

What Therapists Don't Talk About and Why Understanding Taboos That Hurt Us and Our Clients.

K. Pope, J. Sonne, B. Greene, Washington, DC: American Psychological Association (www.apa.org/books/). 2006, 256 pp., \$49.95 (hard cover).

The briefness of this book, in its second edition, belies its importance. The authors changed the title of the first edition from *Sexual Feelings in Psychotherapy: Explorations for Therapists and Therapists-in-Training* to its current one. This change reflects the book's expanded scope to include a wide variety of other taboo topics beyond issues of sexual feelings that was the focus of the initial edition. As Dr. Gerald P. Koocher notes in the Forward of this edition, therapists can only help their patients cope with sensitive and embarrassing issues if they have addressed their own issues related to taboo topics. Unfortunately, in today's zeitgeist, therapists are reluctant to discuss taboo topics or to acknowledge these issues because they fear being stigmatized even though, as the authors note, there is a clear distinction between acknowledging unacceptable feelings and thoughts and putting these thoughts into action. Pope, Sonne, and Greene's book addresses these taboo issues by providing therapists with a series of systematic Socratic like questions that progressively demonstrate how to explore sexual fantasies and other unacceptable topics that lie submerged beneath the surface of awareness.

Therapists also avoid taboo topics in supervision. In this respect, they seem to be functioning in the more innocent times of the recent past (the 1950s and early 60s) when polite society did not discuss sexual issues in mixed company. Likewise, therapists politely avoid talking about their own or their students' sexual fantasies. Nonetheless, as the authors note, they do so at their clients or patients' peril. Taboo sexual fantasies, feelings and ideas become inextricably manifested in the therapists and their students' counter-transferences. To be sure, supervisors frequently discuss and explore their supervisees' counter transferences, but they tend to focus on relatively safe topics to discuss, such as sadness, shock, anger, revulsion and so on. Feelings that are more dangerous such as the sexual feelings that their supervisees feel toward their clients (or their own personal sexual fantasies they experienced while conducting therapy) are hardly ever discussed.

Again, as Koocher notes, the authors investigate taboo topics in an atmosphere that provides "respectful balance of exploration, respect, support and introspection" (p. xxiii). They organized their relatively short book into seven chapters and an Appendix. In these chapters, they examine such uncomfortable or "embarrassing to talk about" topics as "Therapists' Sexual Arousal, Attractions, and Fantasies: An Example of a Topic That Isn't There" or "Cognitive-Behavioral Approach to 'Ugly' and "Beatings, Grief, Love and Sex: A Passage from Fritz Perls," or "Questions We'd Rather Avoid: A Self-Assessment." In addition, the Appendix presents the findings of a national survey underscoring the reality that most therapists express they have experienced sexual fantasies and other thoughts and feelings they do not openly acknowledge.

Moreover, the authors challenge well-established myths and false beliefs long held by psychologists and psychotherapists. These false beliefs go beyond sexuality to private practice or business concerns or to ethical issues. One such business myth is that "Therapists learn therapy and practice in organizations free of competition's influence" (p. 5). Another perhaps more perilous ethical myth is "Learning ethical standards, principles, and guidelines, along with examples of how they have been applied, translates into ethical practice" (p. 16). To explore these and other myths, the authors contend that there is a need for open and frank discussion, and

caution that examining these errors in thinking is not always simple and easy to do reflecting the complexity and messiness of real life.

The authors illustrate these “tricky” situations by relating vignettes of past therapy sessions many of which involve famous therapists who sometimes had engaged in questionable practices. The authors proffer these vignettes not to titillate us or fuel gossip, but to provide scenarios that are “helpful in identifying myths and taboos and avoiding rationalizations, fallacies, and evasions” (p. 5). Therapists can correct their errors in thinking by persistently examining their own false beliefs as well as those of their students. These scenarios cover a wide variety of taboo topics, such as examining a therapist’s sexual fantasies and subsequent arousal (that may involve masturbation or thoughts of being with the client when engaged in sexual activity with someone else) to how the therapist copes with a patient’s suicide and failed therapy.

How does one learn to control these hidden and unacceptable thoughts and feelings? The answer is to engage in rigorous self-examination. The authors suggest that this examination can occur individually or within a group setting. The goal is for the therapist to accept these thoughts, feelings and attitudes and not to engage in denial, conscious or unconscious. The self-assessment involves responding to a rigorous series of increasingly difficult questions that the therapist responds to either orally or in writing in a frank and honest way. For example, the authors ask such piercing questions as, “Have you ever made a mistake with a client because you were upset with the client?” (p.56). Or digging a bit deeper they ask, “Do you talk about sexual issues with your male clients, your female clients, or both equally?” (p.61). Some of the questions are just sheepishly embarrassing to talk about, while other questions probe shameful thoughts and feelings that take us to our very psychic core that we are loath to reveal even to ourselves.

In this spirit, I took up the authors test to engage in rigorous self-examination. I persistently worked my way through several of the scenarios and responded to the series of questions that the authors provide after each scenario. I must admit that I found responding to these questions at times to be tedious, boring and burdensome (perhaps, my own resistance). Yet, I also discovered that this process offered remarkable rewards. My therapy sessions became more energized. I was much more open and frank in exploring my clients’ taboo topics and my feelings regarding these topics. I was delighted to discover this new approach prove to be clinically beneficial.

I recommend this short but powerful book to all therapists at all levels of experience, from the novice to the seasoned practitioner. It proffers a path worth traveling and assists clinicians to attain their most important therapeutic maxim: Do no harm.

*Robert J. Maiden.
Alfred University,
Alfred New York 14802*