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strong. Be patient. Be positive. Be like Mrs Dolly Tan Ah Teck, the famous Singapore housewife. All the inhabitants "Under One Roof" give her plenty of problems but she takes them all in her stride. Don't lose your sense of humour and everything will turn out fine in the end."

"Doctor," Mrs See said, "I appreciate your reminding me that time is the most effective healer but the reason why I am here today is that there is something you can do for me straightaway."

"Shoot," I said, "I am very happy to be of service."

"Doctor can you please arrange for a termination of pregnancy for me. For the sake of my mental and physical well-being I really cannot afford to have another problem under one roof. Thank you." ■

Seeing the Dysfunctional Family

For the last 15 years or more, the SMA-News has published Garfield's trenchant insight of life as a doctor. "Who is Garfield?" many doctors asked me on learning that I am the editor. The above article clearly portrays Garfield to be a family physician. What matters more is that he effectively and even vicariously pens on paper the essence of our humanistic experience of doctoring – his gift of story-telling challenging us to reflect on our relationship with patients. There is thus a bit of Garfield inside each of us.

There are also lessons for continuing medical education in his articles. This article, 'Under One Roof' was by serendipity, submitted as I was preparing the lessons for the 'Communication and Counselling (C & C)' workshops and a 6-hour clinical skills course with the same title for Postgraduate Family Medicine training (details of course given below). In a meeting with Professor Kua Ee Heok, the CEO of Woodbridge Hospital convened to plan the course, I tossed him the above article for his psychiatrists to chew on.

Dr G S Devan, Consultant Psychiatrist and Head, Division of Psychotherapy surmised that Mrs See's family was dysfunctional because of its inability to meet new demands such as its financial problems, the son in the throes of adolescence and a little daughter who was in the oedipal phase of development and had resorted to somatisation. Mrs See's parenting skills had been eroded and she had gone into depression. Her husband had lost the authority of the household and this was taken over by the teenage son. Mrs See revealed her request for a termination of pregnancy, the hidden agenda only at the end of the interview

Dr Devan commented that this story portrays how some families inappropriately deal with conflicts – problems are recognised and resolved only when precipitated by a crisis. He drew attention to the importance for doctors to be sensitive to clues of depression in patient's non-verbal expressions in the consultation and to listen actively – traits which in Dr Devan's view, was not evident in the early part of that consultation. As patients also respond accordingly to the doctor's non-verbal communication, the doctor should guard against over-intellectualising the patient's problems. Patients may in fact reveal their desire to talk about their feelings but doctors do at times miss the cue.

Dr Devan felt that emotional feelings, sexual feelings, or even an unwanted pregnancy may be difficult to discuss in consultations. The doctor's discomfort in handling such topics was evident in this story. The doctor, in defence, talked far too much compared to the patient. Fortunately, the patient subsequently took over and began to express her feelings. The session then became therapeutic to both parties – a sudden reversal where patient talked and doctor offered the proverbial and physical paper tissue. The doctor rightly allowed her to finish her story before making a diagnosis.

The daughter's behaviour, in Dr Devan's opinion is a hallmark of the psychosomatic family as described by Minuchen. Such families have enmeshed interpersonal relationships, lack conflict resolution mechanisms and have tendencies to somatise psycho-social problems. The doctor in such situations should be aware of his own counter-transference which may prevent him from exploring patient's pain. He should strive to identify the psycho-social issues by allowing patients to speak their minds.

If the therapist understands the patient's erotised transference and not shy away from it, the consultation could well be conducted in the following manner. The doctor's response to the patient's remark, "Doctor, I am going soon", could be: "What do you mean? Tell me more." The doctor should then patiently allow her to talk although she may even elect to stay silence. Based on Dr Devan's experience, patients may at this juncture break into tears and display symptoms of her depression without any further intervention. The diagnosis then becomes easy.

Patient's agenda may be to terminate her pregnancy but her whole family needs help. The family physician could provide counselling. Referral of the patient to a psychiatrist may be considered. The family physician with the knowledge of the whole family through time could provide important information for such referrals. 'Under One Roof' therefore provides a rich substrate for the learning of C & C skills.

Garfield never intended his article for this purpose and I beg his indulgence for allowing Dr Devan, who is also the vice-chairman of the postgraduate diploma course in psychotherapy, to dissect his article. 'Under one roof' was after all written with a literary license and not as a staid case study for a psychotherapy lesson. The story would have to have the necessary tension before leading to the unearthing of the hidden agenda. I am therefore sure that Garfield would forgive my editorial indulgence for permitting learning points to be drawn from this story for doctors attending the C & C skills course and for readers of the SMA-News.

A/Prof Cheong Pak Yean, Editor

Note: The C&C skill course will be held on 30 Sept 00 at the Institute of Mental Health from 2pm to 6pm. $120 registration fee is applicable for members of CFPS and $150 for non-members. For details, please contact Christine at Tel: 389-2060.