

# A Therapeutic Relationship

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She first came to my resident clinic a few years ago, when it was normal for doctors to touch patients. When I say touch, I really mean palpate the abdomen, press a stethoscope against the chest wall to auscultate the heart, range the shoulder to test for impingement. Such exam procedures don't feel like touch to me anymore — more like a checklist that I hurry through, invariably running 15 minutes late, to establish an assessment and plan.

But she didn't allow me to hurry. Ninety-three years old when we met, she moved slowly but talked fast, her words in Tigrinya whipping past the interpreter, who had to scribble down notes to keep the translation accurate. Her deep wrinkles sculpted her mouth into an upturned shape, which by no means matched the disgruntled tone I sensed even before the translator spoke.

"Everything hurts," she told me. Her whole body hurt — her muscles were in pain, her heart ached.

I launched into my algorithmic questions for evaluating pain. Onset? Quality? Precipitating or palliating factors? She chuckled a little but then looked at me with a concern that twisted her wrinkles upside down.

The pain was severe and everywhere. It was painful. "Only God knows the rest." She asked me if I was really a doctor.

The more I asked about the pain, the more she doubted me. The incongruity of her frown and her smile-carved wrinkles deepened. I was getting nowhere. We

agreed that a physical exam was the best next step. I left to let her undress, which made her laugh — and ask again whether I was a doctor.

When I came back, she was lying face down on the exam table and hadn't bothered to put on the gown I'd given her. I started by palpating her spine, which wasn't tender, and then moved on to her shoulder girdle. "Is this painful?"

She proclaimed something loudly, and I feared I was in trouble again, that her exclamation was yet another Tigrinya way of questioning my credentials. Instead, the translator relayed that my palpation felt great. "Keep going, keep going!"

I massaged her shoulders, and she squealed with delight. Noticing that my next patient had canceled, I gave her my full attention. I kneaded the knots of muscle with my knuckles. I placed my palm steadily on her back, and she exhaled deeply. As I felt her muscles relax under my hands and her breathing steady, I also felt my own shoulders fall farther from my ears. Our breath cycles began to synchronize.

Her daughter told me her mother had left Eritrea many years earlier, but most of her community was still there. She now had many grandchildren and great-grandchildren in America, but there was a loneliness to being far from home. It could be painful.

I massaged her scalp, my fingertips moving among rows of gray braids. She liked that the

most. When I left again to let her redress, she chuckled, and I saw the smile that had sculpted her wrinkles over her long life. When I returned, she reported that her pain was completely gone. I was a new woman to her — a true doctor. She grabbed my hands and kissed them three times.

Walking home that day, I felt as if I were returning from a great first date — connected, airy, alive. Amid days filled with palpation and auscultation, I hadn't realized how far away from my patients I was feeling until one person demanded real touch.

Over the next 18 months, my patient came in regularly complaining of all-over pain, and I would rub her back and massage her scalp and breathe with her until we both felt calm and connected. A few months in, at the suggestion of my clinic preceptor, I referred her to our integrative medicine clinic to see a massage therapist. As the referral was processed, I felt a melancholy and restlessness I hadn't experienced since I was 13, when summer camp was about to end and I knew I'd have to part ways with the boy I simply couldn't live without. When I heard that the integrative medicine clinic was overbooked and not accepting new patients, I sighed with relief.

I realized that if my patient weren't a wrinkled Eritrean woman in her 90s, our unconventional doctor-patient relationship could occupy a moral gray zone. After I rubbed her back and breathed with her, her pain was always gone. She always kissed my hands.

She began telling me she loved me, and I loved her back.

When the coronavirus struck, I instructed her to stay in her apartment with her daughter. I transitioned to video visits with my other patients easily, but I couldn't have video visits with her. Between her hearing loss and the language barrier and her belief that doctors aren't real unless they lay hands on their patients, it seemed impossible for our connection to happen over Zoom. I missed her bitterly.

Six weeks into quarantine, her daughter called me and asked me to come over. Her mother had collapsed in the shower one morning. She had gone to the hospital, had been diagnosed with a massive stroke, and had never fully regained consciousness. Her family had brought her home on hospice, to be with her loved ones, free from discomfort in her final days. Over the phone, I ex-

plained that I couldn't do very much to help her at this point. She was not in pain, she didn't need me. She was dying peacefully.

Her daughter insisted. She needs you because she loves you.

Without any hope of curing or treating, I donned scrubs, mask, and face shield and entered her crowded apartment, filled with prayer cards, rosary beads, and colorful wall hangings.

I was struck by her stillness as she lay in bed in her white nightgown — this woman who had always been writhing in pain or wiggling with delight, shouting insults at me or showering me with kisses. This woman who had cracked open my heart in the middle of my exam room. Now, nothing animated her wrinkles. Her only movement was the rise and fall of her chest.

I reached for her upper back — yearning to find knots to

work out as I used to. But she didn't have any, and she didn't react when I massaged her. Still, I squeezed her shriveled muscles. My touch would not heal her, but I continued merely for the sake of touch — the path to connection that she and I knew best.

I like to think that she felt held and loved in that moment, that some part of her was aware I was there, but even as I wept and kneaded her stringy biceps, I knew I was doing it for myself. I squeezed her shoulders before letting go, wanting to somehow absorb some of her into me, not wanting to forget, in this isolated time, how touch connects us.

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