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KNOWING WITHOUT KNOWING

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Background

> *Usually I can rather quickly discern the people I meet. I can tell very much how they're going to behave. My initial impression is almost always confirmed.*

I took the Myers-Briggs typology test three times, years apart, and I was always typed as INFJ (Introverted, Intuitive, Feeling, Judging). The characteristics of this rarest personality type (1% of the population) have profoundly embellished my life: deep spirituality, sensitivity, intuition, a rich inner world, a solitude for measuring my inner world and the outer world, an intensity for closure and completion, empathy, altruism and compassion, bibliophilia, an oceanic associative memory, nurture, a futuristic world view, and independence. These essential traits have made the practice of family medicine not just a pleasure but a joy.

As a child I'm sure my intuition was operative but I thought everyone experienced the world the same way. At age ten I visited my grandfather one evening in late February (he lived across the street) and had a very ominous feeling – so much so that I almost cried. He died during the night and I was not surprised.

I am able to discern answers and find solutions to problems by just having them effortlessly come to mind. I can keenly remember an incident of this kind when I was in grade school (over 50 years ago). The teacher read a passage to the class and asked us who wrote it. She asked that anyone who thought they knew the answer to raise their hand at any time after she started reading. After the first two sentences I said to myself, "Patrick Henry." But because of my introverted personality I didn't raise my hand and no one else did either. When she got to the end. "…but as for me: give me liberty or give me death!" it was obvious that it was Patrick Henry.

I have had many experiences similar to this in my lifetime but never really shared them with anyone. My intuition is on autoplay and it can't be turned on at will. It is surprising that it functions most efficiently a good deal of the time, though it is not a flawless faculty. Sometimes, following its direction, I have also found myself at a dead end, with no understanding of why my intuition led me in the directions it did.

Recently while listening to a radio talk show, the host posed this question, “What politician made this statement, “Salus populi est suprema lex?” (The good of the people is the greatest law). I immediately thought, ‘Cicero.’ The call-in answers were quite variable but no one even came close. The answer was indeed Cicero. Again my introversion kept me from calling the station. (I read Cicero in Latin in high school but only the orations against Catiline. I had never been exposed to this phrase.)

I have had other curious experiences. One day a few years ago, I found an invitation to a dinner on the floor of my kitchen. A written note was stapled to it. The note and invitation were two years old! How it happened to be on my kitchen floor is inexplicable. The next day I went to the pharmacy to buy shaving cream and at the counter was the pharmaceutical representative who wrote me the note and gave me the invitation to the dinner which I had accepted. She had been transferred to a territory in a neighboring state well over a year before, and this was the first time I had seen her since her transfer. She was picking up medication for her grandmother. I told her of this curiosity. But she did not see the synchronicity and seemed to disregard it. When I’ve told others of like events they respond with the word “coincidence.” Or perhaps with a dismissive, “Isn’t that interesting” without any insight into the meaning of the phenomenon.

Recently, I visited my stock broker whose office is within walking distance of my house. I spent about a half an hour talking to him and his colleagues essentially about non-financial matters. I was on my way out the door when I said to myself, ”Go and tell Betty (one of their secretaries, who grew up in the 50’s, as I did)) about the new Barry Manilow CD of the songs of the 50’s.” I went back into her office and told her about this new album which is quite popular. I even named some of the songs in it. She opened up her pocketbook and showed me this very Barry Manilow CD!

Here is another example. On a cold night in February 2003, I was talking on the phone to one of my mother’s friends. My mother had died six months previously and I was still somewhat depressed. While on the phone at about 8:45 PM, I said to Lucy, “I have to watch EWTN (the Eternal Word Television Network, a 24 hour Catholic cable channel) at 9 o’clock.” “Why?” she retorted. “I don’t know why but I have to watch it at 9.” She said that she would look up on the television page what was on at that time. Both the local newspaper and the weekly TV guide just said 9PM EWTN, not describing the show. At 8:58 I went downstairs to my big screen TV to turn on EWTN. I had watched this channel perhaps a dozen times in the previous 2 years and hadn’t watched it in months. When the program came on, it was about the great saints of the church. I was awestruck to see the church and parish where I had been raised and had been an altar boy – Saint Peter the Apostle Church, 5th and Girard in Philadelphia. This is also the National Shrine of Saint John Neumann, the first American male saint, and is where his visible body lies in a glass tomb beneath the altar of the lower church.

In the video were priests and parishioners I knew, some from many years ago. When I was a grade school child, Saint John was then a Venerable – the first step toward sainthood. Later he became Blessed, the second step toward sainthood. His body was then exhumed and placed under the altar with a death mask. In 1977 he was canonized as a saint of the Roman Catholic Church at the Vatican. I was pleased to be in attendance.

The impulse to watch this show had been overwhelming, something I felt I simply had to do.

What is even more remarkable is that the people who put on the great saints have 250 different videos of saints and the show comes from Alabama.

I don't know if other people who are highly intuitive experience phenomena such as these.

My intuition in clinical situations

No matter the provenance of this attribute, it has been incredibly helpful in diagnosing patients. One could say that I'm intelligent, knowledgeable and perspicacious and that's why I can so decisively discern in clinical situations. But the fact is that my intuition works directly, without my conscious cogitation. It is far more than a pattern recognition based on my education and clinical experience over thirty five years of practice. Let me share a few examples.

Case # One
Roy, a 72-year-old man whom I have been treating for some years presented to my office with a complaint of having a 'hernia.' I examined Roy in the usual, standing position, evaluating him for a direct or indirect hernia. No hernias were found. There were no scrotal masses and no unusual local lymph nodes. After I completed the exam for his hernia, I asked him to lie down flat on the table. This was not part of an examination for a hernia, but I just felt this was appropriate at the time. I found a pulsing abdominal mass, which was found to be a large abdominal aortic aneurysm. This is a dangerous problem, as it weakens the wall of the aorta and can burst, which is often fatal. He had a surgical procedure a few weeks later to correct the problem.

Case # Two
Peter, a man in his early 50's who owned a small lucrative business, was writhing on the examining room floor when I entered the room. Without reading his chart, I immediately said to him, "Pete, you have a kidney stone." I then described to him the symptoms that he experienced before coming to my office. I said, "You had sweating, you got pale, you felt faint and you felt nauseated or threw up." He concurred that he had experienced all of these symptoms. A urinalysis in my office indicated blood in his urine and he was sent for a helical CT scan, which disclosed a renal stone in the right ureter, which he eventually passed without complication.

Case # Three
A 48-year-old salesman presented to my office with a respiratory tract infection. I examined his head, eyes, ears, nose and throat and listened to his lungs. A diagnosis of sinusitis was made and he was placed on an antibiotic and cough medicine. As he was leaving the examining room, I said to him, "Don't you have any other complaints?" He turned and said, "Yeah, Doc. I have been having this chest pain when I walk up a hill or when I walk far. If I walk any distance I feel chest discomfort." His stress test was abnormal. His heart catheterization was abnormal and he under went triple bypass surgery about a week later.

Case # Four
John presented to my office 18 years prior to his present visit at the age of 59. He presented then with chest pain and went for quadruple bypass surgery. Since that time, his cardiologist, who was very fastidious about controlling John's risk factors, has carefully monitored him. John did extremely well and had no symptoms referable to heart disease.

Perhaps three times a year he made office visits to me for respiratory infections. In fact, he over-reacted to any symptoms referable to his sinuses, throat or lungs. At this examination, he had rasping sounds in both lungs when I put my stethoscope on his chest, indicating bronchitis. He had had at least one bronchitis episode a year. They all responded well to medication. This time, I just felt he had to have a chest x-ray. The chest x-ray disclosed inoperable lung cancer. Unknown to his cardiologist and myself, John had been smoking ever since the time of his bypass surgery.

Case # Five
Linda, an attractive 55-year-old retail sales woman who was about 15 pounds overweight came to the office with a complaint of fatigue. Her husband, who was quite concerned, accompanied her. Physical Examination: No abnormalities. Blood testing was ordered, including a lipid panel, comprehensive metabolic profile, blood count and thyroid studies. Surprisingly, her blood sugar was over 400. She was treated for her diabetes with diet and oral medication. She lost about 15 pounds and her blood sugars were all controlled.

One day, when I was about to leave the office, she called saying that she passed out in the park and sweated profusely, but was able to revive herself and drive home. She drank two glasses of orange juice and felt much improved. However, her heart was beating very fast. I asked her to come right to the office. Physical Examination: Normal. Electrocardiogram showed a rapid heartbeat but no other abnormality. A finger stick blood sugar was 60, which is very low. I surmised that she had had an attack of hypoglycemia in the park. I looked at her and said to myself, for no apparent clinical reason, “You know she needs a chest x-ray.” Her chest x-ray disclosed inoperable lung cancer.

Case # Six
Mary, a high school senior, was in my office for her college physical examination. Her mother accompanied her. She had a normal physical examination. While filling out her papers, I asked her mother, whom I had been observing throughout her daughter’s examination, to take her daughter’s place on the examining table. I told her she had a peculiar color. I thought that she was anemic and I did a blood test. She told me she was under the care of a gynecologist for vaginal bleeding, but that he wasn’t overly concerned and she was taking iron medication. Her hemoglobin was 5, which is dangerously low. She called her gynecologist, who according to her was unconcerned and told her to continue with the iron medication. Through the help of a relative, she was then seen at a University center. She was transfused with blood and a hysterectomy was performed.

While this could be a case where I simply observed that the patient was paler than usual, when I entered the room my attention was immediately drawn to the mother and not to the daughter who was the obvious patient on the examining table.

Case # Seven
Patsy, a 78-year-old woman was brought to my office by her husband at 4:00 in the afternoon, which is the beginning of my afternoon hours. She had fallen at home and struck her head. Her physical examination and neurological examination were normal, except for her tendency to list to her left side. I asked her husband if she had had a fall in the month or so previous to this fall. He said, “ Yes she had. She fell about a month ago and hit her head then.” I diagnosed a subdural hematoma (bleeding on the surface of the brain). I sent the women immediately to the radiology department for an MRI. The radiologist called me up and said she

had a huge subdural hematoma. He called an ambulance and had her rushed to the hospital. She was operated on at 7 p.m. and made an uneventful recovery with no residual symptoms.

Case # Eight

Josephine, a woman in her late 70's came to the office with a complaint of having fallen and having hit the left frontal area of her head about a month ago. She had suffered a worsen[ing ?] headache and dizziness since that time. Physical Examination: Normal. However, I felt that she, too, had a subdural hematoma and I sent her to the Emergency Room for a CT scan and admission. Surprisingly, the next day she called me from home. I asked her what she was doing at home. She said, "Well they examined me, did a CT scan and sent me home." I called the hospital's radiology department. Her CT scan was re-read. She did in fact have a subdural hematoma. She was admitted to the hospital, but no surgery was required and this small hematoma resolved by itself.

Case # Nine

Jack came to the office with a peculiar story. During the night, he had awakened and when he looked at the digital clock on his radio he could only see the hour digits and not the minute digits. This lasted for some time and he went back to sleep. When he awoke in the morning, he could see the hour and minute digits on the clock radio. Nonetheless, he came to see me even though he did not have a recurrence of this phenomenon or had any other symptoms. Physical examination and neurological examination were normal. Prudent examinations to detect a defect in his visual fields were non-productive. Nonetheless, I sent him for an MRI and it was found that he had had bleeding in the optic radiation area in his brain where the visual information from the retina is sent to the visual cortex(the occipital lobe). He was referred to a neurosurgeon who was quite impressed that I had diagnosed this bleed with the scant clinical information I had. No surgery was indicated as this was a small bleed. He was then sent by the neurosurgeon to a neurologist colleague. He is seen every six months by the neurologist and periodic MRIs are obtained. The treatment has been precise control of his risk factors by medication-high cholesterol, high blood pressure and mild diabetes. He has had no residual problems or any new symptoms.

Case # Ten

Louis, a 49 year old financial adviser, changed physicians as often as he changed jobs-about every two years. He re-cycled into my office one day with his thick medical file from the physician he had just left. "I got to know what's wrong with me. I just don't feel right," he complained. I took a thorough history and review of systems, hitting upon the symptoms of the major disorders. He had no specific complaints but he had difficulty in verbalizing what ailed him. "I know something's wrong but I don't know what it is. You gotta help me, doc."

I proceeded to a complete physical examination and ordered blood work. Both of these were in the normal range. A resting cardiogram was normal but I insisted he needed a stress EKG, despite there being no symptoms referable to the cardiovascular system.

Two weeks later while undergoing the stress test at the local hospital's heart station he collapsed and was admitted to the hospital and stabilized. The next day he was transferred to a university hospital a half hour's ride away.

On cardiac catheterization he was found to have a 90+ % blockage of his main left stem coronary artery. If this vessel occludes it is certain death. Surprisingly I received a call from the cardiology fellow asking me how did I know to do a stress test as he could elicitno information from the patient that would indicate any heart disease. "I just did." I told him.

Twenty one years later (yes, he cycled out of my practice about two years after his successful heart surgery) I met him at a retail store and he was hale and hearty.

In conclusion

After experiencing a halcyon and fulfilling childhood and adolescence while growing up in a working class neighborhood in Philadelphia, I encountered a penetrating weltschmerz during my freshman year at university. I looked for solutions for this psychic discomfort in reading psychoanalysis and analytical psychology, the psychotherapies of the day and their various derivatives. These modalities required a long term, concentrated involvement, often causing subjective distress with little apparent efficacy. It seemed as if equanimity could be attained only after repeated incursions into the unconscious over an extended time frame. There were no quick fixes, no way of shifting the symptomatic to be relatively asymptomatic without the turmoil of protracted therapy. This didn't seem reasonable to me but the wisdom of the day was that there were no briefer methods for attaining lasting wholeness.

After returning from Vietnam where I served as a general medical officer assigned to the infantry, I was afflicted with an attenuated post traumatic stress disorder. I continued my quest for a shorter path for emotional recovery. I studied hypnotherapy at a university medical school and was pleased with the results for myself and my patients but it still required time and was not always as helpful as I would want or expect. In time, I was reading about the different approaches of cognitive-behavior therapy as a more direct means of securing relief. It also has its limitations. Finally within the last three years I became aware of energy psychology (Thought Field Therapy and Emotional Freedom Technique) which certainly has been very fruitful for me. My frustration is in getting patients to accept the paradigm and more importantly, how to carry out the procedures as they often seem silly to neophytes. Nonetheless it takes much less time to get lasting results when a complete history is taken, all issues are addressed, appropriate affirmations are constructed, and proper tuning of the energy system follows. The approach to psychological distress has come quite a way in the last forty years but in a way the key to success comes from the China of thousands of years ago!

Being an intuitive, wounded healer has sustained my ability to treat on the average of two hundred patients a week for over thirty years, sharing with them the fruits of my journey.

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