

Channeling healing energy: Developing our intuition, Part eight

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Narrative: It appears that our intuition is developed through multiple means and different types of internal processing. Apparently how information is conveyed to us, whether spoken or written, has an impact on how we think intuitively.

I have found that 'true' intuition does not compel, its voice is calm and suggestive without demanding, and allows me to consciously disagree. However if the intuitive voice is persistent it usually demonstrates there is something I need to consider.

Intuition does not force itself upon us and does not talk in an emotionally charged voice. It suggests and allows us to weigh whether or not it fits with logical criteria and what might be best for the patient. Intuition is always patient centred and not about the financial gain of the healthcare provider.

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Indexing terms: Chiropractic; chiropractor; intuition; patient-centred care; healing energy.

Introduction

What is intuition and how can it be better accessed? Intuition is a form of awareness or knowledge that appears in consciousness or semi-consciousness generally not generated through deep deliberative calculations. *'It is not magical but rather a faculty in which hunches are generated by the unconscious mind rapidly sifting through past experience and cumulative knowledge'*. (1) Often time intuition is referred to as *'gut feelings'* and is related to information and experiences registered within brain without conscious awareness. Yet studies have found that these gut feelings can significantly influence our decision-making and other behaviour. (1)

Intuition was central in the work, practice, and philosophical legacy of CG Jung who was attracted to intuition as an extra-ordinary gift or function in the traditional sense. *'In 1921, Jung wrote Psychological Types, where intuition became one of the first four fundamental functions and types of the psyche next to thinking, feeling, and sensation'*. Jung determined *'that intuition was no longer a psychologist's hobby for table turning, but the most significant function of the psyche'*. (2)

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In this paper I will be discussing my perspective on what is intuition that is based on my personal journey and experiences. It is also helpful to see how others see intuition. For instance Hogarth describes intuition as *'learned responses that are not the outcomes of deliberate processes.'* [3] Whereas Epstein considers that *'intuition involves a sense of knowing without knowing how one knows based on the unconscious processing of information.'* (4) Simon suggests that when faced with specific tasks, our *'intuitive'* mind often resorts to heuristics – or rules of thumb – that help us form intuitive judgments. (5)

What intuition is not

To best understand what is intuition it may be helpful to know what it is not. Sometimes intuition is confused with instinct or logic, but the reality is that all these psychological constructs can be intertwined and are often nonlinear. Instinct is often considered to be something *'hard wired'* in our consciousness developed through evolution over the many hundreds of thousands of years. For instance the scent of certain toxic substances will often cause us to flee or cringe and this response happens immediately. Logical decision-making is often achieved through rational deliberations weighing analytical considerations that come to a *'logical'* conclusion.

Nonetheless it appears that our intuition is developed through multiple means and different types of internal processing. Apparently how information is conveyed to us, whether spoken or written, has an impact on how we think intuitively. Geipel and Keysar (6) determined that *'spoken information leads to more intuitive performance compared with thinking from written information.'* They proposed *'that people think more intuitively in the spoken modality and more analytically in the written modality.'* (6)

My journey

My journey of attempting to unravel what is intuition for me started with my psychotherapeutic experiences with my psychotherapist Ruth Coppage, PhD, in the early 1970s. (7, 8) Now fifty years later I still remember during one of our first sessions we were discussing some very challenging life events I was navigating. Ruth asked me, *'How do you feel about what we have been discussing?'* I just cavalierly sloughed off her question by saying *'I don't feel anything, its no big deal.'* She then said *'But what do you feel?'* I again replied that I didn't feel anything. Ruth persisted and said, *'Well, do you feel happy, sad, angry or mad about what we have been discussing?'* By this time in our session I was completely confused with her question and said *'How does someone know in their mind what they are feeling in their body?'*

I think whether I knew it or not it was a powerful step in my therapeutic process, because following that day she consistently would stop me during a session when it appeared I knew what I was feeling. Instead of discussing my feelings she would have me stop and focus on my body. For instance we would deeply investigate what did my body feel like when I was happy or what did I feel in my body when I was sad. Less time was spent initially on my ability to process my experiences intellectually and more was focused on understanding the language of my body as it related to how I was feeling emotionally.

Body and mind

Still decades later my feelings aren't always discrete but more often an understanding that my body is feeling something sometimes before my mind can grasp what is going on. As I was unraveling my feelings I was able to remember being in third grade being called up to the teacher to be reprimanded and how I felt walking towards her desk. I recalled how my heart dropped into my stomach and I was about to be sick. Over the time with Ruth I started to become clear when something didn't feel *'right'* in my body but I still didn't understand specifically what I was feeling emotionally. Still this allowed me to not make snap decisions without stepping back and considering, particularly when I was feeling *'something'* in my body that suggested caution. Even now I feel my understanding of my body and mind and its intuition is a work in progress, which will not likely be completed in this lifetime.

The 'doors of our perception'

In moments of deep contemplation I have attempted to better understand my personal journal with intuition and attempted to figure out where it comes from. It seems clear, like creativity, intuition has a portion that comes from the unknown and weaves its way into my unconscious. Some of my intuition is based on life experience and my mind uses my experiences to develop a way of being in the world that does not use words. After all words are constructs we developed many thousands of years ago for human beings to communicate, but words are artificially attempting to convert complex organic experiences into something linear and readily tangible. Words just can't fully explain experience, though we valiantly attempt to do so with our written and spoken words. However our bodies can help us better understand what we are feeling intuitively if we can open the 'doors of our perception', to trust and explore our experiences.

My way of finding my intuition, or encouraging it to emerge, when I am treating patients may not be your way, but still my process might help you find your way on your own personal journey. To start it works best for me to clear my mind, slow my breathing, and try to be present in the room with my patient. I try very hard to not let my 'conscious' mind direct or limit whatever comes bubbling up out of my unconscious or even from what feels like the '*unknown*'.

I have found that '*true*' intuition does not compel, its voice is calm and suggestive without demanding, and allows me to consciously disagree. However if the intuitive voice is persistent it usually demonstrates there is something I need to consider. But to be clear, the '*voice*' is not something that necessarily uses words but instead uses 'feelings' often in my body. The voice of my intuition '*suggests and guides*' in an organic non-linear manner, which makes it challenging for me when I am asked to convert my intuition into actual words.

When treating patients I have come to feel that it is best served if I have as much knowledge and experience to act as a backdrop for my intuition. The more I have studied and experienced something the more comfortable I am to relax and trust my intuition. Nalliah found that healthcare providers often rely on intuition to make complex, time-bound decisions. These intuitive decisions while based on many years of deeply stored knowledge, are made quickly and are often superior to those that rely on clear evidence and rational thought alone. (9)

While a term for a healthcare provider using their intuition to guide assessment and treatment can be a '*medical intuitive*', this form of intuition is not meant to serve as a specific diagnosis of illness or disease. Colter and Mills have found that 'Medical intuition is a system of expanded perception gained through the human sense of intuition. Medical intuition focuses on visualisation skills and intuitive and innovative scanning to obtain information from the physical body and its energy systems.' (10)

So how do we build and help utilise our intuition in the health care setting?

1. Intuition is never a substitute for diligent and extensive study, exploration, and learning.
2. Intuition is best attained through a relaxed mind and body that has an open heart, and is focused on the best interests of the patient.
3. Trusting the way our body feels as we entertain considerations, both for assessment and treatment, can help guide our intuition, even if we don't initially have specific words to explain our feelings.
4. Intuition does not force itself upon us and does not talk in an emotionally charged voice. It suggests and allows us to weigh whether or not it fits with logical criteria and what might be best for the patient.
5. Intuition is always patient centred and not about the financial gain of the healthcare provider.

Essentially intuition comes from the unknown and helps direct our unconscious feelings along with our life experiences. It is always challenging to become conscious of something that is unconscious, since our unconscious feelings are elusive and not in our conscious mind. On some level

our unconscious mind has a life of its own and to protect itself it tries hard to prevent the conscious mind of being aware of its influence and presence. Anyone who has tried to meditate or calm their mind often a struggle between the unconscious and conscious aspects of our mind over control of how our body is cogitating and feeling.

When attempting to be conscious of our unconscious feelings sometimes it can be likened to being a detective walking through the woods tracking someone we can't see. We can see the footprints, maybe notice some bent leaves or branches, or there may even be a fragrance in the air. Ultimately we can never actually see whom we are tracking but we can get a sense of our prey, our unconscious thoughts and feelings. We gather our findings and then try to intuitively make sense of what we are feeling in our mind and body. Ultimately the task is to understand that this intuitive communication is often abstract and non-verbal and needs to be somehow understood to be accessed in our clinical encounters.

As I sit here trying to share some examples of how intuition is used commonly in my practice, I am chagrined to see how nuanced and varied the instances are. I realise that it often starts with me coming into the room with no expectations and a blank slate for a mind. I let the patient direct the encounter and I feel their *'energy'*, watch their facial expressions, and monitor their response to my questions. Within a short period of time I will begin to sense the patient's state of mind and develop feelings in my body if there is congruency between the patient's emotional presentation, their words, and behaviour.

Sometimes a patient's presentation might be congruent with their emotional presentation, words and behaviour but when I touch their body I might sense significant tension, apprehension to touch, or possibly a complete lack of muscle tone. When different behaviours, body presentations, and verbal communications seem *'off'* that is often when my intuition tells me something seems to be going on that is different than *'meets the eye'*. That is when I relax, open my heart and mind and see what bubbles up out of my unconscious into my intuition. The awareness might be a thought or I might even have a body sensation. I have come to learn with my years in practice that sharing this with the patient in an open ended manner suggesting that I am sensing something intuitively and ask them what they feel about what I am sharing with them.

Conclusion

A healthcare practitioner that can learn to develop their clinical intuition can often help patients in ways other practitioners may not. Often times we hear of doctors saying they had a calling to be a healthcare provider to help patients and honouring this calling has given them significant meaning in life. Heintzelman and King (11) discussed how when a doctor trusts their intuitive information processing it can be positively related to a doctor's meaning in life. Interestingly this meaning in life shares a positive relationship with a reliance on gut feelings, and this high meaning in life may facilitate reliance on those feelings. (11)

Ultimately utilising our intuition is an opportunity to be curious about our patient and their presentation. It is a door to be opened and a room explored without certitude. We need to always remember that our intuition, while contributed to by the unknown, is also based upon our life's experiences, the geography of where we have lived, our gender, sexuality, the people we have encountered, our parents and relatives, and a multitude of other things, often nuanced and difficult to determine.

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About

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This is the 8th paper in the series with the theme of Healing Energy. The companion papers are:

- Blum CL. Channeling healing energy: Active patient participation in their care, Part seven. URL Asia-Pac Chiropr J. 2024;5.2 apcj.net/Papers-Issue-5-2/#BlumHealingEnergy7
- Blum CL. Channelling healing energy: Anatomical variants and our patients, Part six. URL Asia-Pac Chiropr J. 2024;4.4 apcj.net/Papers-Issue-4-4/#BlumHealingEnergy6
- Blum JD, Blum CL. Channeling Healing Energy: Informed Consent is an ongoing process in Chiropractic encounters, Part Five. Asia-Pac Chiropr J. 2023;4.2 URL apcj.net/Papers-Issue-4-2/#BlumHealingEnergy5
- Blum CL, Blum JD. Channelling healing energy: Awareness of Transference and Countertransference in the Chiropractic Clinical Encounter, Part four. URL Asia-Pac Chiropr J. 2023;4.1 URL apcj.net/Papers-Issue-4-1/#BlumHealingEnergy4
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