast to logical thought, and process of taking in information. There were no notable differences in the definitions of the females and the males. This contrasted to the higher intensity of belief among female therapists than among males.

A sampling of the therapists' definitions follow. They were quoted as accurately as possible, although not necessarily in the exact sequences that they were related.

1. Intuition is the ability to sense and know things without using the five senses.

2. It is knowing without words ... also, tuning in to the subconscious process.

3. [Intuition is] my higher self coming through, giving me guidance and direction, or added information about something. [My definition] is spiritual and not scientific. Now there are divisions between the scientific and the spiritual. Someday maybe there won't be any divisions.

4. It's the something that just is, and not metaphysical. I have a good therapist memory and I take a lot
5. [It is] a feeling that something is right. Some might call it an educated guess, but it's more than that. I just know. If I can trust myself and get in touch with my inner me, then I will have an avenue to information about someone else that I wouldn't otherwise have.... I just will know.

6. Everybody has it.... some trust it more, rely on it more, and are in tune with it more.... but everybody has it.

7. It's more like a hunch or call it a faculty of very certain knowing without going through a thought process. [It is] a very certain sense or knowledge and it will stay.

8. I think intuition is below the level of linear thought. It is [sometimes] perceived as a feeling that has almost a physiological aspect to it. It is also perceived almost symbolically in a visual way.... pictures, flashes of a scene, flashes of what might be or what might have been. If I am thinking a lot in a linear way, then it will nag and just intrude.... It won't shut up and [it's] out there on the edges [of awareness] and keeps coming back.

9. Primarily, intuition is how I do therapy; trusting my instincts in terms of hearing and listening to people.... really hearing them. [It is] attention to the process of interviewing and a sense of the dynamic operating or happening.... not static, it is process and it continuously flows.

10. [Intuition is] knowing something about a person or situation yet is something that would not appear on a conscious level. I think it is about everything we can't see or sense in some way. It helps us know we are part of a whole scheme of things, kind of in a spiritual way.

11. [It is] paying attention to the very small nuances in a relationship, and drawing hypotheses from these about the client.... and keeping the information there.

12. [I] view intuition as a certain knowing where I can't document how I know. I just get a strong feeling about something. Often, if I trust it, it turns out to be important, so I've learned to not override it with a lot of mental noise.
13. Human beings are so preoccupied with immediate consciousness that the source of intuition remains very mystical and unclear for us. The reality is we are not separate selves or entities. [We are] all part of a whole that is operative. Even if we are not aware of it, are in tune with it.

[It is] probably part of the old brain in the evolutionary scale . . . physical body is probably oldest, much older than consciousness, which is very young.

I have so much more faith, confidence, trust in the intuitive. It is older and . . . much more experienced than conscious awareness. But perhaps, more importantly, it is tuned in to so many more variables. I'm sure we'll never have a computer that can begin to touch the number of variables that I call intuitive [and] that synthesizes information instantaneously in order to give us messages or impressions.

Questions 2 and 3: Please recall for me an experience where you felt intuition was at work, and, how is intuition helpful to you as a therapist?

These two questions are together because they were generally answered together in the interview. There were many different experiences recounted about intuitive information being used in therapy. The common types of intuitive experiences mentioned are highlighted under a predominant feature of the experience.

1. Preventative or predictive features: Several therapists mentioned having experiences where intuition helped them to know something the client didn't know, that was later validated. In several cases, the intuited information resulted in preventing a serious health or situational problem. Examples were intuiting serious disease processes, suicidal gestures, and acts of violence. In other cases, it had less dramatic results.
2. **Revealing hidden or secret information:** Therapists also mentioned knowing things about clients that helped reveal hidden information that a client might not otherwise reveal. This was useful when the therapist shared the intuited information with the client to increase trust, get to "real" issues, or reveal taboo information that a client held in secret.

3. **Persistent features over time:** Therapists revealed situations where a nagging feeling, that recurred over a period of time, helped reveal new or creative solutions to problems, or to take directions that might not otherwise ever have been considered if that information were ignored. As one therapist stated: "One client nearly had me convinced and kept talking about the [perceived] real difficulty for six sessions. But the nagging feeling stayed there and I knew it wasn't the problem."

4. **Incubation phenomenon:** Two therapists described situations where a very strong initial intuition was not clearly revealed or understood. Over a period of several months, in one case, the meaning of the intuition became clear and revealed important information about a client that led to positive changes and a break-through.

5. **Ah ha! or Eureka! features:** Nearly all the therapists interviewed described some aspect of the phenomenon whereby information came together instantaneously in a flash of insight or clear understanding. A connectedness between seemingly unrelated bits of information came together in one impactful moment.

6. **Second sight:** One therapist described an ability to take in information about a client through visual clues or by having tactile
contact with the person and know what the person was experiencing without asking any questions. This type of intuition had predictive features as well, in that the therapist sometimes knew what was going to happen.

There was a wide range of experience as to how intuitive signals are experienced. The typology presented in Chapter III of mental, emotional, physical, and spiritual experiencing was helpful to categorize the internal and external clues to which the therapist was attending. All of the kinds of intuitive experiences that were queried by the questionnaire (see Appendix B) on the NOI cluster were mentioned as experiences of intuitions. A few descriptions of what therapists have experienced are summarized in the following categories.

**Mental experiences:** This category was most referenced. Experiences included: having heard auditory sounds, words, or phrases in the inner mind; having seen pictures, vague or vivid images in the mind's eye; having quick flashes of information appear; seeing color or auras; a sudden insight or recognition registered in the mind with certainty features.

**Emotional experiences:** Therapists reported having feelings signal an intuition. This included sudden change in mood, strong, or intense feeling about a person, a fear, a sense of dread, or foreboding.

**Physical experiences:** These were less mentioned, but often relied on by those who mentioned it; they were actual physical sensations in the body including tinglings, chills, or sharp pain. Physical feelings might be in the head, arm, neck, or spine. Another
aspect was reported by one therapist who was able to intuit information by actually touching a person.

**Spiritual experiences:** These were also less reported, but firmly believed by those who had these experiences. Spiritual experiences ranged from a feeling of connectedness or oneness, sensing an order to things, feeling an interrelatedness, and relating to an inner guide who reflected higher consciousness. The "higher self" was described as a guide who could reveal events.

**Question 5:** What enhances intuition?

The features of passive receptiveness and deliberate acts of receiving information were both mentioned by therapists in response to what enhanced their intuition. The necessity to turn off mental noise and disruptive rational, linear thought was also consistently mentioned.

Some material from the audio tapes is summarized as follows:

I detach and just watch.

It's sort of like meditation or contemplating.

I don't do anything to think.

I spend a lot of time watching myself and my own mental processes. And, I tune in to that other part. At some moment . . . you just know what it's going to be.

It's turning to that intuitive third eye and hearing, seeing, listening or . . . perceiving what is really there. I work to increase that and expand my own consciousness and awareness . . . broaden my own mind to be able to receive it all.

I meditate a lot and do yoga so I can do whatever it is.

Take a walk, read a different kind of book, fantasize. What about sex? I think it helps. Everything that I do to
keep that balance in me.

Sometimes I don't even hear what the person says... I am doing something else, something different with my mind. I can't say what it is... [but I] can truly hear, know all there is to know.

Most often happens when I'm quiet and sitting across from someone.

I enhance it by letting it all in. It's all there, if I just let it in.

I stop listening and turn off what the client is saying. Maybe there will be a perception of a color... and it's very connected to the person.

By becoming one with the person and if that's too grandiose, feeling very receptive and connected to the person.

I take little minutes to relax and unwind between clients. Do little things to please myself to stay unwound.

**Question 6:** What inhibits intuition?

The therapists' answers were about internal and external pressures that inhibited their abilities to be receptive or to expand their consciousness. A sample of answers were: stress; too much thinking going on; outside pressures or events interfering with therapy; rushing to see too many clients; being bored, frustrated, or angry with a client; not being detached from the emotional; not paying any attention to own internal processes; and having aversive or emotional reactions to the client's problem.

**Question 7:** When did you first become aware of your own intuition?

There were two basic types of therapists. One type were those therapists who had discovered their intuition during the course of
their training or first years as therapists. The second type were those who had been aware of their intuition since childhood, or who believed that it was always there. At least two of the therapists were affected by their childhood experiences in rural backgrounds that had helped create a connectedness to nature that was never forgotten. These early experiences of being part of a whole were later helpful to recognizing their own intuitive signs of a physiological nature. Both therapists described what are called unitive or satori experiences in communing with nature, although this is not how these experiences were labeled.

**Question 4:** Do you talk to your colleagues about your intuitive experiences, and if so, how?

Those who were well acquainted with their partners in private practice discussed some part of their experiences, but generally did not relate these as "intuitions." Nine of the 13 interviewed stated that they were cautious in how they talked about intuitions. Most said they prefaced their statements with qualifiers such as "My hunch is . . ." or used the acceptable term of "gut reaction." There was a reluctance to be totally open about intuition, even though a desire to be more open was expressed.

The information from the structured interviews validated the BII cluster on the questionnaire. Therapists do believe in, use, and value their varying kinds of intuitive experiences with clients. For some therapists, the intuitive experience is explainable, for others it is yet to be explained, and for still others it does not need to be explained. There is definitely a pattern to therapists' natural
or developed abilities to be receptive and turn within in order to experience all that is possible with a client. There is also a great richness and diversity in the way therapists experience intuition and in the way they have incorporated it into their lives that could be exemplary to other professions and people.

Summary of Findings

Findings from the questionnaire and the structured interviews supported the conclusion of a strong belief in intuition. This was validated by the initial 82 therapist respondents to the BII dimension of the questionnaire. The subsample of 13 therapists further supported this conclusion. The female therapists demonstrated a higher intensity of belief in intuition on the questionnaire. However, no male/female differences were evidenced in the results of the structured interviews. During the interviews, a variety of experiences of intuition were described.

The final step in the research process was to integrate all the information gathered from the questionnaire and the interviews into new theoretical formulations to produce deletions, additions, or modifications of the 16 constructs generated at the end of Phase 1. The final product and conclusions became the new paradigm about intuition presented in Chapter V.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Theoretical Reformulation

In this section, the investigator reviewed the theoretical constructs first described in Chapter II at the end of the first phase of research. Information from Phase 1 was integrated with the research from therapists in Phase 2. Constructs were reviewed in light of what had been learned from the questionnaires and structured interviews. The constructs were restated or clarified where applicable and were viewed in light of therapists' intuitions. It should be noted that none of the constructs were absolutely refuted, but in some cases very little information was gained via the research. The original definition was left unaltered. It was viewed as a useful definition that incorporates the concept of intuition as consciousness into the definition.

Definition

Intuition exists in human beings as a natural, mental faculty and as one dimension of consciousness.

Constructs of a New Paradigm

Theoretical constructs follow that are designed to create a new evolving paradigm about intuition of particular value to therapists.
1. Intuition is nonrational, nonlinear dimension of consciousness, where consciousness is information. Therapists are very aware of this nonrational component in the work they do, and call on intuition to aid them in gathering all types of information about clients.

2. Intuition is the complement to the rational, linear process called cognitive or rational thought. Some therapists view intuition as working in an interrelated way with the cognitive process via mechanisms we do not fully understand.

The first process that these two components of mind use involves therapists receiving information from clients in receptive ways. The information taken in helps produce the intuited information. The therapist pays attention to certain clues or cues from within and then processes this information in a cognitive way which may happen in a few seconds or over an extended period of time, called the incubation period. Once the information has been processed, thought occurs and a verbal message may be sent back to the client when deemed appropriate by the therapist. The therapist must assess the client's readiness to receive the information. This process is continuously repeated.

3. The two processes of intuition and cognition provide the individual with more complete information than if only one process were operating. Some therapists believe that it is the intuited information that is important and not the cognitive. However, if the therapist relies on only one of these types of information, it is as if half the therapist is dealing with half of the client.
4. Intuition is a continuous event, ongoing from birth to death, and is not a discrete event occurring only at one point in time. The reason intuition is experienced as a discrete event is that the individual is not always aware that it is occurring. The continuous nature of intuition is validated by the fact that therapists have been able to "tune into it" when needed or desired in order to be more effective with clients. In order to tune into intuition, there has to be something ongoing to tune in to.

5. Intuition involves qualities most associated with right hemispheric functioning. However, it is not only a function of the right brain. Both right and left hemispheric functioning are involved in the integration and processing of the intuitive dimension. There was no real way to test the exact kind of brain functioning that therapists were describing as intuition. Historically, and according to what is known about brain function to date, this statement is as much as is known about the location of intuition.

6. Intuition is a preconscious process that occurs before reaching conscious awareness. It precedes any thought of itself. However, since intuition and cognition are continuous processes, either may occur first in a series of events. This is not the preconscious idea related to Freud's concept of the unconscious. Rather, this construct was an attempt to describe what intuition might be in its "pure form" before the therapist is even aware it exists. If more is learned about the brain, it might someday be possible to quantify or measure exactly what the pure, preconscious form of intuition is.
7. If an individual becomes aware of an intuition, it may be processed as a cognitive event under two conditions. The first is if attention is focused on the intuitive experience, and the second is if the therapist is in a state of readiness for the intuitive event to become conscious. Therapists may have many intuitive experiences that are not heeded. Therapists are required to pay close attention to a client and in this act of attending are more likely to discover an intuition. Readiness for the event to become conscious, however, is based on external and internal factors that may enhance or inhibit intuition.

8. Attention, and the act of attending, is necessary in order for an intuition to be processed cognitively into an event or thought. Events become conscious at a particular level of consciousness when a threshold amount of information at that level is reached. For example, in therapy, the amount of information about a client that is intuited may reach a threshold when the client is in danger or feeling strong emotion. The intensity of the intuition will keep increasing until it is intuited by the therapist or until the danger or strong emotion is past. This is part of the explanation for a nagging or "niggling" feeling in the mind by therapists.

9. The level of attention paid to an intuition is interrelated with all other levels of consciousness. These other levels are intuition, self-awareness, cognition, affects, emotions, perception, and sensation (Battista, 1978). Each person (therapist) experiences intuition in a different way, dependent on the person's current level of consciousness. When stressed the level of attention paid to an
intuition is reduced; and when receptive, it is increased.

10. What is intuited by the individual is different from what
is verbalized about it. It is impossible to verbalize the pure form
of the intuition, since it must be translated into a cognition,
thoughts, and words. What the therapist verbalizes to a client about
an intuition may be far different from what is experienced. The
therapist makes some assessment about what the client's readiness may
be to deal with the intuited information.

11. Intuition does not depend on validation in the external
world in order to exist. However, the tendency of individuals to
ignore or suppress intuition from conscious awareness may be created
from factors in the environment that discourage its expression. In
the research with therapists and from what has been found to be
male/female differences in intuition, it is probable that females
tend to share or test out intuitions at a higher rate than do males.

12. Intuition serves the individual by integrating wholes and
parts of experience in a way that the individual can: (a) perceive
missing information, (b) perceive information that is hidden from
awareness, or (c) perceive the interrelatedness or connections be­
tween parts of information that seemed initially unrelated. These
kinds of information may be valuable to help the person meet survival
needs, to become more self-aware, or to raise the level of awareness
to reach higher states of consciousness.

An addition to this statement for therapists was that intuitive
experiences serve the purposes of: predicting or preventing prob­
lems, revealing hidden, taboo or secret information, and revealing
dimensions of the person that have never reached conscious awareness.

13. Intuition may be first perceived by the therapist by involvement of external and internal senses. An intuition may be perceived as a mental, physical, emotional, or spiritual event. These were described in the section related to therapist experiences of intuition and are summarized as follows:

   **Mental:** Seeing a pattern, gestalt, flash, hunch, or a thoughtful insightful occurrence. Hearing words in the inner mind, seeing pictures, vague or vivid images.

   **Physical:** Tingling, chills, or sensation in some part of the body such as the head, chest, solar plexus, or a gut reaction.

   **Emotional:** Change in mood, outburst of emotion, foreboding, apprehension, or fear. Aversive reaction to client or client's problem.

   **Spiritual/metaphysical:** Feeling connectedness, oneness, oneness, sensing an order, relating to an inner guide. Altered state of consciousness.

14. Intuition cannot be forced to work. The intuitive dimension of consciousness works best when the therapist becomes receptive and is passively relaxed.

15. Intuition can be enhanced by any method that releases the therapist's subjectivity or by seeking deliberately higher, more aware states of consciousness via mediation, yoga, hypnosis, or other techniques that release the person's subjectivity. Thus, intuition has both passive, spontaneous forms or active, deliberate forms that can be enhanced over time.

16. Intuition provides the rational mind with the absolute certainty of an event. The rational mind operates skeptically to validate or invalidate the original, certain nature of the intuition.
Therapists have expressed that they have had numerous opportunities to test out their intuitions with clients. Intuition provides information and reason evaluates that information. The two modes of consciousness operate in dynamic tension with each other to maintain balance, direction, and purpose of mind.

The reformulation of this new paradigm has laid a base for further investigations about therapist's intuitions. The richness and the many varieties of intuitive experiences of therapists contain many possible applications for psychology and other professional disciplines. The paradigm poses many new questions about the nature of intuition, the relationship of intuition to cognition, and the mechanisms by which intuition operates.

Summary

The present study was undertaken to better understand the intuitive dimension of the therapist's consciousness. The research was primarily about the qualitative dimensions of the intuitions of counselors and psychotherapists. Constructs towards an evolving paradigm about intuition were generated in the initial phase of research and in this chapter were reformulated in order to provide a new theoretical base of information about intuition of use to the therapeutic community.

A secondary purpose of the research was to create a new way to study the human subjective experience of intuition. Newton (1985) has suggested that human experience and our concept of reality needs to change to include both objective and subjective realities in order
for new paradigms about consciousness to evolve. He suggested that a research model is needed that will provide a way of incorporating the two and that old research methods will not create new paradigms. The present research involved the creation and development of a new method for studying human subjective experience that examined the old topic of intuition in new ways.

Chapter I presented a general perspective and the rationale for this research. Lack of research and the convergence of historical events have led to a renewed interest in studying various facets of human consciousness such as intuition. Aspects of the problem to be addressed were discussed along with a description of a new research approach that would follow a nontraditional approach to the study of intuition.

In Chapter II a selected review of the literature about intuition from psychological, philosophical, and historical perspectives revealed a firm belief in intuition since the beginning of recorded history. However, the nature of intuition, its operative principles and agreement about its functions, has held a wide range of opinion over the centuries. In the past 20 years, research in hemispheric functioning and a renewed interest in studying aspects of consciousness, has produced a better basis for pursuing the human quest of self-understanding.

A second section of Chapter II involved theoretical formulations to produce constructs of an evolving paradigm about intuition of value to therapists and other helping professionals. These constructs were based on what had been learned about intuition from the
literature review. A method for building a paradigm was delineated along with a process of synthesis and integration to be followed as the research progressed.

A research method designed to test out the constructs of the evolving paradigm was described in Chapter III. The constant comparative method of qualitative analysis allowed for the continual generation of new information about intuition to test the original constructs. A questionnaire and questions for structured interviews were described as were the sample population of 100 southwest Michigan therapists.

Eighty-two therapists participated in the questionnaire phase of the research and 13 therapists were interviewed. Questionnaire results provided validation that therapists believe in intuition, but are of diverse opinion about how it operates. The structured interviews validated belief and provided a sampling of the many varieties and richness of therapists' experiences using intuition.

The results from the two methods provided additional information that was integrated into the evolving paradigm about intuition presented in Chapter V. Using a process called theoretical reformulation, the original constructs were validated and illuminated. None of the original constructs were absolutely refuted. Several remained the same since no new information was gained about them during the field test with the practicing therapists.

In summary, the findings of the three phases of the research, presented in Chapter IV, were in support of 16 theoretical constructs that were created about intuition. The research by questionnaire and
by interview validated the constructs and the value of intuition to practicing therapists. Further, the experiences of practicing therapists in using intuition are exemplary and could be useful to other professions who are interested in learning more about the subjective side of human experience.

Problems with such research include lack of a common vocabulary regarding consciousness and intuition, and the abstract nature of the subject. As an experimental method of research, some problems in the design of the questionnaire were discovered. The use of volunteer therapist respondents could have produced problems in the response rate and willingness to participate in the two phases of research. However, this possible limitation did not materialize as demonstrated by the high response rate of 82% on the questionnaire and by the willingness of all the therapists asked to be interviewed.

Recommendations

The possibilities for further research are numerous. As opposed to suggestions of the exact nature of further investigations, some new questions are posited for the curious researcher of human subjective experience to pursue. These are directly related to the final new paradigm constructs presented. There are two types of questions. Some of the questions are of a broad theoretical nature and the others are pragmatic. The questions for further pondering are:

1. What is the nature of the complementary relationship between intuition and cognition?
2. How is intuition associated with right hemispheric functioning?

3. How is attention and attending behavior related to intuitive experience?

4. What is the nature of the external and internal factors that enhance and inhibit intuition in therapists?

5. Are the intuitive experiences of male and female therapists significantly different? If so, in what way?

6. How is intuition related to the experience of unition described by Battista (1978)?

7. Intuition may be first perceived in mental, physical, emotional, or metaphysical ways. What can be learned about each of these types of intuition?

8. How can the receptive mode, necessary for intuition to occur, be enhanced in therapists?

9. How can intuition be enhanced or improved?

10. What other types of research methods are conducive to the study of human subjective experience and how might they be applied to the study of intuition or other aspects of human consciousness?

11. Since therapists routinely practice the use of their intuition, what value or application might this have for other professions?

12. What is the nature of the incubation phenomenon in intuitive experience? the Eureka! or ah ha! experience? the experiencing of color or auras?
13. How can awarenesses be expanded to encourage more study of subjective aspects of human experience?

A final note is that there are many dimensions of human consciousness that are not understood and some that are feared. It is hoped that this research will stimulate other efforts to look at these dimensions and will reduce the fear of going within.
APPENDICES
Appendix A

Sample Letter Sent to Therapists in First Mailing
I am interested in finding out about what experienced therapists think about intuition. I want to find out something about how you view intuition via your experiences as a therapist and not just rely on textbook research for information. In a sense, I am looking to you as an expert to help complete my research. Your responses will be treated as unique and will have value to other therapists to help illuminate ideas in a neglected area of study in psychology.

Research findings will be presented in my doctoral dissertation, in order to complete my degree from Western Michigan University in the Counseling and Personnel Department, under supervision of my Chair, Dr. Robert Betz. You have been selected because of your degree and your experience as a private practice therapist in Southwestern Michigan.

There are two parts to this study. The first part involves completing and returning the enclosed questionnaire and demographic information sheet. Since your time is valuable, I have made the format as simple as possible. This part should take no longer than 10 minutes. A self-addressed, stamped envelope is enclosed for your convenience.

Based on your response to the questionnaire, the second part of this study may involve an interview of no more than 30 minutes. Questions asked of you in the interview will serve to clarify your responses to the questionnaire, and involve your current attitudes and ideas about intuition. There are no hidden agendas. My purpose is to discover something, rather than to prove or disprove already existing ideas. This is an exploratory study on intuition, and, not the kind of research where I'm going to have you tell me something without telling you what my purpose is. I believe that people can contribute the most to a study when they know as much about it as possible — not the least.

Your participation is voluntary and involves no monetary compensation. However, I will be available to answer any questions you have and share the results with you. As a participant in this study, I believe you will find your involvement a worthwhile and an interesting experience that may also serve to heighten your awareness about one of many aspects of consciousness. All responses will be treated confidentially, according to policies governing human subject research at Western Michigan University.

Please complete and return the information sheet and the questionnaire immediately. When I receive it, I may be calling you to arrange an appointment at your convenience. I hope the project will interest you, and I look forward to working with you.

Sincerely,

Bonnie Truax, M.A.
Doctoral Candidate

Robert Betz, Ph.D.
Professor
Appendix B

Sample Questionnaire Sent to Therapists
INTUITION QUESTIONNAIRE

DIRECTIONS: Each item of this questionnaire is a statement to be evaluated by how strongly you agree or disagree with that statement in your own experience as a therapist. There are no right or wrong answers. Please read each item and respond without extensive deliberation. Please do not omit any items.

No names are necessary on the enclosed answer sheet, since it is precoded for my use. Please use a number 2 pencil and mark the number indicating your choice for each of the statements on the questionnaire. Use the following scale to mark the answer sheet:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Mostly Agree</td>
<td>Agree</td>
<td>Mostly Disagree</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

1. I believe others have intuition.
2. Most of my friends and colleagues believe in the value of intuition.
3. I have been able to validate my intuitions with my clients.
4. My intuitions are usually quick flashes that pass within seconds.
5. Intuitions come to me as symbolic images.
6. Intuitions come to me as hunches.
7. When I disagree with others, I tend to let them know about it.
9. Generally speaking, I enjoy taking the safe way.
10. I have had information about a client that proved to be true, even when the client denied it (resisted it) initially.
11. When I disagree with others, I tend to keep the disagreement to myself.
12. My intuitions are usually recurring thoughts, phrases, or images that stay with me over a prolonged period of time.
13. Intuitions come to me as physical sensations (kinesthetic experiences).
14. I have had hunches about clients that have proven to be true.
15. Clients and others have said to me "It seems like you read my mind," more than once.
16. I have had strong hunches about clients that turned out to be wrong.
17. When my intuition differs from the facts, I usually trust my feelings.
18. I believe I have experienced intuition on rare occasions.
19. Most of my friends and colleagues are skeptical about the value of intuition.
20. I believe I have experienced intuition on several occasions.
21. When things get complicated, I become insecure.
22. I believe I have experienced intuition on many occasions.
23. I have had brief flashes of information about a client, the meaning of which I later understood.
24. Intuitions come to me as glimpses of things that could be true.
25. I believe I have experienced intuition in my work.
26. In most cases, I welcome unexpected changes.
27. I have had the experience of knowing what was going on with a new client, when the client first walked in the door.
28. When my intuition differs from the facts, I usually follow the logical course of action.
29. My intuitions are combinations of flashes that quickly pass and longer recurring experiences that stay with me over a prolonged period of time.
30. Intuitions come to me as sensory images involving color, shapes, light and/or smells.
31. I have been able to sense a client's mental or emotional state without conscious processing of my thoughts.
32. Intuitions come to me as words, phrases or thoughts passing through my mind.
33. Intuitions come to me as emotions/feelings.
34. Intuitions come to me as mental pictures.
35. I believe there is a human sense called intuition.
Appendix C

Sample Information Sheet Sent to Therapists
INFORMATION SHEET

Please answer the following questions and return with the questionnaire.

1. What is your age? _______

2. What is your sex? F______ M______

3. Highest degree held: Master's_______ Specialist_______
   Doctorate_______ M.D._______ (Please Specify)

4. Approximately how many years have you been seeing clients in therapy sessions? Circle to the nearest year.
   1 2 3 4 5 6 7 8 9 10 10+

5. Place a check by the therapeutic approaches which you most closely identify yourself in your private practice work. If more than one applies, rank order by numbering 1 for first choice, 2 for second choice, etc.
   Behavioral _______ Client-Centered _______ Gestalt _______
   Eclectic _______ Psychodynamic _______ Cognitive _______
   Transactional Analysis _______ Ego Psychology _______
   Reality Therapy _______ Rational-Emotive Therapy _______
   Others: ______________________________________________________________________________________
   (Please List)

6. Approximately how many clients do you see in individual and group therapy sessions per week? Circle to the nearest category.
   1-5 6-10 11-20 21-50 50+

7. Of all the things you do in your profession, how much time do you spend meeting directly with clients in therapy sessions? Place an "X" on the continuum at the appropriate point. Do not place the "X" between points.
   _ J ________________ I ________________ L ________________ L ________________ L ________________ L ________
   All Most Moderate Little None

8. Of all the things you do in your profession, how much time do you spend in all activities directly related to your therapy? (I.E., therapy sessions, assessments, listening to client tapes, phone calls, note-taking, etc.)
   _ / ________________ / ________________ / ________________ / ________________ / ________
   All Most Moderate Little None

THANK YOU FOR YOUR TIME. PLEASE RETURN THIS INFORMATION SHEET ALONG WITH THE COMPLETED QUESTIONNAIRE AND CODED ANSWER SHEET IN THE SELF-ADDRESSED, STAMPED RETURN ENVELOPE ENCLOSED IN THIS MAILING. PLEASE DO SO IMMEDIATELY.
Appendix D

Sample First Follow-Up Letter Sent to Therapists
About three weeks ago a questionnaire seeking your ideas about intuition was mailed to you. You were selected to receive this mailing as an experienced therapist working in southwestern Michigan.

If you have already completed and returned the questionnaire and information sheet to me in the self-addressed, stamped envelope, please accept my sincere thanks. If not please do so today or as soon as possible. This mailing was sent to a small, but representative sample of therapists. It is extremely important that your response be included in the study if the results are to accurately reflect the opinions of therapists in this area. The time involved to complete the questionnaire and information sheet should be about ten minutes.

If, by some chance, you did not receive the questionnaire, the mailing was in some way incomplete, or, if it got misplaced; please call me now at my work number during regular business hours. That number is (616) 383-1710 where your name and address can be left for me with our offices' secretary, if I am not available. After 6 P.M., I can also be reached at (616) 381-6580. I will send you another packet as soon as I hear from you.

Your prompt response is appreciated.

Sincerely,

Bonnie Truax, M.A.
Doctoral Candidate
Counseling and Personnel
Western Michigan University

Robert Betz, Ph.D.
Professor
Counseling and Personnel
Western Michigan University
Appendix E

Sample Final Letter Sent to Therapists
I am writing to you about my study on intuition. A mailing was sent to you in June, asking your participation in the study, and I have not yet received your completed questionnaire.

Your response is so important that I am sending you another complete mailing and self-addressed, stamped envelope. May I urge you to take a few minutes to complete the questionnaire and information sheet, and return them immediately. The time involved should be about ten minutes. Responses not received by August 10 cannot be used in the study. The large number of returns already received is encouraging. Whether or not I will be able to describe accurately how area therapists view intuition in their work, depends on you and others who have not yet responded.

I will be happy to send you a copy of the results, once the study is completed. The results will be available sometime this fall. As detailed in a previous letter, the survey is confidential and pre-coded in all stages of data collection and analysis. No names or identifying information will be used in the research or writing. If you have any questions you would like to ask me, please call me now at my work number during regular business hours. That number is (616) 383-1710. After 5 P.M., I can be reached at (616) 381-6580.

Your contribution to the success of this research will be appreciated greatly.

Sincerely yours,

Bonnie Truax, M.A.
Doctoral Candidate
Counseling and Personnel
Western Michigan University

Robert Betz, Ph.D.
Professor
Counseling and Personnel
Western Michigan University
Appendix F

Total Sample Mean Scores Profile on 35-Item
Intuition Questionnaire
1.67 I believe others have intuition.
2.34 Most of my friends and colleagues believe in the value of intuition.
2.13 I have been able to validate my intuitions with my clients.
3.00 My intuitions are usually quick flashes that pass within seconds.
3.59 Intuitions come to me as symbolic images.
2.06 Intuitions come to me as hunches.
2.38 When I disagree with others, I tend to let them know about it.
2.46 Generally speaking, I enjoy taking risks.
3.35 Generally speaking, I enjoy the safe way.
1.70 I have had information about a client that proved to be true, even when the client denied it (resisted it) initially.
3.52 When I disagree with others, I tend to keep the disagreements to myself.
2.90 My intuitions are usually converging thoughts, phrases, or images that stay with me over a prolonged period of time.
3.59 Intuitions come to me as physical sensations (kinesthetic experiences).
1.52 I have had hunches about clients that have proven to be true.
1.76 Clients and others have said to me "It seems like you read my mind," more than once.
2.91 I have had strong hunches about clients that turned out to be wrong.
2.83 When my intuition differs from the facts, I usually trust my feelings.
3.63 I believe I have experienced intuition on rare occasions.
3.37 Most of my friends and colleagues are skeptical about the value of intuition.
1.94 I believe I have experienced intuition on several occasions.
3.76 When things get complicated, I become insecure.
2.07 I believe I have experienced intuition on many occasions.
2.21 I have had brief flashes of information about a client, the meaning of which I later understood.
2.33 Intuitions come to me as glimpses of things that could be true.
1.65 I believe I have experienced intuition in my work.
2.89 In most cases, I welcome unexpected changes.
2.78 I have the experience of knowing what was going on with a new client, when the client first walked in the door.
2.81 When my intuition differs from the facts, I usually follow the logical course of action.
2.72 My intuitions are combinations of flashes that quickly pass and longer recurring experiences that stay with me over prolonged times.
3.99 Intuitions come to me as sensory images involving color, shapes, light and/or smells.
2.11 I have been able to sense a client's mental or emotional state without conscious processing of my thoughts.
2.35 Intuitions come to me as words, phrases or thoughts passing through my mind.
2.12 Intuitions come to me as emotions/feelings.
3.09 Intuitions come to me as mental pictures.
1.77 I believe there is a human sense called intuition.
Appendix G

Male Sample Mean Scores Profile on 35-Item Intuition Questionnaire
I believe others have intuition.
2.44 Most of my friends and colleagues believe in the value of intuition.
2.19 I have been able to validate my intuitions with my clients.
3.04 My intuitions are usually quick flashes that pass within seconds.
3.72 Intuitions come to me as symbolic images.
2.11 Intuitions come to me as hunches.
2.56 When I disagree with others, I tend to let them know about it.
2.48 Generally speaking, I enjoy taking risks.
3.33 Generally speaking, I enjoy the safe way.
1.72 I have had information about a client that proved to be true, even when the client denied it (revered it) initially.
3.41 When I disagree with others, I tend to keep the disagreement to myself.
3.17 My intuitions are usually revealing thoughts, phrases, or images that stay with me over a prolonged period of time.
3.61 Intuitions come to me as physical sensations (kinesic experiences).
1.59 I have had hunches about clients that have proven to be true.
1.80 Clients and others have said to me "It seems like you read my mind," more than once.
2.81 I have had strong hunches about clients that turned out to be wrong.
2.92 When my intuition differs from the facts, I usually trust my feelings.
3.44 I believe I have experienced intuition on rare occasions.
3.65 Most of my friends and colleagues are skeptical about the value of intuition.
1.96 I believe I have experienced intuition on several occasions.
3.74 When things get complicated, I become insecure.
2.24 I believe I have experienced intuition on many occasions.
2.37 I have had brief flashes of information about a client, the meaning of which I later understood.
2.43 Intuitions come to me as glimpses of things that could be true.
1.69 I believe I have experienced intuition in my work.
2.89 In most cases, I welcome unexpected changes.
2.93 I have the experience of knowing what was going on with a new client, when the client first walked in the door.
2.78 When my intuition differs from the facts, I usually follow the logical course of action.
2.81 My intuitions are combinations of flashes that quickly pass and linger recurring experiences that start with me over prolonged time.
4.09 Intuitions come to me as "secret images involving color, shapes, light and/or sounds.
2.19 I have been able to sense a client's mental or emotional state without conscious processing of my thoughts.
2.44 Intuitions come to me as words, phrases or thoughts passing through my mind.
2.22 Intuitions come to me as emotions/feelings.
3.33 Intuitions come to me as mental pictures.
1.80 I believe there is a human sense called intuition.
Appendix H

Female Sample Mean Scores Profile on 35-Item Intuition Questionnaire
The image contains a table with the following columns: 'Strongly Agree', 'Mostly Agree', 'Agree Somewhat', 'Mostly Disagree', 'Strongly Disagree'. The table has rows numbered 1 to 35, with responses ranging from 1.46 to 2.89.

The comments associated with the responses include:

1.46 I believe others have intuition.
2.14 Most of my friends and colleagues believe in the value of intuition.
2.04 I have been able to validate my intuitions with my clients.
2.93 My intuitions are usually quick flashes that pass within seconds.
3.32 Intuitions come to me as symbolic images.
1.96 Intuitions come to me as hunches.
2.04 When I disagree with others, I tend to let them know about it.
2.43 Generally speaking, I enjoy taking risks.
3.39 Generally speaking, I enjoy the safe way.
1.64 I have had information about a client that proved to be true,
even when the client denied it (revisited it) initially.
2.75 When I disagree with others, I tend to have the disagreement to myself.
2.39 My intuitions are usually retreating thoughts, phrases, or images that
stay with me over a prolonged period of time.
3.54 Intuitions come to me as physical sensations (haptic experiences).
1.39 I have had hunches about clients that have proven to be true.
1.68 Clients and others have said to me "It seems like you read my mind."
mores than once.
3.11 I have had strong hunches about clients that turned out to be wrong.
2.64 When my intuition differs from the facts, I usually trust my feelings.
4.00 I believe I have experienced intuition on rare occasions.
3.89 Most of my friends and colleagues are skeptical about the value of
intuition.
1.89 I believe I have experienced intuition on several occasions.
3.79 When things get complicated, I become insecure.
1.75 I believe I have experienced intuition on many occasions.
1.89 I have had brief flashes of information about a client, the meaning
of which I later understood.
2.14 Intuitions come to me as glimpses of things that could be true.
1.57 I believe I have experienced intuition in my work.
2.89 In most cases, I welcome unexpected changes.
2.50 I have the experience of knowing what was going on with a new
client, when the client first walked in the door.
2.89 When my intuition differs from the facts, I usually follow the
logical course of action.
2.54 My intuitions are combinations of flashes that quickly pass and
linger recurring experiences that stay with me over prolonged time.
3.68 Intuitions come to me as sensory images involving color, shape,
light and/or smell.
1.96 I have been able to sense a client's mental or emotional state
withoutconscious processing of my thoughts.
2.18 Intuitions come to me as words, phrases or thoughts passing
through my mind.
1.93 Intuitions come to me as emotions/feelings.
2.61 Intuitions come to me as mental pictures.
1.71 I believe there is a human sense called intuition.
Appendix I

Questions Asked in the Structured Interviews
Questions for the Intensive, Structured Interview

1. What is your own personal definition of intuition?

2. I am looking for examples of situations where therapists may have experienced intuition. Please recall for me an experience where you felt intuition was at work.

3. How do you feel intuition is helpful to you as a therapist?

4. Do you talk to colleagues about your intuitive experiences? If yes, whom do you talk to and how do you describe your experience? If no, why not?

5. Is there anything that you do routinely or on occasion to enhance your ability to be intuitive?

6. What inhibits intuition for you?

7. When did you first become aware of your own intuition?

8. More questions are to be asked here, if the interviewer has not yet a clear picture of how intuition operates for this therapist.
Appendix J

Sample Consent Form for Therapist Interviews
Consent Form

To Whom It May Concern:

I understand that the information sheet, the questionnaire, and the interview(s) which I am granting to Bonnie Truax will be used as data for her doctoral dissertation on intuition in the therapeutic relationship. I am aware that the interviews are to be tape recorded and have given Ms. Truax permission to use direct quotations from the interviews at her discretion. I have been promised that, in agreeing to the interviews, that all identifying information of persons mentioned by me in the interviews will be disguised or withheld in both the writing of the dissertation and in discussions with Ms. Truax's faculty chair and/or faculty support persons.

I have been informed that I am entitled access to results of this research, my audio-taped interview, or any information pertinent to the completion of the study that I might need.

______________________________
Name

______________________________
Date
BIBLIOGRAPHY


