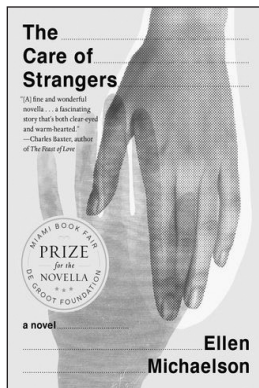


# BOOK AND MEDIA REVIEWS

## The Care of Strangers

Ellen Michaelson

Brooklyn, NY, Melville House Publishing, 2020, 209 pp., paperback \$16.99



Think back to your days as an intern (or perhaps you are imagining what internship will be like); long, hard days caring for many complicated patients. What happens in those moments where exhaustion meets frustration meets isolation? Where does

one turn for support? Dr Ellen Michaelson captures the highs and lows of internship in her novella, *The Care of Strangers*. However, she does this through a unique lens: through the eyes of a Polish immigrant orderly named Sima in a public hospital in Brooklyn in the 1980s.

The title of the book reflects the layers within the story. Our care as clinicians often starts with caring for strangers; so too do our relationships with fellow caregivers. The book sheds light on the evolution of strangers becoming more familiar and the pros and cons of such intimacy. The cleverness of the author is using the orderly to tell the story of patients, residents, and others. It gives the medical reader a different perspective of the medical field and the work we do. The story is timely and timeless. The perspectives of immigrant medical personnel, the underserved, African American patients, and women in medicine are all highlighted. Isak Dinesen, author of *Out of Africa*, once wrote: to be human is to have a story. Dr Michaelson has captured these human stories, stories that so often go overlooked.

We learn about Mars Peabody, the prisoner from Rikers Island looking for some respect. Other patients include Skinny coping with HIV in the early 80s; Brandy who is transgender; and Mrs Sampson dealing with cancer and family dysfunction. The list goes on: Alma Mae, Miss Osborn, and others, all characters

for sure, but with personal stories that draw the reader in. Through Sima, we learn about the hardships of anti-Semitism and navigating passage to America. Soon these strangers are strangers no more.

While the attention to patient stories is important, the book primarily focuses on the unique relationship and lives of Sima and the intern, Dr Mindy Kahn. So often house staff and support staff work together but do not really connect; in this book these two groups endure some serious patient issues together. Dr Michaelson leans on their common bond of being Jewish and having Polish origins. Sima aspires to attend medical school while Dr Kahn is trying to survive internship. Each has dealt with loss in their lives; they come together through these commonalities and a hospital mishap. The author clearly has experience with many aspects of the subject matter, and yet it is also clear that poetic license is invoked. Like Abraham Verghese in *Cutting for Stone*, she balances the medical detail with the craft of storytelling.<sup>1</sup>

Dr Michaelson has a knack for developing her characters and adding a level of detail to the background that allows the reader to be present in the story. While this is her first book, she has published many stories, has an MFA, and is a former National Endowment for the Humanities Fellow. She is also a veteran internist who did her residency in Brooklyn. She credits many in her acknowledgements with editing and advice. This level of experience shows. Without giving anything away, there is a moment in the climax of the story that reminds me of the feeling one gets when reading Raymond Carver's "A Small, Good Thing."<sup>2</sup> Mindy, Sima, and the daughter of a Ukrainian patient who died recently are talking about the loss. Each woman has suffered her own personal tragedies, as daughters, and as immigrants. She writes, "Something in Sima let the Old Country fall away. She looked up at Mindy, then back to the daughter. They were three. Not Ukrainian, not Polish, not American" (p. 113).

This book grows on the reader; it has something for everyone. For medical students, there is enough medicine that they will appreciate

recognizing the symptoms and treatments while enjoying a good story. For residents, there are lessons about empathetic care and straddling the ethics of doing one's job well while being overwhelmed. And for practicing clinicians, the book offers some nostalgia to the days of training (I found my own heart beating rapidly during the busier moments!). For any reader, there are important lessons on nontraditional paths to medicine and what those different than us endure in life. Ultimately, this is a book that reminds us why we do this work, why we care for strangers, and how we help one another along, both professionally and personally. It is a quick read, and well worth it. doi: 10.22454/FamMed.2022.120387

**Hugh Silk, MD, MPH, FAAFP**

University of Massachusetts Medical School,  
Department of Family Medicine and Community  
Health  
Worcester, MA

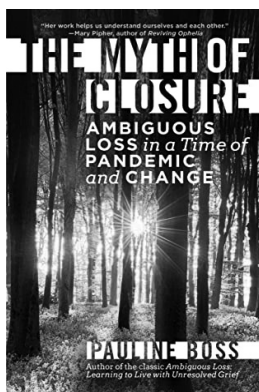
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**The Myth of Closure:  
Ambiguous Loss in a Time  
of Pandemic and Change**

Pauline Boss

*New York, W.W. Norton and Company, 2022, 181 pp., \$21.95,  
hardcover*



The years of 2020 and 2021 have been times of great loss in our world. COVID-19 death tolls exceed 5 million worldwide, climate change threatens our ways of life, and political unrest and racial injustice are daily in the headlines. How do we cope, or even thrive, in this turbulent

world? Pauline Boss, PhD, a revered pioneer in work on ambiguous loss, helps us to find this answer in *The Myth of Closure: Ambiguous Loss in a Time of Pandemic and Change*.

Dr Boss describes ambiguous loss as a loss that remains unclear, without official verification or immediate resolution, and for which

resolution may never be achieved, and makes the case that this applies to the tumultuous time in which we live. If we look for closure, for return to normalcy, we become anxious, angry, and depressed. The lack of having one precise answer is especially challenging for those of us in the medical field, who have been trained to aim for perfection. Instead, she encourages us to reframe our perspective on ambiguous loss, which will lead to resilience and growth.

So how do we do this? Dr Boss guides us through six principles for developing the resilience to live with and thrive despite these ambiguous losses. She makes it clear that these are not steps to be achieved sequentially, but to be used as needed as we navigate these times. Finding meaning and discovering new hope are key, supported by adjusting mastery, reconstructing identity, normalizing ambivalence, and revising attachment. Finding meaning in our loss makes tragedy easier to bear. Adjusting mastery allows us to control what we can control. We may need to reconstruct our identity, changing how we define ourselves. We learn to accept that ambivalence and conflicting emotions and feelings are normal and move forward despite this. We revise our attachment to the way things were and accept change to find a new steady state. Ultimately, we learn to hope for something new and move forward rather than living in a state of suspended animation.

Many of us will be able to work through these principles on our own, or through discussions with close friends or colleagues, but others may require professional help. The author addresses normal grief and its cultural variations and provides a list of symptoms indicating need for professional help. For those considering suicide, she encourages seeking immediate help, and provides the toll-free number to the National Suicide Prevention Lifeline.

Finally, Dr Boss provides hope for the future. Loss and change are closely linked. After loss, there is change, and those changes are often positive. "It is in times of absurdity, when people are unmoored, that positive change is possible" (p. 109). She goes on to describe such tragedies as the bubonic plague, World Wars I and II, and civil unrest, and the decidedly positive changes that followed. As we as a nation find new meaning and hope, we can aim for change "to make life safer and better for everyone in the human family" (p. 113).

Overall, Dr Boss' book achieves her stated goal of this not being a therapy book, but a book that is therapeutic (p. xvii). Applying her principles of living through ambiguous loss to the pandemic can indeed help us to heal our souls and to move forward into our new semblance of normal. Her message, however, is diluted by trying to be overly inclusive of all the woes in today's world, and would have been stronger had it focused solely on the COVID-19 pandemic. Despite that critique, this book will be a powerful resource for all who are grieving losses brought by COVID, from human life, to way of life, and will guide the development of resilience and encourage growth. As physicians, it will shape our perceptions of this pandemic, as well as help us to understand and address our patients' perceptions, and will make us better healers.

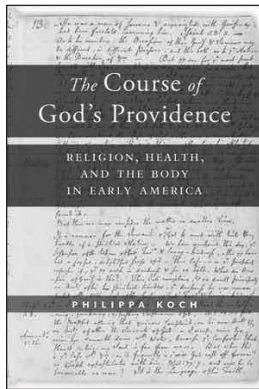
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**Holly Salzman, MD**  
San Diego, CA

### The Course of God's Providence

Phillipa Koch

New York, New York University Press, 2021, 280 pp., \$39.00



“Assessing and integrating patient spirituality into the health care encounter can build trust and rapport, broadening the physician-patient relationship and increasing its effectiveness.”<sup>1</sup>

Family medicine, the generalist specialty of the whole person, has long been receptive to spirituality in medicine. Clinical reviews acknowledge the role of spirituality in health care,<sup>1</sup> and primary care researchers have contributed significantly to the study of spirituality and health.<sup>2</sup> However, medical research has generally addressed spirituality as a category of belief or behavior, rather than engaging with the content of spiritual beliefs per se.<sup>3,4</sup> Spirituality is often treated as one of several coping strategies rather than an integral part of understanding the nature of disease and suffering. In *The Course of God's Providence*, Phillipa Koch engages with the scholarly work on post-Enlightenment understandings of sickness to argue that 18th century protestants in

the United States and Europe did not divorce religious and medical explanatory models, but instead believed their faith in God's providence should motivate their response to suffering and their work in the world (p. 1).

The book's first chapter, “Wholesome Words,” takes its title from a pastoral manual of the same name by the Puritan pastor Cotton Mather.<sup>5</sup> Using examples from a variety of such 18th century manuals, Dr Koch explores the ways pastoral writers integrated physical and spiritual experiences of suffering with lived experience using the resources of Protestant faith and examples from Biblical writings. In the face of ever-present sickness and suffering, a commitment to narrating disease in relation to divine providence provided both a source of comfort and a means to contemplate issues of sin, repentance, and ultimate meaning in one's own life. The second chapter, “Writing Sickness, Witnessing Providence,” turns from pastoral manuals to the journals and letters of individuals grappling with personal illness or familial loss. Here again, “narrating sickness” was understood as an important task in placing one's own life and struggles within a broader spiritual framework. The third chapter, “Experience and the Soul in Eighteenth Century Medicine,” explores 18th century Protestant writings on the relationship between medicine, theology, and health. Not only was the 18th century a time during which a general consensus on the relationships between health, disease, and physiology was lacking, it was also a time during which professional medical practitioners were criticized both for being overly theoretical and overly interested in profit. Dr Koch specifically details the efforts of Cotton Mather in support of smallpox inoculation and the medical writing of John Wesley<sup>6</sup> as examples of efforts to ground medical practice both in the empirical experience of day-to-day life and health, and in relationship to a broader theological vision of life. The final two chapters explore the interplay between theology, spirituality, health, and suffering, specifically in the areas of public health (“Providence and Benevolence in Philadelphia's Yellow Fever Epidemic”) and child-bearing (“Medicine, Providence and Nature in Eighteenth-Century Maternity”).

*The Course of God's Providence* is a work of academic history, and as such the style, tempo, and depth may be more familiar to historians than to physicians. However, for those who value an accurate understanding of evidence at the granular level and a nuanced approaches

to suffering, this work provides an important corrective to the popular narrative of a divorce between theology and spirituality on the one hand and medicine and health care on the other. Advocates of evidence-based medicine may be particularly surprised to find that in the 1800s it was actually the pastoral writers who emphasized practical medical outcomes over the influences of philosophical medical theory. Dr Koch also makes the important point that scholarly study of illness narratives has tended to focus on contemporary writing and discount sickness narratives from earlier centuries (p. 56), and the pastoral manuals and sickness narratives she explores in the first two chapters are helpful in bringing these narratives from the 17th century to our attention. Most importantly, Dr Koch reminds us that spiritual and theological resources are not merely strategies for coping, rather they have historically been used to place suffering in a broader context of meaning and to guide personal growth and care for others.

“Made confident by medical developments of recent centuries, we have often assumed that our present response to suffering is more effective, more courageous, more active, more secular than that of previous eras. By attending to

sickness and health in history, however, we are challenged to see both the people of the past and ourselves differently” (p. 196).

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**William Cayley Jr, MD, MDiv**

University of Wisconsin School of Medicine and Public Health

Prevea Family Medicine Residency  
Eau Claire, WI

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