Encourage -

Etymology: Middle English *encoragen*, from Anglo-French *encorager*, from en- + curage courage.

Date: 15th Century

to inspire with courage, spirit, or hope; hearten

t is not often that I see a male patient break down in tears, especially if he was seeing me for the first time. Boon Khim was a man in his mid-30s who sought my help for a prolonged bout of influenza. There was nothing unusual about the symptoms and it would have been a consultation that was over in less than ten minutes, until he asked for some sleeping tablets. In the light of the current stringent criteria for prescribing sleep medication, I began the battery of questions to ascertain the underlying reasons for sleeplessness.

"I guess I have not been able to sleep properly lately because of my rushing in and out of KK Women's and Children's Hospital."

"Is it your wife or your kid?"

"My son. They say he has Rhabdomyosarcoma. Sorry, did I pronounce that word right?"

"I'm sorry to hear that. How bad is the situation?"

"They say it's Stage 3 and it's best to go through a course of chemotherapy to reduce the size of the tumour before the surgeon removes it."

"Oh dear. How is your son taking the chemotherapy?"

"He's a brave boy but it breaks our hearts to see a 10-month-old kid poked by all sorts of needles."

His eyes welled up rapidly and Boon Khim was looking embarrassed. I handed him the box of tissues on the table and assured him that anyone in his situation need not have to act like it did not hurt.

"Do you think they can cure this tumour?"

"I don't think I can speak on behalf of the KK medical team but of this, I am confident: both your paediatric oncologist and surgeon are highly respected and experienced doctors. You can be assured that your son is in good hands and they will spare no effort to save his limb and his life."

Despite a busy evening clinic session with quite a few more patients waiting after Boon Khim, I allowed that consultation to continue for a full half hour so that I might offer him seeds of hope. I told him that the road ahead was going to be rough and that if his infant son was to have a fighting chance, the parents needed to be strong and steadfast. I also counselled him about pacing



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himself much like an endurance athlete; rostering himself and his wife with other family members to be with his son would allow him adequate rest. I shared with Boon Khim that if he and his wife were able to bear courage and optimism, these strengths would transfer over to their son for the battles in the next few weeks.

"I'm sorry I took up so much of your time, Doc. I feel like I have just received an injection of hope. I'm going to need all the hope I can get. Thanks."

Later that night, as I was driving home from the clinic, the encounter with Boon Khim was still vivid in my mind. *An injection of hope*. I am once more reminded of how much healing I can facilitate without drugs.

The human spirit can take a beating but there are limits. As a community practitioner, I have seen my fair share of patients who have been severely crushed. One such patient was Melanie, a woman in her early 50s who was introduced by a regular patient to seek my help. Hers was a tragic story of one adverse event happening on the tail of another. While undergoing treatment for depression and stress due to work and her constant struggle with her two teenage daughters, she discovered that her husband had been involved with another woman in an adulterous relationship. When confronted, her husband offered no apology but instead declared that he was fed up with a loveless marriage and that he deserved some happiness. He packed his personal things and moved out the very next day. All these background details were shared by her friend who had brought her to my clinic. When it came to her turn to speak, she remained silent with her shoulders sagging. I waited a few minutes before trying to get the dialogue moving.

"How are you feeling?"

"I don't know where to begin."

"I understand you are being treated by a psychiatrist for depression. Can you show me what medications you are taking?"

Melanie fumbled through her handbag to bring out the drugs. Her hands were shaking badly so I took a glance at her neck to see if she had a goitre.

"I have stopped seeing the psychiatrist because I can no longer afford his fees."

The husband had abandoned her and their two daughters nearly six months ago, and had remained uncontactable ever since. So she had to pay all the bills with her meagre salary as a secretary.

"I can't sleep. I feel really scared that I might lose my job as I can hardly focus on what I am supposed to do for my boss. I feel giddy all the time and especially if I'm in the MRT train. I have already fainted twice in the train on the way home."

I made several enquiries and was convinced that she did not have hyperthyroidism. I was bracing myself for a long complicated consultation as more and more symptoms were disclosed.

"Chest pains and shortness of breath?"

"Yes."

"Irregular periods with abnormal menstrual flow?"

"Yes."

"Loss of appetite, vomiting and diarrhoea?"

"Yes, yes and yes."

I stopped my systemic review of the consultation as there was already too much on my plate. There were times like this when I had been tempted to repeat what the patient said: "I don't know where to begin."

I grouped all her symptoms into three clinical problems so as to summarise the issues Melanie and I would have to work through. I explained to her that in order to begin to create some order in this messy situation, we had to keep it simple. The simple message I wanted her to embrace was this: she needed to believe that she could get better and even the darkest night had a dawn. Melanie was willing to try. She said she had no other option.

Melanie left the clinic with three things to focus on: a) to comply with her anti-depressant and



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other symptomatic drugs b) to allow her friend to listen to her and pray with her regularly c) to find simple means to pamper herself as an expression of self-care.

I saw Melanie a couple more times in the clinic to deal with her panic attacks. These attacks coincided with her trying to deal with several problems simultaneously. We had to explore relaxation methods that incorporated prayer, meditation and controlled breathing techniques. I reminded her each visit that medication had its limited role in the overall scheme of healing. Through carefully chosen words, I tried to elevate her spirit to a level of optimism so she began to believe she had what it took to overcome this crisis.

It was a while since I had last seen Melanie and I had almost forgotten about her problem. That was until we bumped into each other at a crowded shopping mall.

"Hi, Dr Tan. Remember me?"

"Yes, of course, Melanie."

"I can't wait to tell you this – today's the first time in a year that I have been able to shop at a crowded mall like this. For the longest time because of my depression and anxiety, I was not able to tolerate crowds. I feel so good being able to shop normally again."

"I'm really happy for you."

"Doc, you have done something for me that made a difference. Your words have lifted my spirit from a deep pit. Your encouragement to pray with my best friend has put me on the path to heal from strength to strength. Thank you so much."

The therapeutic journey with Melanie had been very difficult for me. There were many moments when I had felt I was out of my league in dealing with her emotional problems. Her affirmation helped me learn that a broken reed just needs to be given the necessary support until it becomes strong again.

Over time, the word *encourage* has come to mean *enable courage* in the course of my practice. Almost daily, I encounter patients who are beset by clinical predicaments that cripple them with doubt and fear. I am learning that as a physician, I can listen deeply with compassion. More often than not, this act of kindness renders more therapeutic effect than the drugs that follow the consultation.

The need to bolster courage is not merely confined to the feeble or infirmed. A scene in 1996 Oscar-winning "Braveheart" showed William Wallace, the warrior in a prison cell with Princess

Isabelle. In that intimate conversation when Isabelle begged him to take a drug to dull the pain of his impending torture, Wallace had a moment of doubt as he wondered if he had the courage to face his fear. He saw the love that drove Isabelle to send him the potion and allowed her to pour it into his mouth. After she left, he spit out the drug and his resolve to face his tormentors was fiercely restored.

I am now thoroughly convinced that encouraging our patients – in all their situations – is integral to the art of healing. It is a gift that we have the privilege to grant to those who seek us out for help. The physiology of healing by encouragement is yet to be worked out, but the mechanism by which a discouraged soul is enlivened is best described by the ever popular song, "You Raise Me Up" written by Secret Garden's Rolf Lovland and the lyrics by Brendan Graham.

When I am down and,
oh my soul, so weary;
When troubles come and
my heart burdened be;
Then, I am still and
wait here in the silence,
Until you come and sit awhile with me.

You raise me up,
so I can stand on mountains;
You raise me up, to walk on stormy seas;
I am strong, when I am on your
shoulders;
You raise me up:
To more than I can be.

There is no life —
no life without its hunger;
Each restless heart beats so imperfectly;
But when you come and
I am filled with wonder,
Sometimes, I think I glimpse eternity.

You raise me up,
so I can stand on mountains;
You raise me up, to walk
on stormy seas;
I am strong, when I am on your
shoulders;
You raise me up:
To more than I can be. ■