Book reviews

Boys’ talk: bridging an inter-generational divide

Jon Blend


“We all need somebody to lean on.’ (Bill Withers)

This important book offers a useful guide for counsellors and youth workers undertaking the vital task of mentoring young boys. It offers a ‘boy positive’ approach that helps develop relational skills by building on the strengths boys bring to relating. Without such skills boys are at risk of growing into an imprisoning form of manhood characterised by loneliness, compulsive competition, and lifelong timidity (Biddulph, 1999).

The book’s basic premise is that growing boys ‘lose touch’. Whilst most boys in infancy engage well with the world, flowing contactfully with their experiencing and with their environment, as they grow older their capacity to make zestful contact starts to wane. Many lose touch with their ability to express themselves emotionally, and experience difficulties with participating authentically in relationships at home and school. Though the authors are writing about US experience, a similar scenario can be observed in many Western countries; at the CAMHS clinic where I work two-thirds to three-quarters of the youngsters referred with behavioural problems and communication difficulties are boys.

Mortola et al. argue that in order to help boys make better contact, others need to make better contact with them. Certain dysfunctional, outmoded notions of traditional masculinity need to be unpicked as these limit boys’ ability to connect emotionally at a deep level. Many of us are familiar with sayings such as: ‘big boys don’t cry’ that exhort boys to be cool, stoical and invulnerable, exemplified by laconic male movie icons (John Wayne, Clint Eastwood). Yet boys’ demonstrations of anger and apathy, the authors remind us, may be creative adjustments to overwhelming emotion.

When we view boys’ indifference as evidence they are tough, strong, unemotional, and don’t need contact with others, we fail them and contribute to their disconnection, their loss of contact. (Mortola et al., 2008, p. 7).

The book is essentially practically oriented; it is influenced by humanistic and cognitive approaches and draws lightly on theory. It is not an overtly Gestalt book in the conventional sense though one of the three authors, Peter Mortola, is well-known for his long collaboration with Violet Oaklander whose pioneering work with children he has written about elsewhere (Mortola, 2006). What makes this book unusual as a guide to group working is its successful marriage of different traditions: storytelling, initiation, dialogue and play. Throughout ten weeks, a storytelling approach to life problems is employed by the facilitators which acts as an emotional hors d’œuvre, encouraging boys to begin reflecting on their own experiences. Various physical activities are added to the mix, introducing different challenges. What makes the approach dialogic despite the tight structure is the facilitators’ use of self. This reminded me of some of the initiation work carried out with young men when the Men’s Movement was active (Meade, 2001). To connect with boys, the leaders must first ‘walk the talk’. Because boys may not approach emotional content as directly as girls, an indirect approach is utilised:

We tell them our own stories before asking them to tell us theirs. We also work side by side with them in activities as much as we ask them to work with us or each other in a face-to-face manner. In general, we keep our communications with them playful, subtle, and casual. (Mortola et al., 2008, p. 21)

In the UK, a practice exists of using ‘social stories’ to help enhance moral development within children’s counselling and special needs education. I prefer the authors’ stance here, which accords with a Gestalt notion of judiciously using self-disclosure (Zahm, 1993; Gardner, 1973) to model the acceptability and appropriateness of owning personal vulnerability.

The book comprises four sections: Orientation, Example, Instructions, and Appendix. Orientation describes the challenges that boys face interpersonally and academically and traces some of the biological and cultural factors that affect how boys develop (see below). Facilitators are directed to challenge stereotyping social messages, encourage frankness and
self-regulation. Goals for the boys attending include broadening their appreciations of what maleness entails, expanding their emotional and behavioural repertoires and developing transferable life skills.

The Example section outlines the work carried out with a group of eleven pre-teenage boys, conducted over a ten-week period. Building on successive activities and tasks, the group gains and develops its own identity. Trust and intimacy are established through opportunities for sharing, giving and receiving support and challenge. In week six, the topic of pressurising social expectation is examined along with the destructive consequences of teasing and shaming. The course culminates in a challenging outdoor adventure at the end of which there is a ceremony conducted by males from the community who are significant in the boys’ lives. I found the thoughtful, gentle feedback given by the men in appreciation of the boys moving.

The Instructions section offers helpful advice on setting up and facilitating a BAM-type group. Balancing structure with spontaneity, maintaining safety whilst having fun, is discussed alongside managing difficult behaviour and gender-based issues pertinent to male and female facilitators. The authors pass on wisdom gleaned from previous ventures, suggesting additional points to bear in mind with each activity and ideas for debriefing. All may prove particularly helpful to the novice group worker. No mention is made about supervision, though perhaps this lies beyond the scope of this book. On a minor technical point I would have preferred to see the Instructions guide incorporated with each session’s text, saving some repetition of material later on.

The Appendix offers easy to follow methods for evaluating the group (important in these days of ‘evidence based practice’), a sample consent form, and some additional discussion topics. Three concluding pages of references include Oaklander, Perls et al., and Wheeler.

This book is timely. So many of the troubled boys I see present with apparent indifference. Why is this? According to the authors, two powerful negative influences are at play: firstly, boys are ‘put in a box’ that restricts their ability to respond emotionally and behaviourally. Secondly, boys’ particular ways of processing emotional material is ‘misread’ and we as adults tend to withdraw from and break contact with them. What boys actually need from adults is supportive, nurturing engagement within clear limits that helps them build on their preferred contact styles. To my way of thinking, the lack of a relational, dialogic stance often underpins the failure of overly cognitive ‘anger management’ approaches.

Boys’ contact styles are underscored by biology. The authors cite studies (Baron-Cohen et al., 2003) showing that infant boys prefer ‘effect’ to ‘affect’, for example, gazing at an overhanging mobile rather than at a human face. Throughout childhood and adolescence, girls tend to demonstrate greater facility at comprehending facial expressions and responding empathically – important components of good contacting. Boys typically like to move around more than girls and show a strong preference for ‘rough and tumble’ style play. A boy’s contact style may not resemble contact at all: fidgeting, looking away, and making few empathetic comments. However, despite some biological and social differences boys and girls share the same need for and innate capacity to develop attachments (Siegal 1999, my italics). They also share a similar capacity for relating, expressing emotion, and self-regulation (Kisela, Kiely and O’Brien, 2001). The challenge for boys is to work more cooperatively, to get their needs met in less aggressive ways:

They need practice in attending to and verbalising their own needs, as well as attending to the expressed emotions of others. (Mortola et al., 2008, p. 14)

The authors suggest that boys’ natural interests in ‘motion’ as opposed to ‘emotion’ can be harnessed in socially constructive ways; boys preoccupied with cars and lorries may learn to value relationships when encouraged to consider how transportation helps sustain communities. I enjoyed reading the verbatim extracts, particularly the longer, lively exchanges between Mortola and the boys in week nine’s closing exercise.

Knowing that the group took place within a school context left me curious as to how the group had fared in the wider field; feedback from teaching staff would have been an interesting addition, perhaps with reflections on the nature of attachment within school settings (Geddes, 2006; Harris, 2007). I wondered, too, what the group participants made of the entire experience, looking back on the event. In conclusion, this inspiring book provides much food for thought. It offers assistance to professionals from a broad range of disciplines and backgrounds desirous of meeting the challenges of working with boys in considered, mindful, and heartfelt ways.

References


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Being a body

Katy Wakelin


Darian Leader may be known to some readers as a psychoanalyst and the author of intriguingly entitled books (such as Why do women write more letters than they post?), while his co-author, David Corfield, is interested in the history and philosophy of science. The main thesis of their book is neatly encapsulated by the title page: the title has ‘we’ scribbled out, replaced with the more arms-length ‘people’. The authors argue that it is precisely this arms-length approach – seen for instance in people who cannot accept that there is a psychological component to their illness, this distancing ourselves from our bodies and our experience – that is part of the problem. They argue that all illness is partly psychosomatic, even such serious diseases as cancer (for which they include a separate chapter); while they accept the importance of a genetic component, they suggest that the timing and location of the illness can be influenced by emotional factors.

The book is packed with interesting case studies and thoughtful discussions of the various methods used. The wealth of detail and the subtlety of some of the arguments make it difficult to pick out single examples: there are a lot of folded-over corners in my copy. One particularly fascinating chapter looks at the importance of words and beliefs in illness; it shows the role of culture in determining how we experience our bodies. The words and underlying model of illness (in our case the medical model) influence the nature of the pain we experience. For instance, a blowing sensation in the ears, while not common in the West is a frequent symptom in other parts of the world (p. 103). In the past, women complained of symptoms in keeping with ‘hysteria’, an illness we no longer recognise. Each one of us is likely to have experienced this process. I know for myself that when the diagnosis for the recent pain in my face was changed from a sinus infection to neuralgia (a form of nerve pain) I started to visualise and so experience the pain differently. In the book this leads on to a discussion of the placebo effect, and how this varies by individual and culture but relies on the human ability to alter reality in order ‘to ward off any engagement with the realities of unconscious desires and feelings of hostility’ (p. 108).

In the same chapter, the authors discuss the efficacy of hypnosis and review the now-ageing literature on it. In small-scale studies it has been found to be effective in treating warts; however, perhaps because the mechanism through which it works – suggestion – is not well understood, this success has not led to the treatment being available through health services. The authors argue that suggestion forms part of ‘some of the very processes that conventional medicine relies upon’ (p. 100), a belief that makes the medical profession very uneasy as they are deeply invested in thinking of the body in purely physical terms.

For anyone interested in the science, this book outlines a path from emotions to heart disease via the autonomic nervous system (Chapter 8). In the chapter on heart disease they go on to conclude that being lonely, not having a network of social relations, is a greater risk factor than smoking or obesity: it makes a person two-and-a-half times more likely to die of heart disease than a comparable person with a network of friends (p. 155). I cannot resist mentioning the Roseto study that the authors discuss. A town in Pennsylvania established by Italian immigrants from a town of the same name in the south of Italy was found to have a death rate from heart disease half that of neighbouring towns. On investigation, this difference could not be attributed to differences in diet, smoking (they were keen smokers) or low cholesterol:

But what struck the researchers was the cohesiveness of Roseto as a community, and the high levels of mutual support. The study showed how children of immigrants who stayed . . . shared the same good health as their
parents, but those that left would tend to become as ill as others in the towns to which they migrated. (p. 156, original italics)

Similar results have been found in Japan and for Japanese people living in tight-knit Japanese communities in the US, regardless of their diet.

This book is also an impassioned plea for research to return to the individual and away from the madness of statistical overviews. The authors argue that factors that cannot be measured (and are likely to be idiosyncratic) will have a significant role in the development of illness. Only by looking carefully at individual case studies can such subtleties be teased out. One example is the onset of illness at retirement. While this event can be measured and we can find a correlation between the onset of illness and retirement, what is important is not the event of retirement but the meaning the individual attaches to it, and has attached to their working life. One person’s enjoyment of their hobbies is another person’s loss of self-image and reason for living. All that questionnaires that are designed to try and illuminate some of these issues can show ‘is a specific style of responding’ (p. 43). For instance, surveys imply Americans are happier than the British, ‘but all this shows is that there may be a greater cultural requirement in the US to put a positive gloss on life, especially to strangers’ (p. 44).

I was surprised, given the author’s psychoanalytical background (and of course I am exposing my own prejudices here), how much of the book felt consistent with a Gestalt approach to embodiment. The book is relational throughout, and has a specific chapter looking at how bodies communicate (Chapter 9: Two bodies or one?), including the interaction between mother and baby. The authors continually reject the medical approach that isolates the individual, making the illness the person’s problem, and consider how the relationships around the individual influence that person’s experience of their body. One study cited in this chapter looked at twenty children hospitalised as a result of an allergy to household dust. The researchers took house dust from the children’s homes and spread it around the hospital. Only one of the children reacted with asthma: ‘it was never just the dust, but the dust plus other factors – and in some cases not even the dust. The relation with the parent, particularly the mother, seemed the key variable’ (pp. 178–9). Likewise, when a child experiences a loss or separation, how the parent reacts to this loss and the subsequent reaction of the child to the parent’s emotional state are of key importance. The most obvious manifestation of this interaction for me is ‘kissing it better’, the power of which still amazes me. My two sons’ experience of pain (and probably fear and shock) can be changed by a cuddle, kiss, and acknowledgement of shock and pain. It is a daily miracle and shows clearly how the experience of pain is dependent on the relational context.

While the importance of relationships and the refusal to separate the mind and the body will be familiar ground for Gestalt therapists, the psychological model underpinning the book is psychoanalytic, with a strong emphasis on the unconscious and processes such as identifications, whereby an individual’s emotional bond with someone else can lead them via unconscious dynamics to manifest the same illness. The authors suggest that this process of identification may be an important one in transmitting illness within families (p. 191). In some places I was struck by the importance of symbolism in psychoanalysis. To give an example, the authors mention that the author Rebecca West used to feel sad whenever she saw a profile of mountains in the distance. Through psychoanalysis she associated this with ‘the graphs showing the rise and fall of copper share prices that her father would anxiously scrutinize every morning at breakfast when she was a child’ (p. 248). They also discuss conversion symptoms that express our forbidden wishes and punishments.

There is a separate chapter on the role of psychological processes in the start and development of cancer. The authors state that ‘in the history of medicine cancer has frequently been linked to mental states’ and they go over the literature considering the links between lack of emotional expression (in particular of hostile feelings), depression, and the development and survival rates from cancer. They suggest considering cancer as a wound that can’t heal, and that psychological factors will influence how quickly, if at all, the body can heal. They reject the return of simple personality-type models in this area, and call for a more nuanced approach to considering the role of feelings and unconscious associations in illness. The authors suggest that it may be an inability to register an experience, to have the appropriate words and ideas to express it even to oneself. For instance, in order to understand a painful separation, we need to understand ‘what separation consists of and the value to us of the person whom we have lost’ (p. 250). An inability to access and articulate feelings and fantasies is the subject of a chapter entitled ‘health risks of being normal’. In Gestalt language they link both a lack of sensation and awareness to the development of some diseases such as diabetes.

In the penultimate chapter, the authors examine how the emotional component of illness can be addressed. They do not want to reject or replace conventional medicine, as they consider psychological factors to be a component of an illness much of which is physical. Rather, they suggest that how this treatment is administered may be important, the patient’s relationship with the doctor, and in particular maintaining the consistency of this relationship. They also look at the
efficacy of groups in which patients can discuss and process their experiences with each other. Overall, they highlight the importance of *dialogue* in helping patients maintain their sense of humanity within the medical system, and they point out that it is through providing a dialogue that alternative therapies have been flourishing. As they suggest on the last page, ‘the intellectual split between mind and body is itself a defence mechanism’ (p. 324), so the patient’s defensive splitting may be replicated by the doctor and by the wider culture. This book is a passionate plea to return to a more individual, humane system in which the individual’s life story is taken into account and no one is seen as just another statistic. Their approach is so antithetical to the monolithic nature of the NHS I cannot imagine it being adopted, or if it were it would be some crass, ‘standardised’ version where every cancer patient is seen as angry, and everyone with diabetes hates their mother. Let’s hope I’m wrong.

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