a strange, inexplicable omission and it has left me wondering what is not being said, largely the only time I have felt that in relation to the book.

The only annoyance or criticism I can really offer is around privilege; that the Yaloms point towards their privilege that they have financial means, success and a successful family. On the one hand, this chimes with the fact that it is all insubstantial in the end as Marilyn dies, and Irvin is left to grieve and contemplate life on his own. On the other, and this is diametrically opposed to Irvin's descriptions of clients, is a prominence of the achievements of friends. My mind was drawn to Professor Slugworth in *Harry Potter* and his desire to collect famous people, yet in the Yaloms' case the two most famous people are the authors themselves. I wonder what it is about me that sees this as an annoyance; that there is something in American culture that accentuates the professional achievements perhaps, or that the sheer volume of friends, let alone friends of substantial professional repute, is something I could only dream of. Perhaps I am denying that dream to such an extent that it has displaced feeling escaping towards a grieving widower. This is a minor critique. Most of the work is heavyweight, sensitive, honest and revealing.

I reviewed Irvin's autobiography previously and would make some similar general comments again; that this is unlikely to change one's life as a practitioner and will appeal to some readers of this journal more than others. That said, this book will likely appeal to a wider readership as it is raw and offers an experience which we all know of in various forms, but not necessarily through direct experience, and certainly not in the same way. I do not know anyone who has had a relationship as long as the Yaloms. My own independence prior to marriage means I have experience of being independent that Irvin simply cannot grasp until Marilyn is dead. This is not a taxing read from a literary perspective but it brings up a depth of emotion, almost certainly, and I would recommend it purely from that perspective, and irrespective of one's disposition towards Irvin before this.

Ben Scanlan

The Touch Taboo in Psychotherapy and Everyday Life

Tamar Swade. 2020. London: Routledge.

This is a book bristling with research examples of how touch can be healing. Swade's first example is of lab rats whose survival rates increased when they were stroked and petted by humans, an action described by Swade as being 'gentled' (p7). In using the word 'gentle' as a verb, the unusualness of which makes it an arresting, powerful word, it is as if Swade is asserting that the very act of touching is essentially about a gentleness – the adjective inseparable from the verb. It sets the tone for the book and reveals Swade's

omission of how touch can be non-gentle in its effects. The heterogeneity of touch experiences within the therapeutic relationship is not reflected in Swade's book.

In the therapy room, integrating the body with the mind and spirit has proved difficult and controversial across the different orientations of psychotherapy. Orbach (2003: 30) accused her own school, psychoanalysis, of suffering from 'hyper-psychism', where, for example, a client's eczema is interpreted metaphorically and in so doing loses both the sense of actual physical suffering as well as a whole dimension of the client's world. "There is no such thing as a body, only a body in relation to others," Orbach (ibid: 28) states, describing the existentialist stance elaborated by Sartre and Merleau-Ponty on the relational body. This relational body can be both re-parented and re-traumatised through touch.

The main frustration I had with Swade's book was the lack of space given to those for whom touch is re-traumatising. Touch can be re-traumatising because it brings up experiences of the body being controlled by the other. Outside the therapy room, bodies are subject to authoritarian control, a function of the body always being in relation to other bodies. The diseased body is controlled by state-controlled medicine; the pregnant and breast-feeding body is controlled by social sanctions, (and by the tyrannical demands of a crying infant); the sexually desiring body is controlled by organised religion; the able body controlled by the labour market.

Beyond such institutional theft of body ownership are myriad experiences of how we lose a subjective sense of ownership of our own bodies through natural disaster (Upton, 2020), interpersonal assault and abuse (Herman, 2015 [1992]) or developmental deficit in nurture (Clarkson, 2013 [1995]). Sufferers of these experiences are likely to be people who seek psychotherapy. Can touch help reclaim the body for use in the therapeutic space where themes such as control and care of the body can be explored? This is the area I would have liked to see some exploration of in such a book.

Along with control, the other aspect of touch that is problematic is its erotic dimension. Swade assumes that the erotic can be cleanly split off from the non-erotic as an encapsulated experience. In the chapter on the counterarguments to touch, Swade is adamant that patients can distinguish between sexual and non-sexual touch, omitting the central point that in flashbacks or states of emotional overwhelm this discrimination between present reality and past trauma is often not possible.

The first reference to the problem of touch in psychotherapy appears not as the other side of the argument that Swade makes for using touch, but rather as an unintegrated shocking headline, the line "some clients find being touched during past memory recall extremely jarring – intrusive and distracting" (p139) in capital, bold type. The important meaning of these

words is thereby pulled out of shape into a newspaper headline format that undermines the seriousness of their meaning.

Swade assumes that the very fact of a therapist having non-erotic intentions will neatly avoid the patient feeling any sexual arousal from the touch. Confusingly for victims of sexual abuse, the body does respond to unwanted stimuli, as seen in the physical arousal in the absence of psychological desire for sexual touch, and it is this very disconnection between mind and body that is a major part of the suffering in sexual abuse. Furthermore, in studying the emotions and cognition of traumatised patients, Van der Kolk (2015) concluded that where patients become flooded with sensory overload (as can happen in touch), their ability to think is impeded and disintegration, rather than integration, is a likely outcome. It is also true that abuse victims might prefer to attribute any pleasure gained from the abuse to neurological events, to distance themselves from the difficulty and complexity of the meaning behind the interaction, or of owning any pleasure in getting attention from a parent.

A therapist offering a platonic hug cannot be disentangled from the client's subjective experience in which old meanings of parents offering hugs may be mixed up with current awareness of a well-intentioned boundaried therapist offering a reparative hug. A typical co-morbidity in a survivor of sexual abuse is the lack of capacity to refuse unwanted touch (Clarkson, 2013 [1995]). Moreover, outside of these states the general and often pervasive force of projection means that a kind and supportive therapist is experienced as abusive by a patient with a history of abuse because that patient has a developmental need to face their bad objects, and as such a need to see their therapist as the bad parent, to process the harm done.

On using touch as a reparative technique, Swade cites the psychologist Batmangelidh, director of Kids Company which sought to treat traumatised inner-city children by re-parenting them. Batmangelidh is aware of the problem of exploitation of these children within the therapeutic relationship and explains that they manage this by ensuring that touch is "not about meeting the worker's needs but[…]about responding to the child's needs" (p36). This raises a big problem for me which is that such a sentence seems to sweep away any further need for examination of what goes on in the touch scenario with the worker and the child, so long as it is about the child's needs. It is too simple to describe a child's needs and the adult worker's needs as separable, always apart and distinctive. Just as the ongoing work of psychotherapy is working out what belongs to who, you can never really know if you are reaching out to hug someone for their sake or for yours. Swade unwittingly gives an example of the muddiness of this distinction in describing her sessions with a patient with whom she used touch on the pelvis and breast to address her experience of sexual abuse:

"At the end of a gruelling session, hugs with Donna were of varying lengths depending on *her need at that moment*" (p196; my italics). In the context of the therapist finding these sessions gruelling it is equally possible to read this as the therapist's needs being met in the end of session hug. We have no way of knowing how the client found them.

To deny our own wants and needs from the therapeutic relationship is to make us more likely to act them out unknowingly (Clarkson, 2013 [1995}). As a nurse, I gain significant satisfaction in being able to tend to my patients' self-harm wounds through cleaning and dressing the wounds. This makes it easier for me to withstand the need to rescue them psychologically when talking with them about the self-harm. So, what is the taboo around touch? This book does not answer the question implied in its title. In her chapter on the origins of the touch taboo Swade presents descriptions rather than critical analysis. She resurrects and builds on the straw man of the blank psychoanalytic screen, attributing the touch taboo to the influence of the cold and detached psychoanalytic stance. The lack of evidence in Swade's book for such a stance in actual psychoanalysts is revealing of the fact that the blank screen is an artefact of theory only and, moreover, theory that has long since evolved to a relational psychoanalysis. The taboo remains, however, and remains unexplored by Swade.

Swade's writing style skips along easily, too easily for such a weighty subject. These lines, for me, capture the readability of her book and the lack of serious grappling with the problem:

> *It is as daft and deleterious to ban both negative and positive touch in schools as it is to ban good books and excellent teaching because their bad versions exist.*
>
> (p42)

Scattered liberally throughout her book are turns of phrase, such as "Babies know they are loved primarily through their skins" (p51) which are beautiful in tone but crying out for critical exploration. This is a book that works either as an idiosyncratic encyclopaedia of touch research or as a loose container of a handful of beautiful poetic lines, which, rescued from their context, might just capture the mysterious power of touch without flattening out all the real, difficult problems around its use in psychotherapy.

Sarah Miell

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