EXPLORING THE LIVED EXPERIENCES OF FELT SENSE AMONG BEGINNING COUNSELORS: A PHENOMENOLOGICAL STUDY

By

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To all those on the journey of becoming a counselor

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Abstract of Dissertation Presented to the Graduate School
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The purpose of this study was to understand the lived experiences of felt sense among counselors in the beginning phases of their development. Felt sense will generally be defined as information gained from internal or somatic awareness on the part of the counselor. The counselor's experience of this information may be related to the therapist themselves (experiencing a personal reaction), the client, the interaction or any other additional factor(s). The goal of this study was to explore the lived experiences of felt sense among counselors in the beginning phases of their professional development in order to understand the ways in which felt sense is experienced and what is done with this information.

The concept of felt sense was explored as it related to the clinical work of six graduate counseling students. Each participant engaged in two semi-structured interviews and recorded their felt sense experiences in-between the two interviews. A hermeneutic phenomenological methodology was used to analyze interview transcripts and experience log sheets for each participant. Findings from the study indicate that beginning counselors experience various levels of somatic information during their counseling sessions. It appears that students' level of awareness and their comfort level with these somatic experiences impacts how this information is utilized. The concept of felt sense seems to provide a promising new avenue to assist

beginning counselors in processing their inner experiences and making sense of this type of innate capacity when working with clients.

CHAPTER 1
INTRODUCTION

As you read this first sentence of this first paragraph, you are experiencing a body sense reaction, a felt sense, whether you are aware or not. You may be sensing excitement and intrigue due to interest in the topic, or an unsettled questioning as you evaluate the validity of the concepts and merits of this research paper. Regardless of the nature of your response, you are not merely reading the words on the page conceptually or experiencing an emotion or feeling about the discussion; you also experience a bodily sense, and this is what Gendlin (1981) referred to as a type of implicit intricacy, which he termed felt sense. Gendlin utilized his background in philosophy to understand and attempt to make sense of the complexities of human experience. He also developed an approach to therapy, which he termed Focusing (Gendlin, 1969). In both his philosophy and approach to therapy, Gendlin was intrigued by the holistic quality of experiencing that is involved in human nature.

Gendlin and other philosophers have criticized the belief that there is a split between mind and body (Sharma, 2011). He argued that humans experience the world through their physical bodies; therefore, the body and mind are equally responsible for knowledge. Hendricks (2007a) discussed how the concept of the body is understood within Western society as a separate, self-contained entity. She touched on the interaction of the body with the environment; how the bodily felt sense is a direct sense of one's interaction with the environment. Thus, one's experience of the world is not merely an interpretation of the mind; but also an experience of the world through the body. Accordingly, there is an implicit relationship between our bodily senses and our experiences of the world we live in. Theoretically, in the same way therapists are often taught to engage their minds when working with clients, they also can be taught to engage in bodily awareness. A shift towards the full integration of somatic experiences, such as the felt

sense, could assist beginning counselors in developing a more integrated, holistic approach to working with clients and accessing their own internal resources. By learning to access this innate information within themselves, they could potentially learn to use their own felt sense experiences as a form of information when working with clients.

Counselor's use of self has been identified as an important aspect of therapy within a number of theoretical models, and has been conceptualized in a variety of ways (Baldwin, 1987; Cain, 2007; Edwards & Bess, 1998; McTighe, 2011; Omylinski-Thurston & James, 2011; Rogers, 1979). Research regarding use of self has been studied in a variety of contexts, including countertransference (Ehrlich, 2001; Gelso & Hayes, 2007; Jacobs, 1991), empathy (Clark, 2004; Rogers, 1975), congruence (Lietaer, 1993; Omylinski-Thurston & James, 2011; Rogers, 1979), clinical intuition (Witteman, Spaanjaars, & Aarts, 2012), and therapeutic presence (Geller & Greenberg, 2012). Each of these areas details the thoughts, emotions, and bodily sensations experienced by therapists and how this information is understood and potentially utilized.

Research on the inner experiences of counselors during therapy sessions have provided a range of results regarding the content and ways in which beginning therapists experience these thoughts, feelings, and bodily sensations (Coll, Doumas, Trotter, & Freeman, 2013; Fauth & Williams, 2005; Howard, Inman, & Altman, 2006; Melton, Nofzinger, Wynne, & Susman, 2005; McTighe, 2011). Research regarding counselors' perceptions of their inner experiences also provides a range of views on the experiences and uses of this type of information. Some research findings portray this information as distracting and overwhelming, as seen in some of the developmental literature regarding beginning counselors (Fauth & Williams, 2005; Ronnestad & Skovholt, 2013; Williams, 2008). However, studies also suggest this information

can provide an additional avenue to connect with clients and assist in guiding the therapist when viewing this information in the context of the therapeutic relationship (Howard, Inman & Altman, 2006; Macaulay, Toukmanian & Gordon, 2007). In conclusion, these processes are occurring regardless of the counselors' intentions and it would seem to be of benefit for counselors to better understand these reactions and how they could possibly provide information regarding the therapy session.

Because the counselor, as a person and in a therapeutic relationship to the client, is one of the most powerful resources, it becomes increasingly important to focus on a holistic approach to counselor preparation and relational development (Coll, Douman, Trotter, & Freeman, 2013; Gibbons, Cochran, Spurgeon, & Diambra, 2013). Although beginning counselors will obtain a wide variety of skills and knowledge within their preparation program, emphasis can also be placed on utilizing beginning counselors' natural, innate forms of information, such as felt sense experiencing and how these experiences impact the therapeutic relationship. By integrating body-focused approaches to therapeutic understanding, this could expand on conceptual knowledge as well as aide beginning counselors in the development of trust in their instincts and themselves.

In order to make a paradigm shift from an emphasis mainly on conceptual knowledge and skill-based training to a more integrated and holistic approach to counselor education and relational development, a shift is necessary in the scope of counselor education and supervision to include somatic experiences, such as the felt sense. The concept of felt sense represents a humanistic quality of experiencing within the therapy process and can provide an additional source of information beyond conceptual understanding. According to this framework, emphasis is placed on the counselor as a holistic being rather than focusing only on conceptual knowledge

and cognitive conceptualizations of client dynamics. This view implies that the counselor, although in the beginning stages of their development, still brings an innate wealth of knowledge and experience.

Theoretical Framework

A humanistic framework will be used to guide the development of the research questions and provide a frame of reference for how the concept of interest, felt sense, is experienced and can be utilized by counselors within the therapeutic relationship. Phenomenology will be utilized as a methodology to determine the essence of felt sense experiencing by beginning counselors. Phenomenology was chosen as a methodology due to its attempt to address essential questions regarding the experience of being human and its relationship to and influence on humanistic thought. Phenomenology and humanistic approaches both acknowledge the complexities of human experience and rely on the person of interest to describe and make meaning from their experience.

Humanistic

Within a humanistic framework, a significant part of the counselor's role is to facilitate client self-awareness and self-examination, therefore, counselors need to be willing to "live in accordance with what they teach [because it] is what makes counselors 'therapeutic persons' (Corey, Corey, & Callanan, 2005). Rogers (1957) discussed this way of being when he introduced what he believed to be the core conditions necessary for therapeutic change. He focused on aspects of the therapeutic relationship and ways in which the therapist can provide a healing presence through empathy, congruence, and unconditional positive regard (Rogers, 1961). Rogers also advocated for the idea of authentic presence within the therapeutic relationship. This involves the counselor having full access to themselves and being transparent

in regards to how they are impacted by the client. This form of mutual empathy between the client and counselor can be difficult to teach to beginning counselors.

Gendlin (1964) worked with Rogers and was interested in how therapeutic change occurs. He studied the experiences of 'successful' therapy clients to determine what was effective in therapy (Gendlin & Zimring, 1994). Gendlin found that clients' level of experiencing was predictive of their level of lasting change. He also introduced the term 'felt sense' which referred to a type of implicit knowing present in all human beings. Gendlin went on to create a form of therapy, which he termed Focusing (1969), which relies on tuning into the felt sense experience of an issue or problem in order to engage the body's processing of the event.

Gendlin's focus on the concept of embodied knowing parallels the humanistic principle of viewing the person as a holistic being and a belief in trusting their inner awareness as a source of valuable information. Within the humanistic counseling literature, the areas of clinical intuition and congruence have been explored in terms of counselors' awareness of embodied knowledge and how this information is utilized when working with clients (Omylinski-Thurston & James, 2011; Rogers, 1979; Witteman, Spaanjaars, & Aarts, 2012). There has been some debate regarding this form of information which has been criticized as being overly subjective (Ubel & Loewenstein, 1997). However, this divide between rational and embodied ways of knowing goes against the humanistic view of the person as a holistic entity. As Cain (2002) described, within a humanistic framework:

> The person is viewed *holistically,* as an indivisible, interrelated organism who cannot be reduced to the sum of his or her parts. All individuals are *embodied* beings and, consequently, cannot be understood apart from their physical and emotional selves. Similarly, people are *contextual beings* who are best understood in their relationship to others and their environment in their immediate life space. (p.5)

The humanistic principle regarding the counselor's use of self will be a focus of the current study as well as the view of the person's capacity for growth toward fulfillment or health. This view holds that people, including beginning counselors, are viewed as resourceful and capable of the capacity "to tap their internal experiences and external resources in a manner that leads to productive learning, growth, and effective behavior" (Cain, 2002, p.4).

Phenomenology

Phenomenology will be utilized as a methodology in order to explore the lived experiences of felt sense within beginning counselors. Heidggerian phenomenologists believe that all knowledge originates from people who are already in the world and are seeking to understand other people who are also already in the world (Lowes & Prowse, 2001). In this way, Heidegger's hermeneutic phenomenology views the researcher and participant as products of human interaction where each has an effect on the research process and views knowledge as being co-created (Lopez & Willis, 2004). The use of phenomenology also allows for the understanding, rather than explanation, of human phenomenon (Mackey, 2004). Due to the lack of knowledge regarding how felt sense is experienced by beginning counselors, the interpretive phenomenology introduced by Heidegger will allow for greater understanding of this concept.

Statement of the Problem

The therapeutic technique of Focusing, which involves learning to access and experience the felt sense, has produced lasting changes by assisting clients in learning "to actively refer inwardly to their experiences and feelings and then articulate those experiences in words. Strong, repeated findings demonstrate that this correlation holds across cultures, therapeutic orientations, different patient populations, and different modalities of outcome measures"

(Wagner, 2006, p. 47). Although studies regarding the effectiveness of Focusing have produced results with a range of presenting problems as well as diverse client populations (Greenberg & Watson, 1998; Santen, 1999; Shiraiwa, 1999), the concept of felt sense has never been explored in terms of the counselors' experience of their own felt sense when working with clients. This area of research could provide promising results regarding the counselor's use of self within the therapeutic relationship as well as increasing counselor self-awareness.

Furthermore, counselors' use of self, which includes somatic experiences or clinical intuition, has often been viewed as something that is developed by expert or skilled counselors who have been in the field for many years (Ronnestad & Skovholt, 2013; Witteman, Spaanjaars, & Aarts, 2012). Little is known about the somatic experiences and reactions of beginning counselors and what is done with this information. Studies exploring the experience of critical incidents for novice counselors provided results indicating that beginning counselors may have more insight and self-awareness than is depicted within traditional models of counselor development (Howard, Inman, & Altman, 2006). In addition, because felt sense is experienced by all human beings; it is unlikely that this form of implicit information is devoid within beginning counselors.

The lack of focus on somatic experiences within the therapeutic relationship can also be seen within counselor preparation programs. Counselor use of self within the therapeutic relationship has been identified as an important quality within humanistic approaches to counselor education (Coll, Douman, Trotter, & Freeman, 2013; Gibbons, Cochran, Spurgeon, & Diambra, 2013) but it appears there is a gap between counseling pedagogy and how to put this into practice. Counselors are questioned regarding their emotional reactions to clients or their conceptual understanding within counseling supervision; however, discussion of the felt sense

could provide language to discuss their somatic experiences and reactions to working with clients. This brings up the question of how felt sense is experienced by beginning counselors and what they do with this information? It also brings up questions as to whether these experiences are addressed within counselor education and supervision, and if so, how?

Purpose Statement

The purpose of this study is to understand the lived experiences of felt sense among counselors in the beginning phases of their development. Felt sense will generally be defined as information gained from internal or somatic awareness on the part of the counselor. The counselor's experience of this information may be related to the therapist themselves (experiencing a personal reaction), the client, the interaction or any other additional factor(s). The goal of this study is to explore the lived experiences of felt sense among counselors in the beginning phases of their professional development in order to understand the ways in which felt sense is experienced and what is done with this information. Information will also be gathered regarding the experiences students have in their counselor preparation programs or personal lives which enhance felt sense experiencing.

Research Questions

1. What are the lived experiences of felt sense among counselors in the beginning phases of their development?
2. What happens when the felt sense is experienced? How is this information utilized? How does this relate to the client-counselor interaction?
3. Is the concept of felt sense (or a similar concept) discussed within counselor preparation programs or during supervision?
4. What are students' experiences, outside of the program, that have aided in their 'felt sense' experiences?

Significance of the Study

Counselor use of self has long been seen as an important aspect of the therapy process within the humanistic orientation (Baldwin, 1987; Cain, 2007; Edwards & Bess, 1998; McTighe, 2011; Omylinski-Thurston & James, 2011; Rogers, 1979); however, the concepts being explored in this study regarding felt sense experiencing are transtheoretical and can be applied using any approach to therapy. Little is known about the experiences of counselors in regards to the concept of felt sense experiencing. Studies in the areas of clinical intuition (Harding, 2004; Jeffrey & Stone Fish, 2011; Kleinmuntz, 1990; Witteman, Spaanjaars, & Aarts, 2012), therapeutic presence (Baldwin, 1987; Geller & Greenberg, 2012; Geller, Greenberg, & Watson, 2010), self awareness (Fauth & Williams, 2005; Hansen, 2009; Jennings & Skovholt, 1999; Pieterse, Lee, Ritmeester, & Collins, 2013; Williams, 2003; Williams, Polster, Grizzard, Rockenbaugh & Judge, 2003), congruence (Omylinski-Thurston & James, 2011; Rogers, 1957), and embodied self-awareness (Fogel, 2009) will be explored in relation to their views in the development and use of somatic information within the therapeutic relationship.

More information is needed regarding the lived experiences of counselors in the beginning phases of their development to further understand this concept. Research on the common factors in therapy concludes that the therapeutic relationship is a substantial contributor to therapeutic outcome, second only to client factors in accounting for the variance in outcome (Horvath & Symonds, 1991; Hubble, Duncan, & Miller, 1999; Lambert, 1992; Martin, Garske, & Davis, 2000; Norcross, 2002; Nuetzel, Larsen, & Prizmic, 2007; Stevens, Muran, Safran, Gorman, & Winston, 2007; Watson & Geller, 2005; Zuroff & Blatt, 2006). Because the counselors' most valuable tool they have to use in the therapy process is themselves, it would make sense to further understand how this process evolves. Gaining insight into the awareness and uses of felt sense experiencing by beginning counselors could create new possibilities in the

focus of counselor education with a shift towards a more holistic approach towards counselor development.

Need for the Study

The major theories of counselor development (Hogan, 1964; Stoltenberg, 1981; Loganbill et al, 1982; Skovholt & Ronnestad, 1992) have depicted beginning counselors as limited in their capabilities of complex thinking, strong clinical skills, self-awareness, and solid therapeutic capacities. Each of these areas are viewed as being developed later in the career cycle. These traditional views of counselor development impact counselor education pedagogy and have the potential to restrict counselor development rather than enhancing qualities which may already be inherently present in the beginning counselor, such as felt sense experiencing.

The process of accessing the felt sense has been found to be self-enhancing, in that "the more direct inner referents become felt data of attention, the more the person is able to focus and be in touch with the experiential process, the more congruent awareness and experience become, and the healthier a person feels" (Hauser, 2001, pp. 97-98). Although the prior statement is said to be true for clients who access their own felt sense, this could also be true for the counselor as well. Felt sense experiencing could provide a way for beginning counselors to become more grounded in their bodies and to assist in the development of their use of self within the context of the therapeutic relationship.

Developing a better understanding of the ways in which felt sense is experienced by beginning counselors as well as what is done with this information has the potential to shape future counselor education and development. Increasing counselors' awareness of their own felt sense experiences when working with clients could help them gain insight and learn to trust themselves. The use of the term 'felt sense' could give language to a process which is innate in all human beings but could be a valuable resource for counselors, in particular. The felt sense as

a concept could also help counselors learn to better ground themselves in their bodies and learn to decipher their somatic experiences of working within the therapeutic relationship.

The use of somatic experiences could provide counselor educators and supervisors another avenue to teach counselors which begins with their own internal resources. Gaining insight into the ways felt sense is experienced and developed by beginning counselors will inform a more holistic view of counselor development and create new opportunities for focus in counselor preparation programs. This has the potential to expand on current counselor use of self research.

Much of the research regarding therapeutic process and relationship has been focused on the client's experience of therapy (Ronnestad & Skovholt, 2013). Although the client's experience of the therapy process is highly important, more research is needed regarding the experiential process of the counselor, particularly for beginning counselors. Therapist factors impact both the counselor and the therapeutic relationship. They are also one of the few factors that can be controlled by the counselor, unlike client factors.

In conclusion, research regarding the counselor's use of self has yet to explore the area of felt sense experience for counselors. This area has the potential to provide fruitful possibilities for the ways in which we discuss somatic experiences in counselor education and supervision. The remaining chapters will explore the theoretical orientation and views of counselor development in greater depth and will then explore the literature surrounding ways in which counselor use of self has been explored, such as felt sense, clinical intuition, therapeutic presence, self awareness, congruence, and embodied self-awareness. The final chapter will include the proposed methodology for the study and rationale for the methods.

CHAPTER 2
REVIEW OF LITERATURE

Introduction

In this chapter, humanistic and experiential approaches to counseling and counselor development will be explored, with an emphasis on how counselor use of self is conceptualized and utilized in therapy. Traditional counselor development models will be reviewed and suggestions will be made for alternative views, which are a focus of this study. Relational aspects of counseling, including the common factors in therapy and therapist factors, will be explored further in order to highlight the importance of the therapist's use of self in the therapy process. The concept of felt sense will be explored within the counseling literature as well as an interdisciplinary search of literature related to somatic experiencing. The concepts of felt sense, clinical intuition, therapeutic presence, self-awareness, congruence, and embodied awareness will be explored as they relate to the counselor's inner experiences during the therapeutic process.

Theoretical Framework

The profession of counseling began in the 1900s at the start of the vocational guidance movement (Bradley & Cox, 2001). Although this area of the counseling profession had its focus on career aspirations, the underlying philosophical basis was aligned with humanistic values from the start. The field of counseling differed from other helping professions of the time (e.g., psychiatry, clinical psychology) that maintained a pathological view of client issues, consistent with the medical model, but instead approached clients with an intent to help them actualize their innate potential (Hansen, 2005). These philosophical underpinnings of the counseling profession began to receive more attention and support as humanistic approaches to therapy gained momentum in the field. Humanistic psychotherapy emerged as the "third force" in psychology

in the mid-20th Century, the first two forces being psychoanalysis and behaviorism (DeCarvalho, 1990). Humanism helped to articulate, clarify, and extend the values that were already present as the foundation of the counseling profession.

"Humanistic counseling is based on fostering the development of the whole person and rests on the understanding that the capacity for personal growth and change comes from within the human being" (Coll, Doumas, Trotter, & Freeman, 2013, p.54). Humanistic approaches emphasized the therapeutic relationship as a powerful mechanism in the process of healing. These approaches also included a view of clients which is based on their potential and capability to enact change if given the correct circumstances.

Carl Rogers (1957) is often credited with being the modern founder of humanistic psychotherapy following his development of the client-centered method of therapy. Rogers placed emphasis on the client's growth and development within the context of a growth fostering relationship with the therapist. He also introduced the concept of core conditions for therapeutic change, which involved the counselor displaying congruence, unconditional positive regard, and empathy in reference to working with a client (Rogers, 1957). Each of these conditions involves a relational component with the client but also requires that the counselor have a level of self-awareness and access to oneself. Rogers felt these conditions were necessary to form a genuine connection with the client as a person and meant that the therapist must also remain transparent and open about their own process, which he termed congruency. Congruence has two components: the ability to be aware of one's own internal experience, referred to as authenticity, and the willingness to communicate one's internal experience with the other person, which refers to transparency (Lietaer, 1993). This type of authenticity and transparency requires the therapist

to have a good awareness of their own inner processes and the courage to share these experiences if they are of benefit to the client.

Eugene Gendlin worked in collaboration with Carl Rogers during the 1950s at the University of Chicago (Hendricks, 2002; Rogers, Gendlin, Kiesler & Truax, 1967). Gendlin was influenced by philosophers such as Wilheim Dilthey (1833-1911), John Dewey (1859-1952), Maurice Merleau-Ponty (1908-1961), and Richard McKeon (1900-1985). He eventually developed his Philosophy of the Implicit (Gendlin, 1997b) which he applied to the work Rogers was doing at the time related to the therapist offered conditions. Gendlin was interested in the process occurring while empathic conditions were present and determining what is actually effective in therapy (Wagner, 2006). He determined that the *process* of how the client was relating to their experience had more of an impact on therapeutic change than the actual content of the exchange.

Gendlin (1969) referred to the process of experiencing, which involves what is sensed in the body at any given time and coined the term felt sense. He concluded that experiencing involves the body's interaction with the environment and is something we do not typically pay attention to, meaning it exists prior to the words we can find to describe it. Levine (1997) described felt sense as "a medium through which we experience the totality of sensation…The best way of describing felt sense is to say that it is the experience of being in a living body that understands the nuances of its environment by way of its responses to that environment" (pp. 68-69). Gendlin's focus on the experience occurring during the therapy process led Rogers to redefine the self in process terms, noting clients should become "able to live more fully and acceptantly in the process of experiencing, and to symbolize the meanings which are implicitly in the immediate moment" (Rogers, 1959, p. 102).

Gendlin and Zimring (1994) examined hundreds of transcripts and hours of taped psychotherapy sessions in order to identify a variable they termed experiencing level. A Process Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969) and eventually the Experiencing Scale (Klein, Mathiey-Coughlan, & Kiesler, 1986) was created to measure the variable of experiencing level. It was hypothesized that clients who are more successful in therapy would display an increasing ability to refer directly to their bodily felt experience; however, findings suggested that experiencing level early in therapy was predictive of therapy outcome. Meaning, clients who began therapy with an ability to speak from their inner experience did well while those who started unable to access their inner experiences did not necessarily learn and had a poorer outcome. This led Gendlin (1981) to develop a method of teaching clients to engage their inner process, which he termed Focusing.

Although focusing was designed as a method to teach clients to access their felt sense in relation to a problem or issue they were experiencing, the focus of this review will be on the felt sense in terms of how it can be accessed and utilized by counselors themselves, an area which has not yet been explored. The concept of felt sense experiencing will be explored as a way to help beginning counselors gain access to their internal reactions and experiences within the context of the therapeutic relationship. This information can be utilized to strengthen counselor self awareness and provide additional forms of counselor use of self.

Phenomenology

Phenomenology has strong roots in philosophical thought. Edmund Husserl (1859-1938), a German mathematician, and those who have expanded on his views, such as Heidegger, Sartre, and Merleau-Ponty, have debated the concepts of perception, consciousness, and even the definition of phenomenology itself. Despite these philosophical arguments, it appears some consensus has been reached in regard to the basis of phenomenology as being the study of lived

experiences of persons, the view that these experiences are conscious ones, and the development of descriptions of the essences of these experiences, not explanations or analyses (Moustakas, 1994). As a research paradigm, "a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon" (Creswell, 2013, p. 76).

Husserl rejected the trend towards positivistic methodology adopted within psychology and the social sciences. His belief was that this method of exploration discouraged the study of the lived experience or consciousness. His intention for phenomenology was to uncover and describe the mental essences by which we experience our world and ourselves (Hergenhahn, 2005). Gendlin (1991) referred to this process as "implicit intricacy" and believed meaning is experienced as distinct from symbolic thought and perceptions. Husserl attempted to use phenomenology to come into contact with the complexity of experience and would then attempt to describe these experiences as purely as possible without imposing assumptions. However, Gendlin (1997a) did not agree that pure description was possible, criticizing attempts to conceptualize experience as being interpretative. In this respect, Gendlin aligned more with Heidegger, a student of Husserl's, who viewed human existence as a process in which we are always becoming other than what we were (Hergenhahn, 2005). Heidegger used the method of phenomenology to study human existence, to let it speak for itself and reveal its truth rather than imposing interpretations or trying to remain objective. Heidegger's hermeneutic phenomenology, which is the philosophical and methodological basis for the current study, purports one's experience cannot be isolated from their greater context in the world. Hermeneutic phenomenology espouses an ontological approach to the research process, examining what can be known about existence, truth and the nature of reality (Heidegger, 1962).

Emphasis is placed on being in the world, which incorporates the experience within a context of time, place, and situational influences (Smythe, Ironside, Sims, Swenson, & Spence, 2008).

Hermeneutic Phenomenology

The philosophical underpinnings of hermeneutic phenomenology "emphasize the human experiences of understanding and interpretation through language, history, and commitment to a culture, that we inherit in an intuitive sense called 'embodied' knowledge" (Lowes & Prowse, 2001, p. 474). Heidegger (1962) introduced the concept of *dasein* which means *being-in-the-word,* which identifies the relation of the individual's reality being influenced by the world in which they live. This concept carries significance within the research process due to the acknowledged subjectivity of both the researcher and participant and the impact of their lived experiences. Heidegger also utilized the existential concept of situated freedom (Leonard, 1999) which means individuals are free to make choices but their choices are impacted by the specific conditions of their daily lives. This concept of situated freedom is seen within the counseling relationship; choices are made regarding what details are attended to and what details are left alone within a therapeutic interaction. Some of these decisions are based on theoretical orientation and some are left to the instincts and knowledge of the counselor. The use of a phenomenological approach, specifically a hermeneutic or interpretative approach to the research methodology, fits within the humanistic/experiential theoretical framework of the current study as well as the proposed research questions of interest. This form of phenomenology accurately represents the complexity of human interaction and being.

Counselor Development

A number of counselor development models have been identified over the years in reference to the process of becoming a therapist. Hogan (1964) was the first to propose an influential stage model of how counselors change and grow over time. Since this time, theorists

have expanded on Hogan's original model, borrowed from theories and models of development, and added their own findings to form what appears to be a general consensus in the literature about the development of beginning counselors. The major theories of counselor development (Hogan, 1964; Stoltenberg, 1981; Loganbill et al, 1982; Skovholt & Ronnestad, 1992) have depicted beginning counselors as limited in their capabilities as well as needing to struggle through a long period of dependency and external focus during their preparation program, only arriving at complex thinking, strong clinical skills, self-awareness, and solid therapeutic capacities later in the career cycle. A number of qualitative studies have explored the experiences of novice counselors in an attempt to understand the complex process of becoming a therapist (Howard, Inman, & Altman, 2006; Williams, Judge, Hill, & Hoffman, 1997). Quantitative studies assessing beginning counselor development have been difficult to execute and have yielded mixed findings. Ladany and Inman (2008) state the need for more qualitative studies related to the experiences of beginning counselors due to the complexity of experiences and lack of knowledge in this area. Qualitative studies of somatic experiences in experienced counselors have been conducted (Omylinska-Thurston & James, 2011) but this concept has not been explored in novice counselors.

Over the past several decades, counseling and psychology preparation programs have been criticized for overemphasizing technique-based training at the expense of the inter- and intrapersonal development of therapists and therapeutic relational development in trainees (Bergin, 1997; Buser, 2008; Herman, 1993; Ladany & Inman, 2008; Mahoney, 1986; Winslade, Monk, & Drewrey, 1997). Rogers (1975) expressed discontent with technique-based training practices, arguing that they missed the humanity of both clients and therapists. Ironically, the relational elements that form the basis of his theory have been taken out of context and are now

taught as the basic fundamental skills in most counselor preparation programs. This is just one example of how relational building blocks, which are intended to be delivered with groundedness in oneself and presence, are taken out of context and reduced to mere micro-skills training. It is no wonder these concepts receive scrutiny for being overly simplistic. The result of these technique-based methods of training is that counselors are ill prepared for the relational dimension of counseling, with both clients and themselves. There have been some qualitative studies surrounding critical incidents experienced by novice counselors, which convey that beginning counselors may be more capable and sophisticated in their development and insight than previously believed.

Howard, Inman, and Altman (2006) conducted a qualitative study of critical incidents among novice counselors. Nine trainees in masters-level counseling programs kept journals for fifteen weeks over the course of their first practicum experience. The journal entries were then analyzed using the discovery-oriented research methodology. The researchers found 157 critical incidents in five major categories: (a) professional identity, (b) personal reactions, (c), competence, (d) supervision, and (e) philosophy of counseling. The category of personal reactions, which accounted for twenty-one percent of the total critical incidents, is of most interest for this study. Within this category, the incidents were subcategorized as being either self-awareness or self-insight. The self-awareness incidents were described as moments that the trainee became critically aware of an internal reaction when sitting with a client. The second subcategory, self-insight, reflected a deeper awareness of how reactions to clients could affect trainee behavior and the course of therapy. This more sophisticated awareness, self-insight, seemed to show a reflection on the awareness of experiences. Howard et al. conclude that, "The ability to consider the implications of reactions to clients, including countertransference, with

regard to process and outcome, shows a more advanced degree of insight and conceptualizing ability than has been suggested by some traditional models of counselor development" (e.g., Loganbill et al., 1982; Stoltenberg, 1981)" (p. 98). Although this study has interesting findings regarding the level of sophistication in trainees during their first clinical experience, as well as evidence of their awareness and processing of somatic experiences in the therapy process, there are some limitations to the study. Qualitative research provides a rich understanding of the processes and experiences of participants within the given study, but issues of generalizability arise. Also, this study lacked diversity among their participants. With eight white women and one white male, it is unknown if other participant characteristics would have had an impact on their experiences. The authors discuss the emergence of self-insight as being a relatively new theme in the area of counselor development and suggest further research is needed on this "potentially fruitful" area.

Within the current study regarding felt sense in beginning counselors, the areas of self-awareness as well as self-insight are of interest. Self-awareness, the ability to notice internal reactions and experiences, and self-insight, the ability to process and make sense of these reactions in order to expand counselor development and inform the therapeutic process, will both be variables of interest. The current study will further explore the experiences of somatic-awareness among counselors in training and the ways they make sense of these experiences, which involves a sophisticated level of self-insight.

Common Factors, Relationship & Therapist Factors

Although a multitude of theories and schools of thought exist about what is effective in therapy, many authors have proposed common factors found within each of the theoretical approaches: (1) client factors; (2) relationship factors; (3) hope, expectancy or placebo factors, and (4) technique factors (Imel & Wampold, 2008; Hubble, Duncan, & Miller, 1999; Lambert,

1992). These common factors encompass therapist qualities as well as the alliance between therapist and client. According to Lambert (1992), Hubble, et al. (1999) and other authors (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000; Ottens & Klein, 2005; Norcross, 2002; Nuetzel, Larsen, & Prizmic, 2007; Stevens, Muran, Safran, Gorman, & Winston, 2007; Watson & Geller, 2005; Zuroff & Blatt, 2006) the therapeutic relationship is a substantial contributor to therapeutic outcome, second only to client factors in accounting for the variance in outcome. Because the therapist, as a person and in relationship to the client, is one of the most powerful resources, it becomes increasingly important for beginning counselors to learn how to fully access themselves and make sense of the full experience of being with a client. In order to gain access to the multiplicity of this shared information, counselors must be fully present with their clients and with themselves. Counselors can draw on the knowledge they have gained and apply techniques learned in training, but without being fully present, these techniques are limited.

Much of the research on therapeutic processes and relationship is focused on the client's experience of therapy. This tends to negate the therapist's impact and process. According to Ronnestad and Skovholt (2013):

> By combining two major conclusions from psychotherapy and counseling research: (a) that the therapeutic relationship is highly important for outcome, and (b) that therapist effects are substantial, it follows that it is wise to study the entire person of the therapist/counselor, including personal aspects, if one is to grasp important aspects of practitioner functioning and therapist/counselor development. (pg. 8)

The authors emphasize the importance of research related to therapist factors. When considering the common factors in therapy, therapist factors are one of the few areas that counselors can control. Therapist factors impact both the therapist and the therapeutic relationship. For this reason, it seems logical that more focus would be placed on therapist factors in research and counselor preparation.

Felt Sense

Focusing-Oriented Psychotherapy was developed at the University of Chicago, by Eugene Gendlin in the 1960's (Gendlin, 1969). His research was focused on how therapy works and the nature of the change process. Gendlin became interested in developing a method for accessing the deepest inner truth that we all carry inside (Gray, 2013). Focusing is based on the belief that the body acts as a container and has a deeper wisdom than what is known cognitively or experienced emotionally. Gendlin (1996) believed these sensations or experiences exist before they are in one's conceptual awareness. He was the first to name this humanly innate concept as felt sense. Gendlin defined felt sense as follows:

> Our usual way of thinking divides experience into discrete entities: thoughts, feelings, memories, desires, body sensations, and so on…These experiences are cut apart from each other. If you were now to say to yourself, "How do I *physically* sense this situation *as a whole*?" By "feel" we usually mean well-known emotions such as being "scared" or "angry." But one can also have a very distinct feeling that has not yet opened to reveal what it contains. That is a bodily felt sense. (p. 19)

A characteristic of felt sense is that it is experienced as an intricate whole. Gendlin (1996) describes it as being sensed as many intricacies and strands. He also explains how a felt sense differs from more ordinary kinds of experiences, such as emotions and other physical sensations. Although there are a few similarities between the experience of emotions and the felt sense, he carefully outlines the many differences. For example, emotions are recognizable and typically the same. He gives the example of fear being fear or anger feeling like anger. This differs from the felt sense in that the felt sense is not clearly recognizable. It is difficult to put an exact label on a felt sense, as you could for an emotion. A similarity between emotion and a felt sense is that both can be experienced within the body, however, the felt sense is a deeper sensation or knowing, and not so much a reaction to a single situation. Felt sense also changes as one focuses on it or seeks to understand it.

Hendricks (2007b) suggests that to fully understand the concepts in focusing-oriented therapy, one must learn to access their own felt sense and recognize when words, images, or gestures come from it. She states that the majority of early counselor preparation in learning focusing-oriented therapy is spent helping students to access their own felt sense; however, not much else is mentioned about how this process occurs or can be facilitated. Hendricks also discusses how the concept of the body is understood within Western society as a separate, self-contained entity. She discusses the interaction of the body with the environment; how the bodily felt sense is a direct sense of one's interaction with the environment. One's experience of the world is not merely an interpretation of the mind; but we also experience the world through our bodies. Accordingly, there is an implicit relationship between our bodily senses and our experiences of the world we live in. Theoretically, in the same way therapists are often taught to engage their minds when working with clients, they also can be taught to engage in bodily awareness. A shift towards the full integration of somatic experiences could assist beginning counselors in developing a more integrated, holistic approach to working with clients and accessing their own internal resources.

Gendlin (1996) discusses how focusing on a felt sense differs from other processes of self-reflection, such as imagery, hypnosis, meditation, catharsis, or an altered state. He points out that many of these practices may assist in accessing the felt sense, but also many require a level of relaxation beyond where the felt sense can be accessed or explored. Gendlin purports that a certain level of consciousness must be obtained in order to have full access to the body's felt sense. Gray (2013) identifies a series of steps involved in experiencing one's own felt sense. In simplest terms, the process involves letting go of trying to force something to happen or to fix something. It also involves an openness to one's inner experience and a belief that change is

possible. To access felt sense, there also needs to be an acceptance of whatever arises, including uncertainty. It also involves trusting the body's wisdom through words or action steps.

Welwood (2000) describes felt sense as a pre-articulated experience within the body, sensed implicitly before it is given any explicit expression. He states,

> This allows a fresh articulation of what is true for us, which was not accessible or expressible before. It is only out of the initial blurriness that something fresh can unfold, something we may have vaguely sensed but not yet fully realized. That is why we usually have to let ourselves *not know* before we can discover anything new. (p. 90)

This idea could have important implications for beginning counselors. The concept of felt sense experiencing could provide counselors with a way to bring awareness to their somatic experiences when working with a client and counselors could be taught to utilize this as a form of information within the therapeutic relationship.

Clinical Intuition

Clinical intuition has been viewed by some as being nonsensical or even mystical, yet it has been explored in terms of its relevance and use in areas ranging from medicine to the field of counseling. Witteman, Spaanjaars, and Aarts (2012) define clinical intuition as "automatic responses that are based on knowledge acquired through significant, explicit learning from textbooks and in clinical practice…Intuitive processes operate at least partially without peoples' awareness and result in feelings, signals or interpretations" (pp. 19-20). According to this definition, however, it appears clinical intuition can only be experienced by those who have engaged in clinical work with clients, thus neglecting intuition as a form of knowledge for beginning counselors or those new to the field. Because felt sense is a naturally occurring phenomenon in all people, it could provide access to these types of intuitive reactions for beginning

counselors and give them language to describe these types of somatic experiences which could be related to clients.

A number of studies have concluded that in actual clinical practice, clinicians utilize a combination of empirically derived information, or analysis, as well as their professional intuition (Harding, 2004; Jeffrey & Stone Fish, 2011; Kleinmuntz, 1990). Hogarth (2005) describes the advantages and disadvantages of clinical intuition. The use of clinical intuition may provide potential hypotheses to further explore within the therapeutic environment. In the same way, use of the felt sense could be utilized as a way to generate clinical hunches or hypotheses that could be tested or explored.

Therapeutic Presence

Geller and Greenberg (2012) define therapeutic presence as "the state of having one's whole self in the encounter with a client by being completely in the moment on a multiplicity of levels—physically, emotionally, cognitively and spiritually" (p. 7). This involves the therapists' awareness of the client as well as their own reactions and bodily sensations in response to the client and the counselor-client interaction. "Therapists who are fully present with their clients often draw from spontaneous and creative aspects of themselves that may have profound effects on their clients' well being" (Cain, 2007, p. 5). As Rogers (in Baldwin & Satir, 1987) commented about his therapeutic presence:

> I find that when I am the closest to my inner, intuitive self-when perhaps I am in touch with the unknown in me-when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. At those moments, it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself, and has become part of something larger. Profound growth and healing and energy are present. (p.50)

Geller and Greenberg (2012) further describe how therapists can use their bodily awareness as a vehicle for understanding their clients and monitoring the therapeutic process. They state, "The

therapist's bodily sense of the client's experience is a reflection of an inner synthesis of the client's expressed and felt experience with the therapist's own lived experience and his or her professional expertise" (pp. 7-8). Although these concepts have been explored in experienced therapists, little is known about how bodily awareness is utilized by counselors in the beginning stages of their development.

Geller and Greenberg (2002) conducted a qualitative study of seven experienced therapists who were identified as having strong beliefs regarding the impact of therapeutic presence. The therapists were asked to reflect on their own experience of being present following their therapy sessions over a period of several weeks. A semi-structured interview format was used in which therapists were asked about aspects of their own experience, including thoughts, emotions and physical experiences of presence. The authors analyzed the data using grounded theory and found three categories that were then used to form the foundation of a model of therapeutic presence. The authors identified a series of steps in the preparation and experience of therapeutic presence. The first level, which was called preparing the ground for presence, referred to the preparation involved in allowing the therapist to be present, both before meeting with a client and in life choices in general. The second level was called, the process of presence, and describes the processes or activities that the therapist engages in when becoming present. The authors discuss the idea of the therapist inwardly attending as a way to deepen this process. Part of inwardly attending is the use of one's self as an instrument as a way to understand the client and as a method to facilitate change. This self-understanding is a combination of the therapist's experience of the client as well as their own personal, professional and intuitive understanding of what has been shared. This information comes to the therapist in the form of words, feelings, images or bodily sensations. The third level is the actual in-session

experience of presence, and refers to the qualities of the state of being fully present. Four subcategories emerged regarding the experience of therapeutic presence, ranging from the experience of being grounded in one's own body, feeling immersed in the moment with a heightened awareness and openness while maintaining the intention to provide a healing presence. This model of therapeutic presence integrates information from a variety of sources, including bodily awareness. Some of the key features of therapeutic presence, as outlined by Geller and Greenberg (2002), openness and inwardly attending to one's experience, an awareness of in-the-moment thoughts, feelings, images or body sensations related to the therapeutic interaction, and extending one's experiences with the intention of transparency overlap many of the concepts of interest in the current study.

As a follow-up to the above mentioned model of therapeutic presence (Geller & Greenberg, 2002), these authors conducted a second study to develop a measure of therapeutic presence (Geller, Greenberg, & Watson, 2010). The authors created the Therapeutic Presence Inventory (TPI), which has two versions, one for the therapist's perception of their own presence (TPI-T) and one for the client's perception of their therapists' presence (TPI-C). Reliability and validity of the TPI-T and TPI-C were established and the measures were utilized in two large randomized control studies for the treatment of depression, one at York University (Goldman, Greenberg, & Angus, 2006) and the University of Toronto (Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003). These studies utilized client and therapist ratings of presence during a 16-week trial of process experiential therapy [PET] and client-centered therapy (Goldman et al., 2006) and PET and cognitive-behavioral therapy (Watson et al., 2003). The findings in both studies indicate that clients report a positive change following a therapy session where they perceived their therapist was present with them, regardless of therapists' theoretical

orientation. Clients also rated the therapeutic alliance as being stronger when they felt their therapist was more present in session. Interestingly, in both studies, the authors found that the clients' experience of therapist presence had a greater impact than how therapists experienced their own presence. This finding suggests that therapists must not only experience presence in session but must also be able to communicate this to clients. This finding highlights the necessity of therapists' awareness and the relational quality of their therapeutic presence. Geller and Greenberg (2012) clarify,

> Therapeutic presence is more than just being congruent, more than just being real, more than just being accepting of the client, more than being empathic or attuned or responsive. It is a complex interplay of therapeutic skill and experience guided by the underlying intention and experience of fully being in the moment and meeting that experience with the depth of one's being. (p. 42)

There are notable gaps in the research regarding therapeutic presence (Geller & Greenberg, 2012). There have been some studies of therapeutic presence for experienced therapists (Pemberton, 1977; Fraelich, 1989; Phelon, 2004), but little is known about the experiences of beginning counselors. Further study in this area could help shape research on counselor development and inform counselor education. Therapeutic presence and use of self, including somatic awareness, are abstract constructs that can be difficult to define. They reflect the ambiguity and complexity experienced within the therapeutic relationship.

Self-Awareness

Self-awareness has long been considered an important aspect of counselor development and performance (Hansen, 2009; Jennings & Skovholt, 1999; Pieterse, Lee, Ritmeester, & Collins, 2013). One of the debates surrounding this concept is a comprehensive definition of self-awareness. The term was first used by psychoanalysts in reference to the self-knowledge or self-insight needed on the part of the therapist when working with clients (Ehrlich, 2001; Jacobs, 1991). In this sense, it is used to determine countertransference reactions to clients (Gelso &

Hayes, 2007). Self-awareness has also received attention in the psychotherapy literature as a critical component of skilled clinical practice (Edwards & Bess, 1998; Jennings & Skovholt, 1999; Uhlemann & Jordan, 1981). In their most recent standards, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) state that the presence of self-awareness is a fundamental prerequisite for counselor competency. This implies an importance in the concept of self-awareness on the part of a therapist but it does not clarify a definition of the term. Issues also exist in how to increase self-awareness or train counselors to become more self-aware (Pieterse et al., 2013); however, there is debate about how this can be done. It seems that although self-awareness is viewed as an important component of effective and ethical therapy practices, there is a lack of consensus on the exact definition of this concept.

Therapist self-awareness has also been criticized as creating distracting or hindering effects to the therapy process (Fauth & Williams, 2005; Williams, 2003; Williams, Polster, Grizzard, Rockenbaugh & Judge, 2003). Williams (2008) conducted multiple quantitative (Fauth & Williams, 2005; Williams, 2003; Williams, Hurley, O'Brien & DeGregorio, 2003; Williams & Fauth, 2005) and qualitative (Williams et al., 2003) studies with both experienced and inexperienced therapists in order to determine the impact of negative or distracting aspects of in-session self-awareness. Williams (2003) chose to define self-awareness as, "a therapist's momentary attention to his or her own thoughts, feelings, physiological responses, and behaviors" (p.178). This definition implies a more immediate focus on self-awareness in the moment rather than a broader scope including past experiences and general awareness or knowledge about the self. Although her definition is consistent with the aspects of self-awareness of interest in this review, her focus on only negative or hindering self-awareness skews the concept. By only exploring negative or hindering self-awareness, her concept of

interest more closely relates to therapist self-consciousness or self-focused attention. She acknowledges this contradiction in an article she wrote reflecting her research on this topic over the past decade (Williams, 2008). She states:

> Based on the problematic nature of the term *self-awareness* itself, however, I also propose that our definition of momentary self-awareness ("therapists' momentary recognition of and attention to their immediate thoughts, emotions, physiological responses and behaviors during a therapy session"; Williams & Fauth, 2005, p.374) be used in conjunction with the now common term in social psychology: *self-focused attention.* This shift in terminology honors previous work on the importance of therapist's self-insight as a form of self-awareness and increases the possibility that we will not make the same connotative errors in our discussions of self-awareness (particularly in terms of its valence). In other words, we should use the term *self-awareness* to refer to the self-insight, *self-consciousness* to refer to the trait of being continuously attuned to internal states (both positive and negative), and *self-focused attention* to refer to momentary shifts toward being aware of oneself in the moment. (p.143)

Williams' earlier studies on the presence of self-awareness, in novice as well as experienced therapists, provide empirical evidence for the presence of in-session thoughts, emotions, physiological sensations and experiences (Williams, 2003; Williams, Polster, Grizzard, Rockenbaugh & Judge, 2003). Williams (2003) had beginning therapists and their volunteer clients participate in a post-session process recall in which therapist helpfulness and states of momentary self-awareness were rated, along with client reactions. The author also examined therapist anxiety levels and the strategies they used to manage hindering self-awareness. Findings suggest anxiety levels prior to session were positively related to momentary self-awareness during the session. They also found that therapists' momentary self-awareness was negatively related to client perceptions of therapist helpfulness. In this area they specify that the awareness is self-focused, implying a negative connotation. They found a positive correlation between the ability of the therapist to identify their clients' reactions and the clients' ratings of therapist helpfulness, signifying that counselors who were more present and in tune with their clients were perceived as more helpful. This indicates that therapists who were anxious and

overly self-focused were perceived as less helpful. The authors also explored the strategies used by the therapists to manage distracting self-awareness. The therapists reported using at least one strategy just over half of the time (55.1%) to manage hindering self-awareness. Of the strategies utilized, the most frequently cited was to focus on intervention planning (31.2%) and refocus on the client (10.3%). The finding about intervention planning being the most utilized strategy fits with the previous mentioned critiques on overemphasis of techniques and interventions in counselor preparation programs. Although these results suggest that heightened self-awareness during sessions may be hindering or distracting, there are some methodological issues with the study that cause concern for the validity of her findings, such as using convenience samples of counseling students who have never seen clients. The majority of the "beginning therapists" in their study had never seen a client prior to this study and the "somewhat experienced" therapists had seen an average of only 4.44 clients (SD = 9.17, with a range of 0-25). Also, the clients used were students from an introductory psychology class. This use of convenience samples in both the therapist and client roles brings up questions regarding the "realness" of the therapeutic relationship. It seems that there are a number of confounding variables that could cause anxiety or self-consciousness in this setting.

Williams, Polster, Grizzard, Rockenbaugh, and Judge (2003) conducted a qualitative study exploring the experiences of distracting self-awareness in both novice and experienced therapists. The authors also explored the strategies used to manage distracting self-awareness. Findings indicated that novice therapists experienced distracting self-awareness most often as anxiety and critical self-talk, while experienced therapists were more likely to be aware of boredom and feeling distracted by extra-therapy concerns. Interestingly, both novice and experienced therapists were cued to self-awareness through their own internal, physiological

reactions. An example given was sensing one's blood pressure rising, a tense sensation in the body or a desire to stretch. Findings suggest therapists most frequently managed distracting self-awareness through self-coaching and refocusing on the client. Novice therapists also noted managing their problematic awareness through self-disclosure, which is an interesting finding that could have relevance to this study. Experienced therapists tended to manage problematic self-awareness by using thought stopping techniques. Interestingly, none of the novice therapists reported becoming aware of outside distractors during sessions, suggesting a higher level of presence during session. One of the main overarching issues with this particular study, and others previously mentioned related to self-awareness, is the focus on only negative or hindering self-awareness. This label places a judgment on the experiences of the therapists in the study and categorizes these experiences as being negative.

Fauth and Williams (2005) continued this line of research by exploring the in-session self-awareness of therapists in training in relation to their interpersonal involvement and by measuring the reactions of their clients. In-session self-awareness variables predicted over half of the variance in their interpersonal involvement and the clients' perceptions of the therapeutic alliance. Finding suggest, contrary to previous research findings (Williams, 2003; Williams et al., 2003), that level of in-session self-awareness was generally rated as helpful by both the counselors and the clients. The authors also found that as the therapists experienced their self-awareness as more helpful, they tended to become more interpersonally engaged and present in session. This conveys the link between self-awareness, defined as awareness of one's thoughts, feelings or physiological responses, and therapeutic presence. The authors also state that when clients felt more presence from their therapists, they report feeling more supported by, close to, and more helped by trainees who were more self-aware. Since only novice therapists were used

in the current study, the authors wanted to see if they would have similar findings for experienced therapists.

Williams & Fauth (2005) replicated the above mentioned study using both experienced therapists and advanced doctoral students. Again, results indicated a positive relationship between therapist self-awareness and therapist helpfulness. This positive view of self-awareness was reported by both the therapists and clients. The authors also found, once again, that therapists who were more aware of themselves in the session described feeling more positive towards clients as well as energized and present in the sessions. These results were contrary to their previous findings and highlight the importance for further research in this area.

Congruence

Omylinska-Thurston and James (2011) generated a grounded theory of how person-centered therapists processed their inner experiences of the therapeutic relationship, a process they referred to as congruence. The authors interviewed seven experienced person-centered therapists about how they processed and used strong thoughts, feelings or sensations they experienced when with a client. Findings of the study suggest a set of stages experienced by therapists. The first stage, receiving, involves the therapists being present and aware in the session when they first experience a significant sense of discomfort. This experience was described as arriving suddenly and being persistent and intense. The therapists described it as bodily sensations (e.g. feeling nauseous or sick), emotions (e.g. feeling a sense of helplessness) and thoughts (e.g. reminding them of someone in their life). The therapists in the study describe experiencing a feeling of vulnerability, while also needing to stay engaged and maintain a therapeutic space for the client. The second stage was referred to as processing. In this phase, the therapist utilized internal coping strategies and a process of making sense of their discomfort. Some therapists also indicated using supervision or consultation with colleagues to make sense

of the discomfort. The most common strategy used to cope with the discomfort was alert watchfulness, which involved monitoring the self and listening to the client. Other strategies used were planning what to do, distancing, seeking support or avoiding feelings, and making sense of the discomfort. The third stage of this process is expressing. This involves the therapist deciding an appropriate way to share, and making sure the discomfort can be processed properly in a way that benefits the client. This involves some uncertainty on the part of the therapist, with which they must be comfortable in order to share their thoughts, feelings and reactions. The final stage involves confirming, or determining whether the disclosure was appropriate and effective. This stage involves a sense of connection with the client and creates a shift for the therapist from discomfort to openness, which often accompanies a shift in the therapeutic relationship and changes in clients. One can see how somatic experiences are used to alert the therapist to an issue or area of needed attention. Internal processes are also used to regulate and bring awareness to the present moment while the therapist determines the next course of action.

In Omylinska-Thurston and James's (2011) study on congruence, therapists described feeling unskilled or lost in the session when they first experienced a sense of discomfort during this process. Keep in mind, the therapists in this study had anywhere from three to 18 years of experience (M=7.85). If these experienced therapists had feelings of being lost or inadequate, one can imagine that the impact may be greater for beginning therapists. It would seem that educating novice counselors about this type of process could normalize the experience of not knowing all the time. As previously mentioned, the idea behind congruence in therapy relates to a level of transparency on the part of the counselor (Rogers, 1957). This may seem intimidating for a beginning counselor who may feel pressure to have answers or appear competent at all times. Ironically, by remaining present and grounded in their bodies, beginning therapists may

have more to offer in terms of authentic presence and genuine reactions. This requires a level of trust in self.

Embodied Self-Awareness

Embodied self-awareness is the ability to pay attention to oneself in the present moment, including experiences, bodily sensations, deep emotions, and one's inner sensory world (Fogel, 2009). As stated by Geller and Greenberg (2012), "Embodied self-awareness is an internal felt sense of what is true, in this moment, in the emotional, physical, and sensory body" (p. 209). This type of present awareness implies a groundedness in one's body. It must also be accompanied by an openness to whatever comes up, without judgment. Fogel asserts:

> Psychophysiological health rests upon the ability to mindfully perceive and monitor bodily states leading to the activation of restorative neurobiological responses (including autonomic, immune, and endocrine responses), heightened embodied self-awareness (symptom monitoring, stress minimization), restorative behaviors (rest, self-nurturance) that subsequently facilitate healing processes, and ultimately the ability to be fully alive in the subjective emotional present: the ability to enter states of restoration, engagement and normal absorption. (p. 22)

Fogel created a set of principles intended to increase embodied self-awareness. These principles were developed from areas of research on bodywork practices (e.g., yoga, meditation, dance, exercise, massage) as well as research in the area of neuroscience, developmental science, psychology, and in health sciences. He devised a series of steps involved in helping one achieve greater embodied self-awareness. The first principle in this process involves recovering, which involves finding and accessing "resources." These resources are defined as, "a constant and reliable presence in the body, mental imagery, or surroundings that feels safe, stable, and supportive" (p. 23). The second principle involves slowing down and letting go of thinking and doing in order to learn how to stay present with one's emotional experience. Fogel states that the therapist should, "Encourage shifting from thinking to feeling by starting with what the

person can already feel in their bodies and develop a sense of competence to experience these, to expand their tolerance for more embodied self awareness" (p. 23). The third principle involves the process of co-regulation, where the therapist acts as a regulator to enhance a sense of safety within the therapeutic relationship and in one's own body. The fourth principle, verbalization, involves helping the person find words to describe their experience. The therapist helps the client verbalize their experience without losing contact with their embodied self-awareness. The fifth principle involves links and boundaries which involve awareness of the sources of sensation in the body. This may involve opening defensive or immobilized areas and finding areas of felt connection or blocks between self and others. The sixth principle involves self-regulation, which involves the client recognizing and meeting their own needs. The seventh principle, reengagement, involves remaining aware as one engages with the world and utilizes their embodied self-awareness to help guide them and make choices. It means having a greater awareness of one's own needs as well as having more empathy for others. The final principle, letting go, involves having acceptance for one's limits and needs. It means slowing down when things get overwhelming and having compassion for one's self and others.

There is notable overlap among the concepts presented thus far. Each literature include these basic tenets, which are openness to one's experience, an awareness of somatic or bodily sensations when they arise, acceptance of these experiences without judgment, and expression of one's experience, when appropriate. This process allows the therapist to maintain full awareness of their own internal experiences as well as the relational process.

Summary

After reviewing the literature, there is a dearth of studies regarding the experiences of felt sense for therapists. There have been some studies regarding the processing of congruence and therapeutic presence for experienced therapists, but little is known about these processes for beginning counselors. Due to the lack of research in this area, this is a concept that has received little attention within counselor preparation programs. Further research into the somatic experiences of beginning counselors could have implications for how counselor development is viewed. This could also shed light on an area of focus for counselor preparation programs. The current study will explore how counselors in training make meaning of their felt sense experiences and what they do with this information.

CHAPTER 3
METHODOLOGY

Overview

This chapter will give an overview of how this study was conducted and the rationale and support for the chosen methods. The purpose of the study will then be restated as well as the research questions in order to explain the rationale for sampling, data collection methods, and data analysis procedures. Information will also be included regarding the quality of the study in regards to the principles of phenomenological research and trustworthiness. A subjectivity statement will be included in order to acknowledge the researcher's interest, bias, and assumptions regarding the research topic.

Hermeneutic Phenomenology

Phenomenology was chosen as a research method for the current study due to the lack of focus on this concept previously and the desire to fully understand the lived experiences of felt sense within a group of beginning counselors. The philosophical underpinnings of hermeneutic phenomenology "emphasize the human experiences of understanding and interpretation through language, history, and commitment to a culture, that we inherit in an intuitive sense called 'embodied' knowledge" (Lowes & Prowse, 2001, p. 474). Heidegger (1962) introduced the concept of *dasein* which is translated as *being-in-the-word,* which identifies the relation of the individual's reality being influenced by the world in which they live. This concept carries significance within the research process due to the acknowledged subjectivity of both the researcher and participant and the impact of their lived experiences. The process that van Manen (1990) referred to as hermeneutic alertness was adopted by the researcher as a way of stepping back to reflect on the data rather than accepting meanings at face value. Reflexivity was also a key component to the data analysis process, as the researcher spent time moving between

analysis of the whole versus the parts of each individual participant as well as overall between participants. The data analysis was conducted in order to produce composite themes based on the participants' experiences as well as a description of the essence of felt sense experiencing for the beginning counselors involved in the study (Creswell, 2013).

Purpose and Research Questions

The purpose of this study is to explore the lived experience of felt sense among beginning counselors. The term beginning counselor is used to refer to counseling students who are in the first phases of their clinical development. Further exploration is needed to understand how beginning counselors make sense of these experiences and what they do with these reactions. The following research questions will guide this inquiry:

1. What are the lived experiences of felt sense among counselors in the beginning phases of their development?
2. What happens when the felt sense is experienced? How is this information utilized? How does this relate to the client-counselor interaction?
3. Is the concept of felt sense (or a similar concept) discussed within counselor preparation programs or during supervision?
4. What are students' experiences, outside of the program, that have aided in their 'felt sense' experiences?

Participants and Sampling

As mentioned above, the purpose of this study is to explore the lived experiences of felt sense specifically for counselors in the beginning phases of their development. The goal of sampling in qualitative inquiry, and in this study, is a focus on gathering information-rich cases which can provide an in-depth understanding of the concept of felt sense experiences in beginning counselors (Patton, 2002). When considering sampling criteria within a phenomenological framework, participants must have experience with the phenomenon of interest (Creswell, 2013). Moustakas (1994) further identifies that participants must not only

have experience with the phenomenon of interest, but also be interested in exploring the meaning and nature of the phenomenon, be willing to participate in multiple interviews which are audio recorded, keep track of their experiences between interviews and be willing to have their experiences included in a dissertation and possibly future publications. The selection criteria for this study consisted of graduate-level students currently enrolled in a counselor preparation program who were actively seeing clients in a clinical setting. In addition, students who had prior coursework in mindfulness were excluded from participation in order to explore the experiences of felt sense within students who have not received prior training in this area.

For this study, participation was solicited from six graduate-level students in the Counselor Education graduate program at a large university in the southeastern United States (see Table 3-1). Participation was also solicited from Counseling Psychology graduate students at the same university, however, no students from this program responded to recruitment attempts. Students were required to be engaged in clinical work, either their practicum (first clinical experience) or internship, at the time of the study. Data was collected from students who were actively seeing clients so they could reflect on their present experiences. Two individual interviews were conducted with each study participant. In between interviews, participants logged their felt sense experiences in order to increase their awareness. A minimum of three logged felt sense experiences were required prior to the scheduling of the second interview. Interviews were spaced anywhere from one to six weeks apart (see Table 3-1), due to variation in scheduling issues and occurrence of felt sense experiences.

Study recruitment included an IRB approved recruitment message (see Appendix A) emailed on both the Counselor Education and Counseling Psychology listserv. Each listserv is accessed by graduate counseling students in the corresponding counseling program. In addition,

the recruitment message was sent to be distributed to students completing their clinical work at the university counseling center as well as posted on a bulletin board at the Counseling Psychology graduate office. The researcher also visited a group supervision class in Counselor Education to solicit participation and distribute the recruitment message. Following the first email to the Counselor Education listserv, four potential participants responded and completed a set of preliminary participant questions (see Appendix B) to determine if they were eligible to participate. As previously mentioned, study criteria included that participants must be counselors who are currently seeing clients as a requirement for their preparation program and that they have not taken coursework in mindfulness. First interviews were scheduled and completed for all four participants. However, one of the participants had taken prior coursework in mindfulness which was not indicated on the preliminary participant questionnaire, causing her to be ineligible to participate based on the exclusion criteria. Her interview was transcribed but was not included within the data analysis. The three latter participants were recruited during subsequent recruitment efforts.

The purpose of the first interview was to collect some background information, including demographic information, amount of time enrolled in the program, past and current clinical experiences, and theoretical orientation, as well as to explore the experiences of each participant in regards to the concept of felt sense. Prior to beginning the first interview, participants read over and signed an IRB-approved Informed Consent Form (see Appendix C) and completed a demographic questionnaire (see Appendix D). Participants were also provided a copy of the Informed Consent Form for their records.

A semi-structured interview format was followed for each of the two interviews (see Appendices E & F). The first interview began with some background information, such as

questions regarding the participant's draw to the field of counseling and their theoretical orientation, and then proceeded to questions regarding prior knowledge or conceptualization of felt sense experiencing. Participants were then questioned regarding their experiences of felt sense when working with clients, experiences in their preparation program related to felt sense experiencing, and potential experiences in supervision related to felt sense experiencing.

Following the first interview, participants were provided with Felt Sense Experience Log sheets (see Appendix G) so they could briefly record their felt sense experiences that occurred during the time between the first and second interview. Participants were instructed to provide a minimum of three experiences during the time between interviews and instructions were given on how to complete the log sheet (Appendix H). These experiences could be interactions with clients, experiences in their personal life, or in clinical supervision. All incidents that were recorded on the log sheet were then processed at the start of the second interview.

During the second interview, participants were asked to reflect on their felt sense experiences which occurred since the first interview (see Appendix F). They were also asked to share any additional thoughts they had in regard to felt sense experiencing. The Felt Sense Experience Log sheets were used to reflect on specific examples of felt sense experiences which occurred between interviews. The processing of these experiences provided the participant an opportunity for further reflection and the researcher was able to explore each incident with the participant and ask questions related to the experience. Participants were also presented with themes which arose during the analysis of their first interview and themes which arose within and between participants. This provided a method of member checking (Creswell & Miller, 2000).

Table 3-1. Study Participant Overview

	Age	Race/Ethnicity	Duration of Clinical Experience	Clinical Site & (Clinical Hours/Supervision Per Week)	Theoretical Orientation	Time Between Interviews	# of Felt Sense Experiences Recorded
Sara	21	Caucasian	6 months	School for At-risk Females (8/2 hours)	Narrative with CBT Techniques	24 days	3
Maria	24	Hispanic-Latino	8 months	University Counseling Center (12/3 hours)	Humanistic & Feminist/Social Justice Lens	26 days	7
Kelly	23	Caucasian	4 months	University Career Resource Center (20/7 hours)	Solution Focused & Person-Centered	9 days	4
Jenna	27	Caucasian	7 months	Crisis Center (13/6.5 hours)	Gestalt & Person-Centered	42 days	4
Gina	26	Caucasian	12 months	Outpatient Center for Clients with Major Mental Illness (20-30/3 hours)	Person-Centered & Narrative	28 days	3
Nicole	27	Caucasian	3 years	MHC in Rural Schools (15/4.5 hours)	Maslowian Lens, Feminist, & Socioecological	20 days	4
Mean	24.6		12 months	(15.5/4.3 hours)		24.8 days	4.2

Data Collection

The data collection procedures for this study consisted of two semi-structured interviews that were transcribed by the researcher for coding purposes, data from logs in which participants recorded their felt sense experiences, and journaling/memo-writing conducted by the researcher during the data collection and analysis process. Each participant was interviewed on two separate occasions. Following each interview, the researcher recorded memos regarding the interview process to document any nonverbal or process notes which would be missed during transcription of the interview, the researcher's own thoughts, and any other valuable information about the interview process. Memos were also recorded during the transcription and data analysis process to record thoughts and insights experienced by the researcher.

Each participant interview was audio recorded and transcribed immediately following the interview by the researcher for the purpose of coding and data analysis. Each transcription was

sent to the participant following its completion in order to determine if the participant was accurately recorded and if there was anything they wanted to change or clarify, a process of member checking. The initial review and coding for each interview was completed prior to scheduling the second interview with each participant so themes could be generated and reviewed with the participant as a second method of member checking.

Participants were also instructed to keep a log of any felt sense experiences that occurred between the first and second interviews (see Appendix F). As previously mentioned, participants were informed that they needed to have a minimum of three experiences recorded prior to the scheduling of their second interview. The log sheets were utilized as a secondary source of data and they were also used during the second interview to guide the processing of felt sense experiences for participants. Participants were asked to reflect on each of the experiences they logged during the second interview (see Appendix D). This also provided space for further elaboration about each experience and the researcher had the opportunity to ask further questions about their experiences.

The researcher utilized journaling and memo writing throughout the research process. Each participant had a separate file including all memos related to their specific interview process and during the analysis of their data. Memos included the researcher's thoughts and reflections about the interview process, the content of the data, and any other relevant information. The researcher also kept an overall research journal to log the process and reflect on the overarching process.

A confidential file was created for each research participant that included demographic information, interview transcriptions, memos specific to interactions with that participant, logs of felt sense experiences, and any other data collected specific to that research participant. Each

participant was assigned a numerical code, which included the date of their first interview and the last four digits of their student ID number (e.g., MMDDYY-1234). A file was also kept with memos pertaining to the overarching research process and any larger themes identified within the research process, as previously mentioned. All paper files were kept in a locked filing cabinet in the researcher's home office. In addition, all electronic files including participant data were encrypted with password protection. Pseudonyms were created for each research participant in order to ensure anonymity as well as withholding details which may disclose the identity of the participant to ensure their confidentiality.

Data Analysis

Data analysis began immediately following the transcription of each interview. The hermeneutic phenomenological research method proposed by van Manen (1990) was utilized as a framework for the analysis. The following six methodological themes (van Manen, 1990, pp.30-31) were created as a guide for hermeneutic phenomenological research:

1. Turning to the nature of lived experience.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on essential themes that characterize the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and oriented relation to the phenomenon of interest.
6. Balancing the research context by considering the parts and whole.

The first of these themes, turning to the nature of lived experience, was utilized to guide development of the research questions. This involved the researcher engaging in a process of reflection on preconceived assumptions and pre-understandings of the concept of felt sense which may impede the research process or influence the data analysis. The researcher engaged in journaling in order to identify preconceived beliefs about the phenomenon of interest. This process also had important implications for the second theme, investigating experience as we live it. While the researcher's experiences served as a starting point in guiding the investigation of

the concept, interviews were conducted with participants to obtain experiential descriptions from others who have experienced the concept of felt sense. Data was collected in the form of interviews, felt sense log sheets, memos, and journaling by the researcher. Each interview transcription served as a text for hermeneutic phenomenological reflection and analysis.

Journaling and memo writing were utilized as a way for the researcher to remain transparent and aware of the research process. Notes in the form of memos were recorded following each semi-structured interview in order to attempt to capture any nonverbal information or important process aspects that would be lost in the transcriptions of the interviews. Graneheim and Lundman (2003) describe how information can be lost when interviews are transcribed. Verbal communication is easily transcribed; however, it is harder to capture the nonverbal nuances present in the interview process. This information was recorded in the form of memos for each participant and could be used in the data analysis procedure as necessary. In addition, the researcher periodically went back to the audio-recorded interviews and listened to ensure participants were accurately depicted.

The third theme, reflecting on essential themes that characterize the phenomenon, involved the actual data analysis. The procedures suggested by van Manen (1990) were combined with Creswell's (2014) qualitative analysis structure, which includes:

- Organizing and preparing the data.
- Reading through the data to get a sense of the participants' experiences.
- Coding and organizing the data into meaningful units.
- Formulating data into themes.
- Transforming themes into a descriptive narrative.
- Interpreting and making meaning of the data.

In order to maintain a close relationship to the data, an inductive coding process was utilized. In addition, the use of in vivo codes allowed the participants' voices to guide the development of

themes and meaning units (Creswell, 2013; Saldaña, 2013). The analysis procedures for the current study involved reviewing interview transcripts and listening to interview recordings in order to get a sense of participants' overall experiences. Next, interviews were coded into first order codes or meaning units for each participant interview. These meaning units were then grouped into themes. The transcripts were analyzed for themes, or structures of experience, which arose from the data (van Manen, 2007). A reflexive process was utilized during data analysis. "When using hermeneutic (interpretive) phenomenology as a methodology, reflexivity—a person's reflection upon or examination of a situation or experience—can help in interpreting the meanings discovered, or add value to those types of interpretations" (Sloan & Bowe, 2014, p. 1297).

A process of phenomenological reduction and eidetic variation were also utilized in order to determine the essential and invariant structures of the experience of felt sense for beginning counselors in the study (Ajjawi & Higgs, 2007; Gallagher & Zahavi, 2012). These elements of the data analysis procedure allowed the researcher to explore the essence of the concept of felt sense and to determine which aspects of the phenomenon are universal or at least shareable between the participants. The researcher engaged in movement through a hermeneutic circle by shifting between parts of the text and reflection on the phenomenon as a whole (Sloan & Bowe, 2014). This process involved attention to individual codes or meaning units and reflecting on the interviews as a whole. One way this was performed was by repeatedly listening to audio recordings and reading through the interviews as a whole after further reflection on the individual parts.

Member checking was utilized following the first interview in order to ensure accurate portrayal of themes and experiences of the participants. Each participant received the typed

interview transcript to review and they were also presented with themes from their first interview at the second interview in order to provide opportunity to elaborate or clarify their experiences. The second interview with each participant began by reviewing data from their Felt Sense Experience Log sheets for significant experiences. These experiences were processed verbally and the log sheets were collected to add depth to the data analysis. Log sheets were reviewed within and across participants to identify themes or patterns within the felt sense experiences. The context of these experiences was also considered during the analysis.

Ultimately, the themes identified and interpretation of participants' experiences by the researcher were summarized into a "fusion of horizons" in the form of an essence statement regarding the lived experience of felt sense within a group of beginning counselors (Gadamer, 1976; Lopez & Willis, 2004). Examination of these experiences provided a contextual understanding of how counselors experience felt sense in the beginning phases of their development. It is hoped that the knowledge gained from this study can be used to inform future education, practice, and research.

Trustworthiness

Standards of validity within phenomenological research studies vary depending on the philosophical underpinnings of the chosen method. In this study, a hermeneutic (interpretative) phenomenological approach was utilized, therefore, the study's rigor can be measured based on the philosophical framework underlying the methodology. Traditionally, the concepts of credibility, dependability, and transferability are cited as important aspects of trustworthiness within qualitative research (Lincoln & Guba, 1985; Patton, 2002); however, the interpretative nature of this form of phenomenological research necessitates a more specific focus. Hefferon and Gil-Rodriguez (2011) identify the importance of attention to four broad principles within an interpretative phenomenological approach. These areas include sensitivity to context,

commitment and rigor, transparency and coherence, and impact and importance. These factors related to trustworthiness align with the underlying philosophical assumptions within hermeneutic (interpretative) phenomenological research.

Heideggerian hermeneutic phenomenology fosters the belief that researchers are informed by and bring their preconceptions to the research process (Lowes & Prowse, 2001; Paley, 1997; Walters, 1995). With this premise in mind, the researcher will remain transparent by journaling, writing memos, and including a subjectivity statement. Member checking procedures will also be utilized as a way to ensure participant views are accurately represented within the research process.

Subjectivity Statement

My research interests were informed by my experiences of working with clients and based on the beliefs and supervision provided at the training site where I did my clinical work. I completed my clinical experiences at a Crisis Center where I saw clients in a variety of intense situations. I was trained in a humanistic modality with the belief that being fully present and real with clients was innately healing. Many of the clients I saw were in situations that were seemingly hopeless, yet these clients had survived and were fighting each day of their lives. In this setting, there are no easy answers or solutions. Many times, the only thing you have to offer is your presence, yet somehow, this is just what is needed. As a beginning counselor, I myself found it difficult to trust that this could be enough or that I was actually offering anything at all to these clients in great pain and despair. I learned through these experiences that what I had to offer was myself as a caring person who was willing to be present and empathic in a sea of pain and despair. I found that this form of connection could be scary, in the uncertainty of it, but also energizing. I learned to accept the uncertainty and just trust that being fully present with clients and trusting myself was enough; that it was, in fact, healing. This was eye opening in the sense

that I had something healing within myself all along. I acquired a great deal of knowledge in my counseling courses but nothing ever taught me to access my greatest strength, which is myself.

I realize I came into this research with quite a bit of bias and this was something I was aware I would need to keep in check throughout the research process. I did not, in any way, want to misrepresent the beginning counselors who participated in the study and shared openly about their experiences. I had to be careful not to assume that their experiences were going to be exactly like mine. I had to record my own thoughts and interpretations throughout the research process in the form of journaling in order to maintain transparency about my own views versus the experiences of the participants.

I was curious about this process because it was a powerful one for myself and I was interested in exploring this potential for other beginning counselors. I believe that one must delve into and access their own core of existence before they can be present and open to the experience of others. As Pema Chodron (1997) stated in her book, *When Things Fall Apart*, "Only to the extent that we expose ourselves over and over to annihilation can that which is indestructible be found in us" (p. 10). I believe that teaching beginning counselors to access and trust their felt sense experiences can be a first step in this process. The journey to becoming a therapist is not a smooth and easy path, but for those who are truly dedicated to being there with their clients, they will understand the benefits and the costs involved. I approach this research with immense passion and I am fueled by my own inner truth. I can only hope to better understand the meaning other beginning counselors make of their own felt sense experiences.

Although Heidegger's hermeneutic philosophy was utilized as a methodology for the current study, it is noted that his personal, anti-Semitic beliefs have recently come into question following the publication of his *Black Notebooks* (Wolin, 2015). Due to the nature of the current

study and the Humanistic theoretical underpinnings of the study design, I wanted to acknowledge this discrepancy on the use of Heidegger's philosophical contributions without condoning his personal beliefs or views.

CHAPTER 4
FINDINGS

Overview

This chapter will include findings based on the study procedures outlined in the previous chapter. An overview of the concept of felt sense as experienced and defined by each participant will be provided, as well as a concept model of this phenomenon (see Figure 4-1). Themes generated from the participants' experiences of felt sense will be provided as composite phenomenological descriptions of the phenomenon. Each theme will be documented with participant quotes or statements to depict individuals' felt sense experiences. Finally, an essence statement will be included to provide an overarching horizon of the concept of felt sense and how counselors experience this phenomenon in the beginning phases of their development.

Felt Sense Definitions

Participants were asked about the concept of felt sense and whether they were familiar with this term. In the early interview, a few of the participants indicated that they were familiar with the feelings associated with felt sense, but only one had previously heard the term. Their definitions varied slightly, with one participant providing a definition more related to the physical senses rather than felt sense as it has been described in related literature. Descriptions of each participant as well as their felt sense definitions and an overview of their experiences will be presented below.

Sara's Lived Experience of Felt Sense

Sara is a 21-year-old Caucasian female who is currently enrolled in a Counselor Education program in the Mental Health Counseling track. She is currently seeing clients at an educational placement for at-risk female adolescents. Sara described her theoretical orientation as narrative while also utilizing CBT (cognitive behavioral therapy) techniques. She also

discussed the importance of externalizing problems and mentioned her strong feelings about women's rights and feminism. Sara shared that her interest in the field of counseling developed through witnessing a close family member and a friend struggling with issues of anxiety and depression. She shared how she observed the benefits and limitations of counseling through the experiences of her loved ones. This piqued her interest in the field of counseling.

In our first interview, Sara seemed unsure when asked about her interpretation of the concept of felt sense. She stated, "I mean, it makes me think like…I—I have *no* idea if this is correct, this is just, you know, inferring based on, you know—it makes me think of like being aware of your senses, um, like what you're feeling and thinking, you know, hearing, touching at any moment." The definition she shared was mostly focused on sensory experiences rather than the internal experience of the counselor. When asked if she has ever experienced a felt sense reaction or been aware of a felt sense, she commented, "Um, I seem to be most aware of it when it's negative things. Like when something is really loud or when I'm feeling anxious and, you know, my heart is pounding or something like that…like when I'm feeling, you know, good and calm or something, I don't necessarily notice—it's just there."

At the start of the first interview, Sara shared that she has had low awareness of these experiences in session with clients. She talked about mainly being aware of her body at times when she was experiencing anxiety. She shared, "I am very aware of when I feel anxious. Like when I feel my body tightening up or, you know, my throat tightening or making it hard to breathe or, um—like kind of going into like a fight or flight sort of response." She also shared at the time of the first interview that she notices when she is going into a session feeling something, such as anxiety or sadness. She stated, "I can't say I've ever experienced it coming up in a

session, but if I go into the session feeling that way, it impacts how I feel and interact in the session."

During the second interview, Sara shared that she "noticed myself *starting* to feel that way in session more as I was trying to pay attention to it…I was actually surprised that I felt myself having, you know, more reactions in session." Her first experience occurred on the same day we met for our first interview. Sara shared several experiences she had with the same client, which was interesting. She also had multiple instances in which she depicted her fight or flight instinct, which will be covered in more detail when discussing the themes.

Sara discussed an increased awareness of her felt sense experiences between the first and second interviews. Among Sara's shared experiences were the strong values she holds regarding her feminist views and how this has impacted the experience and timing of her felt sense experiences. She also shared about her family history of anxiety, which may have an impact on how she experiences and makes sense of her felt sense. We discussed how she has a tendency to automatically label emotions or bodily experiences as 'anxiety' when she has difficulty making sense of them. She shared, "I look at, you know, where it's coming from, I think, and if I can't really figure out where it's coming from, I think I just lump it into anxiety. Or even if I can figure out where it's coming from and it's maybe something that I shouldn't be having such a strong reaction to, then it's like, okay, maybe this is anxiety…and then there probably *are* times when there's something going on that I don't really want to face and then I'm like, you know what, I'm just going to not look at this—anxiety." She made a distinction about the ways she experiences her bodily sensations and noted her tendency to automatically label sensations as anxiety. She stated, "You might be having a felt sense reaction but if you're not aware of it,

then it doesn't necessarily—not to say it doesn't count but it's like the—the experience isn't the same as if you were aware of it."

Maria's Lived Experience of Felt Sense

Maria is a 24-year-old Hispanic-Latino female who is currently providing counseling services at a university counseling center. Maria is in the final semesters of the Mental Health Counseling track of a Counselor Education program. She was drawn to the field of counseling following the loss of a loved one to suicide when she was in high school. Maria described this experience as "being one of the hardest experiences of my life" and she stated, "I have a desire to want to be there for other people in whatever pain looks like for them." She described her theoretical orientation as, "I would say that I mostly operate from a very like humanistic perspective, but I also feel like that's not *enough* a lot of times and so that's why I think I take on a like very feminist/social justice lens so I think there's so much that happens…contextually, that impacts us." Maria discussed her views on the importance of culture and how this impacts her work with clients. She also described her own experiences of working with ethnically diverse clients versus clients who are members of the majority culture. She shared that she believes she has somatic experiences that are based on her own cultural background and the background of her clients.

When asked about the concept of felt sense, Maria stated, "Um, I don't *really* know what it means…I could kind of guess…I don't know if it's related to like, uh, bodily sensations that you can't attach a feeling to—or you're trying to attach a feeling but you're not sure what feeling actually exists." She then immediately shared an experience, "I think about like, uh…I don't know what the word is for this but when like the hairs go up [participant motions to her arms as she talks about the experience of her hairs going up]. That like happens to me, um, frequently, actually in certain situations—with certain clients…it's like half being touched and half being, I

don't know what—I guess I'm still trying to figure that out. I don't always know how to make sense of it." As we talked further, she shared that she makes meaning of this experience as "feeling really protective over (the client) or feeling scared that something will happen to them—it's a very, almost like an eerie kind of feeling, too."

Maria reported a reaction to being impacted by her clients and seemed surprised to feel such an impact. She described a variety of other felt sense experiences, such as bodily temperature changes, tightness in her chest, clammy hands, butterflies in the stomach, or feeling a shiver through her body. She describes feeling vulnerable when she experiences herself being impacted by clients in this way. She stated, "I feel really vulnerable even though they have no idea what I just experienced…I feel really kind of naked…I feel really raw."

Maria indicated at the time of our first interview that she had a hesitancy to share her felt sense experiences with clients. She described sharing as being "self-disclosure" and seemed hesitant to share her reactions. She stated, "I don't know how much I want to like *reveal* that [referring to her felt sense experience]…that feels really vulnerable to me because I guess I'm still trying to figure out this whole balance with self-disclosure. But I lean more on like don't say anything because that's my way of like dealing with it for now until I feel more comfortable, I guess, or more confident, really." She later touched on how her supervisor has a different view and has given her feedback regarding the possibility of sharing her experience with the client. She stated, "To her [referring to her supervisor] it doesn't necessarily feel like self-disclosure; to her it feels like—well you're just being in the moment and you're being authentic. So that's like my—I'm like still trying to balance and I'm like, okay well what part of this is self-disclosure and what part of it is actually me just being real?" This led to a conversation regarding her

ability to trust herself and how she experiences the felt sense when she is trusting versus not trusting herself.

In the second interview, Maria talks about being more aware of her body in the room since the first interview. She also shared that she had risked sharing her felt sense experience with a few of her clients and her supervisor. She stated, "My view on it was like shifting in a good way." She discussed her decisions surrounding when to share and when not to share and the impact of either decision. On one occasion when she decided not to share, she stated, "I just made a really quick decision that it felt too *risky*…I felt like it impacted my level of presence for like a pretty short moment." In a separate incident, she did share her felt sense experience with the client. She described the client as seeming to appreciate that she was impacted. She also shared how the felt sense shifted for herself. When talking about the shift she stated, "I would say [the felt sense was] definitely less intense so it was a little bit of a relief to share…the actual physical feeling was kind of like mitigated, um, I guess because I just talked about it…my presence level was increased. I felt *way* more present and connected to her…the feeling kind of shifted and it was just more like authentic between us."

Kelly's Lived Experience of Felt Sense

Kelly is a 23-year-old Caucasian female who is in the first stage of her clinical experiences at a university career counseling center. She is beginning her second year in the Mental Health Counseling track of a Counselor Education program. Kelly described her theoretical orientation as Solution-Focused with some Person-Centered. She shared that she sometimes sees clients at the career counseling center who may have issues that would be more appropriate for the main counseling center but they "are kind of afraid of the (university counseling center)." When asked about how she makes that determination, she stated, "I guess a lot of times, I'll maybe have a gut feeling about something and I just kind of ask them about

that…we just kind of investigate if we get those hints." Kelly also shared her passion for scuba diving and how this has impacted her bodily awareness and her ability to pick up on nonverbal cues from her clients.

When asked about the concept of felt sense, Kelly described it as, "being present in your body and experiencing all the feelings that you're having…paying attention to all the sensations going on in your body." During the first interview, Kelly shared that, "A lot of times I get really caught up in focusing on *them* more so I don't necessarily pay as much attention to myself. I'm usually focused on my response to them…so I definitely don't pay as much attention to my body while I'm working with somebody." She described processing things cognitively and being focused on her responses to the client but she did not appear to have as much awareness of herself in the counseling room.

She described feeling energized at times when she is feeling excited for a client and how she experiences this somatically as a rush of warmth through her body. She also talked about her experience of feeling more or less comfortable in the room with certain clients and how she makes sense of this experience. She shared that she sometimes has a sense that there is more going on but she is not able to put words to the experience. She described it as a "primal sense" and described it as, "There's something just not quite right. You know how like if you feel like there's like—in a haunted house or something, you know, there's something not right? I guess that's how—that's how I feel on like a more, um, on a lesser scale." She expresses an awareness of something in the room but struggles to make sense of it or to find language to verbalize it.

Kelly also talked about gaining information from clients' body language and discussed how she attends to the person as a whole and not just to what is being said. She related this to her experiences as a diver and how she has had to learn to read nonverbal communication

underwater. She talked about how beginning divers have to focus on everything they are doing in order to survive underwater. As divers become more experienced, they can be more present in their surroundings and aware of their bodies because they are not so focused on what they need to do. We used this metaphor to describe the process of awareness for beginning counselors. When counselors first begin sitting with clients, they are focused on "staying alive" by focusing on the client or thinking about all of the things they need to do or say. As counselors gain experience, they are able to be more present in the room and also can begin to increase their awareness in their own bodies and how they are responding to the client.

Kelly shared that she typically experiences the felt sense as being helpful. She stated, "Helpful, I think, because it points me to—things that I can help other people with and then also things that I need to think about myself. So if I find myself, um, feeling a strong reaction to someone in any way, like I need to examine that and see like what's behind that and also like why is that happening and do I need to talk about that with my supervisor? So I think it's just *clues* to better help the people I'm working with." She also shared how her experience of being in the study increased her awareness and her language surrounding felt sense experiences. She stated, "I guess it was—I always *felt* it. I didn't have a name for it and also it wasn't like a validated like *thing* to talk about, I guess. Like I didn't really know that it was something that I could actually have a discussion about. So now it's like—that is—that's been validated and I'm like, oh okay, I can bring—like—so I had this feeling in my body when I was talking to this person—like that clued me into this or something." Here Kelly discusses how her awareness has increased as well as her understanding of felt sense as a legitimate form of information to process. She stated when asked about her experience in the study, "I think it's been really informative. So like you asking me about the sense, of course, encourages me to—stop and

perceive those times in my work and I feel like—um, I've gotten a lot of language for that stuff—almost by forcing myself to. And I don't think I really had that before, um, so now I think it prepares me to—to speak more to it, especially in supervision."

Jenna's Lived Experience of Felt Sense

Jenna is a 27-year-old Caucasian female who is currently seeing clients at a community crisis center. She is in the Marriage and Family Therapy track of a Counselor Education program. Jenna has a background in massage therapy and this impacted her decision to go into the field of counseling. She described her theoretical orientation as, "Gestalt with a foundation of Person-Centered…and with a systemic lens," due to her background in Marriage and Family counseling. Jenna also talked about her reliance on process oriented and interpersonal awareness and ways that she brings this into the counseling room. She stated, "I found myself getting frustrated if there was some kind of dynamic in the room that I *wasn't* addressing, um—or just like—when I would get stuck—it was because I wasn't like processing with them in the moment."

When asked about the meaning of the term felt sense, Jenna responded, "It's just like noticing, without judgment, like how things are feeling in your body. Um, when I hear felt sense, I kind of think gut feeling or, um, it's a—I—I kind of picture it right here [participant places her hands on her lower abdomen] and that—if I can pay attention to it, that's what I'm tuning into when I know that I need to process something." She also described it as being, "Something that's unsaid…when the energy in the room is kind of weird and nobody is talking about it. It's like there's an elephant in the room." She also differentiated sensations experienced in the gut area versus the area of her diaphragm or heart space and how she makes meaning of these various sensations.

Jenna was observed to have a high level of body awareness and indicated she tends to rely on the information she receives from her gut. She talked about an experience when she was not sensing anything from her gut. When sharing this experience, she stated, "Right, because it's like, why is my gut not helping me? Like why do I not trust that I know what's going on with this person? Because it feels like—like you're, um, like in a room with no air or something, you know, it's just like—give me something, you know, but it's kind of like a big question mark. It's like emptiness."

Jenna shared that she has learned to trust her gut or her instincts as she has gotten older. She stated, "I probably grew up not trusting it—not trusting my gut, um, but then just getting older and like having more experience and seeing like, when I *do* trust—then instantly it was like, "Ahhh, god, that feels so much better," you know?" During the second interview, she shared that her awareness of her felt sense experiences had increased due to tracking and writing down the experiences. She stated, "It's been something that's on my mind more in session, I think, with clients, like oh yeah, that *is* going on, or like, I *can* notice more things—or thinking back on sessions, also, I can like remember what it felt like or—um, talking about a session with a supervisor, I also can pay attention to that like *in* supervisions which is pretty cool; so I guess I just have more of an awareness."

Gina's Lived Experience of Felt Sense

Gina is a 26-year-old Caucasian female who is in the Mental Health Counseling track of a Counselor Education program. She was drawn to the field of counseling following the death of her mother. She shared her experiences of what was helpful and what was not and how this impacted her decision to become a counselor. Gina is currently seeing clients at an outpatient mental health facility where she provides services to individuals with major and chronic mental illness. She provides group and individual counseling services for individuals with a diagnosis

of Schizophrenia, Major Depression, or Bipolar Disorder. Gina described her theoretical orientation as being Narrative and Person-Centered; however, she stated, "I feel myself adapting a lot to what the client is asking for in the moment rather than sticking to what I would like my theory to be." She shared her view of clients that, "the person is not the problem; the problem is the problem."

When asked about the concept of felt sense, Gina first shared an experience of noticing her face becoming red as she experienced anger with a client due to boundary issues. She then gave her understanding of the concept of felt sense as, "just recognizing any little thing in my body that gives me a clue that my emotions may be high right now and that I'm being triggered by something." In our first interview, she shared a few experiences where she noticed having a felt sense reaction or experience; however, she also indicated she has not had a high level of body awareness in her sessions and seemed to doubt her recall after the fact. An example of this is when she stated, "it's hard for me to tell you how that feels in my body right now because I don't think I've connected them in the moment ever…I wouldn't be able to tell you what that felt like, um, in my body unless it happened again." She talked about not trusting her bodily experiences and trying to make sense of them cognitively rather than just sitting with them. She stated, "It would start with this feeling and then my mind would take over and just run with it," or, "I would over think things and my mind would run away and start doing all these things." She also shared her struggle to find language, "It's challenging for me to explain it. It's new language and new words and not being in the moment, I—I almost feel like I'm making—making it up, um, because I haven't—I didn't explore it in the moment so I feel like I'm trying to remember it."

In the second interview, when Gina was asked if there were any changes to her understanding of the concept of felt sense, she stated, "I think I changed the way that I like viewed it a little bit because for a while, before I was just unaware of it. It wasn't even something that was in my consciousness so I think I had changed like the fact that I am now *aware*. I think I was aware of what it *was* before, I just wasn't aware that it was something in me; I had never connected it for myself." She discussed how she was previously only aware when the sensations were intense but she was not aware of the more subtle experiences of felt sense until she actively paid attention. She described the experience as, "It was like a, um, this like—tightness in my chest and I was expecting it to be *more* than that. I was expecting it to be this really intense feeling that I had in my body that I could relate to but it wasn't. It was just like a really subtle tightness, um, so I think that's part of why I was unaware before, oftentimes, because it's not this big, huge felt sense. It's just a really subtle thing."

Nicole's Lived Experience of Felt Sense

Nicole is a 27-year-old Caucasian female who is currently in the Mental Health Counseling track of a Counselor Education program. Nicole was drawn to the field of counseling after observing some of the negative experiences her younger sibling encountered with mental health professionals during her battle with a severe chronic illness. Nicole is currently seeing clients through a program that provides mental health services to students in the school system in rural areas. She described her theoretical orientation as a variation of a Maslowian lens and stressed the importance of considering the whole person. She also shared that she, "heavily identifies with feminist theory and looking at power dynamics and gender roles…and power dynamics in relationships." She also touched on how she uses Bronfenbrenner's Ecological Systems Theory to conceptualize systemic issues beyond the individual.

When asked about the concept of felt sense, Nicole stated, "What I think whenever I hear the word felt sense is, um, like feeling something in your body that you might not always have *words* for but you *know* that it's there." Nicole indicated she had heard the term felt sense before but she could not recall the context. She then shared that she sometimes experiences tightness in the chest or butterflies in her stomach. She described the sensation in her chest as, "Just like I can't catch my breath or like a—almost like a *cold* feeling sometimes, I don't know—like a shudder." She recounted how this experience typically occurred when she was feeling overwhelmed or anxious, stating, "My mind starts racing and I'm thinking about a lot of things, um, I start to feel that way." It appears much of her sensations, in this case, are a result of her mind taking over when she finds herself in a period of silence.

At the start of the first interview, Nicole did not appear to have a high level of awareness of her body when working with clients and seemed to focus more on cognitive conceptualization. When asked about what she noticed in her body while she was describing an experience with a client, she stated, "I can't say I've ever *noticed*. Um, yeah, I guess I've never thought to notice." She did talk about being aware of her own reactions when something went against her own personal values or beliefs. She stated, "I like immediately tensed up and like—I don't know, like even talking about it now, like my heart races when I hear about that—like it makes me want to stop that from happening." In this statement, she shares her experience of having a strong instinctual reaction to hearing about something that goes against her own values or beliefs.

During the second interview, Nicole shared that she prompted herself to notice her felt sense experiences more often. She stated, "I found myself being like, am I feeling something right now? And oftentimes, it would be no, but then sometimes it was yes." She shared several felt sense experiences from her log sheet, one of which was positive, one where she experienced

confusion and clarified with the client, and two which were negative experiences with a parental figure for one of her clients.

Nicole's strongest felt sense reactions occurred during the two experiences she had with the client's parental figure. It seemed as if, in this case, some of Nicole's core values were being challenged and she was struggling to be authentic with the client's guardian. She described her felt sense experiences during this incident as, "I was on fire on the inside but it came out nice and cool." She shared her internal experience of the interaction versus how it was handled with the client and how this impacted her felt sense. She described it as, "I felt—closed off, turned in, hidden, and invisible." She used powerful language to describe this experience. When exploring what is underneath this for Nicole, she shared some important aspects of her core self. She passionately described her reasoning and then stated, "It feels good to share like—that that's where that comes from and to like call it out and say what it *is* so I don't have to like—I always feel like I have to pretend that those values aren't there or like—but they come through; there's no way they couldn't or I wouldn't be myself. Like—I don't know. It's why I'm doing what I'm doing. It's my *why.*" She painfully talked about the felt sense experience of not listening to her core self and stated, "It was super incongruent with like what was happening on the inside. It was super uncomfortable."

In her interview, Nicole evidences immense passion for the work she does with her clients, most of whom are children, but she shared how she struggles when issues arise that bring her own values into question. She appropriately questions whether her value is something that she should keep to herself, but she also acknowledges that there are times when it may be related to something that would be helpful for her client. She shared her struggle with being fully transparent with clients and how this got in the way of her own feelings of congruency. This

relates back to the concept of felt because she experiences strong reactions when she is going against or not listening to the information her body is providing. The end result for Nicole was that she felt less authentic and not able to fully advocate for her client, thus adding to her felt sense reaction.

Composite Themes

A hermeneutic phenomenological method was utilized in order to develop thematic representations from the combined experiences of the participants. As can be seen in Figure 4-1, the core self is in the center of the model with the arrows representing the flow of the felt sense. The counselors' instincts are noted in the lower right quadrant. In analyzing the participants' responses, it appears that these instincts are typically preverbal and operating at a subconscious level. Instinctual responses are the body's automatic reaction to the environment or a particular situation. Moving through the flow of the felt sense, in the upper right quadrant is the gut. Information is sensed through this area of the body at a precognitive or preverbal level. According to the counselors in this study, this information is typically sensed in the body in the form of a felt sense. While the felt sense was noted to be easier to notice in this area of the body, it seemed to be more difficult to name due to its preverbal or precognitive quality. At the same time, the precognitive nature of information obtained from the gut seemed to indicate that it is more in-line with the counselor's core self and not biased by attempts to rationalize or concerns about acting in a socially desirable manner. These first two areas of the model represent concepts related to body awareness. It was noted within and between study participants that there were variations in levels of body-awareness as well as self-awareness. The aspects on the left side of the model relate more to self-awareness. The lower left quadrant includes the beginning counselors' personal context which includes their worldview, values, beliefs, theoretical orientation, cultural background, and other aspects that shape their work with clients

as well as how they perceive felt sense experiences and how they make meaning of these experiences. In the upper left quadrant is clinical intuition. While the other areas of the model relate to ways in which the felt sense is experienced and viewed, this area involves the clinical use of this information and the decisions counselors make in regard to what to do with their felt sense experiences.

The counselors in the study shared the ways that they determined if their felt sense experience was related to the client, to something in the counselor-client interaction, or if it was something personal to the counselor that they may need to process further in supervision. The felt sense was also noted to work as a sort of relational barometer (see Figure 4-2) for the counselor. The model again loops back through the core self, which also relates to the relational barometer due to the information provided by the felt sense regarding congruence. If the counselor is acting in a way that feels congruent to the core self, the felt sense was reported to be experienced as at a level of equilibrium or calm, even being described as a pleasant sense or warmth. In contrast, the felt sense was observed to provide the counselor with information when they were acting in a way that did not feel congruent or if there was something within the counselor-client interaction that felt off or not right. The counselors in the study were able to utilize this innate form of information to develop clinical hypotheses, identify when they were being personally triggered, or to note something to be processed in supervision at a later time. The flow of the felt sense seems to operate as a fluid process or a constant feedback loop, including valuable information obtained from the body. The following themes were generated from an analysis of all participant interviews:

Felt sense as an innate instinctual response

The experience of felt sense seems to be an innate human capacity. However, innate body instincts, such as the felt sense, may not be something beginning counselors are familiar

with and they may not trust these instincts as a reliable source of information, as was seen in the current study. Some of these instincts may even be operating at a subconscious level and may not enter the counselor's awareness unless processed further (see Figure 4-1).

Descriptions of the felt sense given by the participants were often that the experience occurred as a reaction to something occurring in the therapy room, whether it was related to the counselor themselves, the client, or the interaction. Often these experiences were described as being immediate, fleeting, a nagging sensation, or subtle. It was also noted that these instinctual reactions seem to operate at a subconscious level and may not enter the counselor's awareness unless the sensation is strong or it is processed further. As one participant, Kelly, described, "I think a good way to—for me to describe it is like, if there's equilibrium, like if everything's cruising along pretty well, um, it's not that it's not there [referring to felt sense], I just don't look—I don't examine it. And so when I *do* have stronger feelings in any way, it's—it's, um, it's easier for me to notice, but also it—it's like a clue to like what's going on for me, also."

A specific form of innate body instincts that was observed in participants' statements was the fight, flight, or freeze response and also picking up on comfort or discomfort in the room with a client through the body. The fight or flight instinct was noted by Maria when asked about the source of the felt sense:

> Where it comes from? Um, [pauses in thought] I don't know. Uh, there's probably some scientific answer to that that I don't know of. Um, [pause] I mean it's something that I'm curious about but I don't think I know where it comes from. Like I'm guessing there's some like biological component that I'm not fully aware of. Like maybe similar to like flight or fight, or something like that with some kind of nervous system. So that's my only way to kind of compare it. You know, like, when I feel scared, I have the same sensation so I guess it relates to when I feel scared for a client, I have a similar sensation. So maybe that's like fight or flight type stuff. So my guess is that's all interconnected somehow but I don't know how or why. That's like my best, yeah, sense of it, I guess.

This idea of the fight, flight, or freeze instinct was observed in a number of the participants. For instance, Sara made numerous statements during our second interview about having urges to run from the room or even to punch something. When talking about her felt sense experience of working with a client, she stated, "I felt a little like energy like kind of building up—like I needed to move or like needed to get out." She also stated later in the same interview when referring to how she experiences anger or frustration, "I think it's the energy, really that—like I experience a need to do something…like punch a pillow or something like that." She also stated while describing an interaction with a client, "So I felt myself get—getting very frustrated with her, and so I was feeling very, um, a lot of the energy, again, with the frustration—not so much anger but like the similar feeling to that and, um, feeling like the need to move and, um, tapping my foot a lot and, um, noticing myself like—forcing myself to breathe deeply instead of just lightly and shallowly." She also shared an experience of hearing another student present in group supervision and noticing a felt sense experience which related to a flight instinct, "I remember feeling very like [takes breath] chest tight and difficulty breathing again and anxious and just like feeling the need to be somewhere else. So I've noticed that feeling several times in supervision, actually." In discussing the same situation, she then expresses, "It's a lot of the, uh, tightness in my chest and just—I mean, just the tightness in all my muscles kind of like I need to just like—I need to like punch somebody." In each of these experiences, Sara seems to be experiencing the instinctual urge related to a fight or flight response. Although she is able to fight her instinct rather than immediately run out of the room or punch something or someone, she is aware of her instinctual reaction and can then try to understand the context of the situation causing her reaction.

Another variation to the fight or flight response is the freeze response. Jenna described several instances of noticing herself feeling frozen or paralyzed when working with clients. In one experience she shared, she described feeling afraid of a client. She described picking up on her own instinctual reactions as a sign of her feelings of intimidation. She stated, "I was just—it was just this kind of like frozen feeling—so uncomfortable but very like protective of myself." She also made several other references to a freeze response during the second interview, including feeling a paralyzed sensation which she described, "like being on a tightrope," or, "it's like you're on thin ice," but she described feeling freed up after, "I did follow my instincts. I definitely could breathe better and I had—feeling more settled." In this case, Jenna described her instinctual reaction as a cue that there is a dynamic going on for herself or with the clients.

Kelly also shared, "I notice when I'm comfortable with someone and I notice when I'm *uncomfortable* with people, too. So like, on both sides of the extreme." This seems to be a variation on noticing her own instinctual reaction to a client or a clinical situation and picking up on dynamics with the client in the therapy room. For instance, Maria discussed having a strong felt sense reaction when she feels concerned for a client. She stated when describing one of her felt sense experiences, "I feel, um, like—*scared*, a little bit—like scared *for* the client, uh, yeah. Just feeling really protective over them or feeling scared that something will happen to them. It's like a very, yeah, almost like an eerie kind of feeling, too."

Several participants talked about experiencing a felt sense reaction that they attributed to information obtained from the client's body language or noticing cues from their own body language. Sometimes this led the counselor to believe that there may be more information beyond what the client is saying verbally. As Kelly indicates as she is asked about what she referred to as a 'primal sense':

> Usually, I can—I pick up on that (referring to primal sense or felt sense) at least a few minutes into the session. I feel like you can tell from people's body language…when someone comes in and they start explaining something to me, there's not just the words that they're saying, it's like the *whole person*, and so…I'm formulating that based on like what they're whole body is saying and less on what's coming out of their mouth….It's body posture but also like *how* they're saying things. Not just the words that are coming out of their mouth but how they're *saying* those words.

She describes the awareness of her own reactions to the clients and instinctually picking up that "something is not right" but also being able to observe their body language and the way they are telling their story. She further states, "I think like 90% of what's going on (in the therapy room) is *not* what's being said aloud. So it's—it's super important for people to—like understand what's going on with them and like recognize that in their body and paying attention to that is like the easiest way to do that." Gina also talked about noticing her clients' body language and also being aware of her own body language in the room and how this may impact her clients. It was also noted by Sara that she noticed herself having difficulty making eye contact with her client when she experiencing a felt sense reaction herself. She described it as being, "like almost an involuntary thing."

Kelly also described how the process of noticing body language or nonverbal communication is an innate process, she stated, "Yeah, I really like believe so much in nonverbals. It's just like so important and so—I think I'm—like it's not like I say, "Oh, this person's doing *that* with their body. Oh, that means *this*." It's just like I *naturally*…I guess I just feel like I'm naturally attuned to that, and so I react to that, too, just really instinctually." In this statement, Kelly is touching on other forms of information beyond what is being said by the client. Gina also picked up on dynamics of fear or imitation through her client's body language and adjusted her own approach to working with the client by softening her body language versus

times when she is leading a group counseling session and she wants to have more of a presence in the room.

While it was observed that some instincts seemed to stem from innate bodily responses to certain stimuli, there are also bodily instincts that are conditioned based on past-lived experiences or events that could be related to trauma. One participant (her pseudonym will be withheld in order to maintain her privacy) shared an experience with a client where she was experiencing her body tightening and shielding as the client attempted to give her a hug without asking her permission. She described the felt sense experience as, "Like I just really clenched up so I can imagine that my whole body was like iron and I would just like—was trying to like put up a barrier up between me and him, um, and I just felt sore in my shoulders. I felt really tight in my whole body and it was like this—if I'm stone than he won't touch me kind of thing." She provided a powerful description of shielding herself but had difficulty making sense of her own reaction to the client. She stated, "A lot of my other clients will ask for hugs and I'm okay with it. I think part of it was that he didn't—didn't even ask. He just invaded my space." She described boundary issues for the client but then when processing what was underneath this reaction for her, she shared that she had experienced some past trauma with someone who had similar characteristics to this client. She discussed how although she had not connected this cognitively, her body was instinctually responding and reacting in a way to provide protection. She shared how her instinctual reaction does not necessarily fit with this client, but it helps give her more insight into the dynamic between her and the client. She stated, "Yeah, it's weird because it—you know, he's harmless. Like I could never imagine him going any further with it—I could never imagine him hitting me or being aggressive in any way. Like it's a *hug* but for some reason, it almost feels like I protect myself as if he was going to hit me." She also used her

experience to reflect and notice that, "So I think like looking at it big picture, it's almost as if that's also what I'm noticing outside of just this interaction. Um, that it's more than just me and it's more than just that interaction but other people are uncomfortable with it, too." She started with her own instinctual response, made sense of it for herself, and reflected on what she has noticed in the client's other interactions.

Felt sense as experienced (or originating) in the core trunk of the body or the gut

When discussing felt sense experiences, participants discussed a number of somatic symptoms, which occurred during sessions with clients or surrounding the experiencing of a felt sense reaction. The types of sensations varied from tightness in the chest or an uneasy stomach to raised hairs on the arms or energy coursing through the body. While the experiences tended to vary as well as the meaning each beginning counselor attributed to the sensation, there were also similarities across experiences.

Each participant discussed an awareness of sensations of a somatic nature occurring in their body. The sensations were described as varying in intensity and duration. Many times, the counselors described having a bodily sensation or felt sense experience that cued them into their body and would often shift their awareness of the sense. It was noted that each participant discussed sensations in the lower belly or gut area of the body as well as experiencing sensations in the chest or heart area. The participants also indicated they experienced changes in body temperature at times and described the sensations as being fluid in nature, shifting or moving as the dynamic in the room changed or as the counselor decided what to do with the information.

While the types of bodily sensations and feelings experienced by each participant varied, the sources of the sensations tended to originate in the area of the abdomen/lower belly/stomach or from the chest/heart area/lungs. As Gina described, "I would feel it in the pit of my stomach and I would feel—um, just like this really uncomfortable feeling right there [participant places

hands on her lower abdomen area] and I knew it—I knew it every time but I couldn't put a word on it. I just knew it was there. Um, and I would—I would go around and around in my head." In this description, the participant gives the nature of the experience but it is also clear she is attempting to make sense of it cognitively, which was something seen in many of the participants with varying results. She describes the sensation further as, "It feels like a pile of books at the bottom of my stomach pushing down—a weight pushing down at the bottom of my stomach, um, that shouldn't be there. It's this thing that's foreign; this thing that's uncomfortable, that's not a natural, everyday feeling." Here we see that the participant uses strong language to depict her feelings about this felt sense experience. She recounted her experience later in the interview as, "I was sitting there with this thing in my stomach that I *know* is something—and I'm aware enough to know that something's not going well and my body's trying to tell me something but I am not able to describe it." From her description of her reaction to a felt sense, she relates to experiencing a reaction and she has an awareness of her body experience yet she is struggling to make sense of the experience. Gina also recounted a different type of felt sense experience, which she contrasted to the experience mentioned above:

> The one with my client felt very comfortable and um, didn't feel *as* heavy, it felt almost relieving. Um, and a little bit like—just a poof of air almost, to say like right here, right now, we can get each other on a different level—it's not in the same like spot, it's higher up [participant motions with her hands around the chest area] and it almost feels kind of in my heart kind of area. Um, it's—it's kind of like a dull ache, um, higher up, more where I'm breathing, I can just feel this thing, um, in me. And it's—it's challenging for me to explain it. It's new language and new words and not being in the moment, I—I almost feel like I'm making—making it up, um, because I haven't—I didn't explore it in the moment so I feel like I'm trying to remember it.

The participant shares these two contrasting experiences and she also comments on the difficulty to find language to describe her experience, which was seen as a theme for all participants and will be covered in more detail later in the chapter. She also acknowledged she had not

previously been aware of her felt sense experiences in the moment and had difficulty fully trusting her recall.

Other participants who commented on feelings occurring in the chest or heart area, such as Jenna who gave a description of an experience:

> And so—um, it—the felt sense that I had was like tension, in my throat, um, I wasn't like breathing deeply. I was kind of—and then I had this like empty kind of feeling in my gut. Just kind of like a weird, um, I don't know, like everything was right here [participant gestures toward the area of her chest]—it was—all the tension was like kind of in my chest and like [participant takes a deep breath] I don't know, it was like an absence of feeling. Of like, I don't know *what*—where to go next—because it's so much, so fast, you know, and some kind of—almost like paralyzed. It was like being on a tightrope.

It was noted that the participant discusses her awareness of the above situation being heightened by her difficulty breathing and feeling the tension in her chest. The chest and the heart area were discussed in similar ways to the stomach or gut area in that they could be noticed as feeling tense and experiencing discomfort or relaxed or providing a warm or positive sensation. Jenna shares how the felt sense experience shifted after she shared the experience with her clients:

> I definitely could breathe—better and I had, you know, instead of like that empty feeling but it was more like a—um—settled like, okay, I followed—I *did* follow my instinct and I *can't*—like I *do* have this kind of like professional identity that I can stand on…I just felt like it was like a, um, kind of almost like a warm kind of confident feeling—like in my gut.

Other participants also commented on experiencing temperature changes, such as warmth in the heart area. Kelly shared, "Yeah, definitely in my chest, kind of like, um, it starts in my stomach and like moves up. Um, I guess like maybe a rush of warmth." And Nicole had a similar experience, which she recounts as, "I felt a sense of warmth kind of all over. It was really interesting; I feel like it came from my heart. Like he—it felt like he was melting my heart like in all the ways that someone could. It was really cool."

Maria shared a variety of felt sense experiences, including feelings in the stomach but also experiences related to other areas of her body. She shared the following example of feeling shame or embarrassment and how this translated somatically:

> I felt an uneasiness in my stomach, like—yeah, like…I think if—on a very *extreme* level, like I would almost feel like nauseous if I was *that* embarrassed. Um, yeah, I remember feeling *hot* and, yeah hot because I—probably because of embarrassment. Like I'm sure my face was kind of red. And then just like this—like a weird, not *pain* in my stomach but just like a fuzziness, I don't know how to describe it. But just like a very strange—*not* super strange because I know where it comes from but it definitely like comes from embarrassment and like feeling like on the spot, like that kind of stuff.

Here the participant recalls her physical experience of feeling embarrassment with a client. She discusses the somatic experiences but also attempts to make sense of the sensations for herself. Maria discussed the experience of feeling small, as did another participant, Nicole, who shared her experience of feeling shame or embarrassment. Several participants noted that heat in the face is a signal of being triggered with anger or embarrassment.

Maria also discussed felt sense experiences that moved beyond the gut or heart areas. When she was first asked about the concept of felt sense during the first interview, she stated:

> Uh, I think about, like, uh, like when I—when like I—I don't know what the word is for this but when, like your hairs go up [participant motions to arms when talking about experiencing hair going up] That like happens to me, um, frequently, actually in certain situations—with certain clients. Um, and it's like this very, kind of, weird experience, um, it's like, I don't know—it's like half being touched and half being, I don't know what—I guess that's what I'm still trying to figure out. I don't always know how to make sense of it.

Later in the interview she is able to make sense of this experience, which typically occurs when she is feeling scared for or protective over a client. She also shares about temperature changes she experiences in her body, which, as previously mentioned, was noted by other participants as well. She stated, "Um, and that's like accompanied by this like, I don't know, like this weird—like a temperature change or something. Like a—I don't know how to describe it—like a—

actually like a, not a warm feeling—like a cold feeling like in my body. Versus like the other feeling—it's like a hot, kind of sweating feeling versus the hairs on my arms, it's like a cold energy feeling." Here she is able to differentiate the experiences of her body temperature changes and she attempts to make sense of the various sensations. She describes feeling warmth or heat when she feels embarrassed or anxious with a client but she describes the sensation of her arms as being a cool sensation.

Another common experience for participants was feeling butterflies in the stomach, although they interestingly attributed different meanings to this sensation. As Maria stated:

> And, um, there's—sometimes I get this like butterflies in your stomach kind of feeling. It's not like *anxiety*. It's like—I don't think it's anxiety because when I—when I'm anxious, I notice things in my body, like sweaty, clammy hands and my chest. But I never feel like that experience of getting butterflies in my stomach. But with clients—with some clients I do get the butterflies in my stomach.

Nicole described her experience as, "Um, it's almost always whenever I'm anxious about something, um, and like I can feel it in my chest, um, or I can feel like butterflies in my stomach—um, just like I can't catch my breath or like a—almost like a cold feeling sometimes, I don't know, like a shudder." In this instance, the participant makes sense of the sensation of butterflies in her stomach as anxiety. In contrast, Kelly describes her experience of butterflies in her stomach when something positive occurs. She stated, "I usually get a little warm. My face probably flushed, um, maybe like butterflies of excitement in my stomach." So in each of these experiences, although the sensation of butterflies in the stomach was universal, each of the participant makes sense of them in differing ways depending on the context of the situation and their own understanding of their somatic responses.

One barrier that arose for each participant at varying levels was the difficulty of finding language to describe the felt sense experiences. The felt sense seems to occur at a preverbal level and this seemed to cause difficulty for the beginning counselors in the study to verbalize

their felt sense experiences. Kelly shared her experiences with difficulty finding language, "I kept feeling like I didn't have the words to express it. So that was frustrating for me." She also described her experience of tracking her felt sense reactions for the study:

> Yeah, um, so I—I would have those feelings and then I would be like, "Okay, I've got to write it down now," um, and so I would like think about how the feeling felt and then I would think about words to describe that feeling and that's—I'd like get stuck. And I'd be like, "Ugh, I don't know how to describe this feeling. I sound—I feel silly writing this," and so—I guess I was a little self-conscious because I was like, "I have this feeling but I can't explain it," and I'm usually pretty good with words. So that was frustrating. But like it was just the description of the feeling, I could talk about the—like what happened and the reaction and stuff.

Kelly attempts to make sense of her difficulty in finding language. When asked about her description of the felt sense as a primal sense, she stated, "I think that's why I have such a hard time describing how I feel. Because it's just like happens." Other participants shared her difficulty and frustration in finding language to describe their experiences. Language choice and description of the felt sense experience were observed to present a challenge for counselors in the present study.

Felt sense as impacted by core values, beliefs, and personal context

Felt sense seems to be impacted by the core values, beliefs, and personal context of the individual. In addition, there are both internal and external influences on these core values and beliefs. As Jenna stated when referring to her description of a core self:

> I think, yeah, I think that's like *where* you—*what* you're connecting to, um, and you can just *tell*—you can just *feel* when something feels true or something feels—there's no like uneasiness or like, yeah, but there's something under that or, you know, it's just like pure connection, without like *fear* or *expectation* or *judgment* or, you know, it's just—pretty, um, immediate, you know, like you're not really *thinking* about it, it's just more of a feeling.

As participants shared their reasons for entering the field of counseling, their choice and reasoning regarding theoretical orientation, and ways they were impacted by clients, both levels of internal and external values and beliefs became apparent. These core values were also clear

during their interactions with clients and influenced the ways in which they were impacted by clients and their choices about what and how to respond, a process that is not often explicitly shared. As stated by Nicole after discussing a felt sense experience when she did not feel congruent, "It feels good to share like that that's where that came from and like to call it out and say—what it *is* so I don't have to—like I always feel like I have to pretend that like those values aren't there or like—but they come *through*. There's no way they *couldn't* or I wouldn't be myself; It's why I'm doing what I'm doing. It's my *why*."

When discussing the source of the felt sense Jenna commented on her understanding of the core self. She stated:

> "Like I think that's, um, probably like the most true thing that's going on, you know, like that core self. Um, and so like—I feel like that's where your gut feelings come from or like the sensation. You know, like, "Ugh! I really shouldn't have—like had that appointment, you know?" It's like, that's true to your *deepest* self—not the self that thinks like, "Well, you have to please people or you have to, um, [clears throat] you have to, you know, what is *their* reaction going to be, um, if you don't have your, you know, whatever blah, blah, blah chatter stuff." So, yeah, I mean, I think that's the closest that *I* can come to like getting a clue about like what's [takes breath] like *really* important or *really* going on—like that's—I imagine where it comes from.

Here she shares an experience when she goes against the information obtained from her felt sense of the situation and how she instead acts in a way to please the client, even though she knows deep down that it is not a good idea. It seems this is a struggle for beginning counselors, in particular. They often are placed into situations where they may need to give difficult or painful feedback or they find themselves in highly charged, emotional situations with clients and they must navigate difficult terrain. Beginning counselors, as was seen in the interviews conducted for this study, seem to question themselves or take things personally when there are bumps in the therapeutic relationship, regardless if they are related to the client, themselves, or the interaction. Maria shared what it is like when she picks up on incongruencies with clients:

> I actually feel the same—I feel like the stomach thing when I—so I feel it when I feel challenged or shame or embarrassment in front of a client. And then I notice it, um, the same thing when I'm noticing incongruency but also when I actually say the incongru—or like name the discrepancy that I see and my theory is that I must be anticipating that they're going to feel embarrassed or ashamed and that's how *I* feel when someone challenges me in like a very kind of direct way. So I guess I just like—I *assume* like if I do that to them or if I correct them or something or call out a discrepancy then—then they're going to feel—they could possibly feel really ashamed and so that's my sense of why I feel it in the same place.

In this sense, Maria relates having an empathic response to the client's possible experience. She seems to be projecting her own sense onto the client and suggesting they will react in a similar way to her.

Jenna further comments on her view that the answers are typically within, we just have to find them for our clients or ourselves:

> It's almost just like clearing away the cobwebs. It's kind of like—all of that stuff that you *need*, um, for change—or maybe not even for *change* but just for acceptance of like—the current way you *are* or how you deal with things or how you see things, you know, it's just like, all that stuff is *in* there, for me and for the client, you know, but just, um, processing *through* it and like—kind of like digging down to where, you know—where it just becomes clearer, um, kind of, um, that like trust in yourself—the genuine, like authentic like *you*—like you're soul, yourself, like that is like—I think where like all the sense *comes* from, but that's a lot harder to get to, like that core part, um, by yourself. I mean, people do it but like—it helps having the mirror of therapy or somebody else who can be authentic and genuine with you.

Counselors' level of awareness, both self-awareness and body-awareness, and comfort level with their felt sense experiences was observed to impact the ways in which beginning counselors experienced their felt sense reactions as well as what was done with this information. The six participants within this study revealed varying levels of body-awareness and comfort with their felt sense experiences.

At the start of the study, three of the participants had not previously been aware of their felt sense experiences in session or had limited awareness. As Gina stated in our first interview when she was recounting an experience with a client who caused her to feel angry, she stated,

"It's hard for me to tell you how that feels in my body right now because I don't think I've connected them in the moment ever. Um, and so I—I—on top—like looking back, the only word I can say is that I felt violated by her—by her many times but I wouldn't be able to tell you what that felt like, um, in my body unless it happened again, um, if that makes sense?" In contrast, Jenna, who relies on the felt sense regularly and has a high body-awareness, shared her experience, "When I *don't* listen to it, that's when I feel stuck. When I'm tuning it out or not noticing it until much later, you know, it's like, oh, I've *been* feeling this way. *Oh*, okay, *no wonder* I'm stuck because I—or I *know* where, you know, I have a *really* good idea of where I *need* to be going or what I *need* to say or what needs to happen that will *probably* create more movement, you know, but yeah, when I'm *not* in tune with it, that's the stuck feeling."

The counselor's reaction to and level of comfort with the felt sense experience appears to impact how it is viewed. For instance, Maria, who seems to have a high body-awareness but lower comfort level with her felt sense experiences shared:

> Yeah, I feel really kind of *naked*. But like *they* have no idea but I feel really raw and like—it's like "Oh man, they can't see that," you know, so I'll like touch my arm or I'll touch whatever part of my body feels something. But I'll like go like this [participant gestures as if she is smoothing her hair on her arms down] and like I'll like rub my arm and I'm feeling kind of like I hope they didn't see that or like, you know, thinking that's so vulnerable I wouldn't want them to see that.

She describes feeling highly impacted by the client and not being sure she wants to share this experience with the client so she attempts to hide or distract. An example of her attempts to self-soothe is when she stated, "I'll like automatically feel like so vulnerable and I'll like take a glance at the window or the floor for a second. Or I'll take a sip of water. Like for me, like I guess that's my way of retracting—I feel *really* vulnerable even though they have no idea what I just experienced." It appears the novelty of the experience and the lack of preparation for being impacted in this way leaves some beginning counselors feeling as if they need to hide their

reaction or they may not relate it to the client interaction at all. This may impact their decision on what they choose to do with this information, as will be covered in the next theme below.

Felt sense as a relational barometer to guide clinical intuition

While the previous themes relate to the beginning counselors' experience of felt sense, where this information originates, and how they feel about felt sense experiences, the current theme relates to what is done with the information. When beginning counselors in the current study experienced a felt sense reaction, they were presented with a choice of whether they would use this information with the client as a clinical hypothesis, withhold the information possibly with the intention of processing it further in supervision at a later time, or to ignore the felt sense experience altogether. Some of these decisions appeared to be dependent on the counselor's awareness and comfort level with the felt sense. A diagram is included in Figure 4-2 to how the felt sense is experienced and at what intensity based on its level of congruence with the counselor's core self. This model conceptualizes the felt sense as a sort of relational barometer with the felt sense moving through a dynamic flow based on the counselor's inner experiences. When the situation and the counselor's choice of clinical direction are in line or congruent with their core self, the felt sense is experienced as calm or even a warm sensation, which is referred in this model as equilibrium. In contrast, participants described varying levels of conflicting experiences or situations when they went against their gut, the felt sense experience tended to increase in intensity, creating turbulence in the flow, thus signaling that there is some sort of incongruence. Interestingly, when counselors shared their reactions or acknowledged the incongruence with the client, when clinically appropriate, the felt sense would often shift back to a level of equilibrium, thus sending a different signal to the counselor. It seems the fluid nature of the felt sense provides a continual source of information, if it is within the counselor's awareness.

Some participants described noticing the felt sense at times but not having a clear indication of what it was that was triggering the sense for them. Kelly describes her experience as she states, "I guess if I had to describe it, um, I would just say that there's something just not quite right." She later commented, "It's just like—it's not all there! You're not telling me everything! It's just like that sense of…there's more information to be had. A sense of something missing, I guess. Like the pictures not complete." Maria shares an example of how she experiences this same sense of unknown anticipation of what the client will share:

> So I'll notice more like sweaty or my chest when I anticipate that there's a lot more to the story that they're not saying. So I guess it's an anticipation of the story I haven't heard of yet—I feel anxious because I don't know—because I start questioning like can I sit with them in this story? What if this story reminds me of a story that I have? I think once I get past *that*, then quite easily I can feel the arm sensation again or I can feel like a—a stomach sensation again but I think the initial thing is just my own anxieties about whether I can sit with this story that's like on the tip of their tongue, kind of thing.

The beginning counselors in this study shared how they decide what to do with their felt sense experiences and how to determine whether it is a reaction to the client which would be therapeutically beneficial, a personal reaction they may need to process further for themselves in supervision, or a dynamic in the relationship they are responding to which may or may not be of clinical benefit to process with the client. Each client and each clinical situation is different, therefore, beginning counselors must make sense of their own experience and then determine how best to approach the situation in the client's best interest. As Kelly stated, "I guess a lot of times, I'll maybe have a gut feeling about something and I just kind of ask them about that (if it feels) like there's something else there." She also shares another example of how she decides what to do with the information from her felt sense experience, "Um, so trying to like use that in the session for productive—or as a productive way of exploring things, um, but also like notice

that in myself and try to like relax a little bit and realize that like this person's eliciting a reaction in me, um, and kind of like bookmark that to explore later, as well."

In contrast, Maria shared more trepidation about the idea of sharing her experience with the client. Here she discusses her feelings about the idea of sharing her felt sense experience with the client during her first interview:

> Um, I never thought about, um, actually telling the client that I experienced that because I just never thought that that was something I could *do*. But I have entertained the idea of what it would feel like to be like—I never really thought about saying that until my supervisor mentioned it one time. So given that, I just kind of like sit there and like—just in order to stay present, I just take a deep breath or I'll take a sip of water or I'll go like that [runs hands over arms to smooth hair down] to my arms or something or to my sweater or, um—cause that's like my way of—because I have to get through and be there for them.

Maria also shares in this example what she does in order to maintain her presence with the client in session. She mentions that she talks to her supervisor about her experiences and it sounds as if her supervisor has encouraged her to share.

Maria indicated during her second interview that she was able to be more transparent with clients and she described the experiences as beneficial for both the clients and for her own level of presence. For example, she shared the following experience:

> *I* felt more connected to her. It was a good continuation from the week prior, the previous week rather. I felt more connected to her [reading from felt sense experience log sheet], oh, I put that. I sense a good, better energy between us. And then, yeah, we had to talk about like safety stuff, um, more positive coping strategies, um, I felt more present and sincere in the room after—as a result of sharing.

She also shared another experience:

> I took a deep breath, yeah, I really did and I felt more present, that's what I put [referring to what she wrote on the log sheet]. Our conversation seemed to flow better [also recounting from log sheet]. Yeah, and then we just processed, basically the rest of the session but it felt *natural*, really nice. And in the past I've like tried to tell her like how courageous—like how courageous I experienced and how I feel touched but she didn't really believe it and I think this was one of the moments when she kind of finally saw that for herself, as well. And then rather than just

> saying like, blurting it out, I felt like I had the felt sense experience to kind of open the door and then say, "Well, this is what I experience on a physiological level and this is what it means to me." And I think she like really appreciated it.

In the second experience, Maria shares that she has previously attempted to tell the client how she has felt impacted by her; however, it appears the client was more receptive when the felt sense experience was shared. In making sense of this with Maria, she suspected that the client was able to really take in the feedback because she could see how the counselor was impacted, rather than just being told about it.

Jenna also shared how the felt sense shifted for her as a result of sharing with the client. She described, "It felt kind of like—like, uh, warmth—like a connectedness, um, and relaxation. You can kind of—you can take a deep breath, and you can—it's like freer, it's, um, and I picture it as being like *lower* [places hands on lower abdomen] kind of like more grounded. So like—I don't know, more around my lower, lower abdomen and that's just kind of like settled." Jenna's experience provides an example of the dynamic flow on the relational barometer model (Figure 4-2).

A contrasting example of incongruence on the relational barometer occurred for Nicole. She described a situation where she did not acknowledge her core self or values. She described feeling "small, really unimportant" and stated that what she decided to share "was super incongruent with what was happening on the inside." She talked about wanting to appear a certain way with the client but realizing this meant she must sacrifice her core self and her innate reactions, which left her feeling as if she had sacrificed herself for the client.

In conclusion, participants provided a variety of experiences and shared their thoughtful decisions regarding whether or not they chose to share or withhold their felt sense experiences. Even within the same participant, there were choices made about when and why to share and why the felt sense was withheld. It was interesting to see such diversity in responses and

reasoning. It appears the felt sense may provide a source of internal information for the counselor about when something feels off, whether it is related to the client, the counselor, or the interaction. They then have a decision to make about if and how this information is utilized. It seems that the felt sense continues to provide a source of continual feedback even after a choice is made, the barometer adjusts and the counselor continues to have access to this information for the next clinical decision point in the interaction.

Essence Statement

For beginning counselors, the essence of felt sense is related to core self or core truth for each individual. This core self is embedded in one's personal context and their beliefs about themselves and others that shape how they view the world and even relate to moral standards and integrity. It is the essence of one's humanness, their truth. The physical source of this information is typically experienced as originating in the core trunk of the body around the chest or heart or even lower as perceived in the gut. The felt sense relates to clinical intuition by harnessing one's innate instincts and learning to decipher information obtained from the body. As with other forms of clinical intuition, much of how the felt sense can be utilized is for generating hypotheses or helping to identify issues related to personal reactions that may need to be processed further in supervision. The experience of felt sense seems to happen at a precognitive or preverbal level, which can cause difficulty in finding language or expressing the felt sense experience. Increased self-awareness and body-awareness are needed to help make sense of this valuable source of information.

Conclusion

Felt sense can be related back to the clinical literature through the concepts of counselor use of self, congruency, and authenticity. The felt sense can be seen as a sort of relational barometer. It is a sense in the body that can be noticed when a counselor is experiencing

congruency or when there is a sense that something is off or not quite right. This provides counselors the opportunity to explore whether this is related to the client, the counselor-client interaction, or to their own personal reactions that may need to be processed in supervision. The concept of authenticity relates to sharing one's reactions with a client, when appropriate and clinically beneficial. Felt sense can assist beginning counselors (or counselors at any developmental level) in generating clinical hypotheses or in identifying when counselors may be experiencing a personal reaction that can be processed further in supervision.

Noticing the body's experience in the counseling room and helping beginning counselors to process and make sense of these experiences provides promising new terrain for the field of counseling. Because felt sense is known as an innate capacity, the information is already available to us; we just have to learn to listen for it. Beginning counselors, who are either taught mostly to notice emotions or process cognitively or who are generally more cognitive are especially left at a disadvantage in identifying their felt sense experiences or even noting them as a reaction to the counseling process. It is also helpful for counselors to have the opportunity to process the ways in which they are impacted by their clients and their internal responses to the counselor-client interaction.

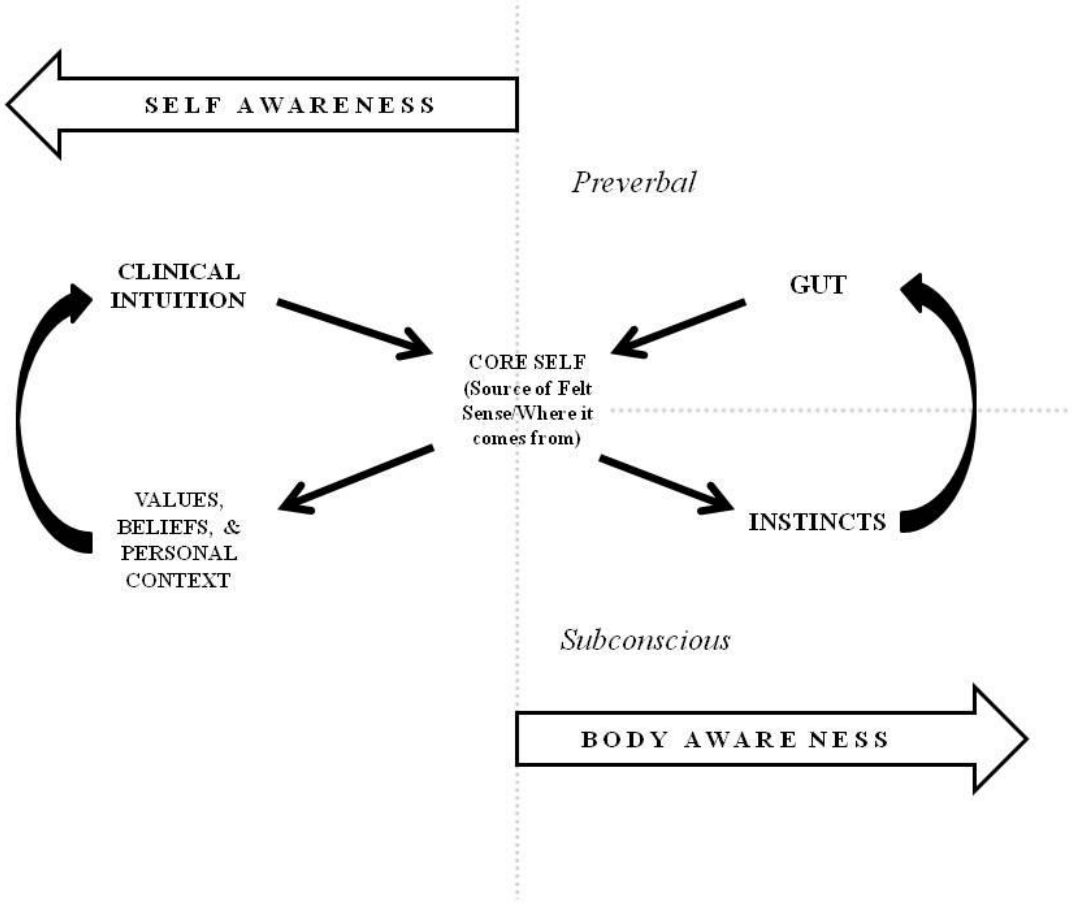

Figure 4-1. Felt Sense Concept Model

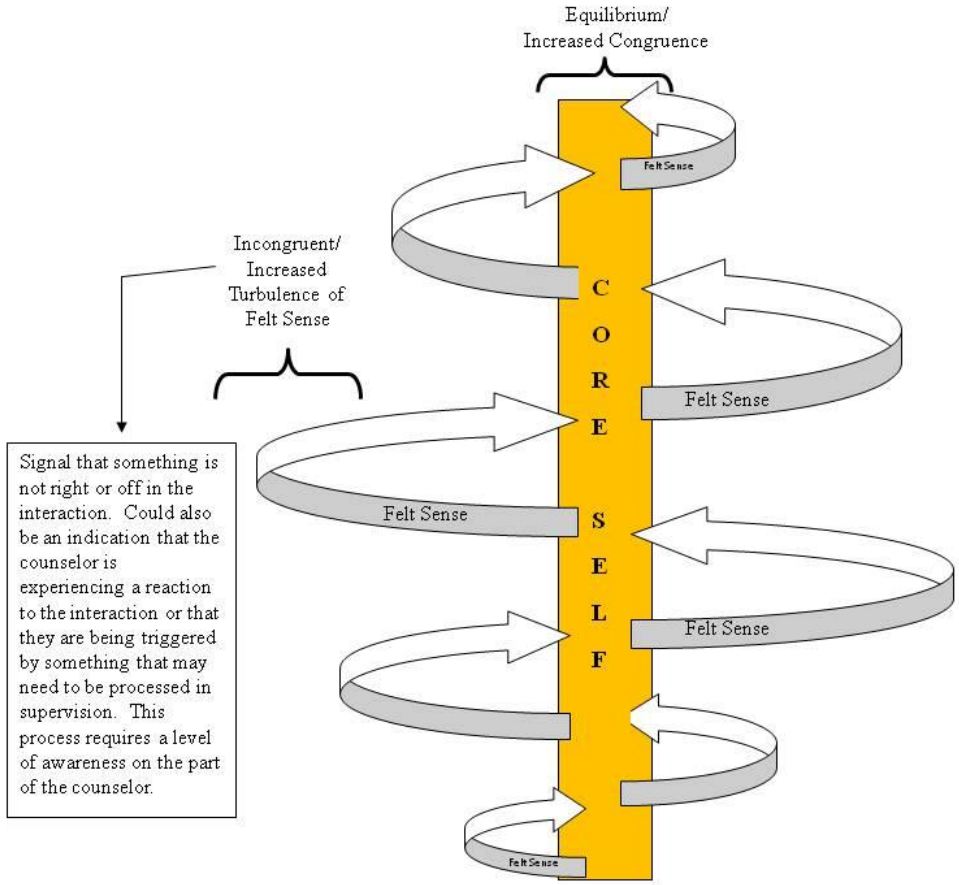

Figure 4-2. Felt Sense as a Relational Barometer

CHAPTER 5
DISCUSSION

Overview

The following chapter will summarize the findings from this study in relationship to the existing research literature. Emphasis will be placed on the integration of felt sense experiences for beginning counselors into the framework of counselor use of self. Discussion will include how beginning counselors experience felt sense and how this knowledge can be utilized in counselor preparation and supervision. Research literature in the areas of counselor awareness, congruence, clinical intuition, and counselor instincts will be related to the concept of felt sense and findings of the current study. Implications for practice, theory, and future research will also be addressed. Finally, limitations of the study will be discussed.

Felt Sense

Eugene Gendlin (1964) who was the first to coin the term felt sense, developed a philosophy that takes into account the body as a source of meaning. He insisted that the body plays an important role in the ways in which people create meaning out of experience. He posited that one's embodied experiencing provides a source of implicit knowing that can be reflected in body states, such as physiological, sensory-motor, and relational (Rennie, Bohart, & Pos, 2010). Gendlin referred to this type of organic processing, which is directly and immediately felt by the individual but is not necessarily known as being a "felt datum" (Gendlin, 1962, p.243). This view of experiencing as a process has implications for the field of counseling, and particularly for beginning counselors. Understanding that the body is impacted not only by our previous life experiences as well as our cultural worldview can assist in greater awareness of how we make meaning of our somatic experiences. It is also noted that our bodily interactions with the world can impact us even before we conceptualize them. As Sharma (2011) indicated,

"[Our bodies] are able to detect more subtleties in a given context than our logical structures and, as such, imply our next action, speech act, or feeling" (p.182). Gendlin (1969) developed his philosophy regarding the felt sense and used it to create a technique he called Focusing-Oriented Therapy to assist others in accessing their felt sense experiences. The current study expanded on Gendlin's ideas by exploring felt sense experiences in a group of beginning counselors. Findings of the current study suggest beginning counselors do experience felt sense reactions during the counseling process. It was also noted that the counselors' awareness of their somatic or felt sense experiences increased by participating in the study.

Counselor Use of Self

Counselor use of self has long been an area of focus within the humanistic counseling paradigm (Baldwin, 1987; Cain, 2007; Edwards & Bess, 1998; McTighe, 2011; Omylinski-Thurston & James, 2011; Rogers, 1979). Research in the area of counselor use of self has produced findings in the areas of countertransference (Ehrlich, 2001; Gelso & Hayes, 2007; Jacobs, 1991), empathy (Clark, 2004; Rogers, 1975), congruence (Lietaer, 1993; Omylinski-Thurston & James, 2011; Rogers, 1979), clinical intuition (Witteman, Spaanjaars, & Aarts, 2012), and therapeutic presence (Geller & Greenberg, 2012). Research in the areas of instincts, awareness, congruence, and clinical intuition will be explored in relation to the findings of the current study. While felt sense experiencing relates to each of these areas, findings of the current study suggest that the experience of the body, and specifically the felt sense, offers a different frame of reference to attend to this type of information.

Felt Sense as an Innate Instinct

An interesting finding from the current study relates to the presence of innate instinctual responses on the part of the beginning counselors. In this context, the term innate is used to refer to naturally occurring, unlearned processes. Participants described their urges to escape or run

from the room, similar to the innate human instinct of flight. They also described fight or freeze instincts experienced in the counseling room with clients. Obviously, counselors are able to override these innate instincts rather than actually running from the room or punching something or someone but they provide a valuable source of information which has not previously been a focus of counselor training. By utilizing awareness of the presence of these instincts, this can give counselors insight into their own process or of dynamics occurring in the room. This is a new area of focus in the field of counselor preparation, which turns to the wisdom of the body to provide an additional source of information that may be operating at a subconscious level.

Access to or awareness of these instinctual reactions may provide counselors with a valuable source of information, such as feeling unsafe in the room or having a reaction, which for some, may be an indication of their own previous trauma history (Bremner, 2002; Scaer, 2005; van der Kolk & McFarlane, 1996). In both of these instances, further processing may help beginning counselors determine whether the instinct is related to an issue of clinical relevance to the client or if it may be related to a personal reaction that would be beneficial to process further in supervision. Increased awareness for counselors regarding their instinctual reactions may provide valuable insight for the counselor and may also be an indication that they need to engage in further supervision or self-care.

Research regarding the views on instinctual behavior in humans has produced mixed results due to the heavy reliance on evolutionary psychology and rigid views regarding innate animal behavior (Malkemus, 2015). However, when instinct is viewed less in terms of predisposed behavioral patterns and more as a holistic view of human nature, as congruent with a humanistic framework, it has the possibility of adding to our understanding of our deeper drives and motives. As counselors, we should use caution in discounting this form of innate

information. In contrast, findings of this study indicate that the felt sense could be utilized to obtain information from one's body that may or may not be utilized in the counseling relationship. As with other forms of clinical intuition, the felt sense merely posits a clinical hypothesis, which may then be tested with the client or saved to process further at a later time.

Felt Sense Awareness

Awareness of both self and body are important aspects related to counselor use of self and both relate to felt sense experiencing. Although the felt sense provides an innate form of information, a certain level of awareness is required in order to decipher the signals. Research regarding counselors' perceptions of their inner experiences provides a range of views on the experiences and uses of this type of information (Coll, Doumas, Trotter, & Freeman, 2013; Fauth & Williams, 2005; Howard, Inman, & Altman, 2006; Melton, Nofzinger-Collins, Wynne, & Susman, 2005; McTighe, 2011). Some research findings portray this information as distracting and overwhelming, especially as seen in some of the developmental literature regarding beginning counselors (Fauth & Williams, 2005; Ronnestad & Skovholt, 2013; Williams, 2008). Findings from the current study indicated that beginning counselors seemed to find their awareness distracting or tuned it out if they did not recognize it as a reaction to the client or the counselor-client interaction. The counselors' comfort level with their somatic or felt sense experiences also seemed to impact whether they perceived this type of information as distracting or helpful in the clinical interaction.

While some participants in the current study discussed experiences of distracting sensations related to their felt sense experiences, consistent with findings provided by Williams, Hayes, and Fauth (2008), most seemed to display a relatively high level of insight and understanding as to how their experiences related to themselves personally and the interaction with the client, which parallel findings from Howard, Inman, and Altman (2006). Participants

in the current study who described the felt sense experiences as being distracting described utilizing some of the internal coping strategies described by Omylinska-Thurston and James (2011), which will be covered in more depth below.

Felt Sense as a Relational Barometer of Counselor Congruence

It appears research in the area of therapist congruence can be related to findings from the current study. Omylinska-Thurston and James (2011) conducted a grounded theory analysis and created a theoretical model to describe how counselors process their inner experiences within the therapeutic relationship. Their model contained four stages related to the processing of discomfort experienced by counselors that was determined to be an indication of incongruence. Omylinska-Thurston and James' findings relate to the findings of the current study due to the use of exploring the inner experiences of counselors as an indication of congruence or incongruence. The exploration of inner experiences for counselors as seen in Omylinska-Thurston and James's (2011) model relates to the concept of felt sense in two separate ways. The first is that the felt sense acts as a signal to the counselor as sort of a relational barometer. In this way, the counselor is able to use the felt sense experience to determine whether they are operating at a level of homeostasis or whether they experience the felt sense as getting stronger as they feel increasing incongruence. An increasing sense of incongruence relates to the second way that Omylinska-Thurston and James's model is similar to findings in the current study. These findings indicate that felt sense originates from the counselor's core sense of self, located within the gut or the central core area of the body, such as the chest or heart area. Because the felt sense emanates from the core self, the congruence or incongruence experienced by the counselor is related to her deepest values, drives, and morals. The concept of core self in the current study relates to research regarding authenticity and the development of the self within a social or relational context (Goldman & Kernis, 2002; Harter, 1997; Kernis & Goldman, 2006;

Rosenberg, 1979; Wood, Linley, Maltby, Baliousis, & Joseph, 2008). While Omylinska-Thurston and James examined the inner experiences of counselors and how they made sense of this information, the current study identifies the sources of these inner experiences for counselors. The felt sense provides a context to understand these experiences of congruence or incongruence and identifies the reason the counselor may be experiencing the discomfort. The counselor can then determine whether it is related to the client, the counselor, or the interaction between the counselor and client, and then decide how best to utilize this information.

Felt sense, conceptualized as a relational barometer, is consistent with each of the stages in Omylinska-Thurston and James's (2011) model. Similar to Omylinska-Thurston and James's receiving stage, in this study, the counselor was more aware of discomfort or a change in bodily sensation. Participants in both studies described feeling higher levels of anxiety or vulnerability at times of incongruence. The second stage of Omylinska-Thurston and James's model relates to the counselor's meaning-making process within the context of the therapy relationship. Again, a similar process was observed in the current study. Participants discussed internal coping strategies, such as distancing by shifting their eye contact or taking a drink of water, making sense of the discomfort, or noting the experience to process later in clinical supervision. Interestingly, participants in Omylinska-Thurston and James's study also described having the urge to want to escape or avoid. While Omylinska-Thurston and James viewed these urges as an internal coping strategy used by counselors to deal with their discomfort, this form of information in the current study was noted as an expression of an instinctual reaction. As previously mentioned, the instincts of fight, flight, and freeze were observed within multiple participants in the current study; however, these reactions were categorized as being instinctual

responses experienced by the counselor and viewed as a valuable source of potential information for the beginning counselor beyond seeing them as only an internal coping strategy.

The final stages of Omylinska-Thurston and James's (2011) model, expressing and confirming, involved the counselor's decision to share information obtained from their inner experience with the client, if it was determined to be clinically appropriate, and the outcome or impact of sharing this information with the client. Counselors in the current study also discussed how they decided whether or not to share with their client their felt sense experiences or the ways in which they were feeling impacted. Participants discussed making instinctual judgments regarding the choice to disclose and this seemed to relate to their own comfort level with the felt sense experiences. For instance, one participant with high awareness and high comfort levels of felt sense shared that she was more distracted if she did not share the experience. This can be viewed as a congruence relating to personal values or core self. For her, it would feel more incongruent not to share transparently with the client. Whereas, another participant who also had a high level of awareness but less comfort with her felt sense experiences, was much more timid about sharing. She described it as a risk and expressed the level of vulnerability she felt due to being impacted by the clients in this way. It seems congruence is related not only to the experience of the felt sense but also in the choice about what to do with this information.

In the current study, counselors' decisions about whether or not to share information obtained from the counselors' felt sense experiences seemed to impact both the client and the counselor. The counselors in the current study noticed changes or shifts not only in the clients upon hearing the felt sense experience but it also shifted the felt sense for the counselor themselves. One participant discussed how she had shared feedback previously with the client about how she felt about her but it was not until the client heard the feedback in the form of the

felt sense that she was able to really take in the feedback because she saw the level at which the counselor was impacted by her. In contrast, another participant shared how the disclosure about the felt sense did not seem to impact the client much, however, she noticed herself feeling more freed up after sharing.

Felt Sense as Clinical Intuition

Research regarding the development and use of clinical intuition has received mixed reviews. Witteman, Spaanjaars, and Aarts (2012) define clinical intuition as "automatic responses that are based on knowledge acquired through significant, explicit learning from textbooks and in clinical practice…Intuitive processes operate at least partially without peoples' awareness and result in feelings, signals or interpretations" (pp. 19-20). This definition acknowledges the intuitive processes developed from extensive learning and practice; however, it fails to address innate intuitive processes which operate and can also provide valuable information for counselors. Findings from the current study suggest both forms of intuition, cognitive or acquired knowledge as well as the body's instinctual responses, may have benefit to counselors. Due to the lack of professional experience for beginning counselors, they may be able to take advantage of their innate, or naturally occurring, forms of intuition.

In the current study, findings suggest that beginning counselors may have more access to these innate forms of intuition than once thought. While beginning counselors lack the level of clinical experience as experts in the field, this does not indicate that they are completely void of instinctual responses. In fact, the findings from the current study suggest the counselors who participated displayed an ability to noticed their own internal responses and determine if they were related to the client or a personal response that they may need to process further with a supervisor. This level of more sophisticated awareness relates to findings produced by Howard, Inman, and Altman (2006) regarding the level of self-insight and self-awareness found in

beginning counselors. The counseling trainees in their study described personal reactions to their clients and each was labeled as either self-awareness or self-insight. The instances of self-awareness related to their recognition of internal reactions towards a client. Self-insight represented a deeper level of awareness as to how they were impacted by the reaction and what they chose to do with it. The beginning counselors in the Howard, Inman, and Altman study indicated a level of sophistication beyond what is typically postulated in the traditional models of counselor development (Hogan, 1964; Stoltenberg, 1981; Loganbill et al, 1982; Skovholt & Ronnestad, 1992). Findings of Howard, Inman, and Altman's study paralleled those of the current study related to beginning counselors' awareness of their internal states and deciding whether it was a reaction related to the client or something personal about themselves, which may need to be processed further in supervision.

Implications for Practice in Counselor Preparation

The final two research questions for this study pertained to whether beginning counselors had prior exposure to the concept of felt sense during the counselor preparation program as well as outside experiences that may have facilitated felt sense experiencing. All of the participants indicated that the concept of felt sense was not explicitly discussed in core coursework or elective classes. Most references to concepts similar to the felt sense occurred through informal examples provided by certain faculty or by other students who operate from a more body-focused orientation. A few of the participants, Gina, Maria, and Jenna, had taken a course titled the Counselor as a Person in which they discussed the ways in which counselors are impacted by clients and how they can view themselves as a resource in the counseling process. Experiences in supervision varied as well with some supervisors focusing more on process and interpersonal dynamics, which appeared to be helpful in utilizing the felt sense experiences.

The final research question related to experiences outside of the program that aided in counselors' felt sense experiences. The exploration of felt sense experiencing for beginning counselors provides new focus areas in counselor preparation and supervision. It appears those who have engaged in more body awareness activities, such as meditation, yoga, or other activities to promote body awareness seemed to have a slightly higher level of somatic experiences. However, this awareness did not necessarily translate into comfort with utilizing the felt sense experiences in session. It seems that awareness and comfort level with the felt sense are both necessary to make this a valuable clinical tool. Because felt sense is an innate form of experience, beginning counselors already have access to this information. It appears counselors must have a level of self-awareness as well as body-awareness in order to utilize this information. Counselor preparation could provide increased opportunities to explore the internal experiences of beginning counselors in order to increase their awareness of themselves and the ways in which they are impacted by their clients.

One finding in the current study was the counselors' difficulty finding language to describe felt sense experiences. Even the concept of felt sense can be seen as ambiguous in nature or difficult to put into words, as was observed in the current study. However, the use of the term felt sense creates the opportunity to give language to this elusive concept. Oftentimes, participants would notice that something did not feel right or that they were experiencing a felt sense reaction or sensation, however, due to the preverbal nature of the felt sense, they would have difficulty communicating their experience or making sense of it. Counselor preparation could aide in the development of language surrounding sensation and assist beginning counselors in articulating their inner experiences. It is also suspected that the lack of focus on these types of experiences sends a message to beginning counselors that their felt sense reactions are not an

important form of information, thus losing this valuable resource. It is suspected helping beginning counselors to process experiences through their felt sense reactions could offer a way for them to explore their deeper core values and instincts, which would aide in the development of self-awareness as well as increased body-awareness.

Supervision could provide beginning counselors the opportunity to explore their felt sense experiences in an attempt to make sense of this form of information. While much of clinical supervision is focused on case conceptualization or the client, it is important that beginning counselors also have space to explore their own process in the therapy room (McTighe, 2011). Beginning counselors are often impacted by clients but may not realize or have the opportunity to explore their reactions further unless prompted by a supervisor. These varied personal reactions to felt sense were apparent in the current study. Half of the participants entered the study unaware of their own felt sense experiences, but after tracking their own process when working with clients and increasing their awareness, they were able to notice their subtle reactions to clients and learn to make sense of this information. Even beyond the scope of counselor self-awareness related to felt sense, it is suspected that by increasing counselors' awareness, this may also have an impact on their clients' own felt sense awareness. The counselor, by modeling transparency and displaying an increased bodily awareness, also reinforces the client to explore their own internal experience, thus creating the possibility of increased depth for the therapeutic relationship.

Implications for Theory

Eugene Gendlin has provided a unique way of thinking about human experience that connects the body to language and thought. His views of the body as an important source of information and wisdom have gone against much of Western philosophy that favors rationalism and deconstructionism (Sharma, 2011). Gendlin suggested through his philosophy of the

implicit that the body often implies a movement that is "demandingly exact" (Gendlin, 1992, p.203). Gendlin (1984) indicated the felt sense refers to meanings that are experienced in the body, particularly in the middle of the body, such as the throat, chest, and stomach. These aspects of his philosophy fit with findings in the current study related to the ways in which felt sense was experienced within beginning counselors in the current study.

While Gendlin (1997b) argued against the idea of the felt sense as being preverbal, he described how the body allows us to speak authentically and meaningfully from our situatedness and discussed the important role of language in this process. The difficulty of finding language to adequately portray one's experience was a recurrent theme within this study, which brings into question whether this information may in fact exist at a preverbal or even a precognitive level. Participants struggled to find language to depict their felt sense experiences adequately. Many times, they were able to articulate that they experienced a sensation or a sense that something did not feel right in the room, but it was difficult to find language to accurately depict the experience. The struggle to find language could be related to the foreignness of body experiencing in current counselor preparation or in society in general. It seems the view of the body as an important source of information has been relatively absent in the area of counselor preparation. While emphasis is placed on skill development and clinical case conceptualization, use of the felt sense as a way for beginning counselors to communicate about their implicit awareness provides a promising new area of focus for theory, research, and practice.

It seems the use of felt sense awareness in beginning counselors, or for counselors in general, could provide an interesting lens into an innate instinct that is already present in all human beings. While body or somatic awareness has been included in the research on counselor use of self (Geller & Greenberg, 2012; Lietaer, 1993; Omylinski-Thurston & James, 2011;

Rogers, 1979) one of the areas that makes the current study regarding felt sense unique is the focus on the innate and instinctual qualities of the felt sense. This provides interesting implications for theory development in the area of felt sense experiencing for counselors and how this information is utilized.

While the current study explored the experiences of felt sense for the counselors, it is suspected that there is also a similar process of felt sense experiencing occurring for the client in the room. The model (see Figure 4-2) could be expanded to include the felt sense experiences of the client as well as the dynamic in the room between the counselor and client. This interchange would create a series of internal dynamics both within the counselor and client as well as an interpersonal dynamic, or how each is impacted by the other. Some of this interrelated dynamic was noted by participants in the current study who referenced "the energy in the room" or sensing when something did not feel right.

Implications for Further Research

The focus of the current study concerned the felt sense experiences for beginning counselors; however, more information is needed regarding the experience of felt sense for beginning counselors as well as more experienced or even expert counselors. It is suspected that counselors develop the use of these skills through experience but little is known about how this awareness is developed or how felt sense is utilized by experienced therapists. Further research in this area could shed light on ways in which these skills are developed and could assist in the formation of coursework or experiences to enhance felt sense awareness for beginning counselors.

Research on the use of focusing techniques for therapists or using mindfulness to increase body awareness may assist counselors in the development of increased awareness of felt sense experiences. Studies have indicated that focusing can be taught (Clark, 1980; Gendlin, 1981)

and it has been related positively to both the effectiveness of client-centered therapy sessions and early, successful termination of therapy (Leijssen, 1996). These results provide promising ideas for future research in the area of counselor use of focusing or felt sense experiencing.

To build on the findings of the current research, more research is also needed concerning the ways in which felt sense differs for various cultural groups or if there are other dynamics that impact the ways in which felt sense is experienced or utilized. Phenomenology was chosen as the methodology for the current study because of the lack of information in the area of felt sense experiences for beginning counselors, however, further data analysis using grounded theory or other qualitative methods could assist in the development of theory related to felt sense experiencing for beginning counselors.

Another area for potential research could examine how information obtained through the body may be an indication of a need for self-care. It seems counselors are at a high risk of burnout compared to other professions and they may have difficulty identifying or acknowledging signs that they are becoming overloaded (Lee, Cho, Kissinger, & Ogle, 2010; Osborn, 2004; Vredenburgh, Carlozzi, & Stein, 1999). Increased felt sense awareness may help counselors identify when they are experiencing physical symptoms of burnout. It may also be easier for counselors to identify and acknowledge these physical manifestations of burnout rather than the emotional or cognitive symptoms. The use of terminology surrounding felt sense and sensation in general could provide counselors with a language to discuss their experiences. Further research regarding the felt sense could also assist beginning counselors or counselors in general, in identifying past personal or vicarious trauma that may warrant further self care (Scaer, 2005; van der Kolk & McFarlane, 1996).

The current study examined the internal process and experience of felt sense for beginning counselors. However, as previously mentioned in the implications for theory, it is suspected that there are also interpersonal dynamics occurring between the counselor and client in the room that likely impact the felt sense experiences of both the counselor and client. This is an area of further research that would investigate the interactions between the counselor's experience of felt sense as well as the client's. When the felt sense concept model was created (see Figure 4-1), it seemed that a similar model could be created for the client and the two interactive processes would exist within the context of the therapy room. Future research could expand this model to create a dynamic flow between counselor and client.

While most of the research ideas mentioned above relate to qualitative research, there is also a need for empirically based quantitative studies. The Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969; Klein, Mathieu-Coughlan, & Kiesler, 1986), which was an assessment created to determine clients' level of experiencing in the therapy process was previously utilized to conduct outcome research based on the client's level of experiencing. This assessment could be modified to address the counselors' experiencing level to determine if there are differences in therapeutic outcome for the client or changes in the therapeutic alliance.

Study Limitations

The purpose of this study was to explore the lived experiences of felt sense among counselors in the beginning phases of their clinical development. Study solicitation was conducted within two graduate counseling programs at the same university, however, due to sampling limitations only students from the Counselor Education program participated. Furthermore, all participants were female and all but one were Caucasian. The study lacked diversity in both ethnicity as well as gender.

Additional sampling limitations were also present. Participants will self-select based on their interest or knowledge on the topic (Patton, 2002). An exclusion criteria for the study was that participants could not have previously taken coursework in mindfulness in order to ensure they did not have preconceived notions of the concept of felt sense. Out of all of the participants, only one had previously heard the term felt sense prior to participating in the study. Although the other participants had not previously heard the term felt sense, it is suspected they may have formed an opinion about what was being researched for the study through recruitment materials or in communicating with others, which presents concerns regarding their development of preconceived notions of the concept.

One issue that arose during data collection was that a few of the participants indicated they had not previously noticed a felt sense experience when working with a client. This created some concern regarding whether they would be able to participate in the study due to the chosen methodology, which was hermeneutic phenomenology. According to phenomenology, participants must have had lived experience with the concept of interest in order to reflect on their experiences (Creswell, 2013; Moustakas, 1994; van Manen, 1990). It was determined that second interviews would be held with each of these participants in order to determine if they were able to continue participation. Both participants shared several felt sense experiences during the subsequent interview and were included in the analysis.

Another area of possible concern could be social desirability. There is the risk that study participants were offering information based on what they believed I wanted to find in the study. Because counselors are generally helpful people this may influence how they are responding to interview questions or they may provide information based on what they believe I want to hear rather than being fully honest about their experiences. In addition, I also had to be cautious in

how I was analyzing the data or trying to remain neutral during interviews. I engaged in journaling and memoing throughout the data collection and analysis process in order to keep my thoughts and views separate from the participants' experiences to ensure I could allow their voices to inform the findings. I also included a subjectivity statement in order to acknowledge my views and potential biases going into the study.

Conclusion

In conclusion, the findings from the current study expand upon previous research literature related to counselor use of self. While there are many parallels between the data analyzed from the participants in the current study with existing research related to beginning counselors, the study also brings into question some new and exciting areas for counselor preparation and development. Although the research questions for the current study were addressed, I believe many more questions remain to be answered related to felt sense for beginning counselors and utilizing this information within counselor preparation. An emerging and dynamic model was developed based on the findings from this study. Felt sense awareness provides a new lens to view counselor use of self and sheds light on the inner experiences of counselors and how they utilize this form of information. This area of research has promising implications for counselors, supervisors, and counselor educators.

APPENDIX A
EMAIL RECRUITMENT MESSAGE

Hello fellow counselors,

How aware are you of your body when you are sitting with clients? Do you notice changes in your bodily sensations? Do shifts in bodily sensations mean anything during the therapeutic process? What do you do with this information?

I am conducting a qualitative study for my dissertation with the purpose of increasing understanding of how counselors in the beginning phases of their development describe and make sense of their somatic experiences when working with clients. The concept of interest in the current study, felt sense, will be explored in reference to how it is experienced by counselors within the therapeutic relationship. I am interested in further exploring the lived experiences of felt sense in beginning counselors.

Participants in the study will be asked to participate in a minimum of two semi-structured interviews and to keep track of any felt sense experiences on a log sheet in between interviews. Interviews will be audio recorded, will last between one to two hours, and will be spaced two to four weeks apart, depending on scheduling. A third interview may be requested, if necessary. The study will begin in the fall semester of 2014 and it has been IRB approved (Protocol # 2014-U-1248).

Participants must be students enrolled in the Counselor Education or Counseling Psychology graduate programs and must be currently working with clients in the fieldwork course required for their degree program.

If you are interested in participating in the study or just want more information, please contact me at perry143@ufl.edu at your earliest convenience. I will be excited to talk with you about the project.

Thanks for your attention and interest,

Perry

Perry Peace, Ed.S., LMHC
Doctoral Candidate, Counselor Education
University of Florida

APPENDIX B
PRELIMINARY PARTICIPANT QUESTIONS

Name:

Graduate Program:

How did you hear about this study?

Are you currently working on your practicum or internship for your graduate program?

What site are you doing your clinical work?

Have you had any previous coursework or training related to the concept of felt sense?

Have you experienced a felt sense reaction while counseling or working with clients?

What interested you in participating in this study?

APPENDIX C
INFORMED CONSENT

Informed Consent

Protocol Title

Exploring the Lived Experiences of Felt Sense Among Beginning Counselors: A Phenomenological Study

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study

The purpose of this study is to increase understanding of how beginning counselors describe and make sense of their somatic experiences in the context of counseling. The current study will explore the lived experiences of felt sense for beginning counselors. Felt sense is a naturally occurring phenomenon for all human beings but it has not been explored in the context of how counselors experience their own felt sense. I am interested in exploring how beginning counselors experience felt sense within the context of the therapeutic relationship and what is done with this information.

What will you be asked to do in the study?

You will be asked to participate in a minimum of two audio-recorded interviews with the principal investigator regarding your felt sense experiences while counseling clients. Each interview will take between one and two hours. In addition, between the first and second interviews, you will be asked to record a minimum of three felt sense experiences, which will be reviewed during the second interview. Interviews will be spaced between two to four weeks apart, depending on scheduling convenience and the frequency of your recording of felt sense experiences. Following each interview, the principal investigator will transcribe the recording immediately. During the second interview, themes from the first interview will be reviewed for each participant. Participation in a third interview will be requested, as needed, for clarification purposes.

Time Required

3-6 hours total.

Risks and Benefits

There is no more than minimal risk anticipated in participating in this study. The benefit of the study will be its contribution to scientific knowledge regarding felt sense experiences. Participants may benefit from increased awareness regarding their felt sense experiences.

Compensation

No compensation is offered for participation.

Confidentiality

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file. When the study is completed and the data have been analyzed, the list will be destroyed. Your name will not be used in any report. All interview transcriptions and audio recordings will be kept in a locked file.

Voluntary Participation

Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study

You have the right to withdraw from the study at anytime without consequence.

What will be done with the results of the study?

The results of the study will be analyzed as part of the doctoral dissertation of the principal investigator and may also be submitted for publication. Participants may request a copy of the results.

Who to contact if you have questions about the study

Perry Peace, Ed.S., LMHC, Graduate Student, School of Human Development and Organizational Studies in Education, College of Education, 352-870-5230, perry143@ufl.edu

Sondra Smith-Adcock, Ph.D., School of Human Development and Organizational Studies in Education, College of Education, 352-273-4328, ssmith@coe.ufl.edu

Who to contact about your rights as a research participant in the study

IRB02 Office
Box 112250
University of Florida
Gainesville, FL 32611-2250
Phone: 352-392-0433

Agreement

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: _____ Date: _____

Principal Investigator: _____ Date: _____

APPENDIX D
DEMOGRAPHIC QUESTIONNAIRE

1. Your age: _____

2. Your Gender:

3. Race/Ethnicity:

4. Primary clinical training:

____ Counselor Ed:

____ Mental Health ____ Marriage & Family ____ School

____ Counseling Psychology

5. Highest level of education completed:

___ Bachelor's Degree ___ Master's Degree ___ Specialist Degree

___ Doctoral Degree ___ Other (specify):

6. Years and/or months providing counseling: _____

7. What Population(s) do you primarily work with?

___ Adults ___ Adolescents ___ Children ___ Families ___ Couples

8. How many direct clients hours do you log a week: ___

9. How many hours a week do you receive clinical supervision or case consultation: ___

10. Primary work environment:

___ Outpatient ___ Day Treatment ___ Group Home ___ Residential/Inpatient

___ Prison/Corrections ___ Private Practice ___ K-12 School

___ College/University ___ Medical/Psychiatric Hospital

11. Please describe your client population and current clinical site:

APPENDIX E
INTERVIEW ONE QUESTIONS

1) Background Information
    a. How long have you been in the program?
    b. What drew you to the field of counseling?
    c. What sort of clinical experiences have you had to date?
    d. How would you describe your theoretical orientation? Other ways to think about this question could be…what do you believe works in therapy or what are your beliefs regarding change?
    e. Are you currently at a clinical site seeing clients? If so, please describe your site and the types of clients you see.
2) Felt Sense Experiences
    a. When I use the term 'felt sense,' what does this mean to you? Have you heard this term (or other terms that seem related to felt sense) before?
    b. Is this something you have experienced before? What is this experience like for you?
    c. Are there times when you are more likely to notice your felt sense experiences? If so, what is going on at these times?
    d. How do you make sense of the felt sense experiences?
    e. What do you typically do when you experience a felt sense when sitting with a client? Describe your experience and how it has affected you.
    f. Would you describe the felt sense experience as being helpful, a hindrance, both, neither, or some other description?
3) Coursework & Supervision Experiences

a. Has the concept of felt sense (or a similar concept) been talked about during your time in the program?
    i. If so, please describe. Was this a required course or an elective? How was this concept described?
    ii. How has felt sense related to your clinical work?
    iii. Has the concept of felt sense (or a similar concept) come up during (individual or group) supervision? If so, please describe the context and the experience.
b. Have you had experiences outside of the program that have aided in your 'felt sense' experiences?

4) In order to increase your awareness of any potential felt sense experiences, I am going to ask you to fill out a brief log sheet between now and our next interview. This sheet will help you track and record any times when you notice a felt sense reaction. (Review log sheet with participant). I am interested in any experiences related to clients, supervision or any experiences in your personal life where you notice a felt sense experience. Please briefly comment on the experience using the log and we will discuss these experiences during our next interview. Thank you so much for participating!

APPENDIX F
INTERVIEW TWO QUESTIONS

Interview Two Questions

1) I would like to review each of the felt sense experiences you wrote about on your log sheet and would like to see if there are any additional experiences you would like to share? I would also like to review some of the themes from our first interview to make sure I accurately understand your experiences.
    a. Please take out your log sheet. We will review each experience on your log to give you a chance to process each experience further.
    b. For each experience:
        i. When did this experience occur?
        ii. Please give a description of the somatic experience of felt sense in your body at the time. Where specifically in your body did you experience the felt sense? What caused you to notice the felt sense experience?
        iii. What was happening at the time of the felt sense experience? Was the felt sense related to your interaction with the client? Where do you think it came from in your body? What do you believe caused the felt sense experience?
        iv. What did you do with this information? What was it like to have this experience? Do you believe the client noticed you were having a felt sense reaction? If so, how?
        v. What was the outcome? Did it impact the interaction with the client?
    c. Were there any other experiences you can recall that you did not include on your log sheet?

i. Any new, additional experiences with clients?

ii. Any experiences in supervision?

iii. Any experiences outside of the counseling realm? In your personal life?

2) When finished processing felt sense log sheets and discussing new experiences, review themes from past interview. Are these accurate? Is there any additional information you would like to share?

3) How has this interview process and discussing felt sense affected you?

4) I will be sending you copies of our interview transcriptions for review. Please review the transcripts and ensure you have been accurately recorded and understood. I may contact you to schedule a third interview for clarification purposes, if needed. Thank you again for your participation!

APPENDIX G
FELT SENSE EXPERIENCE LOG

Participant ID: _____

Felt Sense Experience Log

Date	Description of the Somatic Experience of Felt Sense in the Body	What was happening at the time?	What did you do with this information?	What was the outcome?

APPENDIX H
FELT SENSE EXPERIENCE LOG INSTRUCTIONS

Thank you for agreeing to participate in the study! I am interested in collecting some information regarding your felt sense experiences between our interview sessions. This Felt Sense Experience Log can serve as a way for you to record your felt sense experiences between interviews and we will discuss your experiences during your second interview. Please read the instructions below and feel free to contact me if you have any questions. Thank you!

1) Date: Record the date when the felt sense experience occurred.

2) Description of the Somatic Experience of Felt Sense in the Body: Please record your physical experiences of the felt sense (e.g., tightness in the throat, uneasiness in the pit of the stomach, heaviness of the heart, etc.) and what brought this to your attention.

3) What was happening at the time?: Please describe what was going on at the time you noticed your felt sense experience. Briefly describe the circumstances surrounding the experience and what triggered your awareness, if you have an idea.

4) What did you do with this information?: What happened after you noticed the felt sense? Did you share the information? Did it help (or hinder) the process of the interaction? Do you feel it influenced the interaction or had an impact on the therapeutic process? If so, in what way?

5) What was the outcome?: What happened next, regardless of your decision to share or withhold the experience? Did it have an impact on the relationship, in a positive or negative way? Did it impact your level of presence?

Please record as many felt sense experiences as you would like. You must have a minimum of three experiences prior to the second interview. Again, feel free to contact me if you have any questions or concerns.

Thank you!

Perry Peace

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BIOGRAPHICAL SKETCH

Perry Peace received a Bachelor of the Science degree in Psychology from the University of Florida. She later attained a Master of Education degree and an Educational Specialist degree in Mental Health Counseling from the University of Florida. She received her Ph.D. in Counseling and Counselor Education with a concentration in Mental Health Counseling at the University of Florida in August 2015. She has been involved in crisis intervention work for over twelve years and has been providing services to those impacted by the loss of a loved one to suicide since 2007. She has a passion for working with clients through humanistic modalities and has been working on more body-centered forms of therapy over the past several years. She looks forward to continuing her clinical work and providing guidance to counselors entering the field through teaching and supervision.