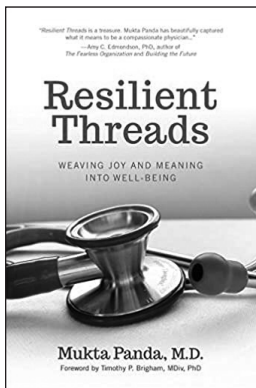


BOOK AND MEDIA REVIEWS

Resilient Threads: Weaving Joy and Meaning into Well-being

Mukta Panda

Palisade, CO, Creative Courage Press, 2020, 272 pp., \$28.95, hardcover



Professor and Assistant Dean for Well-being at the University of Tennessee Health Science Center Mukta Panda, MD, wrote *Resilient Threads* to give voice to exhausted health care professionals and women in medicine and academia—groups that face “overwhelming

and unrelieved stress” (p. xxx).

Part one of this memoir asks, “Who am I?” Dr Panda starts by tackling a question she has often been asked, “Where are you from?” She discloses the place of her birth (New Delhi, India), where she spent her early childhood (London, England), where she went to medical school (Goa, India), where she had her children (Saudi Arabia), and where she has lived for over 25 years, trained in internal medicine, and worked until this writing (Tennessee). She also talks about her upbringing by academic physician parents who modeled kindness and respect toward patients, learners, and hired staff. Next, she discusses life lessons she learned from her parents and grandparents. Then she delves into her experience of the “multiple hats syndrome” (p. 35), striving to be a perfect mother, sister, daughter, wife, physician, teacher, friend, colleague, and acquaintance. Thus, when she was program director and department chair, she gave faculty and trainees the “permission to let their family lives be part of their work life” (p. 39).

Part two explores, “Where do I belong?” Dr Panda starts by contrasting technology and touch: though technology has greatly advanced medicine, “compassion, clinical judgment, connecting with patients and humanism cannot be digitized” (p. 48). She details how one of

her clinic patients in residency surprised her by making her a watercolor portrait; she had not known the patient was a painter, and the gift reminded her that “communication is the most important attribute in health care” (p. 53). Dr Panda also invites readers to live for others and strive to build open relationships, thus allowing spiritual dimensions of well-being to be explored rather than ignored. The author recalls encountering discrimination in her personal and professional life in the United States, and navigating this by going out of her way to build community and make others feel welcome. She describes her first American patient house call, and how it led her son into health care. This culminated in Bringing Back the Black Bag, a grant-funded resident house call program, and a simulation program called Walking in a Patient’s Shoes that explores effects of social determinants of health on patient adherence. Part two ends noting that evidence-based medicine is maximized by employing empathy and assessing other “E’s”: emotions, expectations, ethics, engagement, empowerment, effort, education, experience, error, equity, environment, and economics (p. 98).

Part three asks: “How do I heal as I strive to serve?” In a season of personal loss, the author discovered family is not just defined by blood. As she mulled resignation from her job, she won a national Courage to Teach award, found renewal at the associated retreat, and returned to establish weekly Relaxing, Rejuvenating, Rejoicing in Residency sessions that engendered positive coping skills in residents who attended at least three per quarter. She then relived her relationship with a long-term patient and his wife, which culminated in a sense of belonging that affirmed the meaning she finds in her work; successful disclosure of a medication error to them emboldened her to teach a senior resident to do likewise. She later called for “bringing back the ‘R’ in RVU – relationship value unit” (p. 144), on realizing she could no longer steward a volume (relative value unit collation) over-value (spending as much time with patients as necessary to provide comfort) paradigm in good faith. Soon afterwards, she found a colleague lifeless after death by suicide; she organized a

posthumous lecture in his honor, worked with leadership on a study of institutional burn-out rates, and created a wellness task force at the local medical society. And she pioneered a How-to-Live reflection curriculum for medical students enacted at a local museum. A back injury strengthened Dr Panda's resolve to fight for holistic health care. She acknowledges passion, creativity, and innovation as both her strengths and weaknesses, and ends the book identifying wholeness as her core value.

Resilient Threads is written in lay language, fluidly using stories to illustrate self-diagnosis, "empathy-based medicine" (p. xxvii) and "relationship-centered care" (p. 47) as noted above. This memoir also applies personal experience of illness to practice of medicine as desired by the author. This book can inspire intending clinicians at various levels, encourage faculty wanting to hone advocacy and clinical teaching skills, and inform patients and their families seeking to understand how clinicians think.

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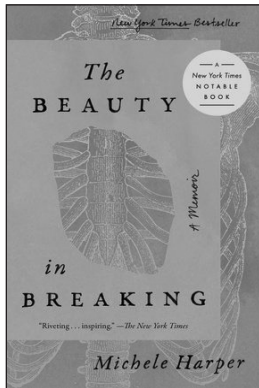
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Beauty in the Breaking

Michelle Harper

New York, Riverhead Books, 2020, 304 pp., \$18.19, hardcover



Although *Beauty in the Breaking* is presented as a memoir, it is much more than that. Through the detailed storytelling of patient scenarios, Michelle Harper, MD, an emergency medicine physician, raises challenging issues in both medicine and society. Her reflections are poignant

and always thought-provoking. For the physician reader, the patients, their problems, and her dilemmas are realistic and authentic. Her story of rising above her own brokenness is intermingled with those of her patients' as she moves toward self-healing.

The first part of the book focuses on her own story of being broken. She describes her childhood home as dominated by her abusive, controlling, physician father. When her brother's

arm is broken by their father, Michelle drives him to the hospital. Sitting in the emergency room waiting on her brother, she marvels at the dichotomy of the chaos and the quiet; the people coming and going, sometimes with their lives changed forever. Here is a place that calls to the author's wounded spirit. The emergency room was for others, like her and her brother, a place where people "converged in these hallowed halls for a chance to reveal our wounds, to offer up our hurt and our pain to be eased" (p. 18). As an emergency room physician she could make her offering to the world for those asking for help, and heal herself.

She tells the story of her marriage that dissolved as she was graduating residency. The book then follows her through her first employment as an attending and subsequent jobs as she struggles to rebuild her life with meaning. She decides to pursue a career in hospital administration, something that she does well and comes naturally to her. Unfortunately, she is dealt a hard blow when she hits a glass ceiling for women, even more impenetrable for a black woman. Although some issues are unique to the author, many physicians will embrace the uncertainties of a young physician developing their own understanding of themselves and their professional identity in the challenging life of a doctor.

Harper goes on to describe her disillusionment with a society whose ills permeate the lives of her patients. Each chapter describes a patient encounter in detail from the medical evaluation to the social issues that physicians see every day as we try to care for our patients. In each story she highlights the underlying social context of the setting—the family, the culture, the bias. Each is revealed on a deep personal, humanistic level. She tells the truth of the world of people in need, ensnared by their environment by birth, not choice. Compassionately, she cares for all people alike, whether they are suspected murderers, drug dealers, or the man who decides not to be treated for his cancer. Harper connects with the humanity within each patient. She writes, "All bodies ache with wisdom that wants to be appreciated" (p. 276).

And through it all she learns to understand and heal. This book is about the art of medicine, found in the midst of the emergency room at 4:00 am. As physicians, we have windows into sacred truths about people. It is easy to lose heart or be broken from the emotions of caring. But as she writes, "true

caring, indeed, true living, comes from being able to hold peace and love for oneself, and from sharing that unwavering, unconditional love, knowing that all life depends on this" (p. 279). Dr Harper invites her readers to become Japanese Kintsugi, broken pottery repaired by sealing the pieces back together with gold, but this time even stronger and more lovely. Out of brokenness, comes beauty.

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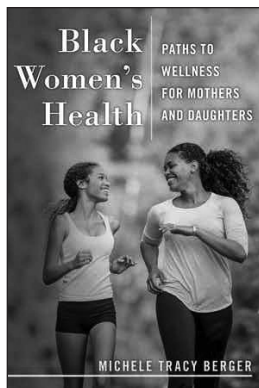
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Black Women's Health: Paths to Wellness for Mothers and Daughters

Michele Tracy Berger

New York, New York University Press, 2021, 247 pp., \$30.00,
paperback



"The US health system is hardly immune to racism, especially within a medical community that disbelieves Black women's pain and dismisses their experiences with their own bodies."¹ In contrast Dr Tracy Berger, a scholar of women and gender

studies with a PhD in political science, listens intently to Black women in this book. She presents findings from focus groups with 24 matched pairs of African American mothers and daughters ages 12-18 years. The mothers were divided into five groups with their daughters in five parallel groups. Each group met one time for 2-3 hours to discuss health, sexuality, and intimacy.

Dr Berger argues that the health of African American mothers and daughters is linked in that inconsistencies in mothers' health behaviors and communication create a health barrier for daughters. Intergenerational dialogue is hampered by the contradictory and fragmented messages mothers give about health and sexual intimacy. A second barrier to health is a lack of trust in health care. Mothers and

daughters report dissatisfaction with health care particularly when physicians do not listen. As one mother says, "I feel like they're always rushing... to move on to the next person; not to fully hear your issues" (p. 88). Alarmingly, many daughters describe experiencing a lack of respect by health care professionals. Black female voices are important to attend to in order to improve equity in health care,² and Dr Berger discusses the intersectionality of race, class, and gender in health. Of interest to family physicians is that these mothers' concerns about discriminatory practices in medicine lessened when they had a long-term relationship with a clinician.

Several topics are raised in the focus groups: how mothers and daughters define and assess their health, reasons for not following through on health goals, and information passed down through generations about health, sex, and wellness. Group discussions also include cultural influences on how girls dress and present themselves, the unfair double standard for males and females regarding sexual behaviors, the pressures to have sex, mothers' fears of pregnancy for their daughters, and methods of deterring daughters from having sex. Dr Berger notes the absence of any discussion of sexual pleasure in conversations about sex.

One of the major themes in the book is that mothers want to have open and good communication with daughters and believe they provide such when it comes to sexual health. However, daughters do not typically view their mothers' overtures at communication about sex as helpful and do not confide in their mothers. Daughters want and actively seek out information but often go to others; they do not trust mothers not to lecture or judge them. One teen states: "You can't ask your parents... if you ask them questions about sex they'll think you want to go have it" (p 194). This reminds physicians that teens benefit from adults who can talk about weighty topics in a calm manner without judgment.^{3,4}

Reading this book gives a "fly on the wall" perspective to important conversations. There are numerous quotes throughout the book as Dr Berger analyzes themes, content, and dynamics of each group while searching for overarching themes. The qualitative approach provides an inside look at these topics by voices not often heard. While there is some consensus across groups, Dr Berger also goes into depth about differences between the groups. She labels each group with a certain worldview. Thus,

the qualitative data have variability and the reader gets a range of perspectives.

For the reader seeking systematic reviews and metadata, however, this book is a difficult read due to the limitations of these data. The findings are not easily generalizable, and significant conclusions cannot be drawn about the wide variety of topics covered. Furthermore, as a set of case studies this book is also unsatisfying because there are minimal descriptive statistics and little information about the individual participants. While there is a benefit to hearing what these mothers and daughters have to say, the book is somewhat repetitive across chapters and drawn-out for what would be considered a very small set of data in medicine. Due to the small number of participants in each group, the consensus across groups is more thought provoking than the details about specific group dynamics or “worldviews.” This book sets the stage for future research as the conversations offer interesting ideas that need further exploration. Much more data need to be collected before medicine will have specific guidelines for “the paths to wellness for [African-American] mothers and daughters.”

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