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***Taboo or not Taboo: Forbidden  
Thoughts, Forbidden Acts  
in Psychoanalysis and  
Psychotherapy***

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**Elisabeth Hanscombe**

In this book, psychoanalysts, Brent Willock, Rebecca Curtis and Lori Bohm have edited a series of essays on a range of topics that are considered taboo within psychoanalytical discourse. The essays are written with passion by psychoanalysts concerned to open up a meaningful dialogue in areas within our psychoanalytical work that have traditionally been considered 'unspeakable'.

Although the book is written by and directed at psychoanalysts, it applies equally to psychoanalytical psychotherapists. A discussion about the differentiation between psychoanalysis and psychoanalytic psychotherapy could be considered another area of taboo, and certainly one that warrants consideration. However, this controversial area is not considered in the book. Many other taboos are.

As **Peter Fonargy** observes in his introduction, the book is a 'page turner', a 'refreshing' and stimulating opportunity to consider topics that are rarely addressed in the literature, though more likely discussed in hushed tones among trainees or behind closed doors. 'Each author reveals something that is known, yet not known, about the work that psychoanalysts do' (p. xv).

**Fonargy** argues that although the proponents of psychoanalysis have long been pioneers in their attempts to overcome the serious effects of certain social and

psychological taboos, paradoxically the discipline itself has been subject to severe prohibitions in the discussion and practice of certain theories and techniques. ‘Our profession is haunted by more taboos than most others’, **Fonargy** writes (p. XVI). It is imperative therefore that we address these taboos, which most often appear in the form of superego injunctions.

Paul Dewald in 1996, observing the frequency of breaches of sexual taboos within the St Louis psychoanalytical community, argued that ‘analysts are inherently neither more nor less ethical than other professionals’, despite the assumption for many years that psychoanalysts adhered universally to a higher standard of behaviour than others (p. 56). As **Ronald Ruskin** writes, the ‘general consensus [is]... there is a code of secrecy in psychotherapeutic work and a culture of secrecy in psychoanalytic societies’ (p. 53), which may well have contributed to this notion of analysts as morally superior.

**James Grotstein** begins his chapter with an exploration of the meaning of the word, taboo, the notion of which emerged in primitive societies to regulate living arrangements prior to the advent of formalised religions. He explores the way such notions have crept into psychoanalytic training institutes and left their indelible mark on the profession. Furthermore **Grotstein** argues that ‘much of the thinking that has gone into the setting up of the rules for psychoanalytic treatment derive from the incest taboo’ (p. 10). Secondary taboos include ‘contact with tribal leaders, slain enemies, and dead relatives’ (p. 15). Psychoanalysts also have taboos against ‘challenging institute authority, and about using putative “heretical” ideas’ (p. 15).

This book is filled with paradox—awareness of taboos and the need to be wary of unethical breaches of them, along with a plea to consider taboos openly, despite their tendency to disturb us. To speak the unspeakable, to consider the unthinkable not only helps to free our patients but also frees us from unnecessary and dangerous strictures. As **Grotstein** argues ‘reasonable restrictions do not promote temptation. Taboo does. The former is an ego quality. The latter is an archaic, superego quality’ (p. 13).

**Janet McCulloch** in her turn grapples with the issue of tenderness in psychoanalysis as it first emerged in the dispute between Sandor Ferenczi and Freud. She refers to Freud and Ferenczi as ‘respectively the father and mother of psychoanalysis’ (p. 66). The basic principle of Freud’s technique ‘is hard: abstinence and privation. The needs and longings of the patient are encouraged as a force that impels the work’ (p. 66). Ferenczi, on the other hand, considered that tenderness was primary, and ‘based not on sexual desire, but on the pre-oedipal, emotional fondling relationship between a mother and child’ (p. 67). In this sense Freud’s theories evolved from outer layers of experience and over time with the assistance of many years of

theoretical input from others we have been able to dig deeper to the core of infantile experience. The legacy of Freud's early thinking and impositions on practice remain, however, like a shadow inhibiting our capacity as psychoanalytic therapists to move beyond a prohibitive model.

The book does not advocate an 'anything goes' position. As Ferenczi observed in 1955 'if passionate love of a different kind is forced upon the child [patient], it may lead to pathological consequences described as a confusion of tongues, with guilt, sadomasochism, and a precocious maturity' (p. 67).

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**Jeffrey Rubin** writes about the extent to which 'both psychoanalysis and the spiritual quest have been impoverished by the lack of contact between them' (p. 96).

**Muriel Dimen** on another tangent writes about the 'contradiction between love and money in analysis', in so far as the request for money as part of the psychoanalytic encounter necessarily 'evokes the hating components' (p. 124). She observes that there are far worse reasons for doing this work than simply that of a desire for money, namely the desire: 'to cement an identity within a cultural and economic elite, to further our philosophies, reassure ourselves of our intellectual, moral or interpersonal superiority, or ... because we are just nosy' (p. 134). Such matters, although rarely discussed openly, beg consideration. As **Dimen** observes further, 'our fees enrich and humble us. The payment of them both empowers and impoverishes our patients. The transaction insults both parties, yet clarifies and relieves both from obligations and wishfulness' (p. 136).

**Adam Phillips** observes in his paper on 'the analyst and the bribe' that 'one of the aims of psychoanalysis might be to make wishing pleasurable again, rather than merely persecutory or suggestive of disappointment ... you can buy the analyst's presence but not her responsive receptivity' (p. 173).

On another theme, **Harriet Kaley** explores the nature of confidentiality within the public realm and raises the question of whether there is 'an unbridgeable gap between confidentiality requirements of clinical work and our efforts to improve that work through continuous theoretical and technical examination' (p. 184). She queries the timelessness of confidentiality and ponders the 'psychoanalytical form of political correctness ... afoot' that refuses to allow groups to acknowledge that taboos 'warrant examination rather than unquestioned acceptance' (p. 186). She observes further that countertransference once considered taboo and an obstacle to treatment is now considered a valuable tool. **Kaley** notes that different taboos tend to be connected to different schools of psychoanalytic thought and that what is considered politically correct changes with time. 'It is not the content of the belief that is important,' she argues. 'It is the freedom to examine it' (p. 187).

Beyond his introductory remarks, **Fonargy** also writes a chapter on the issue of whether and when psychoanalysts should retire, observing that ‘more than other professions, psychoanalysts are over dependent on their role as therapists and teachers’ (p. 220). This factor makes it more difficult for analytic therapists to consider the impact of aging on their ability to perform. **Fonargy** provides the fictional case of an aging, exhausted analyst at work with a young and lively analysand. Both try hard to ignore the fact that this analyst falls asleep during a session. It is an insult to both; the analyst that he is no longer able to attend as he once could, and the analysand distressed that his presentation is not so interesting as to guarantee his analyst’s wakefulness (pp. 209–11).

**Michael Hansen** observes the need that all therapists experience in one way or another, the need to be appreciated, and how this impacts on what Paul Roazen elsewhere describes as ‘the huge gap between what analysts espouse in theory, and write for publication, and how they actually practise’ (p. 233). **Hansen** here refers for instance to Freud’s treatment of his own daughter. The ‘analytic community has traditionally followed unwritten rules regarding those analysts who might violate policies and practices deemed sacrosanct ... with the rule of *todschweigen*, death by silence’ (p. 234).

**Hansen** argues that contemporary analysts might operate like a ‘shamed child’, the child who has in the past idealised his parents until he discovers in time that they have not lived up to his expectations. As a consequence there is pressure on psychoanalysts who struggle with their own fear of not living up to expectations. We therefore become ‘afraid to talk to one another’ (p. 235).

**Hansen** considers changes in our contemporary understanding of the transference. In Freud’s original conception, although he agreed that the transference was a difficult phenomenon with which to work, there was still ‘solace in analytic anonymity ... and the relative safety of the “not me” experience’ (p. 237). The emphasis then was primarily on ‘the patient’s mental contents,’ while transference was considered as ‘pure projection arising as a whole out of the patient’s unconscious with nary a thread borrowed from the analyst as a person’ (p. 237).

We now recognise that there is no such thing as absolute anonymity and that ‘our patients know us’ despite all our efforts at neutrality and abstinence. Hence we need to recognise and consider the impact of the analyst’s ‘conscious and unconscious participation in the treatment ... [as] an indelible part of the analytic interchange’ (p. 237). We cannot resist ‘emotional engagement’ with our patients if we are to be effective in our work. In this sense the analysts’ ‘reflections and mental preoccupations’ inform the work through ‘the continuous tacking between experience and reflection-interpretation-negotiation of meanings’ (p. 238).

In one of the final chapters **Daniel Gensler** tackles the topic of non-counter trans-ferential self-disclosure in psychoanalysis, which he considers to be ‘one of the strongest taboos in psychoanalytic practice’, in part because of the polarisation of perspectives adopted between Freud and Ferenczi on the subject. He observes that for every self-disclosure there is also self-concealing and that within the actual therapy work the success of self-disclosure emerges out of trust between analyst and patient. This kind of trust **Gensler** observes is not usually ‘established between an analyst and a professional audience, whether in a conference presentation or in a published article.’ In such instances ‘the analyst presenting work on self disclosure can become concerned that the self-disclosure will be taken as an expression of bids for attention, display, or punishment, either from the patient or the professional audience’ (p. 256).

**James Fosshage** considers the issue of touch in psychoanalytic practice, despite Glen Gabbard’s view that any physical touch signals the so-called ‘slippery slope’ towards sexual engagement. **Fosshage** argues that this is based on the view that touch is generally seen as either aggressive or sexual. A therapist’s refusal to shake or hold hands can affect the patient’s transference experience. ‘The stringent avoidance of touch ... is not neutral and cannot create a blank screen’, **Fosshage** argues (p. 331). To avoid touch in some instances can deny the basic infantile needs of certain patients.

In his concluding remarks **Grotstein** urges the establishment of what he calls ‘guiding principles rather than taboos’ (p. 354). He suggests that in these days patients have come to expect a less authoritarian approach from therapists. A number of behaviours that were once considered taboo, including self-disclosure, religious and spiritual beliefs, non-sexual touch and even now a recognition of what **Grotstein** describes as ‘uncanny experiences’ are no longer considered taboo. These changes have come about through discussion and experimentation. If the taboo topic cannot be explored, it becomes unspeakable, and there is a danger that it will go underground and be at greater risk of unconscious enactment.

Overall this is a book to be read thoughtfully, with plenty of time and space given to stop, pause and reflect on these new ideas about old unspoken territory. As **Fonargy** argues at the book’s beginning, ‘Addressing taboos is about making the mind of the analyst real ... [while] changes require taking the human mind to places where it least wishes to be’ (p. xvi). This is a timely collection.

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Heaven forbid this person sees that the city council has planted some less FaBuLoUs flowers near its entrance, or that a mom of newborn twins isn't rocking an updo and Louboutins when she's out with her babies. Related Questions. More Answers Below. Something that's taboo but shouldn't be is a full, frank, and explicit sex education program in public schools starting at grade 5 with age appropriate materials. In 7th to 12th grades, the discussion should be well grounded in the issues of STIs, contraception, abortion, and responsible adult-like decision making. Have you ever thought what if your partner turned out to be Homosexual on your wedding night? What would be the future of your relationship? Hypothesis It obstruct the symbolization of the taboo and support the emergence of the risk of depression, sometimes leading to suicidal behaviours. Goal To elaborate in the clinical care of patients in detention methods allowing to prevent suicidal risks. Method clinical observation and psychoanalytical clinical talks Population population in prison and their immediate entourage Results In progress. Forbidden Thoughts, Forbidden Acts in Psychoanalysis and Psychotherapy : Forbidden Thoughts, Forbidden Acts in Psychoanalysis and Psychotherapy. 'Psychoanalysis has, from its inception, been a discipline concerned with overcoming the ill effects of certain social taboos. Given this focus, it might be assumed that psychoanalysis and its practitioners are free of the constraints imposed by restrictive taboos. This book challenges this idea Full description. 'Psychoanalysis has, from its inception, been a discipline concerned with overcoming the ill effects of certain social taboos. Given this focus, it might be assumed. Forbidden Thoughts, Forbidden Acts in Psychoanalysis and Psychotherapy Forbidden Thoughts, Forbidden Acts in Psychoanalysis and Psychotherapy. By. Lori C. Bohm. Adult content Suspicious activity or malware Spam or abuse Other Share your thoughts with us: Send your report. G. T. F. Trust N/A. Privacy N/A. Child safety 10. family-taboo.org. Site Rating. Trust. N/A. Privacy. N/A. Child safety.