

**Joy Gilson** and **Stuart Coulden** are having huge success using the human givens approach to help severely distressed and challenging teenagers.

# Respect: effective therapy with marginalised young people

**J**UST before we started writing this article, the Effective Therapy Centre discharged its 200th young person. These young people had been referred to us specifically for human givens therapy. Some we saw at local secondary schools in Hertfordshire, where we are based. Others came via the local Connexions Service, which provides support and guidance for 14–19 year olds, and the ‘Children Leaving Care’ team, both keen to try out this new approach with some of their most emotionally distressed and challenging teenagers. The first independent evaluation reports on our work were published in February and March this year (see “Feedback so far”, on page 41).



In our publicity material we had promised to help young people who came to us feel better quickly, and in reality we had no other option. To expect most of the chaotic clients we deal with to attend any more than three or four sessions would be unrealistic – even though, in some cases, we travelled to their own homes to see them, as well as seeing others in their schools or at the Connexions Centre.

We had to discern quickly the nugget of meaning behind some of the adolescents’ often incoherent outpourings, like this one from 15-year-old Judy. “... You know, she said that he said that he’d, you know, done it first ‘n anyway Lisa and Sam like phoned to say yeah but no but yeah so like I would go to the party except you know Chantelle like the fat one? The one with the boyfriend that used to be my boyfriend before he went out with Jackie who’s a scrubber? Anyway I still wanted to go to the party but she kept looking at me funny so I like said what was she looking at ... And that’s when I hit her ... but I don’t want to ‘cos she’s my mate but when she kissed Darren ...”

Simple ‘emotional intelligence’ can often be lacking in adolescents. The most basic emotional skill – that of being aware of your feelings and being able to name them – was evidently lacking in Judy’s highly emotional outburst. It is monologues like these that need a short, swift, “Yeah, it’s horrible to get upset and feel jealous; you often end up feeling even more upset, don’t you? Lots of people your age can feel like this. Like them, I guess you would like to learn how to be able to stay calmer and more in control.” In the case of many male adolescents, account also needs to be taken of the fact that they may be verbally dyslexic as well as having low emotional literacy skills.

We have found that skilful rapport building and information gathering are even more necessary with adolescents than with adults (see “Getting started”, on page 38). No assumptions or ‘solutions’ should be offered until thorough and skilful questioning has shown the true nature of the difficulty. Adolescents are quick to feel misunderstood, probably because they have so much difficulty in understanding themselves with the enormous changes that are happening to them. An inaccurate summary of their difficulty will label you as ‘yet another tosser who doesn’t have a clue’.

However, get it right, and it can be surprising to see how often a careful information-gathering session, in which information is summarised and given back to the young person in a coherent structure, can give them sufficient insight into themselves to make further therapy work almost unnecessary. A recent client, suffering depression brought about by obsessive guilt, was transformed in a few seconds after Joy summarised and reframed his story in the following way.

“So, have I got this right Lee? You are worrying every day that you were horrible to your dad when he was in hospital, because you had parties every night. And although you didn’t know he was dying – in fact, you thought he was getting better – you think a reasonable person would not have used the opportunity of having an empty house to have a few friends round and have a laugh? Now, personally, I think most reasonable teenagers I know would be taking any opportunities they can get to have their mates round with their parents out of the house, as long as they were not damaging anything, but you think that’s wrong?”

The tone has to be right – Joy asked the question with a genuine interest in whether he did really think it was wrong – and this was enough to enable him to see beyond the obsessive feelings of guilt he had been locked into. Joy didn’t tell him his position was either right or wrong but simply spelled the facts out and let Lee look at them.

## Surprises along the way

We have worked with a number of ‘tough’ older teenage boys who have earned themselves a reputation for becoming quickly emotionally aroused and ‘losing it’. Aggressive and likely to respond physically at the least provocation, they start out with detentions and often end up being

excluded from school. We have found that a surprising amount of such antisocial behaviour stems from an incident of being bullied at primary school or being severely shouted at by a teacher there. The experience had set up a traumatic pattern and they had, as a consequence, found it hard to handle the rough-and-tumble, jostling and teasing, of secondary school life. Once developed physically, they had been able to set in place their own protective strategies – but these were limited to aggressive responses rather than negotiating skills. After detraumatizing them (by the rewind technique, see later), we were able to teach them more effective ways to cope and integrate socially.

We have also discovered that a significant minority of young people in mainstream schools are having psychotic episodes but dare not tell anyone, for fear of appearing mad and being ‘put away’. During stressful times, some experience visual and auditory hallucinations several times a day. One girl was enormously relieved when we explained that psychotic episodes are like the experiences we have when we dream – indeed, the brain state is the same – and that significant levels of stress can spill the experience over from sleep-time into waking-time. We always explain that worrying about and fearing the experience heightens stress even further.

‘Normalising’ the experience in this way enables a young person to reduce some of their stress immediately and, with it, the likelihood of psychotic episodes being repeated so often. We concentrate, in our limited time, on teaching them stress management skills, explaining that, because they are particularly creative or active or studious (or whatever aspect of their personality fits), they might need to work harder than some others to keep their stress levels down. (If a client is under the age of 18, we always work with parents/guardians to ensure that a responsible adult knows the approach we are taking.)

### A pool of tears: Joy describes her work with Shannon

Some clients, many of whom have previously been to psychodynamic counsellors, appear to expect that they should get emotional if they are in a therapy room. One 17-year-old girl called Shannon had no sooner sat down at the Connexions Centre than tears began rolling down her face. She told me she was depressed and had been so ‘forever’. A few minutes later, having listened to increasingly desperate descriptions of the misery Shannon had endured, I quickly stopped what I could feel would become a spiral of negative introspection and asked her whether she had been depressed at seven years old. Five years old? Three years old?

Shannon’s story, like many others, was certainly a sad one. Her mother had been an alcoholic and, 12 years ago, when Shannon was a frightened five-year-old, there had been talk of Shannon’s going

into care. She recalled a particular incident when she was walking down the school corridor and she overheard some women gossiping about her. As she walked past them, they clucked to each other, “Poor little mite, living with that alcoholic. Of course, she’ll be put into care. How could any woman allow that to happen to her child? That woman is evil!” Shannon, already worried by previous social work visits, was now convinced that the world hated her much-loved mummy and that, unless she was very careful, she herself would be put into an ‘orphanage’ where she would rot in misery for the rest of her life. She described the feeling of horror in the walk through that corridor and, when I asked whether that was the feeling she had kept with her for the last 12 years, she paused, then nodded. Tears were rolling off her face.

I immediately said, “Where did you get the strength to have carried that weight on your shoulders and *still* manage to learn to read and write, get through secondary school, pass some exams and make friends at college whilst at the same time having so much love and compassion that you cared for your mother and protected her from an ignorant world?”

My genuine expression of surprise when I asked this question gave a reframe to her experience that made her visibly ‘double-take’. Initially puzzled, she then said hesitantly, “I’ve always been strong”. A pause followed. Then, her voice stronger, she said, “I have had to be for my mum.” “Indeed you are,” I replied. “How amazing that you’ve grown *so* strong in the last 12 years. Many people I have met would have become weak, but you have turned in the opposite direction, and grown stronger. You are obviously a very resourceful young woman.”

### A diagram to explain the pain

I then got out a pen and paper and drew for Shannon a picture of the brain, showing her how some memories can get ‘stuck’ in the wrong part of the brain and how they could be ‘moved’ to the right place simply by playing them forwards and backwards in a special way on a videotape in one’s imagination (a simplistic description of the rewind technique, which works by dissociating the emotion from traumatic memory, thus neutralising it).

As I drew the brain and started to put dots on it to represent the ‘traumatic memory’, Shannon’s natural curiosity immediately nudged her into a different frame of mind where she could calmly ‘observe’. What was being talked about was not her but just the way that her brain, like *all* brains, worked. I always use a simple diagram, when working with young people, to explain what is happening on a physiological level. The explanation might not be sufficiently accurate to impress a neuroscientist, but I have yet to hear any client complain that memories are not stored as dots.

To prepare Shannon for the rewind technique, I first ascertained her ‘safe place’ – somewhere real



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**Stuart Coulden** has many years’ experience working with disaffected adolescents. He has worked as a nurse, in education and with the Connexions Service as well as being involved in developing social policy. He holds a postgraduate diploma in brief psychotherapy from the human givens perspective.

All clients’ names have been changed.

## Getting started – Stuart’s experience

EVEN if young people have had a relatively straightforward upbringing thus far, adolescents are healthily sceptical of adults making conversation that sounds as if they are trying hard to ‘get down with the kids’. A misplaced “Wow, wicked ...” or “Yeah, I like that 50cent<sup>1</sup> bloke. I’ve got all his LPs ... he really keeps it real ...” will at best create a barrier and leave the client feeling that they are dealing with a ‘saddo’; at worst, it will switch them off so completely that any effective work will be impossible.

Non-verbal communication is, in the early stages of building any relationship, very important indeed. I cannot deny, visually, that I am a 40-something, slightly balding and chubby man. I do not wear ‘street clothing’ and apparently I look ridiculous in a Burberry baseball cap (other people’s observation, not mine). I therefore need to look confident, in control, optimistic and interested.

I always shake a client’s hand, look them in the eye and smile when I first meet them, and I do the same as I bid them goodbye and see them off the premises. Maybe there is an instant connection when formal body contact is made; maybe the act of shaking a hand breaks a trance – many young people can kind of slide into a room in a trance-like state, without making eye contact or communication of any kind. It’s as though there is a ‘conditioning’ that locks adults out or mistrusts them. Or perhaps I feel it makes an external show of confidence on my part.

Pacing – matching the young person’s body language, tone of voice and mood, just as I would do with an adult – enables me to understand their emotional state better and, more crucially, let them know unconsciously that I have done so. I deliberately match mood – lowering and slowing down my speech, matching depressed body posture with someone who appears down and, conversely, raising my voice and making more body movements when I’m with

someone who is agitated and angry.

Rapport building, then, is no different in essence from building rapport with adults. It certainly doesn’t seem to be about sharing musical experiences, fashion and diet tips or a passion for Big Brother and Hollyoaks.

However, what I find is different is the need for absolutely spot-on pacing and leading. With adults, it can be easy to rely on social constructs or norms or their in-built conditioned sense of politeness, and believe that you have built rapport. With adolescents, unless you really have built rapport, really closely observed, paced, led (with body movements of your own, which the client will match if you have truly built rapport) and showed understanding, you will get nowhere. Adolescents will show you up instantly as a fake. If you get it right, the rest is easy. But they can be unforgiving to those not really skilled in building rapport and – like a stand-up comic in a rough Glasgow club – you can be mercilessly dismissed for a poor performance.

To get absorbed in a client’s problem is the road to stress and emotional overload, as we know. We have all met caring professionals who carry the weight of their clients’ burdens upon their backs and the more they take on board, seemingly the less they are practically able to do. They become overwhelmed and feel powerless, angry or depressed themselves. Rapid rapport building as described above enables a connection with the client – an unspoken declaration that we are the same – whilst remaining objective and not being drawn into their emotional world.

As with building rapport, the gathering of information that will be helpful to the client’s recovery can be a tricky process with some adolescents.

Anyone who has shared a house with a teenager will be aware of their extraordinary ability to communicate – sometimes for days on end – by just a few monotonal grunts, interspersed by the occasional

or imagined that people can visualise while deeply relaxed during the procedure. This turned out to be the psychiatric hospital where she had spent a few months. It was not the first time I had heard someone make this choice. We have also noticed that the beach scenes, gardens and mountain streams that adults usually choose to conjure up in their imaginations are often not the places that appeal or feel safe to young people. Also, their imaginations are often less constricted and we have had to find creative ways of rewinding videos whilst they have sat on the moon, flown around the stars, talked to frogs in the rain forest and swayed in the stands at Arsenal’s football ground. The most common choice, however, is their bedroom (providing abuse hasn’t taken place there).

### **Using rewind**

I showed Shannon how to relax by breathing in to the count of seven and out to the count of 11. She went easily into deep relaxation, as I encouraged her curiosity about the pleasant bodily sensations she would experience as she did so.

During the rewind technique, the client is in control of an imagined remote control that operates an imagined videotape and is guided to run the traumatic incident quickly backwards and forwards as many times as is necessary to neutralise its emotional power. After five rewinds of the incident, I told Shannon she could ‘check’ whether the memory had moved by trying to change something in the video. If she could make a change, which could be anything she wanted (for instance, adding some

“Wuhhhhh! You just don’t understand” or “You’re just sooooo embarrassing. I hate you”. Extracting precise information can appear as challenging as teaching your cat the lead guitar solo in Led Zeppelin’s “Stairway to Heaven”.<sup>2</sup>

### The reflective reframe

Many of the teenagers we see have experienced the full range of counselling approaches and ‘professionals’ meetings’, so are well rehearsed in descriptors for their particular set of behaviours: “Well, I’m here ‘cos I’ve got issues with anger”; “They’ve got issues with the amount of gear I do”; “I can’t accept that my mum has a complete knob for a boyfriend”. Instead of the question that they usually hear – “How does that make you feel?” (“Well, crap actually, that’s why I’m here, you stupid man) – they might be constructively surprised by a reflective reframe. “So you get angry sometimes and maybe you’d like to learn to be a bit more in control of it?” “So you’re taking drugs at the moment and this seems to upset some of the people around you?” “Your mum’s seeing someone at the moment and you don’t get on particularly well with him?”

General discussions – interests, family, what they enjoy, what they can’t stand – can often be a good starting point for finding out what may be going on emotionally. Working from the premise that almost all difficulties are a result of one or more of three elements (needs not being met, misuse of the imagination, or inappropriate emotional arousal) one can begin to build a picture.

Structuring the information gathering in the way one might do with an adult client can prove difficult. Asking key questions such as “When, where, and with whom did it start? How often do symptoms occur? When does the problem not occur?” in the main tend not to go anywhere. The lack of emotional literacy and verbal dyslexia can really get in the way. Instead, I often find myself going on a metaphorical fishing trip with a massive bucket-load of bait. I tell stories of other clients

who have come to see me, the difficulties they had, and how we worked out how it had all started, in order for us to come up with a plan that would stop it continuing.

“This guy came to see me and he found that, although he could keep himself together most of the time, in certain situations, when he was under pressure, someone only had to say something to him in the wrong way and he’d find himself shouting/punching/running out of the room.” “There was this lad and he just kept feeling suddenly panicked, and he didn’t understand why. We managed to work out that it happened after someone had brushed against him or jostled him when passing in the corridor. It wasn’t deliberate jostling and he had never connected it before ...” I intuit and feel my way through these stories and watch for pattern-matching signs – a smile, a shift in body position, an exclamation, “Oh yeah, that happens with me sometimes!” “God, that started happening to me after I moved up to secondary school too.” Then, we have a direction. My client often feels relief and we set off on a detective journey to piece the whole thing together.

In a nutshell, adolescents will recognise their problem when they hear it verbalised by someone else but you need to be prepared to help them out by putting a whole variety of scenarios in front of them and carefully noting subconscious clues to tell you which they have picked as being closest to their own experience. Engaging in this process has two other benefits: they realise I’m experienced and I’ve heard it all before; and they realise they are not the only one to suffer what they are suffering. The episode, event or behaviour has been normalised. ○

1. Contemporary, popular rap musician.

2. Popular song performed by well-known ‘beat combo’ from my era.

music, comic faces or making the characters bigger or smaller), she would know the memory had moved. She chose to skip along the corridor with a smile on her face and, indeed, I could see Shannon smiling as she saw herself doing that.

Finally, I invited her to take the tape from the machine, telling her that all that was left on it were the inappropriate emotions. I left Shannon to do what she wished with the tape and asked her to be curious to notice the difference in how she felt as she did so.

### The sturdy plant

Whilst Shannon was still deeply relaxed, I told her about a little seedling I had planted in my garden, in a spot where it didn’t get as much rain or sun as

the rest of the plants. After a while, I had decided to move it to another part of the garden and was surprised at the depth and strength of its root system as I dug it out. A gardener friend reminded me that, of course, this was quite normal in a plant that had had to struggle to survive in such difficult conditions. When it was transplanted to a more friendly area of the garden, it very quickly grew taller and stronger than the other plants around it, all because of the strong root system that knew how to go further and deeper than the surrounding plants to flourish. It ended up becoming the most fragrant plant with the most flowers in the whole garden.

There are countless metaphors that can be used to help a client reframe an experience into one

where more positive outcomes may be seen. Sometimes, I make up stories as I talk to the young person, making use, for instance, of their obvious love of body art (tattoos), the colour pink, their passion for football or other sports, or anything else I may have noticed. Sometimes, I use stories from other ages and cultures; sometimes, one of our own culture's fairy stories will do the job.

When I invited Shannon to open her eyes again, feeling alert and refreshed, she did so with a smile on her face. She said that, on a scale where 1 was feeling great and 10 was feeling terrible, she had gone from an 11 (clients often go above the limit of the scale just to prove a point) down to a 7. I told her I would be intrigued to know the changes that occurred in the following week and asked her to pay particular attention to noticing these changes, so that she could tell me about them. Although most clients feel better after relaxation, lasting change will only come about by making changes in the world outside the therapy room. It is dangerous to assume that they have effected real change unless they have had a chance to practise it in their everyday world.

### **Making plans**

Shannon returned a week later, and, again, no sooner had she sat down than the tears began to flow. This was surprising given the changes that she then reported. She had been "less sad", "more calm", "happier". I gave her lots of positive feedback for this and simply ignored the tears. I often wonder if years of therapy sometimes have a conditioning effect whereby people just *have* to start crying the moment they sit in a therapy chair – even if they are feeling quite happy. I asked her who else had noticed the changes, and she reported that her mother had commented on how much calmer she had been. The fact that her mother was apparently very pleased would have been highly affirming for Shannon, who had spent her life trying to protect and look after her mother. She also reported that the 7/11 breathing had made a big difference.

She continued to focus on what had gone right that week and then I said, "Now, Shannon, at 17 you and your mother are finally free of the worry that you might be taken into care. You have helped your mum to care for you, and both you and your mum are now happier. You can see you have not only overcome the difficulties and traumas of early childhood but, in doing so, you have become strong, compassionate and hopeful. What do you see yourself doing in the future to keep yourself happy and stretched?"

Her eyes were almost sparkling as our discussion then focused on her getting out of the small town she was living in and finding a job in London, where she would like to work in the media. We concentrated on the qualifications she would have to get, but also agreed that she would need to earn some money in order to finance her college course.

A part-time job was the solution and, as the Connexions office we were sitting in was in one of the largest shopping malls in South-East England, there were plenty of opportunities around. Shannon was now smiling broadly at times (though tears kept falling). She readily assented to another guided visualisation.

### **Climbing the mountain**

In the guided visualisation, she saw herself eagerly walking up a path through a dense pine forest that was in shadow. She was to 'sense' rather than see the path leading upwards and, as she came out of the forest, she could notice she was walking up a mountain where low cloud enveloped the path. She could feel the effort as she climbed, knowing that each step, though hard, was taking her ever nearer the summit that she aspired to. For the very last few steps, she needed to use her hands to feel for the rock that would enable her to make that last effort and pull herself up. Although she found a few rocks that, at first, seemed strong enough, she noticed that they were not fixed and therefore knew they would simply roll away. Patiently she searched until she found one that was firm enough to take her weight, to enable her to pull herself up and onto the summit. As she did so, she finally broke through the cloud and found herself in clear, bright sunshine.

The air was fresh, the sun bright. Taking deep breaths, she could notice that all the toxins, all depression, all darkness was expelled in her breath or washed out in her tears. When all the depression had gone, the tears would simply stop. (As I watched, her face became smooth and calm and the tears did stop.)

I told her she could then see opening up before her a picture of herself in the coming week. She would notice how happy and calm she felt when visiting her Connexions worker, enquiring about part-time work and filling in her college application forms. She could be curious to notice how her Connexions worker looked at her now she was happy, and what changes her friends, her mother and others noticed in her. How was *their* behaviour different because of *her* happiness?

As the picture began to fade, she could choose simply to sit in the beautiful fresh air, with the sun warming her, or she could close her eyes within her closed eyes and listen to a story I'd once heard.

*In a dark alleyway an agile pickpocket had tried to snatch Nasrudin's purse. Nasrudin was too quick for him and there was a violent struggle that seemed to go on for a long time. Eventually, Nasrudin got the pickpocket on the ground. At that moment a woman who liked to do good passed by and called out, "You bully, let that little man up and give him a chance!" "Madam," panted Nasrudin, "you ignore the trouble I had getting him down."*

After a long pause, to allow the story to sink into

her subconscious mind, I brought her out of trance, hopeful that she would not feel the desire to visit a psychodynamic therapist again.

I saw Shannon on just these two occasions and, after eight years of ongoing psychiatric care, including hospitalisation, Shannon said she was happy for the first time she could remember. I have heard recently that she did, in fact, get a part-time job and is starting a part-time course in administration skills in a few months' time.

### Saving the starfish

It saddens us to know that, although using the human givens approach can make such a difference so quickly, it is still outside of mainstream psychiatric care. It seems to us that the approach is particularly effective with younger people – the walls of conditioning are weaker and easier to break down – but we can't hope to help all the stranded starfish back into the sea in one night; there are just too many. So we have to take comfort from the fact that we can save a few and that, increasingly, others are working in the same way to do so too.

Although there have been many successes to parallel that of Shannon, we must point out that not all young people can be helped so quickly. On the scale of 1 to 10, where 1 is great and 10 is terrible, the average self-rating on starting therapy with us was 8.7 and, on completing it, was 3.1, according to independent evaluation. Yet this figure hides a small but significant number for whom a few therapy sessions were not enough to make them feel permanently better. Kids, for instance, who are leaving care and are faced with living on their own, without family, friends or other social support structures around them and only the most basic of educational achievements, often need more than they can realistically get for themselves. Although the care system is supposed to give children what they need, thereby acting as 'good parents', it does not always appear to know what they really need. For instance, how many 'good parents' would think it sufficient to pack their child off to a bedsitter at 17, with no support or social structure, and not even invite them back for Christmas, send them a card on their birthday, check if they are eating properly and doing their washing, and generally give them all that often irritating advice that just goes to show they care?

Some young people are incredibly strong, despite horrors such as torture and abuse. Others are incredibly needy. We find our therapy works best when there is at least one area of their lives that is working for them – for instance, having a job or a relationship or a place they feel safe in – and we can build on that. But we find it difficult sometimes simply to work with the individual in crisis and want to contribute further towards helping 'the system' to become more enlightened about the real needs and innate abilities of these vulnerable young people. It is *not* a question of money – our govern-

### Feedback so far: a small selection

"AS A team we have welcomed this service offering help to some of our most difficult clients – those who are clearly not going to progress without this type of help. ... A boy with anger problems and a family bereavement has now started his own business; a girl who would not use the railway since her brother was killed by a train is now travelling by train to college; a girl who was afraid to go out by herself is doing just that. Feedback from these clients is that the therapy was very helpful."

(Extract from Connexions Evaluation Report, February 2004.)

"THE therapy was brilliant. It gave me my life back. My GP could only suggest I go into a psychiatric unit for a few months. Joy came round and sorted me out in three sessions. I want all young people to be able to have this."

(18-year-old care-leaver, a young, single mother, speaking at a mental health professionals' conference in December 2003. She had been unable to leave the house without major panic attacks.)

"I WAS badly bullied in year 6 [last year of primary school]. I developed depression and for the last 6 years have self-harmed and had continual suicidal thoughts. As soon as I had done the rewind I knew I was better. I felt as if I had been touched by an angel. I am so happy now – thank you for all your help."

(17-year-old girl)

"IT would be difficult to imagine the ... results being consistently shown for any other type of therapeutic intervention ... Evaluations undertaken by other agencies in the county have testified to the extraordinarily effective nature of this type of intervention."

(Extract from the evaluation of the pilot counselling service, produced by Hertfordshire County Council's Children, Schools and Families Division, February 2004)

ment spends more on these young people than almost any other group in the nation. It is that the money is often spent ignorantly.

There are some notable examples of good practice in Hertfordshire, when it comes to working with these disaffected young people. For instance the Prince's Trust and the Millennium Volunteers, working alongside the Connexions Service, give many youngsters the opportunity to work together in meaningful activities that are both physically and intellectually demanding, whilst enabling them to connect purposefully with their local communities.

These projects help the young people to discover *real* self-esteem, the kind that comes from *real* achievement, after having been challenged to their

limits. The Prince's Trust has also stepped in after some of our clients have finished therapy and given a wide range of support, including money to help them set up their own businesses. Hertfordshire Connexions Service has trained 60 adult mentors to work with young people currently not in employment, education or training and, unsurprisingly, many of these are children leaving care. These mentors will be able to meet some of the 'parental needs' currently missing in those young people's lives.

All the major players in service provision to this client group (Hertfordshire County Council's Children, Schools and Families Division, Hertfordshire Connexions Service and Hertfordshire Child and Adolescent Mental Health Services) are now suffic-

iently committed to the human givens approach to have issued new contracts specifying increased provision of human givens therapy for the coming year. Decision makers from all these organisations are attending MindFields College seminars and workshops and requesting that we provide them with in-house training. They are curious to know what it is about the human givens approach that appears to make it popular with young people *and* so astonishingly cost effective.

So perhaps the starfish metaphor doesn't go far enough. We are not content only to save a few starfish, if we can do more. Time must be spent influencing strategic thinking, ensuring that the ecology is balanced, and thereby making it less likely that starfish become stranded at all. ■

who disagree because they have been taught that is what conversation is about. There are those who disagree because they simply do not know any other way of exploring a subject." Thus he puts his finger on the nub of the matter: lack of social skills or misunderstandings about social behaviour that prevent an individual from, in his terms, having a beautiful mind or – in ours – having a fulfilling social and personal life.

He has much to say about emotions. The adjectives that the individual uses are a clear guide to the emotions behind an opinion, he points out. Our feelings act as a filter, so we only see what our feelings let us see. The main danger, then, of strong emotions is that they control our perceptions.

As one might expect from de Bono, he is very hot on picking up errors of logic and incautious extrapolation. To illustrate the latter, he retells the old joke about the airline pilot who apologised to passengers for having to shut down one engine, with the expected effect of delaying their journey time by two hours. A second engine had to be shut down, increasing the delay to four hours. When the third engine failed, the co-pilot said, "I just hope the last one doesn't go, or we'll be up here all night." Extrapolation means taking a trend forward and assuming it will continue. But, very often, as de Bono points out, counter forces come in which oppose the trend.

Peppered throughout the book are interesting nuggets of information that the author gleefully shares. In the section on how to be interesting, he suggests offering up fascinating information such as the fact that the seahorse may be the most feminist of all creatures, as the female leaves the male to look after the fertilised eggs until they hatch. It should always be possible, he says, to find something interesting to say, whatever the subject. For instance, "You should be able to have an interesting discussion (even if it is rather short) about the mating habits of the hippopotamus. You do not need to be a biologist to do so. On the way you might, as a diversion, mention that the hippopotamus marks its territory by rotating its short tail very rapidly and emptying its bowels at the same time. The excrement is thus

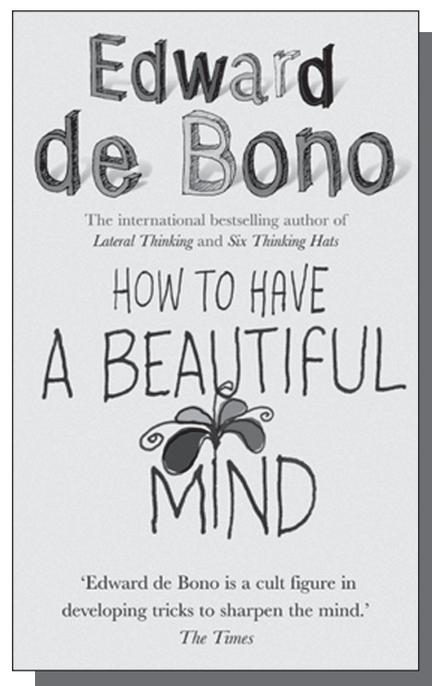
## BOOKS

### How to Have a Beautiful Mind

Edward de Bono  
Vernilion, £8.99

**THIS is an unusual little book. The idea underpinning it is that, while many people make considerable efforts to improve their physical attractiveness, few make specific efforts to increase the beauty of their minds. A beautiful mind, says de Bono, leading authority on creative thinking and the teaching of thinking skills, is one that can be appreciated by others. Just as physical beauty can be shown off in flattering clothes, the beautiful mind can be shown off in conversation. It complements natural beauty and more than compensates for a lack of natural beauty.**

Then he launches straight into the first of 18 sections, each with six to 10 sub-sections, on topics such as how to agree, how to disagree, how to listen, how much you need to know (to participate in a conversation), and how to interrupt, as well as a whole host of suggested topics of conversation. He always goes straight to the heart of the matter: "If you do not know how to dis-



agree, you will never have a beautiful mind. ... There are those who disagree in a rude and aggressive way. There are those who disagree in order to do battle and show that they are winning. There are those who disagree in order to vaunt their egos. There are those who disagree in a bullying way. There are those who disagree in order to demonstrate their superiority. There are those