

## BOOKS

## Physician heal thyself

**Benevolence**

Cynthia Holz

Alfred A. Knopf; 2011.

What if the doctor seeks a cure from the patient? This premise provides the narrative drive for novelist Cynthia Holz's latest book.

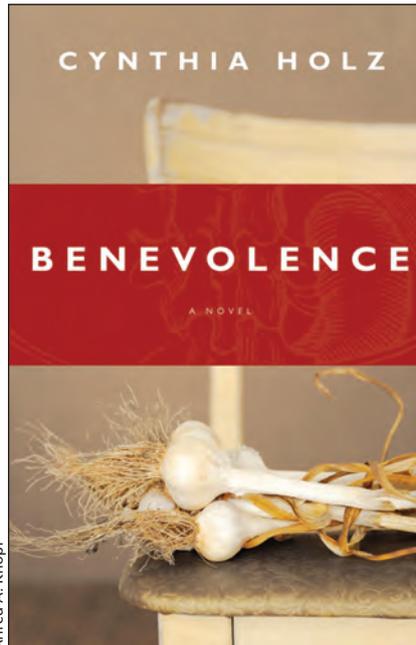
She executes her stratagem with three highly believable central characters: psychologist Renata Moon, psychiatrist husband Ben Wasserman, and Ben's mother Molly. The marriage has lost its spark. Where to turn for help? Molly? Introspection? Psychotherapy? Of course not. To patients.

I often found myself angry at both doctors, yet found Holz's depictions totally believable. Their lack of self-awareness smacks of credibility because Ben provides no therapy, while Renata engages patients only through *in vivo* desensitization. Both of them are knowledgeable about "biologism" and "behaviourism," but neglectful of psychoanalytic concepts. Yet developmental ego psychology and transference are their issues. The case for transference is most straightforward.

We never doubt Ben's accustomed competence as a psychiatrist member of a kidney transplant team. His current

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assignment involves an evaluation of Arthur Rae, who has volunteered to donate his kidney to a neighbour. Though neglecting the term in internal dialogue, Ben probes for "transference," and whether some past significant relationship (a loss or unresolved relationship with a family member) could affect Arthur's apparent altruism



Alfred A. Knopf

and, in particular, shape his perception of Ben.

Three signals should have warned Ben about transference. Arthur's insistence on a nonprofessional home visit from Ben arises from a past life situation; Ben could have pursued that. When the kidney recipient halts the process, Arthur's excessive dismay clearly indicates some unresolved need.

The third evidence of transference arises within Ben himself: his convic-

tion that Arthur possesses special knowledge to impart. Ben is smitten with "countertransference," which always indicates both unresolved conflict within the doctor and an emotional response to a wish from the patient.

When Arthur tells Ben about a concealed motivation that could have brought harm to Arthur had the trans-

plant proceeded and failed, Ben neglects the mental exercise familiar to anyone conversant with transference and countertransference: analyze why he missed it.

It takes little reflection to realize that every consideration of risk and benefit hinges on transference. Does the patient expect something that the treatment cannot provide? Physicians can't know all answers, but should always consider possible patient transference, and countertransference within themselves.

Renata's patient Stella presents an opposite dilemma. Throughout the treatment, Renata is wracked with doubt about becoming "too close" to Stella. Yet even a home visit proves therapeutic because, at her developmental level, Stella needs a real parent, rather than harbouring a transference fantasy. In other words, Renata concentrates on therapeutic neutrality as an empty rule, ignoring Stella's emotional development, the next topic.

As outlined by Erik Erikson,<sup>1</sup> life proceeds in sequential developmental ego psychology stages, each (intimacy combined with work) the basis for the next. In Ben's case, his current stage (generativity v. stagnation) is plagued by residual issues from adolescence (identity v. identity confusion.)

Ben's countertransference illustrates how developmental psychology and transference are always intertwined. He turns to Arthur Rae to understand his own conflict, the interaction between his career as a doctor and his relationships with his parents and Renata. At the exact moment Ben realizes what he neglected in Arthur's history, the psychiatrist comes face to face with the critical moment in his own psychological development, one never processed, a moment when Molly proved her special love for him by defending his career choice. Com-

prehending Arthur's conflict leads to Ben's own comprehension.

Ben got it backwards. Doctor, understand your own developmental psychology, then detect conflicts in the patient.

Which brings up Ben's mother. Molly's diagnosis of the problem:

Ben was a worrier who didn't have enough of Molly's good sense or wisdom. He wanted a family with cut-out dolls for his mama and papa and snugly babies on his knee — which was just foolishness. Life's a twisty-turny thing and all you get, if you're lucky, is a slice of what you hoped for. If only he understood that living's hard for everyone, not just him, and you have to grab what comes your way ... maybe he'd be thankful for his smart and pretty wife, his job where he saves lives (pages 276–7, ellipsis in the original).

How can uneducated Molly get it about finding meaning and joy in life when her son and daughter-in-law, th doctors, don't? Is it too glib to say they neglected emotional development for professional success? Attention to developmental psychology — our own — offers a remedy.

Who should read this book? Readers of great literature of the last century, who find the experiments of Henry James, William Faulkner, Virginia Woolf et al. ground-breaking, will be disappointed in *Benevolence*. The author has neglected depth in literature, as Renata and Ben neglected it in psychology/medicine.

That said, this novel in mid-19th century style (but which novels of today are not?) would be an ideal vehicle for teach-

ing medical students or residents. The cases of Ben and Renata could teach doctors to identify transference and developmental psychology within themselves and their practices. Any physician willing to confront difficulty in attending to personal emotional health will benefit, if braced for some discomfort, as the novel strikes some less positive notes about us. Physician heal thyself.

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**Reference**

1. Erikson EH. *Identity — Youth and Crisis*. New York (NY): W.W. Norton; 1968. p. 94.

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