

About a boy ...

Demystifying the teenage boy – part one

by J Cori Anderberg



Cori is an observer. She spends her life watching the world around her which has helped her flourish as an actress, a wife, a mother, an international citizen, and a homeopath. She found homeopathy two decades ago to support her son when traditional medicine had run out of answers.

She's passionate about helping patients tell their stories and find their way to wellness. Her three sons make for constant case studies, and their own wellness journeys have significantly influenced her practice with teenage boys. She also loves teaching at SCH and MCH.

What follows is part one of a two-part article based on my final year thesis at Southern College of Homeopathy in 2021. My practice for the last several years has focused heavily on the treatment of young men. Through this experience I've had the privilege of learning what a delight young men can be to treat as well as how to effectively treat and interact with them. Part one introduces the 'patient' – the teenage boy – and why we as homeopaths are uniquely placed to treat them.

At that period, which I regard as the end of boyhood and beginning of youth, my dreams were based on four feelings: love of her, the imaginary woman of whom I always dreamt in one and the same way and whom I expected at any moment to meet somewhere. The second feeling was the love of being loved. I wanted everybody to know me and love me, I wanted to tell my name – and for everybody to be struck by this information, to surround me, and thank me for something. The third feeling was hope of some unusual, vain-glorious good fortune. The fourth and chief feeling was self-disgust and repentance, but repentance so mingled with hope of happiness that it had nothing sad about it ...

A few excerpts from Tolstoy in the third part of his *Childhood, Boyhood and Youth* (via The Online Waldorf Library)

On a recent summer evening, my dog Suzie and I headed out on our usual route – across the street, through the graveyard, a good long run through Sunnybank field and then home. On a bench along the road this night was a group of four teenage boys, wearing the local teen-boy uniform: puffer jackets, tracksuit bottoms and hoodies, expensive tennis shoes and close-cut-on-the-sides-a-little-longer-on-top haircuts. The one in the middle with a mask on (but only covering his chin) was talking to a girl on his mobile's speakerphone. 'We're outside your house! Come out!'

Here I must admit and confront my own biases; I nearly crossed the road to avoid them. An assumption and a worry surfaced – they'll be

rude or even hostile. I should cross the road and avoid them. Except, I just couldn't. I didn't, anyway. Even COVID social distancing norms aside, something kept me on their side of the road. Suzie had no negative bias whatsoever. She pulled on the lead and went right up to them with tail wagging, eager for their attention and affection. They delivered. 'Hello girl!' 'Ah! You're a beauty!' 'What sort of dog is she?' They were 100% lovely and 100% polite. Cheerfully giving Suzie her desired attention and then wishing me a good night. Respectful. Delightful. Polite and friendly boys. I would have missed out if I had crossed the road. Shame on me for making unfair assumptions without ever giving them a chance.



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There is a prejudice towards teenage boys. My husband describes this age group of young men as disorganised, oblivious, and audacious. They are very physical, they don't always have much awareness, and they are the very definition of audacious: an usual willingness to take all sorts of risk.

Many of those with whom I speak, including homeopaths, don't quite know what to do with teenage boys. Just from casual inquiry, they do not seem to be a common demographic in many homeopathic practices. I would like to change that. I have a vested interest in boys – I am raising three of them. Two of them are currently in the throes of teenagehood and one is fast approaching. Additionally, 70% of my growing practice is made up of teen boys.

As homeopaths, we have an excellent method of case-taking – to learn our patient's story, to find out what needs treating, to be the unprejudiced observer that helps to unlock healing for our patients. Let's 'take the case' of the teenage boy and see if we can come away having confronted our biases so we can be better unprejudiced observers, and better equipped to serve this valuable demographic group.

Taking the case

The patient

Adolescent and young adult males

Sex and age

Males aged 12 to 25

Presenting complaints

The young men in my practice initially consulted me for the treatment of eczema, hay fever, shingles, dandruff, anger, focus and anxiety. All of them were referred to my care by their

Many teenage boys have a sort of 'spidey sense'

mothers (or for one patient, the mother of his girlfriend). Though many of them initially came because of physical complaints, every one of them also had underlying anxiety. Whilst many of them had recently seen their GP to address their physical complaints, all experienced minimal relief with the options presented to them.

I suggest that this is because the underlying issue – their struggles with mental health – needs treating. Unfortunately, statistics continue to show two trends: that adolescent men struggle profoundly with mental health and are even more likely to commit suicide or engage in dangerous behaviours due to their mental health, and that adolescent men are less likely to seek out or be referred to mental health programmes for support and intervention.

From the *Journal of Adolescent Health*, March 2018:

Adolescent and young adult men do poorly on indicators of mental health evidenced by elevated rates of suicide, conduct disorder, substance use, and interpersonal violence relative to their female peers. Data on global health burden clearly demonstrate that young men have a markedly distinct health risk profile ▷

I have a vested interest in boys – I am raising three of them

▷ from young women, underscoring different prevention and intervention needs. Evidence indicates that boys disconnect from health-care services during adolescence, marking the beginning of a progression of health-care disengagement and associated barriers to care, including presenting to services differently, experiencing an inadequate or poorly attuned clinical response, and needing to overcome pervasive societal attitudes and self-stigma to access available services (science-direct.com).

That same article goes on to list health service disengagement, mental health literacy, stigma, cultural expectations and masculinity, nosology and diagnostic issues, and service acceptability as the primary issues getting in the way of young men receiving the support they need.

It also articulates the trouble that many adolescent and young adult men have with describing their struggles to practitioners or trusted adults. Possibly this hasn't been modelled by their fathers or other adult men. Possibly they are not taught or encouraged by the dominant culture. Standard talk-based therapies just might not be the answer for many of these young men.

Young men also may not exhibit the same symptoms of mental health challenges that young women do. For example, we tend to think of depression as sadness or feeling low, but these aren't traditionally accepted 'masculine' qualities. Young men may show their depression in other ways, '... including a range of externalising behaviours or symptoms, such as anger and aggression, risk taking, or substance abuse' (sciencedirect.com).

Given this fact, issues such as depression, anxiety, and even suicidality are a challenge to diagnose, and current guidelines around treatment may be insufficient or incorrect. This is why we are uniquely equipped as homeopaths to support this demographic group. They may present to us with any variety of physical symptoms – acne, eczema, hay fever – but our line of questioning and case-taking can highlight what's going on beneath the surface for these young men. Perhaps

they will speak to us about it, perhaps they won't. I will look at what might make their productive engagement more likely, later. We can rest assured, though, that their symptoms will point in the direction of remedies that will inevitably address their whole self, thereby beginning to address the inner concerns and drivers that caused the presenting symptoms to manifest in the first place.

Case history (the story)

The prognosis is not all bad. Yes, young men are struggling at alarming rates. Yes, the causes of death as well as the diseases or disorders that may affect young men and their ability to live happy, productive lives are tough. It is especially tough if it's tricky to get them to engage in treatment and getting help.

Pragmatism

I have enjoyed the book, *He'll be Okay: Growing Gorgeous Boys into Good Men* by Celia Lashlie. I recommend it to mothers of young men in my practice. Lashlie was a single mother who worked in male prisons and with at-risk adolescents before being asked to head up a project called 'The Good Man Project' in New Zealand boys' high schools in the early 2000s. The project set out to answer the question 'What makes a good man?' in modern times. Her book is an excellent manual on raising, educating, and interacting with young men.

Young men also may not exhibit the same symptoms of mental health challenges that young women do



Cori re-watched the 1990s TV series *Friends* and realised how body image has changed in the past few decades for men

In the chapter of her book 'Adolescent Pragmatism: Why They Do What They Do', she describes three gifts and talents that young men bring to the world: pragmatism, intuition, and wisdom. I don't know that many folks would name those three things as common aspects of young men today. However, I agree! These qualities are all over the young men I see in my practice, my own sons, and their teenage friends.

Lashlie describes adolescent male pragmatism as 'what's in it for me, what's the pay-off, why should I do this?' She then discusses ways we use this mindset to both understand and motivate young men. Consider the following quote about the tendency of young men to leave things to the last minute in terms of the pandemic lockdowns and cancelled exams here in the UK. She suggests waiting until the last minute is part of their developmental make up and can't be altered for most boys, no matter how much



There's a prejudice towards teenage boys, but they can be approachable and friendly

coercion by adults is involved.

Their pragmatism means adolescent boys have to be able to see and / or feel the consequences of doing, or not doing, something before it becomes real enough to matter and to motivate them. If they sense that something will 'happen anyway', if they sense that in the end their efforts won't make any real difference, they'll simply choose not to act because, in their minds, there's no reason to do so.

The phrases 'I can't be bothered' or 'I can't be arsed' were used over and over again by the young men in my practice this year. For some of them, their GCSEs or A level exams were cancelled. This threw a huge wrench into their studies and, I would argue, their development. Their entire grade had depended on sitting and doing well on a series of exams. Now, none of that mattered. These young men described being told they needed to study all along, but not knuckling down until the exams were imminent. That's a common theme for them, and the effects of the pandemic on their education are massive. The abstract concept of studying for exams that



▷ may or may not ever happen was a challenge for many of them.

These boys are hurting. What their parents and other adults perceive as laziness or belligerence around studying is, I believe, a manifestation of the pragmatism that is innate to young men. Not only is it fundamental to their world view, it is a natural defence mechanism to protect them from the frustration and stress (possibly even trauma) caused by the ambiguity and uncertainty that has surrounded their education for the last few years. As practitioners, we must be sure to keep this pragmatism in sharp focus as we take the case of teenage boys.

Intuition

As a mother, I often see this idea of boys’ intuition at play in my sons. With three boys in the house, we spend a lot of time watching Marvel movies. Recently, I re-watched *Spider-Man: Homecoming* with my sons. Throughout the movie a 15-year-old Peter Parker leaves message after message on adult Happy Hogan’s phone. Parker idolises Iron Man / Tony Stark as a fellow science geek and super-hero and has been told that he must go through Happy to talk to ‘Mr Stark.’ In his messages, he’s trying to alert the adults to some major crime concerns in his neighbourhood. His ‘spidey-sense’ is the very epitome of adolescent boy intuition. He senses something amiss and never questions, but simply acts (a classic teenage boy response) and chooses to follow-up on what might be behind the crimes. Happy Hogan responds in a way that many adults might respond to teenage boys. He blows him off. He treats him as someone who probably doesn’t have a lot to say or to offer of value. He makes the assumption he is just playing fan boy to Tony Stark, and so he doesn’t pick up the phone. This proves to be a disastrous choice as the villain, Vulture, nearly gets away with stealing dangerous weaponry that would offer him terrible power. Spider-Man swings in and saves the day and Happy has to admit that he owes Peter Parker big time (Watts, 2017).

I find many teenage boys have this same sort of ‘spidey sense.’ There is



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quite a lot going on underneath with boys – this intuitive way of seeing and interacting with the world that very rarely uses external processing, but instead relies on intuition. Does this mean then that boys don’t talk?

A teenage boy demonstrating his physical dexterity and skills

Lashlie describes in one chapter the constant intake of information that young men are experiencing at this age. She suggests they may be thinking that the information they’ve always received from adults is just given to try to ruin their fun. They’re evaluating what it takes to be a man and what it takes to be cool and accepted by their peers. She suggests this constant flow of information in their brains is what causes the behaviour that many of the mothers of boys in my practice complain about – that their sons can do nothing but grunt and are incapable of anything other than monosyllabic expression.

So what does that mean for a homeopath who generally needs a patient to talk in order to be able to choose appropriate remedies? I’ve learned a lot about this over the past four years of treating adolescent and young adult men. I have had to learn

We must be sure to keep this pragmatism in sharp focus as we take the case of teenage boys



to ask better questions. Different questions. 'How have you been?' is almost always answered with a quick version of 'Fine, thank you'. The boys who sit in my office (or during lockdown over Zoom) are, to a one, very polite to me. They have neat, concise answers. You can almost watch them formulating the 'right' answers that they believe I want to hear, using their own inner 'spidey sense' to do so. This is not helpful for a homeopath.

I have a few favourite questions to get them to open up:

'Okay, two highs and a low – tell me two great things that happened this week and one thing that sucked.' This one is possibly my favourite open-ended question to ask a teenage boy. It often gets them talking, if only a little bit. They have fascinating answers. What constitutes a young man's 'highs' and 'lows' tells a homeopath so much about who he is.

Sometimes I'll ask, 'How would your friends describe you?' Another question that often opens them up is: 'So that's how you describe how you are, what would your mum say?' or 'What would your girlfriend tell me?'

Their answers to questions around physical generals or physical particulars can be tricky as well. Questions like, 'How have you been sleeping?' or 'What's your energy like these days?' often draw answers such as 'Yeah. Fine.' Again, this is not very helpful for a homeopath. Instead, I find young men do really well with 'out of 10' questions. 'On a scale of 1 to 10 with 1 passing out from exhaustion and cannot get out of bed, and 10 being you could run ten miles twice a day, how would you rate your energy level?'

We are encouraged as homeopaths to always ask open-ended questions. The questions above have served me well as a starting point for encouraging the teenage boys in my practice to talk.

The power of silence

It goes without saying that open-ended questions are a key skill for any homeopath, and 100% essential with young men who often give adults the answer they think they want to hear. I find embracing silence as important a skill as open-ended questions. This was difficult for me to learn: to allow a silence to sit, not to be in a hurry for an answer, not to be playing my own self-evaluation games and hoping I asked an okay question or wondering how I come across. The more times I sit with young men, the more I understand that asking an open-ended question and then sitting in confident, grounded, invitational silence, allows him the time, the safety and the space to formulate and articulate an answer.

But what if they won't talk or don't have much to say? Let me reassure you that, with the exception of one patient, I have never struggled to get an appointment to last longer than

Homeopathy is an excellent form of medicine with which to treat teenage boys

30 minutes. All of my follow-up appointments with the young men in my practice easily take up the one hour I have allotted. Sometimes, I even have to bring things to a close. Granted, it can take an appointment or two for rapport to develop, but I find young men have a lot to say and are eager to have someone to listen to them.

The good news is that even if they don't open up, homeopaths have rubrics for that. From Robin Murphy's *MetaRepertory* we have 'Mind, TACITURN' or 'Mind, TALKING, indisposed to'. We even have the rubric, 'Mind, ANSWERS, general, monosyllable', though as I have said, I don't find this to be much of a problem. While they may not use words, young men often communicate with expressions and hand gestures. We have numerous rubrics available to us for these behaviours. I see many of the boys in my practice fidget, pick at or play with their fingers, brush their hair away many times, bounce their leg up and down, chew their nails or the skin around the nails, pick at or play with their clothes, etc. Most of these are done completely absent-mindedly or when they are talking about a particularly distressing issue. There are so many good rubrics under: 'Mind, GESTURES' (see Table 1 on page 32).

▷ Table 1: Suggested rubrics to consider when treating teenage boys

Possible complaints / symptoms	Rubrics / Repertorised symptoms	Possible complaints / symptoms	Rubrics / Repertorised symptoms
Not speaking	Mind, ANSWERS, general, aversion to Mind, ANSWERS, general, monosyllable, (see Speech) Mind, CONVERSATION, general, agg., (see Talking) Mind, CONVERSATION, aversion, to Mind, EXPRESSING, oneself, difficult	Playing video games	Mind, DIVERSION, mental, amel., (see Occupation, amel.) Mind, PLAYING, general desire, for, video games
Bored	Mind, BOREDOM, feelings, ennui Mind, INDIFFERENCE, general boredom, with everything, to family, to his future, to	Bullying by other children at school or harsh treatment by teachers or parents	Mind, HUMILIATION, ailments from mortification (see Abused) indignation, with Mind, INDIGNATION, feelings ailments, from
'Having trouble studying' and other issues around studying or exams	Mind, CONCENTRATION, difficult exams, during studying, reading, while Mind, DULLNESS, mental exertion, from mental reading, while think, or concentrate, unable to	Procrastination	Mind, PROCRASTINATES
'Can't be arsed' or 'Can't be bothered' (something I hear often and heard quite a lot over lockdown from teenage boys)	Mind, INDIFFERENCE, apathetic boredom, with duties, to everything, to Mind, APATHY, general Mind, INDOLENCE, work, averse to, etc., Mind, LASSITUDE Clinical-Generals, WEAKNESS, general, fatigue, exhaustion, low vitality sensation, of, mental, exertion, from Mind, INDOLENCE, work, averse to, etc. Mind, INITIATIVE, lack of	Loneliness, missing friends and romantic partners	Mind, ISOLATION, feelings Mind, LONELINESS, feelings (see Abandoned, Isolation)
Sleeping late	Mind, BED, general, desires, to remain in, morning,	Issues that come up around friendships and romantic partners	Mind, LONGING, pining (see Yearning) pining, for someone Mind, FEARS, abandoned, of being Mind, GRIEF, hurt, feelings, from love, disappointment from Mind, LOVE, ailments from disappointed Mind, ROMANTIC, feelings
Wanting to be left alone	Mind, CONSOLATION, general, agg., from aversion, to Mind, COMPANY, general, alone, amel	Not showing emotion	Mind, EMOTIONS, strong, agg. suppressed, emotions, ailments, after Mind, GRIEF, cry, cannot after grief silent, with Mind, HIDES, true feelings
Gestures and fidgeting behaviours	Mind, GESTURES, makes, carphologia automatic, awkward, in brushing, the face or something away, as if constant, grasping, or reaching at something nose, lips, at spot, one bleeds, until nervous, picks, at fingers lips, and nose and lips or one spot bleed, until they plays, with buttons of his clothes, fingers rubbing, face stamps, the feet talking, gesticulates while	Rule breaking, recklessness	Mind, AUDACITY, mental
Issues around low self-esteem / low self-confidence	Mind, CONFIDENCE, lacking, no self-esteem school, in Mind, DELUSIONS, dumb, thinks he is Mind, DELUSIONS, fail, everything will Mind, INSECURITY, feelings Mind, SELF, general self-conscious self-depreciation self-esteem, lacking	Audacity. Definition from www.dictionary.com - boldness or daring, especially with confident or arrogant disregard for personal safety, conventional thought, or other restrictions	
Anger	Mind, ANGER, indignation, with Mind, ANGER, suppressed, ailments from Mind, DEPRESSION, anger, from	Sulking (usually a complaint from a mother)	Mind, BROODING, behaviour, (see Sulks)
Anxiety	Mind, ANXIETY, general, exercise, amel Mind, ANXIETY, general, future, about the	People pleasing and really wanting others to think well of them (see the Tolstoy quote on page 26)	Mind, LONGING, pining (see Yearning) good, opinion of others Mind, PLEASE, others, desire to
Tiredness, fatigue	Mind, EXHAUSTION, mental, prostration	Exercise	Mind, RUNNING, gen amel
Tension at home with family (some of these will apply to their attitudes at school as well)	Mind, ADMONITION, mental, agg Mind, ALOOF, reserved, behaviour Mind, AVERSIONS, mental, family, to mother, to Mind, CONTRADICTION, general, agg., disposition, to contradict others intolerant, of Mind, ESCAPE, attempts, to family, house, wants to get out of Mind, HOME, general leave, home, desires to stay, at home, desire to Mind, HOUSEKEEPING, general aversion, to	Staying inside (a common issue after lockdown being lifted that teenagers are not all getting out into the world)	Mind, GOING, outside, aversion to
		Silliness and joking behaviour	Mind, JOKING, jesting
		Grief and disappointment	Mind, GRIEF, cry, cannot after grief hurt, feelings, from insults, over love, disappointment from silent, with Mind, LOVE, ailments from disappointed Mind, DISAPPOINTMENTS, ailments, from
		Holding grudges, 'not fair,' or 'I hate that person'	Mind, GRUDGE, inclined to hold
		Feeling fed up Looking away during consultations	Mind, DISCONTENTED, feelings, (see Depression) Mind, LOOKED at, cannot bear to be evading, the look of others
		Adjusting the camera so they cannot be seen well on Zoom consultations	
		Not holding eye contact	
		Keeping to himself, not wanting others help	Mind, SELF, general self-sufficient, needs no help from others

(Murphy, 2018)



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As I have already suggested, we don't necessarily require a long, drawn-out conversation where they divulge their internal world. Aphorism 7 in the *Organon* states:

In cases of disease where there is no obvious occasioning or maintaining cause (*causa occasionalis*) to be removed, we can perceive nothing but the disease signs. Therefore, it must be the symptoms alone by which the disease demands and can point to the appropriate medicine for its relief, along with regard for any contingent miasm and with attention to the attendant circumstances (Hahnemann & O'Reilly, 1996).

He continues later:

The medical-art practitioner can never see the spiritual ween, the life force, that creates the disease, and he never needs to see it. In order to cure, he only needs to see and experience its diseased effects. ... thus making homeopathy a great

form of medicine with which to treat teenage boys. If they don't want to talk, or don't have the tools to articulate their emotion, their symptoms will communicate for them.

What they say and how they say it. Finding the themes

As with any patient, *how* a young man says things is as important as *what* he says. What sort of language does he use? What is the central complaint behind his talk? What is the theme of his talk overall? A recent case brought this concept home to me.

I had seen a teenage boy, aged 13, for a few appointments. His mother had enlisted my help with treating his anger and aggression issues and his struggle with focus at school. Having taken the case, what rose to the top were: issues around hitting, throwing massive temper tantrums, his feeling that 'driving around in the car' or a trip to India to fulfil his dreams would really help him.

Teenage lads being energetic, having fun

I prescribed *Tuberculinum* LM1 and increased the LM at each appointment.

We began to see improvement. He was able to articulate more of what was bothering him and sometimes he could also stop himself from hitting even when he became extremely angry. As the appointments continued, I started to consider *Stramonium* for the striking and hitting behaviour and *Nitric acid* for what his mother repeatedly suggested to me was one of his central issues – holding a grudge.

During one appointment, this young man wanted to tell me two stories he'd told me every appointment previously. 'I want to tell you why I got Saturday detention.' I could practically recite the story by this point, but it was what he wanted to talk about, so I encouraged him to continue. On this occasion I tried to listen not so much to the story, but to the way he told it. As I listened I heard something new. ▶

▷ It wasn't the young woman in his class who refused to wear a mask and, therefore, was 'trying to kill him'. It was what he called 'exempts', and the fact that no one in authority was doing anything about an action he clearly saw as not right. It wasn't the fact that a teacher gave him detention for swearing in class, it was the fact that the teacher had sworn at him and not got into trouble for doing so. It wasn't that he was angry at being bullied, it was that he hated racism and would not abide it coming from anyone. He felt that his violent actions were the only logical behaviour to choose against the aggressors.

As I listened to the way he told the story, I understood that this was not a case of a grudge-holding *Nitric acid* patient dwelling on past disagreeable occurrences. Nor was it a *Stramonium* patient with a desire to attack others. This was in fact a *Causticum* patient whose main issue was injustice. As I looked back through my notes, sure enough, there it was. I saw how many times he had used the phrase 'not fair'. *The way* he told the story held the key.

What a young man says is important, though, as well. I was several appointments in with one young man in my practice before I thought to clarify a statement he made often. In fact, it's a statement many of the young men in my practice make: 'It was just really annoying.' One day I finally figured out I was making an assumption based on what 'annoying' meant to me.

During that appointment I learned something important about my assumptions about this young man and, indeed, all young men. I said, 'I think you and I might mean something different when we say 'annoying'. When I am annoyed I feel about a 2 or 3 out of 10 on a scale, with 1 being not too bothered and 10 wanting to smash something because I'm so frustrated. When you say 'annoying', where does it sit on that scale for you?' I would previously have thought his answer would be similar to mine – in the 2-3 range. Imagine my surprise when he answered, 'Probably a 7 or an 8', and then finally did what I'd been trying to get him to do for several appointments – elaborated on why what we were discussing elicited such a strong

reaction; why it was so 7 or 8 out of 10 'annoying'.

I learned a lot from that appointment. What a young man says is not always what it means to me. Discovering what he means can open up great conversations as well as clarify the issues we're discussing.

Let's talk about assumptions and stereotypes

So much valuable work is being done currently across many disciplines on the concept of unconscious bias. This is just one more area in which Samuel Hahnemann was ahead of his time when he talked about being the unprejudiced observer. Aphorism 6 from the *Organon* states:

The unprejudiced observer, even the most sharp-witted one – knowing the nullity of super sensible speculations which are not born out in experience – perceives nothing in each single case of disease other than the alteration in the condition of the body and soul, disease signs, befallments, symptoms, which are outwardly discernible through the senses. That is, the unprejudiced observer only perceives the deviations from the former healthy state of the now sick patient (Hahnemann & O'Reilly, 1996).

I find stereotypes are rife in conversations I have with other mothers, adults and, unfortunately, homeopaths, about teenagers. Here, I'd like to describe some of the stereotypes I hear about teenage boys on a regular basis and possibly debunk a few of them so that we as homeopaths can cultivate an awareness of our own unconscious bias towards adolescent and young adult men and, by doing so, move toward being better unprejudiced observers.

The following stereotypes were gleaned from a dinner table discussion with my three sons ages 18, 16, and 11. I asked them if they encountered gender stereotypes and how that played out at school or in the world.

'Boys don't talk' (or what many mothers suggest – boys speak only in grunts) and a similar one 'Boys aren't deep'

A similar stereotype that I have heard adults say is that with boys, 'what

Two of the boys in my practice regularly describe having a cry

you see is what you get'. I don't agree at all. Boys are incredibly nuanced and often only let you see what they want you to see. I have already addressed the idea of teenage boys and talking above, but I found a fascinating article from 2018 in the *New York Times* that addresses this same issue.

The article was about programmes in US middle schools (students ages 12-13) developed to teach boys to challenge gender stereotypes and give them a place to talk about emotions. The article concluded that 'As it turns out, boys do want to talk. Not so much about topics handed down to them during ubiquitous 'advisory meetings' but about the issues that confront them every day. Mr Leiken [a mentor and facilitator of boys groups] says that translates into everything from how to garner respect from peers, parents and teachers, to how to be a good friend to navigating relationships with girls in the #MeToo era. Ultimately, he says, 'They need to feel that their life really matters. That they're capable and needed in the world'. I find it fascinating that the list Mr Leiken gives mirrors so closely the quote at the beginning of the article – which Tolstoy wrote in the 1800s and is still true for young men today.

'Boys are messy'

Some are. However, I have more than one boy in my practice who would come under the rubric Mind, FAS-TIDIOUS. One teenage boy I know works at an upscale grocery store and pointed out that at work only the girls

are assigned to tidying and organising shelves and the boys mostly to carrying the heavy boxes. He also told me that the girls are almost exclusively the ones assigned to the customer service / interaction roles at the store. The management was surprised when they gave him a chance and he turned out to be one of the friendliest and most conversational check-out clerks at the store.

'Boys don't show or express their emotions'

Some might not. I have already discussed the ideas of stigma, cultural and familial modelling, ideas around masculinity, and the concepts of externalising action-based expression versus articulating emotions. There is so much work to be done to help boys learn to articulate emotions as well as to build a culture that allows and encourages boys to do so and still be seen as masculine men. I hope homeopaths can be a part of that change. Two of the boys in my practice regularly describe having a cry. Notably, not in a 'must be alone' *Natrum mur* way that we might assume from our biases about boys, but in a 'needs someone near' *Pulsatilla* way.

'Boys are troublemakers'

All three of my sons suggested that in their experiences at school female teachers overlook chatty behaviour from girls, but come down hard on boys for the same, and characterise it as 'disruptive'. They felt that male teachers were more equal in their treatment of this behaviour. Leonard Sax, MD, and PhD psychologist, in his book *Boys Adrift: The Five Factors Driving the Growing Epidemic of Unmotivated Boys and Underachieving Young Men* goes into extensive detail on research around this topic. The online Waldorf Library also had some excellent articles under the search title 'adolescence'.

Both sources explain the developmental differences that make it difficult, if not impossible, for boys to sit still and be quiet and learn in the modern classroom. Sax explores in detail why classrooms are simply not equipped for boys and possibly do

them harm. He explains how the behaviour they exhibit is often labelled as troublemaking, but may not be that at all, and that the so-called troublemaking behaviour comes down to major differences in brain development and should be accommodated by schools instead of being punished (Sax, 2016).

'Boys don't care about how they look (or smell)'

This may be an old stereotype or one only associated with younger preteen boys. My own older teenage sons said this is not a stereotype they encounter. However, I have heard many mothers of boys in my youngest's class say this. It just isn't true. Here's a personal observation: I have recently re-watched one of the most popular pop-culture fixtures of my own teenage and young adult years – the TV show *Friends* (1994-2004). I noticed that the three men on the show, Ross, Chandler and Joey – who many young women thought were the ultimate in sexy at the time – are not in particularly great shape. There is even an episode where Ross and Chandler go to the gym that they never use in order to cancel their membership. There are also several jokes about Joey – a popular soap opera star who is meant to be the show's sex symbol – and how he says he works out, but doesn't.

Contrast that with current television and movies where even young teenage male stars are expected to be incredibly fit with ultra-defined muscles. Body image has changed in the past few decades for men. Add in the selfie-heavy social media and we now have many young men presenting with eating disorders and major issues around body image. My older sons said that fitness, fashion, and how one looks are all major issues that in their opinion begin at the latest around aged 14. I see it already in my 11-year-old.

'Boys can't like pink'

My youngest was told by a clerk that he had the wrong shoes when he brought the pink ones to the counter instead of the blue ones. She even asked me if I was sure I wanted to buy them for him, and

rang them up with much huffing and puffing.

Other stereotypes my sons regularly encounter are:

- 'All boys are competitive'
- 'Boys can't do ballet'
- 'Boys aren't as nice as girls'
- 'Boys are all rowdy'
- 'Boys aren't good at communication'
- 'Boys are dangerous'
- 'Boys only want sex'.

I hope this list helps us consider the unconscious biases we hold about boys so that we can enjoy releasing them from those unhelpful constraints and move closer to being unprejudiced observers.

Come back for part two where I will look more specifically at the homeopathic treatment of teenage boys and consider some old remedies in a new light. I conclude with my 'prescription' for our practice as it relates to our engagement with and treatment of teenage boys.

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