On paper, cancer care can be mapped, measured, and modelled. In practice, it is far less contained.

For Charis Ng, a trainee health psychologist and PhD student, that gap between theory and lived reality became impossible to ignore during her work in Singapore — where she moved between research, clinical conversation, and the emotional intensity of advanced cancer care.

Last year, she worked as a health coach within ENABLE-SG (Educate, Nurture, Advise, Before Life Ends–Singapore), a randomised controlled trial led by the National Cancer Centre Singapore. The study tests whether early palliative care support, delivered alongside routine oncology care, can improve outcomes for patients with advanced cancer and their caregivers.

When Palliative Care Starts Earlier, the Conversation Changes

ENABLE-SG delivers structured psychosocial coaching sessions over four to six weeks to patients and caregivers. The sessions focus on symptom management, communication with healthcare professionals, and coping strategies for the psychological burden of advanced cancer.

The intervention challenges a longstanding pattern in Singaporean care, where palliative support has often been introduced later and more reactively.

Instead, ENABLE-SG asks a different question: what happens when emotional and psychosocial support begins at or near diagnosis?

For Ng, the answer was not theoretical — it unfolded in conversation.

“It was the first time I worked directly with patients,” she says. *“I had read the theories for years. But nothing prepares you for hearing someone describe what it feels like to be told they have stage IV cancer.”*

What stayed with her was not only clinical complexity, but human presence.

“Cancer is never only medical. It reaches into work, family, identity, and belief systems. Sometimes what matters most is simply being heard.”

When Theory Meets the Room: Coping in Real Time

Ng’s academic work focuses on psycho-oncology, including fear of cancer recurrence and coping behaviours among cancer survivors. Her research draws on established models such as Lazarus and Folkman’s stress and coping theory.

But in the clinic, those frameworks did not sit still.

“I could see the theories I had written about happening in real time,” she says. *“But I had to stop thinking like a researcher and start responding like a human being in front of another human being.”*

The shift was not always comfortable.

Patients did not always cope in ways aligned with psychological models of ‘adaptive’ behaviour. Some responses were difficult to witness, others conflicted with her academic understanding.

“I had to let go of the idea that theory tells you what people should do,” she says. *“My role was to*

support, not to correct."

Emotional Labour and the Cost of Listening

Working closely with patients also brought an often unspoken dimension of care work into focus: emotional exposure.

Some patients disclosed experiences they had never shared before — with family, friends, or clinicians.

"It was an honour to be trusted," she says. *"But it also meant carrying a lot of emotional weight."*

This introduced the risk of secondary trauma and compassion fatigue — recognised phenomena in helping professions where sustained exposure to suffering can lead to emotional exhaustion.

The challenge, she explains, was not only professional, but personal.

"In Singapore, conversations about mental health are still emerging. People often hold things in. That meant patients sometimes confided deeply in me because there were few other outlets."

To manage this, she had to actively build emotional boundaries.

Support from colleagues, structured debriefs, and physical activity became essential tools.

One concept stayed with her: the *"Worry Chair"* — a practice of containing worry to a defined time and space.

For her, it became swimming.

"In the water, I would process everything. But when I stepped out, I had to leave it there."

Despite the emotional strain, she is clear: the work was not damaging — it was meaningful.

"It means you care. The challenge is making sure care does not come at the cost of your own wellbeing."

Health Psychology Beyond the Clinic

Ng sees health psychology as uniquely placed within oncology care — particularly in understanding behaviour, emotion, and decision-making across the cancer journey.

But she is equally clear about its limits if practised in isolation.

At ENABLE-SG, weekly multidisciplinary debriefs ensured that care extended beyond coaching sessions. Patients were referred to social workers, nurses, or clinical psychologists when needed.

"Cancer is not just psychological or medical," she says. *"It is existential."*

Patients often grappled with questions of meaning, causality, and faith — questions no single discipline can fully answer.

This reinforced the importance of integrated care.

“It is easy to stay in academia and write about people,” she says. *“But being with them changes what you think you know.”*

From Evidence to Encounter

For Ng, the experience ultimately reshaped how she understands her own PhD.

Research, she reflects, is not separate from care — it is one part of a larger continuum that must remain connected to lived experience.

“It gave meaning to my work,” she says. *“Because behind every dataset is a person trying to live their life.”*

And perhaps more importantly, it challenged a quieter assumption in academic training: that knowledge alone is enough.

“***In practice, knowledge only matters if it can sit alongside humanity.***”

About the Author

Adrian Pogacian, PhD, is a licensed clinical psychologist with advanced training in psycho-oncology. His expertise is in Coping with Cancer, Complicated Grief, Posttraumatic Growth and Meaning-Centered therapy approach.