Creative Approaches to the Therapy Process

Engaging Boys in Treatment

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When Kyle was first referred to me, his mother warned me that it would be a difficult road working with her 10-year-old son. She reported that he had made mincemeat out of the previous three therapists, had nearly sabotaged a psychological evaluation, and was not at all pleased to be coming to see someone new. However, since I had a good track record of working with boys similar to Kyle, I wasn’t deterred. In fact, when Kyle entered my office for the first time, it was with ease. I was quite pleased shortly after the session started to see him laughing, joking, tolerating my mentioning some of the difficulties he had been having at home, and eagerly taking out his cell phone to show me the photos he’d recently taken. All seemed positive as we began to establish an initial rapport.

However, a week later things shifted rapidly. As I attempted to move in the direction of even dipping our toes into discussing some of the reasons he had come into treatment—his tendency to have emotional outbursts in his therapeutic classroom, his rigid locking down whenever he didn’t want to transition from an activity he loved, his inability to communicate his feelings to others, his tension-filled relationship with his father, and his excessive generalized fears about the world—Kyle withdrew. His responses to my exploratory questions barely constituted whole phrases, and my attempts to connect with him through a
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A variety of tried-and-true, road-tested methods were met with minimal response. He did not like sports, had no interest in the superhero action figures in my office, could care less about drawing, had no desire to take a walk, thought board games were "stupid," did not want to show me his phone again, and could not formulate any suggestions of his own about how we might spend our time together.

I saw Kyle for a few months, determined to patiently await his evolution into being more open to me, and to therapy. At times I was able to maintain my steady resolve to meet him on his terms. In other moments, I impatiently wanted to provoke him into action. I invited his mother into a session to assist in the engagement process, I spoke with his teachers and father and sought their consultation, and I looked to colleagues for advice. Generally, though, I just sat spinning my wheels in mud.

At times, there were moments of hope—an occasional smile on Kyle's face in spite of himself, or a begrudging compliance to play or joke with me—but generally the sessions felt flat, uninteresting, and quite frustrating. I had successfully engaged so many other boys in my office, many more diagnostically challenging than Kyle. His parents were making progress in their sessions with me in better understanding their son and adapting new parenting strategies, so what was making working with him so difficult? I started to dread our individual sessions and would leave them with a strong somatic countertransferenceal response of my shins aching. As I reflected on this strange sensation, it occurred to me: I felt like this boy was kicking me in the shins every week! Internally, my want to hang in there and not be the fourth casualty in Kyle's therapy history wrestled with my desire to be practical and, in the name of progress and of releasing us all from this bind, refer him on to a colleague. It was around this time that Kyle started refusing to exit the car to come into the building where my office is located.

I made several attempts to invite him to join me, including talking with his disengaged visage through the closed window of the car (in the pouring rain!), sitting with his mother on the porch steps and conversing in the hopes that seeing us there might pique his curiosity, working with Mom on a behavioral plan of potential rewards for coming inside, and holding parenting sessions with her alone when he failed to join us. Kyle was making little progress at home and school. After a few weeks without his emerging from the car, it was time to admit defeat and refer him to a female colleague whom I hoped might have greater success than I had.

Readers may have felt a range of things while digesting the above anecdote from my practice, from bemused empathy and understanding, to a sense of camaraderie and recognition of their own past clinical "failures," to self-assurance as they generated clear ideas of where I went wrong or how they might have handled the case differently. Kyle's story provides an apt starting point for examining the treatment of boys because of this range of potential reactions. As Selekman (1997) noted,
it is rare to hear stories of botched treatment at workshops or to read about therapeutic failures. We speak of our grand interventions, we write of our magical moments. But the truth is that therapy, particularly with children and adolescents, is rarely a tidy affair; nor does it often develop in a steady, sequenced fashion like the paced unfolding of a well-constructed play.

Treatment is frequently messy, characterized, in the words of Chaplin Kindler (2010), by “the unpredictable, nonlinear, often trial-and-error process of therapeutic interactions” (p. 257). At times it is mundane, and occasionally it falls flat on its face. Failures, though, are the bedrock on which our creativity is birthed. These moments can teach us to stop thinking that we are privileged experts, to bring back curiosity to help keep our minds dynamic, to ... be more therapeutically flexible, to avoid falling into the trap of one-size-fits-all therapy complacency, and to expand our horizons to learn about new therapy approaches and techniques that we can add to our therapeutic repertoire. (Selekman, 1997, p. 190)

As colleagues heard about my initial work on this book and the topic of engaging boys in treatment, it was often with a look of relief that they told me how challenging they found conducting therapy with boys at times, and how they worked hard but often felt as I had with Kyle—inept and defeated. They told me about times when the boys they had been seeing successfully for months abruptly withdrew from engagement and the therapy process, and they told me about the ones that got away, the boys they were never able to reach in order to begin a productive relationship. Occasionally, these colleagues also spoke to me about their success stories—the boys who connected to them and to the process, and those who made progress in spite of their initial hesitation. Sometimes these therapists talked with pride about the moments when they were able to step beyond their usual methods to design an intervention that helped them strike gold, clinically speaking.

While it is unrealistic to expect that one therapist will be effective with all clients, there was clearly a theme running through my colleagues’ stories that validated the central premise of this book: boys and therapy make an odd and uneasy couple. Kiselica, Englar-Carlson, and Horne (2008a) support the idea that the traditional therapy environment and the ways in which many clinicians have been trained to relate to their clients are ill-suited to the relational, communicative, and affective styles of many boys. This poor fit can perpetuate treatment failure and lead to therapists making erroneous conclusions about boys, particularly that they are resistant, unemotional, and amotivated to change (Kiselica, 2005).

The concept of cultural competence has been given just due in the field of psychotherapy within the last decade, but often gender
competence is overlooked (Sinclair & Taylor, 2004). Perhaps because most practitioners see gender from a binary standpoint of male and female, there doesn't appear to be much to integrate in terms of competency. If there are only two groups, how much could there be to learn? But if one takes into account the many other factors that serve to inform identity and that impact gender formation, including race, class, ethnicity, socioeconomic status, temperament, and culture (all undoubtedly not binary; Maccoby, 2004), then it seems that each client who crosses the threshold into the therapy office brings a unique set of needs and desires.

Keeney (2009) wrote, “If we believe each human being is unique, along with all the social interactions and contexts that hold the performance of everyday living, it follows that every clinical session should hold the possibility for conceiving a uniquely invented therapy” (p. 2). Indeed, being effective with boys in treatment requires our creativity, not just in how we approach the process, but also in how we take in and understand the client in front of us and how we formulate his difficulties. Keeney continued: “The creative therapist is ready to create, compose, construct, form, parent, give rise to, grow, bring forth, bring about, and bring into being an authentic, made-in-the-moment, one-of-a-kind session” (p. 2).

Phillips (2006), in defining creativity, wrestled with whether it involves the creation of something novel as described above (an original approach, an innovative theory) or whether it entails the discovery of something unique in what already exists (highlighting the overlooked aspects of an object of inquiry, questioning what was previously assumed to be fact). Like him, I believe that both results are essential components of the creative process. In this book, the chapters to follow will offer many approaches to treatment—novel in their existence beyond the overtrodden paths of mainstream therapy, inventive in their reformulation of clinical doctrine. I hope they will offer readers tools to utilize as they meet boys in their offices, schools, community centers, and hospital units and work to refashion the therapeutic encounter—in its initial fostering of engagement and relationship, in the formulation of problems and strengths, and in its sustainment through the moments of listlessness to the creation of something transformative.

As the contributors provide the novel approaches, I endeavor in this chapter to critically examine the existing clinical and research literature that describes the tendencies and preferences of boys. In doing so, I will advocate for expanding our existing notions of who boys are and, in turn, widening the lens through which we view our male clients. In the spirit of narrative therapy, I will hone in on the less explored parts of boys, the alternative or untold aspects of their stories. I have been preceded in this quest by many fine thinkers and practitioners in the field, and I will attempt to connect their ideas as they have influenced my own while offering a rationale for creative alterations to the therapy process that ultimately promote treatment efficacy.
UNDERSTANDING BOYS

How a boy knows himself to be a boy, or not, continues to matter. How he comes to that knowledge in a social world continues to matter. How that social knowledge is internalized and becomes psychological continues to matter. We would, however, do well to live with the certainty that someday, even today, we will be wrong.

—Ken Corbett (2009, p. 15)

Like many in the field interested in the needs of boys, I was deeply inspired by the outpouring of books that appeared in the clinical and mainstream literature in the late 1990s. These tomes (the most popular of which included Garbarino, 1999; Pollack, 1998; Kindlon & Thompson, 1999) were valuable in bringing attention to boys and in advancing thinking about them. I carried the ideas they presented about the crisis of masculinity with me into the world and into the therapy office, as well as citing them in my own writings. But over the next decade, dissonance began to gnaw at me.

Some of the detrimental components of male socialization these authors described—the abandonment of boys by society, the pressures placed on them to suppress emotions, and the oppressive dictates of the boy code—continued to resonate. But I also began to notice that their descriptions of boys did not always adequately capture my own experience growing up male and becoming a man in Western society. And I was starting to see more and more boys, both in a clinical context and out in the world at large, who didn’t seem to be the emotionally vacant, alexithymic, relationally inept, passive victims of socialization I was taught to expect. Indeed, traditional, hegemonic masculinity continues to exist as a detrimental force, but so many of the young people I work with don’t seem to fit the bill like they used to. They are more able to talk about their feelings, they question some of the more curious messages about who men should be, and they seem more open and accepting of homosexuality. Are boys evolving, or did these texts not fully capture the diversity of male experience?

To answer these questions, I returned to the literature. Quickly, I started to appreciate how murky the business of wading through studies of gender can become. Clinical discussions were so easily entwined with politics, educational policy debates, and an ensuing competition over which gender was more truly in crisis, that it became difficult to separate the signal from the noise. As Roiphe (1994) wrote, “It often seems that when we stray into the world of sexual politics every gesture is exaggerated, every conflict magnified. Our conversations so easily turn into arguments, thoughts become polemics, pulses race, passions rise” (p. xiii).

The problem with the “boy crisis” is not that it’s categorically untrue. When taken together, statistics about underachievement, suicide rates,
violence and aggression, and substance use are certainly alarming. The trouble comes when the message that we must pay better attention to some of our boys and assist them in areas where they may struggle gets extended into the dictum that all boys are at risk for mental health problems, school failure, substance abuse, and the commission of violent acts and oppression. This monolithic, deficit-based view unjustly lumps boys into one category with little appreciation for diversity and individuality, or strengths and resilience (Kimmel, 2004; Kiselica et al., 2008a; Weaver-Hightower, 2008). Saval (2009) summed up this tendency toward hyperbole:

Most available books about boys ... focus on our young men as a homogenous whole, a collective entity with no discernible varying characteristics. Boys are often thought of as unknowable enigmas who all seem to need help. Boys are in crisis. Boys have ADD. Boys are unemotional. Boys don’t talk. Boys are on the verge of apocalyptic self-destruction. Over the course of the past decade, boys have been reduced to an anxiety-inducing headline. (pp. 2–3)

Bettis and Sternod (2009) pointed out that the notion of boys being in crisis is not a new phenomenon, but instead a historically cyclical one that also appeared over 100 years ago when similar concerns were expressed. Like Eliot (2009), I believe it’s time for a truce in the gender crisis competition. Understanding one sex’s needs should not come at the expense of ignoring the other’s, nor should boys be viewed in a way that excludes the contributions and concerns of girls. She wrote:

The problem with each crisis is that it has demonized the other sex, pitting boys and girls against each other, as if learning and achievement were zero-sum games. The truth, however, is that neither sex is in serious trouble ... the difference in achievement between the sexes remains much smaller than the gaps in achievement among different racial and economic groups, where we should no doubt be directing more of our energy. Nor have the gender gaps changed precipitously in the last two decades. In fact, both sexes are earning higher grades, graduating from high school at higher rates, and attending college in greater numbers than ever before. Neither sex is sinking into the abyss predicted by each wave of crisis books. (Eliot, 2009, p. 18)

This is not to say that the books that broached the discussion of the clinical needs of boys were without merit. Zeki (2009) describes how the field of neurobiology is presently excessively focused on determining the structure and function of the human brain, delineating what is common among people. He attributes this to a dearth in technological tools that allow scientists to reliably study variability—how and why brain function differs across individuals, or within an individual across cultures and circumstances. The current work on brain similarities
provides a necessary precursor to better understanding individualism and variability. Similarly, the boy crisis literature initiated important discourse about how to best help boys that has paved the way for more precise clinical dialogues. This book is intended to further those conversations and, in so far as it is possible, move the discussion of boys away from the political arena and into the play rooms and therapy offices where treatment takes place.

BEYOND SIMILARITIES AND DIFFERENCES

There is a secret about the scientific method which every scientist knows and takes as a matter of course, but which the layman does not know…. The secret is this: Science cannot utter a single word about an individual molecule, thing, or creature in so far as it is an individual but only in so far as it is like other individuals.

—Walker Percy (1954/2000, p. 22)

While a well-known nursery rhyme from the early 19th century told us that boys were made of snips, snails, and puppy dogs' tails while girls were fashioned out of sugar, spice, and all things nice, science tells us that all humans are composed largely of the same materials. Males and females deviate by only one chromosome out of 46 pairs, making us 98% chromosomally similar (Synnott, 2009) and our genetic coding more than 99% identical (Brizendine, 2006). Theorists vary widely in how much they consider that small percentage of difference to matter, from those who feel that minor variations in construction add up to wide gulfs in application, behavior, and process (Brizendine, 2006, 2010; Sax, 2005, 2007), to others who believe that the results of gender difference studies have been irresponsibly inflated to promote an unrealistic picture of the real gaps between the sexes (Eliot, 2009, 2010).

Studies show relatively few differences in the attachment patterns of infant boys and girls, suggesting that both sexes have equivalent desires for the safety and dyadic regulation provided by relationships, and equal capacities to seek them out (Berzoff, 2008; Shilkret & Shilkret, 2008). Similarly, no large-scale differences in infant temperament, distress, or regulatory behaviors have been reliably identified between boys and girls (Buss, Brooker, & Leuty, 2008).

In the realm of psychological traits and value differences, there is relatively little predictable divergence between the sexes, except in the area of political polling (Rudman & Glick, 2008; Synnott, 2009). Similarly, differences in emotion, cognitive capacity, and interpersonal behavior are primarily small to moderate (Eliot, 2009). In fact, across domains, boys and girls, men and women, are far more similar than they are disparate, with greater variations being observed within the sexes than between them (Kiselica & Englar-Carlson, 2008; Pinker, 2008). Even linguist Deborah Tannen (1990), whose theories about the
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distinct ways men and women communicate have been widely read and cited, recently conceded:

Men’s and women’s conversational styles are more alike than they may appear. Although these styles may seem opposite, they can be used for similar purposes. Boys and men are also concerned with connection, and girls and women with power, even as they may have different ways of pursuing these goals. (Tannen, 2010, p. 57)

In the area of neuroscience, there are fewer differences between boys’ and girls’ brains than one would think. Eliot (2009) wrote, “Certainly, there are some data showing subtle sex differences in children’s sensory processing, memory and language circuits, frontal-lobe development, and overall neural speed and efficiency…. But overall, boys’ and girls’ brains are remarkably alike” (p. 5). Two reliable findings are that boys’ brains, on average, are generally larger by about 10%, with greater cerebral and cerebellum volume than females’ (Day, Chiu, & Hendren, 2005; Giedd, 2008; Nopoulos, Flaum, O’Leary, & Andreasen, 2000). At the same time, girls’ brains move through the neuromaturation process—which involves pruning and myelination—earlier, reaching full maturity one to two years before boys’ brains (Giedd, 2008; Johnson, Blum, & Giedd, 2009).

The discrepancy in brain size parallels the general difference in physical size and strength in males (such as greater upper arm strength) (Eliot, 2009; Rudman & Glick, 2008), while the variation in the trajectory of brain maturation is connected to the earlier pubertal timing of girls, which also occurs one to two years earlier than it does for boys (Day et al., 2005). While these distinctions may be indicative of the brains of boys and girls having “different areas of vulnerability, specialization, or abilities” (Day et al., 2005, p. 177), these conclusions have yet to be reliably supported by neuroscience research. Of greater concern may be the impact that the differing rates of brain development have on gender differences within specific age groups, which I will elaborate on later in the chapter.

The preliminary research on the differences in the brains of males and females has been met with excitement among gender theorists, and some have fashioned careers around identifying neural distinctions in the ways boys and girls learn, socialize, aggress, and emote based on existing data. However, the field of neuroscience, as Zeki (2009) described above, is still in its infancy. Scientists caution us against making sweeping generalizations about the impact of brain maturation and gender variations until further research can be conducted to better understand the results of initial inquiries in this growing field (Johnson et al., 2009).

It is worth making mention of the ideas of Baron-Cohen (2003), who hypothesized that there are indeed systematic differences between what he labels the female brain and the male brain. In his estimation, female brains are biased in their hardwiring toward empathy, while
male brains are more selectively hardwired for the understanding and building of systems. He extended these ideas to explain why more males are diagnosed with autism, a condition marked by the absence of social interest and a sharp deficit in theory of mind. Baron-Cohen (2003) was careful to emphasize that “not all men have the male brain, and not all women have the female brain” (p. 8), even though he advocated that more men are systematizers and more women empathizers. The studies on which Baron-Cohen based his conclusions, particularly one that found that infant boys are more likely to stare at a mobile than a human face, have been subsequently criticized on methodological grounds and have yet to be successfully replicated (Eliot, 2009; Nash & Grossi, 2007).

When researchers speak of gender differences as patterns, often what is being compared are the differences between outliers—those who fall at the extreme ends of the continuum—as opposed to those overlapping within the middle ranges. By ignoring the overlap, we miss the ways in which some girls, for example, may exceed boys on measures of aggression or impulsivity, while some boys may have a greater capacity for empathy and verbalizing than girls. According to Pinker (2008), in many studies males tend to be more variable in their scores than women.

Compared to women, there are more men who are extreme.... So there are more very stupid men and more very smart ones, more extremely lazy ones and more willing to kill themselves with work.... The bell curve simply looks different for males, with more men at the tail ends of the distribution, where their measured skills are either dismal, stellar, or a mix of the two. So, even though male and female averages are the same, there are more male outliers—and more “normal” women overall. Comparing men and women in the middle ranges one finds fewer sex differences, but at the extremes the picture looks—well—extreme. (pp. 13–14)

Similarly, many of the early “boy crisis” authors based their findings on boys they were seeing in clinics, as opposed to more normative, community samples. As such, the gender differences they spoke about may have been more pronounced than those that actually existed in the general population. By focusing solely on the differences between two groups, we miss the important subdomains of strength and unique capacities that each gender possesses (Eliot, 2009). The result is that clinicians can find themselves working, in the words of Corbett (2009), “more often with ideas about boys than with boys themselves” (p. 216).

Maccoby (2004), who has studied gender differences for the better part of four decades, recently opined, “We have spent a great deal of time and effort examining sex differences. Now I think we would benefit by focusing more on each sex in its own terms” (p. 15). This transition toward examining each gender beyond how it may differ from the other and better understanding the wide variety of within-sex
differences allows us to move from a position of one-size-fits-all masculinity to one of appreciating the depth and breadth of boys. Corbett (2009) concurred: “Variance is read as disturbance or illness; rarely is variance recognized for the ways in which it speaks to the range of that which is normal, and never is it read for its potential, or relished for its ideality” (p. 97).

By attending to variability, we can appreciate the ways in which boys are, in some respects, not the same as they were 20 years ago. For example, in the area of romantic relationships, we now find many more adolescent boys who are not just looking to gratify lust or attain sexual conquests like belt notches, as the boy crisis literature suggested. We can identify many more boys today who are interested in the affiliative and intimate aspects of being in connection with another person (Tolman, Spencer, Harmon, Rosen-Reynoso, & Striepe, 2004). Likewise, Korobov and Thorne (2006) suggested that the intimacy practices of young adult males may be expanding in accordance with what they view as a cultural shift away from traditional gender roles.

It is a difficult balancing act to discuss boys as unique individuals while also placing them in the context of their gender. Doing so requires holding two dialectical notions in tandem while appreciating the tension between them. These two notions are that each boy is a unique individual, different from those around him, while also a member of his gendered group and subject to being a boy like other boys. Moving forward, I will attempt to hold both positions while discussing boys in their own right. I will refer to gender comparisons only in so far as they serve to refute those notions about boys that have become shibboleths.

EXPANDING NOTIONS ABOUT HOW BOYS FORM IDENTITIES

I find the question of whether gender differences are biologically determined or socially constructed to be deeply disturbing. This way of posing the question implies that people, men and women alike, are either genetically determined or a product of socialization—that there is no voice—and without voice, there is no possibility for resistance, for creativity, or for a change whose wellsprings are psychological.

—Carol Gilligan (1993, p. xix)

Most scientists readily agree that human development involves a complex interplay between biological priming and its interaction with environment and experience. We generally no longer see human beings as solely the sum of their genetic wiring nor their upbringing. Why, then, in the field of gender does the debate between nature and nurture continue with such force? On one extreme end of the continuum reside those theorists who adhere to Freud’s notion that anatomy is destiny,
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emphasizing the roles of body chemistry, genetics, and hormones (specifically testosterone) in shaping male behavior. On the far side sit the social constructionists, who believe that gender is entirely a product of human socialization and conditioning, and that, as such, the construct of masculinity necessarily varies based on the demands of culture and time period.

Neuroscience has helped to clarify the debate by demonstrating the ways that brains, in their essential neuroplasticity, or malleability, are powerfully shaped by the experience that comes from early nurturing and lifelong learning (Robertson & Shepard, 2008; Schwartz & Begley, 2002). A proponent of this theory, Eliot (2009) emphasized that “mental and emotional abilities are not fixed. Second: they are not strongly determined by gender. For most traits, there is ... plenty of room for learning or plasticity to raise achievement in any child” (p. 301). The relationship of brains and behavior suggests holding a both/and position regarding gender differences—that who boys are is related to both biological factors and social learning, and the two serve to inform one another in dialogic ways.

As Gilligan asserted above, debating the primary factors that serve to inform gender can often mean losing sight of the active, agentic role that both boys and girls play in the gendering process (Chu, 2004; Sinclair & Taylor, 2004). As Aydt and Corsaro (2003) highlighted, “Children are not merely the passive recipients of adult culture, they interpret and reproduce gender roles in ways that are often surprising to us” (p. 1307). By viewing them as active players in the gendering process, we can move away from the idea of boys as victims of socialization and instead witness the ways in which they make choices about what lessons from society they will take in regarding who a boy or man should be (Way, 2004). Similarly, rather than viewing a specific gender norm or choice in and of itself as being connected to negative outcomes, we can better appreciate how adolescents in particular engage in a continual, evolving process of making choices about gender, each one having its own set of trade-offs (Oransky & Fisher, 2009; Rose & Rudolph, 2006). In Chu’s (2004) words:

As active participants in their identity development, boys are responsive in the sense that they have the capacity to internalize and resist masculine norms and ideals that manifest, for instance, through other people’s expectations for and assumptions about them. However, boys are also creative in the sense that they construct their identities, or senses of self, in ways that reflect their individual experiences as well as their cognitive abilities. (p. 79)

Chu (2004) framed this process in terms of the Piagetian concepts of accommodation and assimilation, in which boys internalize some components of prescriptive stereotypes and societal messages about masculinity, while they resist other assumptions and therefore preserve
aspects of self. She suggested that identity development involves a balancing of both processes. This balance is reflected in the ways boys and young men alternate between intimacy (relational) and distancing (traditional masculinity) scripts in their conversations with peers. In this way, they couch intimate disclosures, at times, in humor or balance discussions about vulnerability with self-deprecation, disclaimers, innuendo, or ironic commentary in which they distance from the “heat” of what they have just said (Korobov & Thorne, 2006). This communication style is often mistakenly viewed as being indicative of boys’ fear of affect, rather than a more subtle process of identity formation related to the sometimes bifurcated sense of a public and private self that boys can evolve.

**The Public and Private Selves**

No topic in the clinical encounter has been met with a more energetic response in my work with adolescent boys than the discussion of the “two selves” they must balance. Like Tolman and colleagues (2004) and Chu (2004), I have been struck by how the boys I work with often seem to be acutely aware of who society, or at least the smaller circle of their family and peers, expects them to be. They can usually talk reflectively about masculine norms and messages about their gender, assessing the ways in which they may or may not believe in and live up to these stereotypes, or the ways in which they feel constrained by them. When I bring up the concept of having two guys inside of them, one who is perhaps more traditionally masculine and one who deviates from this role, many boys resonate with this concept. They acknowledge that they have one side of themselves they choose to show the world and another that is reserved for select people in their lives or that perhaps doesn’t get expressed to others.

Walker (2004), in her study of British adolescents, described the formation of the two selves in the following way: “There was evidence that these two developmental processes felt very different, although they operated in parallel and the boundaries were fluid. Perhaps it is in the tension between the two, where the barriers come into being and crossovers occur, that attitudes and self-knowledge are formed” (p. 55). How these two selves manifest and relate is as much an individual process and balancing act as it is a cultural one. For example, Anderson (2008) described the tension impoverished African American males experience between being “decent” and being “street.” With family these boys may enact the former role, while with friends they take on the latter, learning to code switch between the two audiences.

While it is tempting to view this balancing act as evidence that boys are distressed or somehow lacking integration, it is important to remember that all teenagers go through a process of trying on various identities prior to consolidating these roles, or self states, into a cohesive whole (Haen & Weil, 2010). As such, the relegation of certain emotions and
aspects of self to a more private self state is both adaptive and resilient as boys navigate situational expectations and the evolving relational demands of life. By welcoming the private self into the therapy space, we may be privileged to see the fears, doubts, questions, confusion, insecurity, pride, passion, love, and other human emotions that are as much a part of boys’ lives as the anger we have come to expect.

BEYOND THE EMOTIONALLY STOIC MALE

It’s an equally inaccurate myth that boys, in particular, do not talk.

—Ron Taffel (2005, p. 77)

John Wayne, Stiff Upper Lip, Lone Ranger, Marlboro Man, Boys Don’t Cry, Man Up … It is challenging to approach the topic of the emotionally stoic male without evoking these clichés that have been cited time and again in the literature as models for how boys are socialized to respond. Some would argue that it is because of their evocative capacity to capture societal conceptions of traditional men that we return to these phrases, metaphors, and images. But few boys resonate with frontier myths today, and it is perhaps time to question, in addition to whether these clichés hold relevance anymore, whether the idea that boys are strong, unemotional, and somehow stunted in their ability to perceive and express affect continues to be pertinent.

While there does appear to be some difference in the verbal abilities of males and females, on average (Pinker, 2008), the extent of these differences is debatable, particularly those statistics relating to girls possessing and using a more widely varied vocabulary than boys (Eliot, 2009). A sole focus on the disparities means that we miss the subdomains of strength that also may exist. As we more closely examine gender differences in language, we find, for example, that there are no significant distinctions between boys and girls in receptive vocabulary or word knowledge (Eliot, 2009).

As verbal expression moves into the realm of affect, some authors have advanced the theory of “normative male alexithymia.” This idea is the curious speculation, first proposed by Levant (2001), that due to societal pressure to suppress emotions, males are somehow impaired in their abilities to identify and describe affect. Levant sees the problem as being so widespread as to be “normative.” Like the notion of males being normatively traumatized due to premature abandonment by their mothers (which is discussed in greater detail in Chapter 7), the theory of male alexithymia serves to pathologize boys and skew expectations in working with them. Despite there being no evidence to suggest that the average boy is alexithymic (Kiselica, 2005), this concept persists in clinical literature.
In Wexler’s (2009) recent book on therapy with men, this concept is reified even while the author clarifies that male alexithymia doesn’t “reach the level of clinically significant proportions like bona fide alexithymia” and concedes that “we don’t yet have any solid data on exactly how many men meet the threshold for this description” (p. 14). To advocate that a concept is significant to the treatment of males while at the same time stating that there are no data for its existence, and that it is a subclinical phenomenon at best, is inherently contradictory and therefore makes the term normative an embellishment.

Multiple practitioners who have put boys’ voices at the center of their work and fostered the conditions in which they might express themselves have refuted the idea that boys are inarticulate emotional dummies (Chu, 2004; Kiselica, Englар-Carlson, Horne, & Fisher, 2008b; Way, 2004). As Saval emphasized, “Boys cry. Boys emote. Some don’t, of course, but some girls don’t either. Some boys talk more than girls…. Boys, if they are in crisis, are in as much a state of crisis as the rest of us” (2009, p. 3).

This is not to say that boys always express their feelings easily. Certainly, many therapists see boys who have a shaky handle on their affective experience or who habitually suppress emotional expression. Some of this may be a consequence of their age or experience, some of it can be attributed to the emotional openness (or lack thereof) of their families, and some of it connects to the division of public and private that was discussed earlier. Studies of boys and men exposed to distressing situations have shown that, although they may not react externally, their internal, physiological reactions are heightened, often more than females in the same experimental conditions (Eliot, 2009; Mortola, Hiton, & Grant, 2008).

The suppression of affect is a concerning trend that can be linked to a number of potential mental health risks. However, suppression also has a notably adaptive, healthy aspect. There are many situations in which showing the full extent of one’s emotions can be detrimental. For example, some of the very anxious and traumatized boys I treat are able to successfully mask their anxiety during the school day, despite it being triggered, to minimize the negative impact on peer relationships and academic performance.

Research on female friendships points to a more pronounced trend among girls toward ruminating with peers about worries and problems (Rose & Rudolph, 2006). Rumination about negative experiences has been found to exacerbate internalizing symptoms, trauma, and depression in some people (Buss et al., 2008; Ehring, Silke, & Anke, 2008; Hankin, 2008). These results suggest that the expression of emotions is not always warranted, contrary to a general bias of clinicians, and that, while there are times in which greater expression should be encouraged for males, not all expression is equivalently positive.
BEYOND THE WHITE, MIDDLE-CLASS MALE

Failure to see race while looking at gender will cause us to miss the real story.

—Michael Kimmel and Matthew Mahler (2003, p. 145)

One of the most pronounced criticisms of the boy crisis literature is that it tended to focus primarily on the experiences of White, middle-class boys to the exclusion of boys who fall outside of this group—those whose ethnic, cultural, socioeconomic, and sexual orientation experiences are more varied (Kidd, 2004; Kimmel, 2004; Weaver-Hightower, 2008). Similarly, by generalizing the findings from a sampling that is not representative of the greater demographic landscape, we can miss varying hues of experience. In addition to capturing diversity, focusing on ethnic and sexual minorities, for example, can help us to better understand how “experiences with societal oppression and marginalization can impact how gender norms are defined, adopted, and enacted” (Oransky & Fisher, 2009).

As an example, research with African American boys highlights several interesting narratives. The first is that African American boys may have slightly more intimate, trusting friendships, particularly in middle school, than their White male peers (Way, 2004). In studies of sex differences in friendship support, no significant gender distinctions are made between the relationships of African American boys and girls, or between those of Asian American boys and girls (Chu & Way, 2009). Among African American and Latino boys, family tends to be an important factor in their friendships, more so than it might be in White boys' relationships. These boys often refer to their friends with terms like brother and blood (Haen, 2007), and knowing their friends' families and feeling part of them can be meaningfully linked to feelings of closeness (Way & Pahl, 1999).

Similarly, literature on the gender development of sexual minority boys has been lacking, as has reliable information for clinicians and parents. Riggs (2008) noted the absence of discussions about homosexuality in mainstream parenting and developmental books about boys. In many of these texts, there is a presumption, and sometimes a promotion of the idea, that boys will grow up to be straight. Similarly, Paechter (2007) identified the assumption of heterosexuality that exists in the same-sex groups boys form in the early school years. However, as all boys grow up hearing derogatory terms about homosexuality used to insult their masculinity, the experiences of gay, bisexual, transgendered, and questioning boys can inform us uniquely about gender development, especially as it relates to confronting societal and internalized homophobia, developing gay sexual identity, and initiating the coming-out process (Kiselica, Mulé, & Haldeman, 2008c; Nealy, 2008).
BEYOND THE ALPHA MALE: BOYS IN GROUPS

Unfortunately, many in our culture believe that there is an entire subset of boys building bombs and cooking up Molotov cocktails in their basements while plotting the destruction of the world.

—Malina Saval (2009, p. 12)

Like many in America, I was glued to my television set on April 20, 1999, the day that Dylan Klebold and Eric Harris staged an all-out assault with homemade bombs and guns, terrorizing the school community of Columbine, Colorado. As is natural after tragedy, Americans searched for answers about the causes of this unprecedented school massacre, attributing the actions of the two teenagers to everything from video games and hard-core music to Satanism, the glorification of guns, and the Goth subculture. But the explanation that the media locked onto, and that most resonated with the public, was a story of bullying that cast Klebold and Harris in the role of outsiders tormented by the hypermasculine jock culture of their school because they were different.

This story of two boys who were continually taunted by dominant males and lashed out in order to prove their masculinity and express their hurt no doubt captivated therapists who worked with boys. It provided a visceral example of all that was wrong with traditional masculinity. The only problem with this story is that it wasn’t true. Cullen (2009), who spent the bulk of a decade researching the tragedy, recently dismantled the ideas of Klebold and Harris as the ultimate victims. He exposed how their images were distorted to fit a more compelling narrative than the one that actually existed—that of an antisocial misfit and a depressed boy who sought notoriety through massive destruction.

In the years following Columbine, attention to male violence was pervasive. Discussions about boy’s aggression, risk taking, and dominance became so ubiquitous that I found myself having to reassure the parents of many of the boys I was treating that their sons were not going to similarly “snap” one day. Underlying these fears were widely held notions about male competition, autonomy, and aggression.

Starting in infancy, boys are noted, on average, to venture farther away from parents in their initial exploration of the environment (Buss et al., 2008). When they become school age, they appear to play farther away from grown-ups on the playground while engaged in group games with same-sex peers (Boyle, Marshall, & Robeson, 2003). Within the context of these male groups, they are noted, like primates, to establish hierarchies marked by the most dominant, competitive alpha males at the top and the less aggressive males at the bottom. The boys are seen organizing group games, rough housing, playing out scenarios of danger and fantasy violence, and generally engaging more aggressively with their peers (Baron-Cohen, 2003; Maccoby, 1990).
If we were to draw conclusions about boys based on these studies, we might say that they demonstrate a love of power, violence, autonomy, and control, and fear the dependence and affiliation linked with relationships.

However, if we are to truly appreciate any group of people, we must dig deeply into their behaviors in relationship with others, lest we study them in a vacuum. This means going further inside boys’ peer groups to comprehend not only the observable behaviors, but also the resulting impact on boys’ senses of self. Gender expression, like culture, is not a fixed entity that is consistent across situations, but is fluid (Corbett, 2009; Diamond, 2009) and best understood within the context of the social circumstances in which it occurs, bearing in mind the social goals toward which the expression is directed (Maccoby, 2002; McNelles & Connolly, 1999). In other words, gender roles are enacted in relationship to others and may shift and change based on whom the boy is interacting with. Maccoby (1990), for example, emphasized that boys’ behavior changes based on the number of same-gendered peers present.

Because of its shifting nature, gender expression, particularly in adolescence, can be likened to a theatrical performance or the playing of a game in which roles are taken on and enacted, discarded, or incorporated as boys move through varying social situations (Chase, 2008; Haen & Weil, 2010). In this way, I agree with other theorists who assert that gender is not a singular entity, or informed by a singular ideal as the boy code would suggest, but is marked by multiplicity—multiple meanings, multiple expressions—among boys (Corbett, 2009; Kimmel & Mahler, 2003).

Turning back to the subject of male autonomy, there is some evidence to suggest that baby boys may actually cry and fuss more than girls (Eliot, 2010; Mortola et al., 2008). While they may venture farther away from parents, perhaps because of this physical distance, boys may be more likely to seek parental proximity when afraid (Buss et al., 2008). Interestingly, mothers may be less accurate in predicting fear behaviors in sons than daughters (Buss et al., 2008) and may direct their sons to suppress their fears more often (Casey & Fuller, 1994). These findings suggest some ingrained stereotypical thinking about boys: that they are generally expected to display more bravery than girls. If this tendency is accurate (research is preliminary), it has important ramifications in terms of boys’ ability to have their frightened affect validated and soothed by their caregivers.

Maccoby (2004) speculated that the greater competition of boys in free-play scenarios may be a function of the large groups in which they play. Contrary to the extant Lord of the Flies image of these groups, Maccoby (2002, 2004) described them as coalitions that form around one another and serve to support boys in conflicts with other boys, as well as closing their ranks to shield their members from adult gaze and intervention. In this sense, boys’ groups may be more cohesive and
inclusive than those of girls and involve larger friendship networks* (Benenson et al., 2009; Pinker, 2008).

While these groups have an impact on shaping boys’ gendered behavior, they also can be powerful sources of support. Boys seem to express more positive affect in their groups and to engage in more cooperative, group-oriented problem solving (Xie & Shi, 2009). Maccoby (2004) wrote, “I want to suggest that boys’ groups empower them, through their joint endeavors, in ways that girls’ responsiveness to each other does not” (p. 14). As such, she reflected that boys’ needs for autonomy have been greatly overemphasized, pointing out that they do seek independence from adults “but seldom from each other” (p. 10).

While dominance hierarchies are more easily observed by adults in boys’ groups, they do exist in female peer groups as well. And though subcliques are rare, they may be more present in girls’ friendship groups (Xie & Shi, 2009). Similarly, Hawley, Little, and Card (2008) found that boys and girls were both among the most dominant members of social groups, using a combination of aggression and pro-social strategies to maintain their dominance. Contrary to previous literature that suggested that girls are looked at disfavorably for engaging in aggressive behavior, these researchers found that aggressive females were viewed somewhat more favorably by peers than their dominant male counterparts.

Consistent with the themes of this chapter, Xie and Shi (2009) concluded:

Dominant boys and girls in their peer networks are more similar than different in their use of prosocial and coercive strategies and of winning positive peer regard. Boys’ and girls’ networks are stratified by similar status levels, and the peer dynamics within each gender strongly resemble one another in terms of inclusion and exclusion. (p. 160)

* There is debate about whether boys’ peer networks are indeed larger than those of girls, with studies reporting varying results (Xie & Shi, 2009). Rose (2007) concluded that the criterion by which friendships were defined seemed to be the prime differential between these studies. The concept of defining friendships will be examined more clearly in the next section.

Male Violence and Aggression

Lewis (1998) wrote, “There is, of course, a normal genetic condition, characteristic of about 50 percent of the human population, that is associated with violent crime: the XY syndrome, or being male” (p. 287). While it is certainly true that the majority of violent crimes continue to be committed by males, a closer look reveals fewer gender disparities in less extreme uses of violence. Maccoby (2004) clarified that when we examine rates of aggression in children, which she emphasized are rare for both sexes, we must make “a distinction between children who show a persistent pathway of antisocial behavior from preschool years into adulthood, and children for whom antisocial behavior emerges during
adolescence and has a fairly brief time-course” (p. 11). The children who show antisocial tendencies throughout life are a relatively small group, and it is in this group that boys exceed girls 10:1. “Among the late-onset group, the sexes are much more similar—boys outnumber the girls by a ratio of only 1.5 to 1” (p. 11).

In more recent years, the topic of relational or social aggression has shed new light on discussions of violence in young people; however, contrary to the commonly held view that relational aggression is the female form of aggression due to girls using it more often than boys (Straus, 2007), recent studies show equivalent uses of this form of aggression in both sexes (Card, Stucky, Sawalani, & Little, 2008; Lilienfeld & Arkowitz, 2010). Research also shows no significant sex differences in the threshold for anger, meaning that boys and girls may both feel anger equivalently but respond to it differently (Campbell, 2006).

Maccoby (2004) pointed out that while it is true that boys have more intergroup conflict and display aggression more frequently than their female counterparts, many of the studies that provide this data were conducted with children ages 3 to 7. In this age group, aggression and conflict is heightened due to slower development of impulse control among boys (Else-Quest, Hyde, Goldsmith, & Van Hulle, 2006). This lag in developing internal controls, as well as distinctions in verbal abilities, may be due to differing rates of neurological development for boys and girls (Giedd, 2010). While there is not yet sufficient evidence to support this correlation (Eliot, 2009), it may be an important feature of future research, moving comparisons of the sexes away from generalized conclusions based on one age group and toward consideration of the differential timetables around skill acquisition.

Finally, as boys move into adolescence and adulthood, they are more frequently the perpetrators and the victims of violence (excluding sexual assault; Morash, 2005). There is one notable exception, however. In the area of domestic, or intimate partner, violence, women are found to aggress just as often as men (Lilienfeld & Arkowitz, 2010; Maccoby, 2004). Because of their difference in size and strength, though, the violence enacted by women tends to cause less harm and injury.

The literature also suggests, as Baron-Cohen (2003) did, that females tend to have more empathy than males. However, studies that concluded a gender difference in empathy based on self-report measures have been found to cue test subjects to the fact that empathy was being evaluated. In these situations, females become more focused on appearing empathic (Szalavitz & Perry, 2010). In a meta-analysis of facial expression processing, which has been linked to empathy, there is a small advantage for infant girls in this domain, and the gap seems to grow with age (McClure, 2000), suggesting that experience shapes this skill (Eliot, 2010). In adults, facial expression processing favors women by “about four tenths of a standard deviation, meaning that the average woman is more accurate than just 66% of men” (Eliot, 2010, p. 27) in this empathy-related task. The generally accepted idea that males are
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far less empathic, something many male therapists might take exception to, has been widely inflated.

EXPANDING NOTIONS ABOUT BOYS IN RELATIONSHIP

Recognizing the power of relationships and relational cues is essential to effective therapeutic work and, indeed, to effective parenting, caregiving, teaching and just about any other human endeavor.

—Bruce Perry and Maia Szalavitz (2005, p. 67)

Girls are typically understood, as they have been described in the feminist literature, to be more oriented to relationships and social concerns, while boys are depicted as being more selectively consumed with competition and establishing independence, a trend that is said to continue into adulthood as men vie for success in the occupational realm (Gilligan, 1993). The boy crisis literature echoed this impression by describing boys as struggling to form meaningful relationships characterized by emotional reciprocity and commitment, hampered by their need for solitude. Studies that examined social relationships pointed to boys being less intimate with their friends and tending to compete with them (Belle, 1989). Way (2004) advocated against the tendency to focus on gender differences rather than how boys uniquely experience their friendships. “This skews the findings so that the only elements of boys’ friendships that are understood are those that appear to be distinct from girls’ friendships” (p. 170).

The criterion used to interpret gender differences in relationships is important as well. There has been a propensity to evaluate boys’ relational styles by female standards, a pattern that can distort the conclusions and lead to pathologizing boys’ styles of connecting to others (Kiselica et al., 2008b). Chu and Way (2009) wrote:

Just as feminist researchers revealed the inadequacy of simply imposing on girls developmental models that were based on boys’ experiences, it may be similarly problematic to evaluate boys’ relationships solely in terms of behavior such as voice or self-disclosure, which may be more common or central to girls’ experiences. (p. 53)

By moving away from behavioral markers and instead evaluating the quality of boys’ friendships based on a felt sense of security or closeness, another narrative emerges (Chu & Way, 2009; McNelles & Connolly, 1999). When intimacy is defined affectively, distinctions between boys’ and girls’ friendships are reduced, such that there is no difference in either gender’s ability to sustain connectedness with friends. McNelles and Connolly (1999) emphasized that the pathways to achieving connectedness may be different between boys and girls, with boys tending more toward “activity-centered intimacy” (p. 156) rather than the verbal sharing of feelings.
These authors offered a few additional conclusions that are often overlooked by others who cite their study. The first is that, although the different forms of intimate behaviors showed gender-specific patterns, both boys and girls were noted to self-disclose and attain connection through shared activity so that “preferences for particular behavioral pathways do not preclude the use of others” (McNelles & Connolly, 1999, pp. 156–157). In addition, they found that, in looking longitudinally across a three-year period, the closest friends of both sexes in the study were more likely to turn toward activity-centered intimacy than were the other dyads. While surprised by this finding, the authors speculated, “It may be that it is among the close friend dyads that there is sufficient familiarity to engage in the somewhat ‘immature’ and ‘silly’ behaviors that form the basis of activity-centered intimacy” (p. 157).

Levy (2005) proposed a more nuanced view of male relationships. He distinguished between friendships, which he characterized as being marked by intimacy and emotional closeness, and comradeships, which might be best thought of as the connection between two buddies who spend time together but have no deep commitment to one another. In his study with middle-aged men, he linked comradeship to men who subscribe more to traditional masculinity.

Unlike Levy, I don’t view the two types of relationships as mutually exclusive. I have known healthy boys who have only one close relationship and unhealthy boys who have many close friends. Chu and Way (2009) found that “boys could feel close in a relationship without necessarily talking and, conversely, they could talk in a relationship without feeling close” (p. 55). In fact, a balance of both friends and buddies, those with whom one can share personal feelings and those who are best for just hanging out, is both natural and desirable. Having a wide array of friends who serve different purposes maximizes the number of choices available to boys, giving them a range of opportunities to fulfill varying needs (Greif, 2009).

In fact, it is this very flexibility in interpersonal relationships that may serve as a strength for males. According to Saval (2009), “Loyalty ... is one of the most undersold qualities of boys” (p. 10). In Way’s (2004) research, this loyalty connected to a tendency of boys to mistrust others in late adolescence due to experiences of betrayal in relationships. But other researchers posit that males may have longer-lasting same-sex friendships across the life span (Benenson et al., 2009) and may recover more quickly from fights than girls (Maccoby, 2004). In their research with college-age males, Benenson and colleagues (2009) found young men to show greater tolerance toward their male roommates despite differing social styles, interests, values, and habits, and to be less likely than females to let violations of friendship norms negatively impact the relationship.

Multiple authors (Chu & Way, 2009; Saval, 2009; Way & Pahl, 1999) have highlighted the capacity of boys to both express and experience closeness in their relationships, to know their friends well, to place trust in them, to sensitively respond to them, and to feel connected.
Many of those boys lacking close relationships expressed loneliness and a desire for connection with someone who knows and understands them (Tolman et al., 2004; Way, 2004). Some boys find this in other males, while other boys find it in friendships with girls (Chase, 2008).

Regardless of the source, contrary to popular belief, relationships are important to boys, just as they are to all human beings. The way boys define themselves is intimately tied to their relationships with others. Chu (2004) viewed friendships, and the resulting sense of validation, as fundamental to boys’ development of resilience and mitigating factors in how they choose to either take in or resist ideas about traditional masculinity.

Two future horizons of research into male friendships that might help to tell more of the story of boys’ relational styles involve further examination of both cross-gender friendships and antipathetic relationships, or those in which two boys mutually dislike one another (Card, 2010). While observational studies of grade schoolers on playgrounds largely support the idea that boys mainly play in same-gendered groups, children are noted to engage in cross-gender play about 9% of the time (Eliot, 2009). Rose (2007) found that more children reported having cross-gender friendships when the definitions of friendship were loosened. It may be that while cross-gender play exists more in neighborhoods and homes, it doesn’t manifest with the same frequency in school because of pressures children place on one another to segregate.

REMAKING THE THERAPY PROCESS:
CREATIVE APPROACHES

No matter what therapeutic orientation one practices, it must breathe and circulate creativity in order for sessions to come alive.

—Bradford Keeney (2009, p. 2)

Therapeutic efficacy is about creating the conditions that allow clients the space for emotional expression and containment, insight, cognitive restructuring, and neural growth and connectivity. As clinicians facing a boy coming into our office, we wrestle with the question of how to replicate the contexts from his life that facilitate access to the private, and often guarded, self (Kiselica & Englar-Carlson, 2008). In reflecting on the change process in treatment as captured by a variety of colleagues’ vignettes, Terr (2008) noted “how playful, creative, and elastic good child/adolescent psychotherapy is” (p. 266). Central to each of these vignettes, identified by the contributing therapist as a turning point in his or her treatment of a young person, were the elements of metaphor, humor, surprise, counterintuitive response, and relationship, as well as the small moments in which the young person felt seen or understood.
Being open to creating these contexts often means, as far as boys are concerned, that we have to break the rules of therapy as they have been taught to us and instead be open to the creation of new possibilities. Margulies (1984) referred to this as suspending our preconceptions “in the service of discovery” (p. 1029), while Selekman (1997) urged us to “become better improvisers, be more critical of our own therapeutic assumption, and interventions, and be more therapeutically flexible” (p. 29). Both descriptions could just as easily characterize the creative process itself.

While it is tempting to relegate the concept of creativity in treatment to the domain of the creative arts therapies (and certainly this book contains several approaches emanating from this branch of psychotherapy), all treatment modalities lend themselves to creative applications. Indeed, it was from moments of inspiration and discovery that each of these modalities first originated. It is also a commonly held belief that creative treatment, in its flexibility and spontaneity, is in direct opposition to an evidence-based practice stance because it involves going “off book,” so to speak. But without adaptation to meet the unique interactive beats of the therapeutic encounter, even the most efficacious of models may fail. Duncan and Miller (2006) supported this idea:

Specific treatments are not unique—but clients are. From this perspective, manuals fall flat. Experienced therapists know that the work requires the tailoring of any approach to a particular client’s unique circumstances. The nuances and creativity of an actual encounter flow from the moment-to-moment interaction of the participants—from the client, relational, and therapist idiographic mix, not from step A to step B on page 39. (p. 148)

Many therapists who have attended trainings I have led share their fears that they are not innately inventive enough to foster the kinds of “Aha!” moments that they perceive as necessary to create change. Preliminary studies investigating the neural patterns of creative thought suggest that creativity takes a slower, more meandering pathway than intelligence in the efficient processing machine that is the human brain (Jung et al., 2009), and that creative processing is less linear and more holistic (Grabner, Fink, & Neubauer, 2007). While no direct inferences can be made from these findings, they do have metaphoric value in thinking about creativity in treatment as a process of not just spontaneity, but also of moving forward while not always knowing where things are headed in order to co-compose the process with boys (Keeney, 2009).

Similarly, Selekman (1997) emphasized the importance of taking the time to accurately hone in on and define the problems to be addressed. He stressed that this exploratory work of being collaboratively present with a client and generating curiosity about his thoughts and feelings is a key component of utilizing creativity in treatment. Creativity without context is merely a party trick. Wilson (2007) concurred: “Novelty for
its own sake is self-indulgence, but a search for enhanced performance as a practitioner requires the courage to challenge our preferred orientation to stop us from settling for a comfortable set of methods and practices which lack novelty and improvisation” (p. 26).

**Welcoming the Boy’s Whole Self**

At the heart of this chapter is the idea that responsible treatment of boys entails seeing all parts of who they are, not just the edited-for-television parts or those that distill nicely into an alarming headline. As I have endeavored to show, the concerning aspects of boys have been given their fair share of airtime, while boys’ strengths and healthy traits often get pushed to the edge of the picture. Kimmel (2004) wrote:

> Starting from the premise that there is something wrong with these boys—either inherent or acquired— … offers a skewed perspective that may help us to understand boys’ problems but not boys’ strengths, including the ways in which boys resist succumbing to negative stereotypes and actively seek out ways to thrive in the midst of great challenges. (p. 2)

Part of moving from a deficit-based to a strengths-focused perspective involves listening for the hero stories from boys’ lives outside of session, not the moments of machismo and false bravado, but the times when they have exercised genuine heroism in overcoming challenges, taking effective action, and showing empathy and vulnerability (Duncan, Miller, & Sparks, 2007; Kiselica et al., 2008b).

An exclusive focus on strengths, however, can lead to an idealization of clients and unwittingly promote the message that they cannot “disappoint” us or that we can’t tolerate their more vulnerable and shameful aspects (Wilson, 2007). Instead, we have to strive to see boys three-dimensionally, in all their messy imperfection. This includes welcoming the rambunctious, mischievous, irreverent parts of them that may not be ideally suited to the solemnity of many a therapist’s office: their humorous selves, their embodied selves, their curiosity, their sexuality, their clumsiness. In identifying some of these overlooked parts, Corbett (2009) mused, “Too often a kind of dulled and false Eddie Haskell sociability is substituted for candor. No one talks about *South Park*. No one buys 50 Cent on the sly. No one dances on the goal line. No one is named McLovin. No one cuts a fart in chapel …” (p. 215). Boys need just as much as any of our clients to be seen, heard, and validated, and to know that we are open to all they are and have to offer.

**Expanding Methods of Contact**

As Mortola and colleagues (2008) pointed out, male toddlers are robustly engaged in the world around them at the same time as they are connected to their thoughts, feelings, and experiences. They take
in the environment by being in “full contact” with it, “literally poking it, touching it, and climbing all over it” (p. 1). As with all children, this immediacy of engagement tempers as they get older. But it is still accessible within the right contexts and circumstances. These authors suggested that “if we want to help boys make better contact, we have to learn to make better contact with them” (p. 12).

Kiselica (2005) has made numerous recommendations for adapting the traditional therapy environment, which is often incompatible with boys, to offer multiple ways of connecting. Among his suggestions are therapists moving the work out of their offices to sites where boys are more naturally at ease, including the basketball court, their homes, a diner, a park, or walking the streets. He advised thinking beyond the traditional, weekly 50-minute hour to consider drop-in sessions and contracting or extending the session length and frequency to meet each boy’s needs. In a school or residential setting, this could mean meeting multiple times for very short conversations throughout the week. In a private practice setting, this could mean embracing email and text messages as the main mode of contact between appointments. Kiselica (2005) recommended conducting issue-based discussions that target those things that the boy finds most prescient, often practical matters. This requires maintaining a careful balance between working on these needs and incorporating the overarching treatment goals that others in the boy’s life demand. The goals identified by others, often related to behavioral change, may not be what the boy is motivated to work on.

Kiselica (2005) also suggested strategies such as offering food, using judicious self-disclosure, and throwing a ball or engaging in physical activity while fostering dialogue. Central to many of the approaches offered in this book is the belief that activity is a vital component of successful treatment with boys. Many authors (Haen, 2007; Kiselica, 2005; Kiselica et al., 2008b; Mortola et al., 2008; Pollack, 2010; Wexler, 2009) have discussed the action orientation of males as displayed in the ways they problem-solve, express empathy, show nurturance, and connect with others. Engaging in activity has the effect of lessening the intimacy of the therapeutic relationship and easing the awkwardness, which can help boys to feel safe to let down their guard. “Action,” wrote Wilson (2007), “cuts through over-intellectualizing—when too many words obscure meaning—and provides a language when people don’t yet have the words to express themselves” (p. 65).

Action in treatment can range from the presence of small toys that allow boys to fidget with their hands, as I have scattered about the desk in the office of the crisis shelter where I do part of my work, to incorporating structured physical challenges, as Mortola and colleagues (2008) have in their group model for working with boys. Engaging boys in activities and fostering their instrumental strengths can also aid in the process of skill building (Haen, 2007). These cherished activities, if they take root, may help the boy to construct what Kimmel and Mahler
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(2003) referred to as “a pocket of resistance” (p. 145) in the face of stress and pressure. On a deeper level, there may be other, more direct treatment effects connected to the use of action.

Neuroscience researcher Panksepp (2009) is a proponent of the importance of play for building brain structures related to impulse control, as well as strengthening “positive social affect circuits” (p. 22) that may buffer against depression. He wrote:

Play may be the most underutilized emotional force that could have remarkable benefits in psychotherapy, especially with children. There are, of course, many play therapies, but most of them ... have no resemblance to the bodily vigor, spontaneity, and creativeness of “real” physical play.... Psychiatric distress can be conceptualized as overturned tables that need to be set right again, and there is unlikely to be any stronger emotional aid than that contained in the joyous potentials of play. (p. 21)

Humor and silliness have a particular place in therapy with boys (Kiselica et al., 2008b). Just as McNelles and Connolly (1999) noted the important role of joking around in the formation of activity-centered intimacy, shared laughter between therapist and patient can strengthen attachment in the relationship and serve as a form of affect regulation and attunement (Nelson, 2008). By being able to laugh, and especially by being able to laugh at ourselves, we model flexibility and self-esteem for boys in a real-world kind of way.

Expanding the Use of the Therapist’s Self

Kiselica (2005) suggested that sitting side by side may be a more effective posture in the therapy space when working with boys. While his suggestion is a tactical one, it also hints at a psychological position that is beneficial to boys. Male therapists, in particular, may find themselves fulfilling a number of related roles, including coach, mentor, father figure, and big brother. While the focus of a discussion may remain the same, each of these roles requires a slightly different use of the therapist’s self. Being able to flexibly shift between them as necessary is one of the important arts of good clinical work.

For example, with at-risk teenagers in a crisis shelter, I have found that a more direct, fatherlike relationship is often effective, as it speaks to their own yearning for a father figure. This can include pulling their aggression toward me so that it can be worked through in the transference and gently confronting rigid modes of seeing the world. With this population, self-disclosure of the therapist’s own resolved struggles with issues of loss, anger, and aggression can be facilitative of role modeling and expanding the “stuckness” that can at times pervade these boys’ lives (Reese, Horne, Bell, & Wingfield, 2008).

By consciously shifting our presence, we can help boys pivot away from moments of connection that feel too intimate, as is often the case
with the traditional therapy stance. Many of the boys who come to see me after having failed in treatment with another therapist will mock the therapeutic voice of their past clinician. Similarly, in moments when I have become more affectively expressive than my clients can tolerate, they will often let me know in their own humorous ways, as did a 13-year-old client when he broke an intense moment of sadness in the session by pointedly asking, “Why are you talking to me like I’m slow?”

However, therapists should not avoid using affective language or establishing connection in the treatment relationship for fear that boys cannot tolerate this approach. Instead, we should assist boys in balancing and buffering, distancing from intimacy when they need to, just as they tend to shift back and forth between the public and private self in their dialogues. Spencer’s (2007) research on male mentoring relationships found that the successful adult mentors established a connection that allowed for emotional expression and closeness, but in some cases they also distanced themselves linguistically at times when this connection might feel excessively intimate. In the more conscious balancing act of the clinician, at times of intolerable discussion, affect can be shifted to cognition, words to action, and direct attention to a more removed presence.

Sometimes, when boys at the crisis shelter are in my office and I feel I am getting nowhere with them, I shift my attention to the computer, telling them I have a lot of work to do but they are welcome to stay in the office. Often, they remain planted in their chair, and gradually they open up about painful feelings, comforted that I am not zeroing in on them while they do so. Similarly, when working on a psychiatric unit, I used to marvel at the way many of the boys would begin to disclose their trauma histories while riding with me in the hospital van on the way to a field trip or appointment.

**Incorporating Storytelling and Ritual**

The use of narrative is a powerful tool in therapeutic practice with boys, perhaps because it links back to a long-standing male tradition. In Gersie’s (1997) book, a male client explains it in this fashion:

> In my day we had bull sessions. It occurs to me now that the stories were an important part of male bonding. We called them war stories. We realized that these war stories were not objective accounts of events. They were the sort of accounts that men who shared a war might later tell. We were young. None of us had seen war. But we told accounts of experiences which emphasized the thrills. It wasn’t the story that mattered, it was the rhythm of life. It articulated communality. (p. 27)

The engagement of stories with boys can happen in a number of ways. With younger ones, I may use puppets to act out a fictional story that
hews very closely to issues I know are going on in their own lives. With latency age boys, I may tell them a pointed story about another guy I know whose experiences resemble their own. DeGangi and Nemiroff (2009) used fictional letters from kids seeking advice as a framework for exploring issues of self-esteem, identity, social and family relationships, and emotional regulation with 10- and 11-year-olds in a boys’ group. Mortola and colleagues (2008) wrote about the use of strategic storytelling by group leaders, in which disclosing carefully chosen moments from their own lives served as a catalyst for boys in discussing development and gender.

Just as storytelling harkens back to an ancient tradition, the use of ritual can assist in connecting boys to the therapy process in a meaningful way. Rituals can be used to mark transitions, celebrate accomplishments, recognize milestones, and highlight therapeutic progress (Cervantes & Englar-Carlson, 2008). They can also become a framework for treatment, helping boys to navigate the shift from the outside world into the therapeutic space, or supporting affect regulation at the end of a session.

A 10-year-old client of mine begins each session with an elaborate handshake, adding one additional step to the already complex series of movements each time he sees me. A five-year-old boy spent many weeks entering the room and announcing it was “time to feed the frog.” He would name all the happenings of the previous week that he did not like, asking me to write them on small pieces of paper that he then threw away in my garbage can designed like a frog. He was delighted when I would respond by making the chewing and “ribbiting” sounds of the frog. Teenagers in a previous boys group would end each session by engaging in the “Ziggy, zoggy, ziggy, zoggy. Oi! Oi! Oi!” chant that was used to end each episode of late-night television’s The Man Show.

**Building Reflective Capacities, Mindfulness, and Self-Regulation**

As was previously discussed, boys tend to lag in their development of inhibitory controls. When this delay is pronounced, it feeds directly into the kind of impulsivity that characterizes those diagnosed with attention deficit hyperactivity disorder. Few branches of psychotherapy have grown in recent years like the use of mindfulness practices in treatment. In fact, the presence of the creative therapist described here, as one who remains open to possibility and moment-to-moment experience without the imposition of preconceived ideas or judgment, is similar to Siegel’s (2010) recent description of the mindful therapist.

We would do well in our work to teach boys to attend to their own experience, both physiological and affective. Helping them to become reflectively curious about the thoughts, intentions, and feelings of others,
and better able to regulate their own impulses and emotions, may prove to be some of the more significant contributions we can make to their long-term adjustment, identity formation, and neural growth. These skills can be practiced in a number of ways, from structured games, to role play, to the simple practice of breathing and pausing to notice what is happening internally. Progress can be noted in a boy’s ability to step away from the heat of the moment to reflect on the experience, and an eventual ongoing internal dialogue between his experiencing and reflective selves.

Welcoming Others

Just as boys cannot be viewed in a vacuum, our treatment efforts should not occur in one. Studies demonstrate that a sense of connectedness to family and to school are some of the most robust protective factors against distress, depression, suicidality, substance abuse, and engagement in violent behaviors, particularly for adolescents (Resnick et al., 1997; Resnick, Harris, & Blum, 2008). Contrary to what we have been taught to believe, boys do experience trust and intimacy in their relationships with their parents (Jeffries, 2004). For boys, fathers can play an especially important role, with their support buffering young men against aggression, academic failure, and potentially mediating the negative correlation between substance abuse and suicidal ideation (Parke & Brott, 1999; Tarver, Wong, Neighbors, & Zimmerman, 2004).

In the United States, it is estimated that one in three male children live without their birth father (Tyre, 2008). In African American families, the number of households in which women were the primary caregivers doubled between 1970 and 1990 (Perry, 2008), and absent fathers are now considered the rule rather than the exception. However, while these boys are almost always considered fatherless in the literature, nonresidential fathers can and often do play a role in their sons’ lives (Perry, 2008).

In tandem with the trend toward absenteeism is a contrasting societal increase in stay-at-home fathers, males who are not the family’s primary breadwinners but remain at home as the caretaker. This number has grown to almost 160,000, nearly triple what it was 10 years ago (Legato, 2008). Fathers now comprise about 18% of stay-at-home parents in the United States (Synnott, 2009). In light of the recent economic collapse, family structure may be continuing to change along with parenting responsibilities.

It behooves us in our treatment of boys to foster these connections with family and significant others. For minority boys, in particular, the extended network of relatives, pastors, mentors, and adult males may be significant (Boyd-Franklin, 2008). Though it is difficult, I work hard to encourage divorced and separated fathers, working parents, and extended family members to feel that they have a significant role in a boy’s treatment and that they will not be judged when they come to
session, even if their participation needs to be by telephone. When this is not possible, for logistical or other reasons, I work with the boys to actively plan who in their life might provide support and how they may begin conversations with these people about difficult subjects. We have no better way to combat the image of boys as solo warriors and lone wolves than to bridge and support their connections to relationships and community.

CLOSING THOUGHTS

Epic Fail: A mistake of such monumental proportions that it requires its own term in order to successfully point out the unfathomable shortcomings of an individual or group.

—Urban Dictionary

A 13-year-old patient whom I have been treating for several years has recently insisted that we spend part of each session throwing a baseball. This burgeoning young man was a socially awkward, quirky boy when he first came to see me. He loved art but was entirely uncomfortable playing sports with peers on his elementary school playground, something he wanted to be able to do. Starting with some games of Nerf™ basketball, I began, a year into our work together, to encourage him to become more expressive and accepting of his physical self. Shortly thereafter, he embarked on playing ball again with the boys at school and experienced some success and camaraderie. This change gradually blossomed into a fervent passion for Sports Center, baseball cards, and inventing the “perfect pitch.”

When middle school came around, my patient flourished in a way he hadn’t before, developing a small group of buddies who shared his new interests. Now, at his urging, we throw the ball in sessions. My decided lack of athletic prowess often results in me dropping the ball, to which my patient will smile and utter, “Epic.” In those moments, I sometimes flash back to my own failed childhood attempts at sports. These failures ultimately forced me to look a little harder to find the strengths in myself and to better define who I was—to become creative.

Bromfield (2005) wrote, “Doing therapy defines imperfection” (p. 175). In our efforts to understand, respond to, and strengthen the boys who come to see us, we often proceed imperfectly, frequently fumble, and sometimes fail. Epically. In those moments, it is tempting to return to our maps and our guidebooks to figure out why we got lost in the first place. But getting lost is where the journey becomes generative. In conducting therapy with boys, we must be willing to blaze new trails or notice something unseen in the landscape. We have to be open to venturing into uncharted territory and appreciating what we might discover. In doing so, we may find ourselves in a place beyond rhetoric,
politics, and stereotypes where we can appreciate the boys who come to see us, and they can thrive. Epically.

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