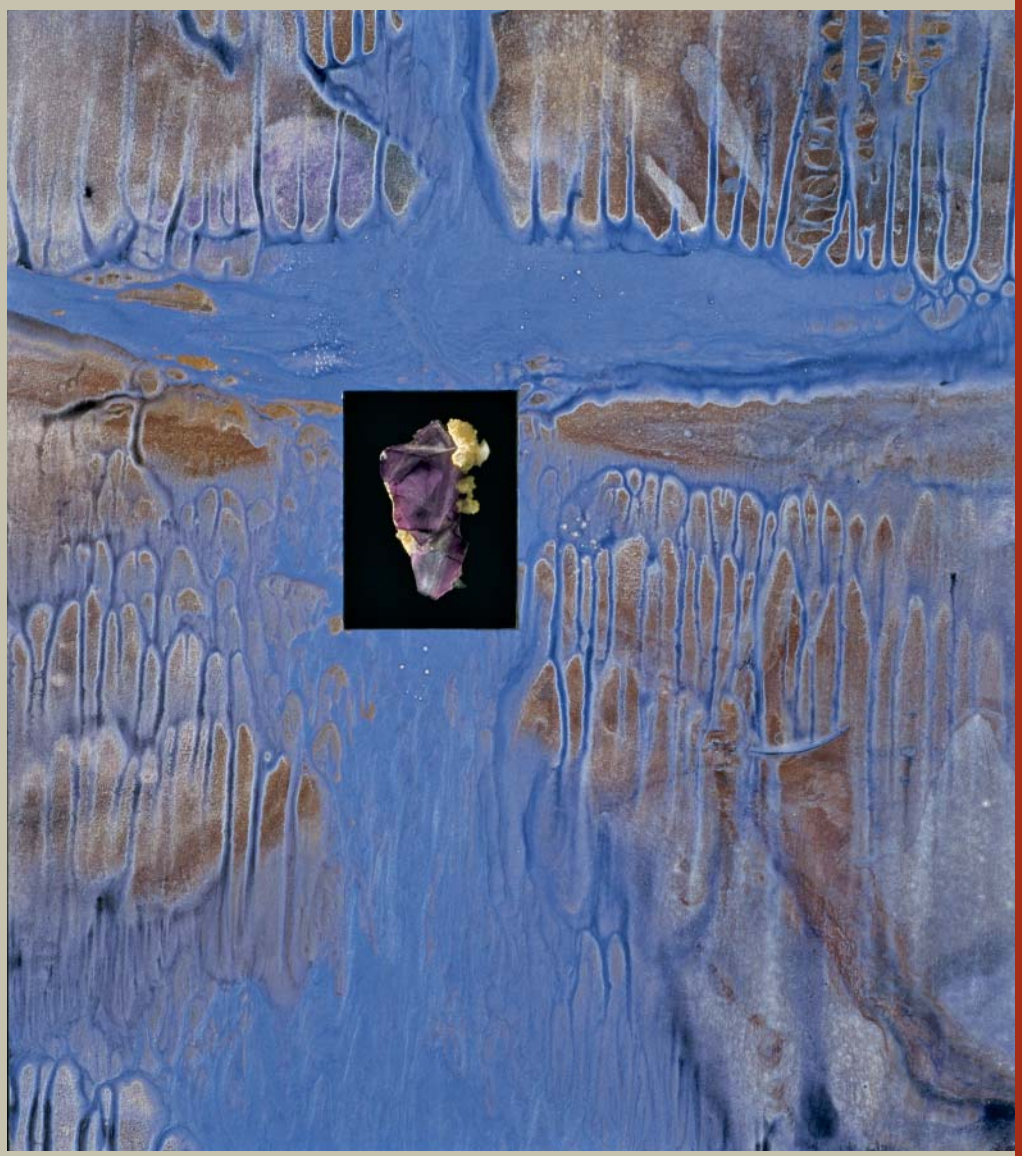
JUDITH ORLOFF

TRUSTING INTUITION

Personal Choice

Many years ago I made a choice that became part of my Hippocratic Oath: Not only to do no harm, but also to blend intuition with my traditional training. I didn't know exactly how I was going to accomplish this, but one thing was certain. I had learned that the penalty for failure was too high.



JOE NOVAK

Early one Saturday morning, the telephone rang. My patient Christine's boyfriend had found her unconscious on the floor in her apartment. After taking an overdose of pills, some of which I had prescribed, she was in a coma in the intensive-care unit at a nearby hospital in Los Angeles.

I was stunned. For a few minutes I just sat there immobilized. How could this be? Nothing in my sessions with Christine had pointed to a suicide attempt. That is, nothing my medical

education had prepared me for. Still, I agonized, filled with self-reproach. Then suddenly I realized that a part of me had expected it all along. A premonition had warned me, but I hadn't trusted it; I hadn't chosen to listen.

When I first met Christine I'd been practicing as a psychiatrist for just six months. I prided myself on making choices based on clinical data, and that's what I intended to do with Christine. For years, she'd gone from psychiatrist to psychiatrist, seeking relief from depression, without success. She was skeptical about taking still another medication, but when I told her about a new drug that had worked well with other patients, she reluctantly agreed to give it a try.

Over the next few months, Christine's depression gradually began to lessen. One day she told me, "The medication has really helped. I'm not feeling so cut off or afraid of everything anymore." I recalled how she had looked on earlier visits: slump-shouldered, eyes downcast, monotone voice. Today she sat up straight, eyes animated. There were other positive signs too. Her improvement had been slow but steady, a good indication that the antidepressant had taken effect. Christine was determined to get well and was making positive choices for the future.

As she spoke, I glanced out the window and noticed a billowy white cloud formation. I got lost watching it changing form across the sky. Momentarily, I stopped hearing Christine. Her voice sounded miles away, speaking in slow motion. Yet my mind was perfectly lucid. I breathed easily and my body softened. In a state of deep quiet and despite everything she was saying, it hit me: Christine was about to make a suicide attempt.

I knew that it was true, exactly as I had known that many of my childhood premonitions had been true. It felt on target like an arrow that had directly hit bull's-eye or a chord that had been struck that was clear and pure. But it had been a long time since I'd had a premonition; it felt alien and threatening.

It was Friday. I spent the weekend reviewing my choices about Christine. Armed with the *Diagnostic and Statistical Manual*, a compendium of every known psychiatric diagnosis and the bible of the American Psychiatric Association, I tried to convince myself that my choices with Christine had been right. And yet, although it made no sense, the chance that Christine was going to make a suicide attempt gnawed at me.

There was no hard evidence to support that Christine would end her life. Even so, I decided that in our next session I'd gently broach the subject of her possible suicide, if just to lessen my own anxiety.

Christine never made it to her next appointment; the next time I saw her she was hooked up to life support in a stark, airless ICU following a medication overdose. On the surface, I strained to remain professional, but my mind was reeling. By discounting my premonition I had betrayed Christine and myself.

For nearly a decade I had worked night and day. I knew the medical literature backwards and forwards. I knew all the signs that indicated when a person was getting better, and the danger signals when they were not. I kept asking myself what I had missed. How could my choices have been different? My entire professional foundation was crumbling beneath me.

It wasn't my medical competence that concerned me.

I was shocked by my blatant disregard of the intuitive information that could have benefited Christine. But because it hadn't fit the traditional medical model that I'd adopted, I had not only ignored it: I had actually chosen not to act on it. During my medical training, I had chosen to trust the scientific method above my intuition, which seemed inexact in comparison.

For nearly a month I visited Christine daily, watching the still shallowly breathing form on the white bed, the sheets pulled over her body with hardly a wrinkle. I listened to the wheeze and chug of the respirator beside her; I watched the drip of the IV. There were many days when I pulled the curtains around her bed and quietly sat beside her, questioning my choices. I realized that during my medical education I'd become distrusting of my intuitions. To rely on premonition in making clinical choices would have been sacrilege.

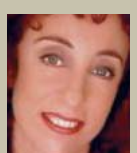
Serving the Unconscious

We had been taught that many people don't consider suicide on a conscious level until the last moment. Such thoughts may churn in their minds, unnoticed, breaking through only when they are alone, beyond the reach of a therapist. So, it was on an unconscious level that my intuitive abilities could have best served Christine. If I'd acknowledged the information I had received and acted on it, I might not only have averted this crisis, but I could also have brought new vitality into our therapy, nourishing a closer bond between us.

Sitting at Christine's bedside, I was reminded why I'd initially gone to medical school: to legitimize the use of intuitive abilities in medicine. But I'd lost touch with that vision. So much time had passed. I'd grown far away from the person I used to be. Suddenly, it was as if two distinct parts of me had now collided. I could see my face as a young girl looking at me, overlayed on the outline of my own face now: two disjointed images, positioned one on top of the other, about to merge. I felt a fluttering in my chest, a cold, still tension. I became rigid inside, afraid that if I moved I might shatter into a thousand pieces of broken glass.

The truth of my premonition both validated and frightened me: It was a signal that I had to change the way I made medical choices. I had to reopen a part of myself that had been shut down. I knew that it would be difficult, especially when I thought I had put it behind me. But it was time. I had to acknowledge the facts of Christine's case. By drawing on both intuitive and medical knowledge, I had the tools to stay one step ahead of a patient, keeping tabs on feelings before they became irreversible actions. When used with care, I was certain that my intuitive abilities would do no harm and might very well prevent suffering.

Christine came out of her coma after two long months. During that time, I wasn't sure if she would live or die. I had tried to prepare myself for the possibility that she wouldn't survive. But the reality of her death would have devastated me. It was as if we both had been given a reprieve. And when we resumed our work together, my approach as a psychiatrist had changed.



JUDITH ORLOFF, *MD, is a practicing intuitive and psychiatrist, and the author of* Positive Energy, *which addresses how she uses intuition in her "Energy Psychiatry" practice in Los Angeles. She is also the author of the bestselling* Guide to Intuitive Healing *and* Second Sight. *For more information, visit www.drjudithorlof.com*