

## Intuition and the Intake

It is not uncommon for a patient to ask their massage therapist “how did you know I needed that worked on?” Their hands somehow know to move to a different area perhaps using a different technique before the patient utters a word. During these moments the therapists was in a semi-meditative state- they were relaxed and their mind was blank or thinking of nothing in particular. Their hands were spontaneously responding to intuitive information. Clinically, they were working on “autopilot”. The therapist may or may not have been consciously aware of this process.

Practitioners can develop a similar form of intuition to augment the medical interview. They can intuitively decide which components of the standard medical interview to further inquire or seek elaboration of the patient’s responses. For example, a practitioner may ask a patient with knee pain “did you first injure your knee in the past...playing football?”

Practitioners can receive intuitive information in a wide variety of forms. It arises spontaneously, naturally and without effort; it is a passive process. Intuition may manifest as a question that seems tangential to the topic under consideration or as a mental image that appears faster than a camera flash or longer. This occurs when the practitioner is relaxed and their mind is blank and thus receptive. (Even if only a moment.)

Developing intuitive skills to enhance the medical interview is not difficult. The practitioner relaxes as they speak with the patient and pays attention to momentary tendencies to diverge from a standard question or the affirmation of expected answers. The number of expected answers increases. When the practitioner has exhausted the possible questions their mind becomes momentarily blank then unusual questions begin to enter the mind. Soon these questions shift from the standard open-ended “what has changed” or “do you have” questions to “yes/no” questions. If this interview process is allowed to continue unfettered then the yes/no questions may become a string of statements the patient validates.

A simple verbal exchange might resemble the following:

(Standard question.) Do you have any bloating/ heaviness after eating?

Yes.

(Standard question but thinking sweets; not surprising) Do you have any cravings?

Yes. Sweets/breads

(Spontaneous question or image of pizza flashes in mind.) Do you crave pizza?

Yes. How did you know that?

(Question of cheese or image of cheese flashes in mind.) Extra cheese?

Wow. You’re good!

(Return to standard question or may follow “leads”) Do you have poor memory?

With practice one can guide their intuition. By holding a single (preferably simple) thought in mind and allowing the mind to become blank-yes, this sounds contradictory-thoughts and images will flow that are related to the “seed” thought. In the above example one could have used a “seed” thought of “diet” to receive the thoughts and/or images.

When considering using intuition in the medical interview it is important to consider the following causes for possible error:

1. Source of intuition- patient's aura or other energetic components, higher source/s, practitioner's own energy interfering.
2. Receiver (practitioner)- the intuitive information occurs spontaneously as a thought, bit of information or as a mental image as brief as a camera flash. The task of identifying information as intuitive or random. What percentage of information has reached the receiver?
3. Interpretation/articulation- once the information has been received the task is how the practitioner interprets and articulates the information to the patient.
4. Understanding- does the patient understand the information presented.

The practitioner who consciously develops their intuition in this manner can learn details regarding the patient they might not learn otherwise. This type of interaction may foster confidence of the patient since the practitioner can really "relate to them".

It is important to know that intuition is an adjunctive technique in the medical interview and is not one hundred percent accurate due to the variety of sources of error.

There are a few options to choose when a question yields an unexpected answer:

1. Advance to the next standard question. "Do you have poor memory?"
2. Rephrase/refocus/re-evaluate the question. If the patient had responded "no" to cravinging pizza then "do you crave pita bread?" is a good question to follow. If the response was "no" to cheese then asking "do you crave milk also?"

Unexpected answers from the patient are not given only to practitioners using their intuition. In the clinical setting, patient's may misinterpret the question, or unknowingly, accidently or intentionally provide incorrect answers. Examples of reasons include a denial, embarrassment, the presence of someone else in the room.

It is important for the practitioner remain aware that the medical interview consists of a series of questions. A list of affirmative statements will resemble a psychic reading more than a standard intake; a situation the patient is probably not expecting.

Intuition during an intake is not something one should use recklessly. There is the potential for the patient to feel intimidated, that their privacy has been invaded or begin to want information that is beyond the scope of the treatment.

As a practitioner develops their intuition it is important to adhere to some basic rules of conduct.

1. Do not use intuition to intimidate or impress.
2. Do not attempt to intentionally invade a patient's privacy. Only use intuition to obtain information directly relevant to treatment.

3. Patient has a right to intuitive information. Information is presented for the patient's benefit and should not be withheld. Present information tactfully in a manner that allows the patient to deny it for their own comfort.

In Oriental Medicine we ask, look, listen and touch as part of the intake. Intuition can serve as an additional technique in the medical interview and even add a mystical touch. A mystical touch that remind us of some of the origins of Oriental Medicine.

Lawrence Howard, LAc, MSAc is a New York State licensed acupuncturist practicing since 1998 and developing a style of acupuncture he calls "Energetic Acupuncture"- that incorporates, qi awareness, Qi Gong type techniques and Rei Ki into the clinical acupuncture setting. [lhoward@irondogenergetics.com](mailto:lhoward@irondogenergetics.com)