

fold as these young professionals seek a bolder, more inclusive truth.

The reader is provided the opportunity to see the space around the questions these doctors ask as they pose research questions. Each new question creates a new context for finding the truth. Initially they are not working together and are unaware of each others' work. Yet they are breathing the same air. The impact of the intellectual and political culture of the 1970s, the push for greater freedoms, and the understanding and respect for individuals begins to filter directly into the work of Gilligan, Miller, and Herman.

Robb describes the impact of the scholars' work and the contributions of their colleagues, students, and patients. The contributions made to the knowledge base in clinical psychology, psychiatry, and education are clearly detailed. The author credits each of the scholars and reveals the magnitude of their findings. The paradigm in clinical care, theory building, and psychiatry is shifted. Being in relationship becomes the new model. Truth finding reveals that interaction and relationships are the states of health and the conditions that human beings seek. Health is no longer viewed as the lone individuated self. The lone genius who builds theory in isolation is also brought to question.

Robb takes the time to contextualize the theoretical giants Freud and Erikson, to see the environments from which they grew and the forces that drove them to see health from a context of interpersonal separation versus connection. Robb describes how Freud and Erikson's work could never be separated from their cultures. Both men received positive support from their colleagues, and both stirred up controversy. They worked in intellectual and academic environments and learned through interactions with others.

The reach of the new paradigm enabled the scholars to explore uncharted areas of research. Before the 1970s, rape was an unspoken event, thought to be experienced by a rare few. It was believed that trauma itself occurred mainly to soldiers and was

poorly understood. The incidence of incest was cited in clinical literature as approximately one person per one million population. Often incest was considered a reflection of the victim's fantasized desire for the alleged perpetrator and was not taken seriously. Domestic violence was class based and not especially a mental health concern.

Mental health services in general were focused on individuals who could articulate conflict and demonstrate insight. Health was achieved when individuals separated and achieved states of increased independence from others. Male psychology was dominated by theories of male health as a chronic state of disconnection from others—dissociation and being emotionally cut off were states of wellness. Male wellness was the model for all individuals independent of sex, age, or culture. Listening to patients was considered valuable only to the extent that one could help them to conform to existing theories or at least to get them to verbally accommodate the therapist with agreement.

Gilligan, Miller, Herman, and their colleagues opened all these therapeutic locked doors. They allowed the

spaces between people to exist in relationship. They allowed patients to breathe new fresh air and to receive sunlight. They allowed new ideas to enter the rooms of academia and healing. Over time, male colleagues joined them in reexamining doctrinaire theories and examining clinical taboos.

This Changes Everything is a most valuable contribution to the history of clinical psychology and psychiatry. For the classically trained researcher it will offer a summary of the evolution of the caregiver's relationship to the patient and to practice. For the newly trained it will fill in the gaps in the history of care, from the attitude of "we know better" to "we will work together to understand this." We are repeatedly reminded in this book to listen, to not know, and to care. The context, the relationship is the center of healing and learning.

This is a book that contains great wisdom. It is well written and extremely accessible. Carol Gilligan, Jean Baker Miller, and Judith Lewis Herman demonstrate great courage in their clinical and academic work. The benefits we have received from them, their colleagues, students, and patients are immense. ♦

Loss, Trauma, and Resilience: Therapeutic Work With Ambiguous Loss

by Pauline Boss; New York, W. W. Norton, 2006, 251 pages, \$27.50

Sandra L. Bloom, M.D.

I was driving in the car with two friends of mine, who are both psychiatrists, last weekend. One of my friends was discussing a particularly challenging problem she was confronting, and what came to my mind was Pauline Boss's book, *Loss, Trauma, and Resilience*, which I had just finished reading.

Dr. Boss has covered important territory, because she has focused on the neglected subject of loss, particularly as it applies to situations in which the

person is physically gone but not dead. Into this category fall experiences as traumatic as having a family member who is kidnapped or a prisoner of war or whose body is never found after a disaster. Other circumstances are so unfortunately common that they are not generally classified as "traumatic," such as being a part of a family in which someone suffers from Alzheimer's disease, chronic mental illness, or addiction.

What these situations have in common, according to Dr. Boss, is the condition of ambiguous loss—situations in which it is not known if a

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