

Under One Roof

Mrs Mabel See, a regular patient for many years said, "Doctor, I'm going soon."

"Great Mrs See," I replied, "Travelling broadens one's vision. One gets to experience other people's way of life, to appreciate different cultures and learn that others don't necessarily think the way we do. The manner in which we have been brought up has resulted in some of us becoming quite parochial in our outlook and to have developed a brand of Singaporean cockiness. Sometimes this makes living and working with others difficult. If globalisation is the key to our future, then it is an excellent idea to travel and to take a look around. The world is quite different elsewhere. Where are you going to? Kosovo or East Timor? Just kidding."

"None of these places," she replied.

Maybe she wasn't travelling, in which case she's probably moving house. Upgrading is a favourite pastime of Singaporeans. There are of course some exceptions like PK and CPS who were the first doctors I know of to have moved to smaller residences. Come to think of it, a small abode can be quite comfortable and Socrates and Mendela are examples of some of those who can still think quite clearly in spite of being held in captivity.

"Congratulations Mrs See," I said, "ours is an old estate. It's time to upgrade, to have your own parking lot for the new car, to live more comfortably. I know it will be inconvenient for your family to see me after you have moved, what with all those gantries waylaying you and with the promise of more gantries to come. But rest assured that wherever you are moving to you will definitely find a better doctor in your neighbourhood than this fossil in front of you. I'll hand over your medical records. What is your new address?"

"I'm not moving house, I'm going to sea," she said.

I was wrong again. "Mrs See, you surprised me. You suffer from motion sickness. What may I ask are you up to?"

"Doctor," she said, " 'sea' means gone, no more, dead, in Hokkien."

She must be joking. Mrs See, as I have mentioned earlier, is my regular patient. She is a nice and cooperative and I pay extra attention to her. There wasn't any serious ailment as far as I know.

"Come on Mrs See," I said, "don't play-play, sorry, I mean 'be serious' – it's our national duty to speak good English. - please don't say such inauspicious things. As far as I know there is nothing wrong with you. Who made the diagnosis?"

"Self diagnosed," she replied, "and don't feel bad doctor. I'm not casting any aspersion on your professional competence. It's somewhat different."

"That's alright Mrs See," I said, "doctors are not know-alls. That is why we need CME."

"What is CME?" she asked.

"Continuing Medical Education."

"I suppose anything that has to do with pain and suffering is part of medicine. I'll tell you my story if you care to listen.

"Mrs See, I would like you to know that we doctors learn more from our patients than from any professor. I am all ears."

"Doctor," she said, "my health is being undermined and my life threatened by certain people. People that I can't avoid."

She sounded serious. I was puzzled. Could it be that there are some violent and even possibly homicidal characters in her family, among her friends and relatives or could it be that some of them are carriers of dangerous infectious diseases? I know her husband is a fun loving type and people who are fun loving may sometimes end up with not so funny ailments which can be passed on to others. But in her case I think these are all unlikely. What is it then? Is she suffering from paranoia? There wasn't any hint of it during all the years that I know her. However, there is a recent epidemic, especially among landlords.

"Mrs See," I asked, "who are these dangerous people?"

"They are the people you know. The first is a revolutionary."

Mrs See, like most of us here, is

politically inert. She wouldn't know Anwar from Ah Wah. It is most likely to be paranoia after all. Perhaps she is one of those who look perfectly normal externally but are actually quite unbalanced inside, only I wasn't sharp enough to detect it previously. I decided to play along.

"Mrs See," I said, "Revolutionaries are in short supply here. There isn't much talent around. I haven't come across one for a long time. Those people you see carrying banners and shouting their heads off are actually die-heart soccer fans. Revolutionaries on the whole are quite secretive, well at least in the beginning of their careers. If you know of one and that he or she is threatening you, you ought to inform the authorities and to seek protection. However you can tell me all about it if you wish."

"He is my son."

The diagnosis was more or less confirmed. "Mrs See," I continued, "There are instances in history like during the Chinese Cultural Revolution when children actually denounced and beat up their parents but your son ... What make you think that he is one of them?"

"His behaviour, doctor."

"Tell me."

"He has changed a lot. We hardly see him nowadays. He is out most of the time and when he is at home, he shuts himself in his own room. Occasionally I hear some weird music coming from inside. I don't know what clandestine activities he is up to. We seldom have meals together and we hardly communicate. During the rare encounters when we have a few words with each other, the conversation goes something like this: "How is everything?" "Whatever." "Where are you going?" "Out." "Who are you going with?" "Someone." "What are you doing?" "Something." "When are you coming home?" "Soon." "How is school?" "Don't ask." "You need a haircut?" "Later." "Bonny ask you to return her calls." "Yeah." What sort of answers are these? His grammar and vocabulary can't be so poor. We have already spent so much money on his education. I feel that my

son is just not being forthright, I think he is hiding something. He gives the impression that he is engaged in some cloak and dagger business.

The other day his father managed to corner him. "You don't look very happy." I heard my husband say to him. Do you know what's his reply? "Get real dad," he said, "Can you be happy when the whole world is against you?" When asked specifically who were his oppressors, he said they are his parents, the maid, Mr Tan our neighbour and also his dog, Mrs Lim, who is the mother of Bonny, Cpl Jaswant Singh from the Neighbourhood Police Post, his form teacher, his Chinese teacher, his history teacher, his maths teacher, his science teacher, his PE teacher, his ex-Sunday school teacher, quite a few others too in the establishment and also the ticket seller at Lido Theatre. When my husband asked him to elaborate on his problems with all these people, he walked off, swearing that he will get even one day.

The next thing is his appearance. Have you ever watched MTV? What do you think of some of the performers' attire, hair style and body decoration? I suppose it is all right in show business but for others to be like them, it is a sign of being defiant, rebellious and anarchistic."

After hearing her I realised that Mrs See is not well because she is being stressed out by her son's behaviour. She, like many other parents, is unable to come to terms with the adolescent behaviour of her child. She continued, "Doctor, I am worried sick. I have been following the Columbine incident. He isn't violent yet but there are certain parallels."

I wanted to tell her that I am facing a similar problem of no less a magnitude than hers and that most psychologists and social workers regard it as a passing phase in our youths. We can therefore be optimistic about the final outcome. However, I decided to wait for her to finish her story first. "Mrs See, tell me who else is giving you trouble."

"My daughter," she said.

"But she is only five years old, surely she can't be behaving like her brother?" I protested.

"It's not her behaviour," she said, "it's

her medical condition. She sneezes, wheezes, scratches and tears all the time. Remember doctor you told me once that she is the worst case of atopy you have ever come across. Looking after her is killing me."

Mrs See became quite agitated, "My daughter's skin is perpetually covered with rashes and she often scratches until it bleeds. It's so ugly and so frightening. She has no playmates because other children avoid her. She doesn't sleep well because of her itch, her blocked nose and her tight chest. At least once a month we have to rush her off to the hospital because of a severe asthmatic attack and that usually happens in the middle of the night. Every day she uses up two or three boxes of tissues because of her running nose.

"Preparing her meals is another big headache. She is allergic to so many kinds of food. You have been treating her doctor but I must admit that you are not the only one we have consulted. We have seen dozens of others, including a psychiatrist.

"We are so desperate. We follow everybody's advice. We vacuum the house twice a day, ripped off the carpets, give away all the soft toys and plants, bought a special mattress for her and we become experts on mites, air filters and crocodile meat. It didn't help doctor.

"My daughter is frequently in tears. Allergic conjunctivitis you said but sometimes I think she is actually crying because she is so miserable. She can't eat ice-creams and cakes, she can't play in the open or swim, she has no friends, she has to take medicine all the time and yet does not feel well. I too am suffering doctor. My heart is broken when I see her wiping away her tears and I will cry too."

Doctors are not supposed to get emotionally involved with their patients but looking at Mrs See's sorrowful expression and the tears welling up in her eyes and listening to her sad story narrated in such a melancholic tone, I felt a sympathy for her beyond what is professionally appropriate. I wanted to tell her that all is not as gloomy and despairing as she makes things out to be and that her daughter's condition will improve with time but waited to

see if she has anything more to say.

"Doctor, my husband is another problem," Mrs See says, "he is giving me nightmares. He makes me so insecure."

"I will listen if you will tell," I said. Sometimes wives don't like to discuss their spouses' indiscretions because they are ashamed and embarrassed.

"It is not a matter of fidelity if this is what you have in mind doctor. It is about money which I am told has replaced unfaithfulness as the number one problem facing marriages nowadays. I am a full-time housewife and I don't really know much about financial matters but it doesn't need an expert to tell that one is in trouble when banks, finance and credit card companies keep on sending reminders. He bought a condo unit, which is heavily mortgaged and has failed to rent it for over a year now. Most of his shares are Clobbered and he is gambling on margins. He invested in a dot.com company and his friend who started it has disappeared. He keeps on saying "Money No Enough" and spends half the night smoking and drinking with a calculator as companion. The other day he asked me to find a job, to dismiss the maid and to persuade my brother to be his guarantor for some business transaction. Doctor...", she could not continue any more.

We were silent for a while and then I tried to comfort her. I told her that her son is just going through a passing phase, that her daughter's condition will improve with time, that she is not alone in her predicament, that not hundreds, not thousands but millions of mothers are experiencing similar problems everyday. As far as her husband is concerned, I told her that the most important thing is that he loves her and respects her and that he is actually trying his best to provide for the family. Risk-taking I explained is now considered to be a virtue and has been endorsed by the authorities and that making money quickly and preferably lots of it, is the best security for the future. Money too, has been recognised, I added, to be the premium grade fuel that turns the wheels of society, etc. I passed her a piece of Kleenex.

"Mrs See," I said in conclusion, "Be

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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 storytelling 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 Minuchin. 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.