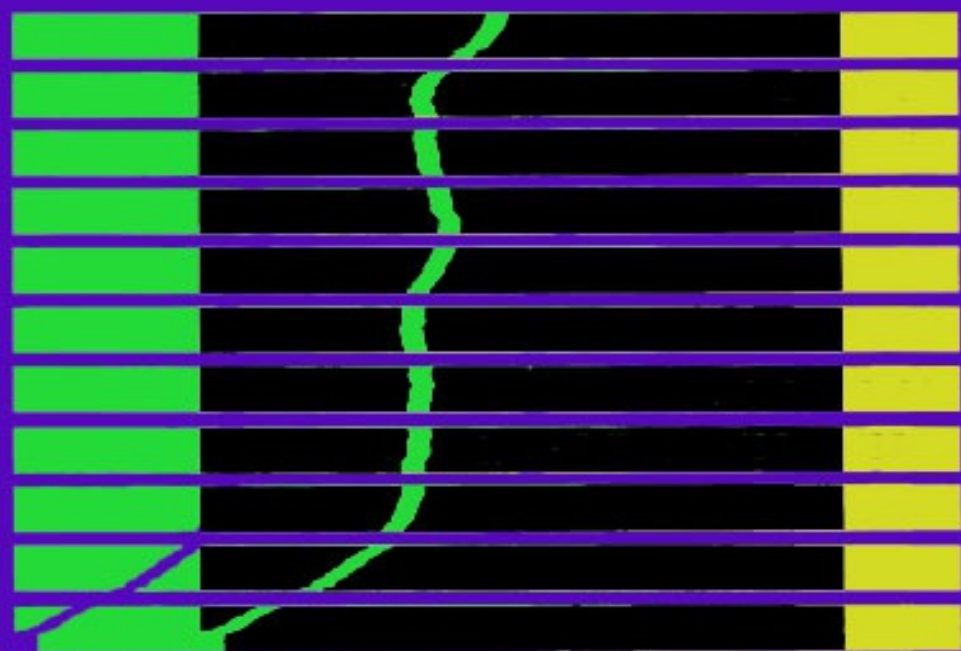


Counseling the Adolescent Male



Richard F. Lazur

Identity Integration:
Counseling the Adolescent Male

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Identity Integration: Counseling the Adolescent Male

Richard F. Lazur

Adolescence—a time of change, growth, and discovery—a time when a boy becomes a man. It is a time of physical changes, psychological growth, and the discovery of self and new arenas of life. It's a time of differentiation, of discovering and asserting autonomy, of rebelling, of learning new approaches and stretching the limits. Often this occurs with much conflict, confusion, frustration, and pain. It's not easy being a teenager: One's whole life is in flux, individual identity is unstable, and peer and environmental demands are stressful. Adolescence is a time of gains and losses; it is a time when individuals consolidate their identity structure and come to know and understand who they really are.

For the male, it's a time of integrating his masculine identity, a time when societal expectations and his internal beliefs develop, consolidate, and are incorporated. His thoughts and behaviors as a person, his outlook and his approach to life as transacted through everyday activities are integrated with his perceptions, conceptions, attitudes, and beliefs about what it means to be a man. It is a somewhat turbulent time as his body goes through hormonal changes and the accompanying physiological transformation. Cognitive operations transform the way he perceives and makes meaning of the world around him. It is a time of psychological growth; a time of conflict, pain, and change.

The adolescent no longer listens compliantly to everything the parent-authority says, but seeks to assert his own autonomy, his own personhood. Peers take on new importance: They form the context of the individual's world as reflected in his dress, habits, and social activities. He abandons some former habits, develops new interests, and excels in new areas. It is a time of flux, a time of personal identity confusion from which evolves an integrated adult personality. The developmental task is to form and integrate an identity (Erikson, 1968).

Not all changes that occur during this period evoke a developmental crisis. Many changes occur on their own and can be successfully negotiated without therapeutic intervention. This chapter, however, will focus on those changes in which the adolescent male experiences conflict—either psychological or behavioral—that warrants therapeutic intervention. This may be evidenced by a variety of different

behaviors including academic problems, difficulties in relationships with parents and/ or peers, depression, suicide, antisocial acting-out, substance abuse, sexual promiscuity, or general malaise and unhappiness. It will address the issues that arise in the therapist's office, be it school, hospital, detention center, or outpatient setting.

This chapter will focus on those areas in which the male sex role influences and determines the adolescent's masculine identity. It will concentrate on how the adolescent male negotiates the developmental task of separation/individuation, autonomy, identity formation (including sexual identity), relationships with male and female peers and adults, work, and social activities including cars, sports, and music. It will address these issues for the adolescent male from the outset of puberty to high school graduation. The older adolescent is preparing for the transition to young adulthood and asserting himself in the real world. The issues he experiences are covered in the following chapter.

Beginning Treatment

An important aspect of working with an adolescent male is engaging him in treatment. More often than not, he doesn't want to be there! It is something that his family, school, or the courts want for him, but that the adolescent does not want for himself. During the initial interview, it is important to know what brings him to counseling, where he would be and what he would be doing if he weren't at the meeting, what he wants and how he thinks counseling can change things, and what difference, if any, that would make in his life. The answers prove quite informative.

It is important to form a working relationship with the adolescent. Get to know him. Find out about his likes, dislikes, how he spends his time, his taste in music, cars, sports. When asking about school, remember that he may feel he is being chided for poor performance; he wants to save face, so pose questions in a way that gives him an out if he needs it. In the early stages, it is important to form a working alliance wherein he can trust, disclose, and explore issues; the facts will unravel as the therapy proceeds.

In working with an adolescent it is useful to appeal to his strength, that part which wants to develop and mature. He wants to take on more responsibilities and make decisions for himself, to become

an adult, but he is not quite sure what it entails or how to do it. Although adulthood is appealing, it can also be scary. Like training wheels that aided his learning to ride a bike, counseling helps the adolescent during the developmental transition: It is important to have someone there to provide balance, support, and encouragement until he can gain mastery and balance himself.

There are some guys, however, who remain resistant to counseling. But most often, regardless of the protestations, the adolescent knows why he is there. He may not like or wish to talk about it, but he knows what the problem is, and why he is in counseling. And he holds out the hope that the therapist will know what is going on with him and will help him deal effectively with these life events. This hope is the strength to which the therapist wants to appeal—to work through those issues that the adolescent has been unable to address for himself. By allying with the healthy part of the individual, the therapist is able to help the adolescent start to clarify his own thoughts, feelings, and actions so that he can feel more in control of his life. Therapy doesn't necessarily mean that he will get what he wants—he may never get that—but it provides the means for him to look at the situation, to identify his needs, and to find appropriate means of having them gratified. The therapist's task lies in teaching that the adolescent can gain control over his life situation and not act out his feelings for fear of being overwhelmed.

The therapeutic relationship holds the premise that the adolescent can feel safe, examine issues of conflict, and grow. He may feel that he is the only one in the world who has attempted such a thing; he may feel ashamed, embarrassed, or fearful that he will be locked away in an insane asylum. It is the therapist who must ensure the client's safety. At times, this involves setting limits, and stating that no improprieties will be acted on, at least not in the counseling room. It involves keeping him informed of events that affect him, even if it means commenting about things he doesn't want to hear. It is important to be honest and to state clearly the boundaries of what is acceptable and what is not tolerable. Ensuring his safety involves assuring him that nothing is too bizarre or outrageous. Let him know he is not being judged but is working on his own search.

It is important for the adolescent to learn how to deal with his feelings, frustrations, and disappointments. Fearing that his feelings will overwhelm him, he will do anything to make them go away. He may think he is unable to tolerate psychological pain, so he seeks immediate relief. Drugs and alcohol often serve this self-medicating purpose. He may feel powerless, desperate, or out of control. The

goal of treatment is to help him tolerate his experience, to sit with his feelings, to grieve his losses, and to find more adaptive ways to deal with life demands. This is done by sitting with the adolescent, offering safety and reassurance that he is neither abnormal nor alone, and building controls that enable him to endure the discomfort. The controls are built by having him look at the way he thinks about the situation, examining his attitudes, challenging his misperceptions, and offering more suitable alternatives.

Joshua, 17, was failing two courses and doing poorly in several others. He worked 30 hours per week in a fast food restaurant and played on the school baseball team. He considered dropping out of school and working full-time or enlisting in the Army. He kept himself so busy he didn't have time to think. He came to the school counselor to sort through his options and make some choices for his future. Two years earlier, his older brother drowned in a boating accident leaving Joshua the only child. His parents were desolate; they didn't discuss the accident. Joshua's father, a fire captain, maintained a "stiff upper lip" and wouldn't talk about his feelings or the loss for the entire family. Joshua thought that in order to follow in his father's (and brother's) footsteps, he, too, shouldn't disclose his feelings despite their obvious intrusion in his everyday functioning. Joshua had difficulty tolerating his feelings, and the work in therapy consisted of helping him deal with his loss and build more adaptive ways to go on with his life.

Many adolescents feel overwhelmed by the demands of life. Prompted by peer pressure, the drive to excel, the need to please parents or themselves, or the feeling that no one understands, they believe life just isn't worth living. Suicide is something that many adolescents have considered at one time or another. All adolescents should be asked if they have thought about suicide. The question should be direct, not couched in euphemism, and should include probes about a plan, thoughts about death, religious beliefs, and meaningfulness of life. This information will suggest how much the individual is hurting and in need of help. All discussion of suicide should be considered seriously and not blithely dismissed as a "stage."

Kevin, 16, had everything going for him. He was the class vice-president, member of the basketball team, and an honor student. In January of his junior year in high school, he ingested 60 Tylenol tablets resulting in his medical and psychiatric hospitalization. Although he had more visitors than other patients, he would talk to his therapist about his loneliness, emptiness, and lack of satisfaction with his life. He wondered "if it's worth it." He wasn't afraid to die. His outpatient treatment, a slow process, focused on his way of thinking about both himself and life, and his lack of a cohesive self.

The role of the therapist is to help the adolescent look at the ways he integrates his masculinity into his everyday life. More often than not, this is subtly done by addressing those issues important to the male: how he interacts with friends, his concerns about dating, his assumptions about work, his thoughts about "male" activities, including cars and sports, as well as talking about his concerns about his masculinity. Many males present their concerns through non-verbal communication including dress,

tattoos, habits (smoking, drinking, fast driving, aggressive or antisocial behaviors) as well as hyper-masculinity, aggression, and seeming lack of feeling. These issues can and should be addressed to see how the adolescent thinks about himself, his male sex role, and how it interplays in both his psychology and interactions with the everyday world in which he lives.

Male Sex Roles

The traditional definition of male sex roles suggested that a male internalized his masculinity by becoming aware of his membership in the group, adopting the characteristics of that group, and acting according to the widely shared and accepted beliefs about how that group should act. It was believed that the boy tried on the male sex role by modeling himself after his father and other male role models (Kagan, 1964). The traditional sex-role identity paradigm conceptualized sexual identity in terms of masculine and feminine polarities, and asserted that the development of a masculine identity is a risky, failure-prone process. It maintained that because of an inner psychological need appropriate sex-role identity is necessary for good psychological adjustment. It suggested that problems in sex-role identity account for men's negative attitudes and behaviors toward women. The traditional sex-role paradigm declared that hyper-masculinity indicates insecurity; homosexuality, a disturbance of sex-role identity (Pleck, 1981).

This model suggests a standard against which males measure themselves. The standard is not explicit but is somehow "known" by males, and passed through generations in the definition of masculinity. In particular, it is held by those who perpetuate sexism; to them, the standard is power, ability, and not being feminine. Some men feel it is important to hold these myths because it keeps them in power.

Homophobia

Because the traditional sex-role identity paradigm conceptualized sexual identity in terms of masculine and feminine polarities, anything that is feminine is not masculine. This myth restricts males from developing the fullness of their human potential because feelings and the show of emotion, being concerned about others, and expressive characteristics have been identified as not being masculine.

Therefore, men who have these qualities are not masculine; they must be like women. To be like a woman is a threat to a male's masculine identity; he somehow failed as a male. To be like a woman suggests that he is homosexual. The logic of this has never been very clear but apparently it is because the choice in partner is the same, a male. Males find being compared to a woman or being called gay very threatening. The fear of homosexuality or being labeled a homosexual is a powerful "social contaminant" (Lehne, 1976) of masculine behaviors. It threatens membership in the male group; the myth ostracizes gays from the male group and perceives them as not being masculine. This myth devalues other people, particularly women and men who can openly express the fullness of their feelings regardless of their choice in sexual partner. Adolescents are particularly vulnerable to this myth because they are hyper-alert to their environment, especially sensitive to how they think others perceive them, and their wish to belong to a socially acceptable group.

In adhering to the mythical male sex-role identity, an adolescent might adopt a hyper-masculine stance to ward off the possibility of being considered homosexual. The adolescent male often explores his emergent sexuality with other males. It is the fear of discovery and possible rejection that prompts him to adopt an antigay or overly masculine stance. It also interferes with his wish to maintain intimacy with childhood friends and separates him from closeness with other males, often leading to distant relationships of adulthood (Bell, 1982).

Jake, 15, had a tattoo on his arm, wore leather jacket and boots, and walked with a swagger. He prided himself on his ability to bench press 225 lbs. He bragged about his sexual exploits and how he would "beat up on fags." He wore his masculinity like a neon sign. The only feeling of tenderness he could express was about his mother; he didn't want guys to get the wrong idea about him. He attempted to intimidate anyone who got too close.

The adolescent who is gay experiences another kind of problem. Often he feels like a misfit, socially alienated and shut off from peers and others who are important to him. This is particularly true of an adolescent in a small, rural community who does not have access to more tolerant attitudes often found in a metropolitan area. He believes he is carrying a horrible secret that cannot be revealed to anyone. His self-esteem is threatened: His identity as a sexual being, as a person, is at stake. As Beane (1981) stated in the title of his article, "I'd Rather Be Dead than Gay," the gay male, like other males, has adopted the myth that homosexuality is "illegal, immoral, sick, sinful, disgusting, unacceptable and a mental illness" (p. 223). The therapist who understands his patient can be a great advantage here.

In his senior year of high school, Mark found himself thinking about his best friend, David. Whenever they were together, Mark's heart rate increased, he felt the need to impress, and he enjoyed the physical contact that was part of their horseplay. He even found himself masturbating to fantasies of David. He believed he was abnormal, that something was wrong with him because of his attraction to David. He was scared and feared being ridiculed for being gay.

During adolescence, the individual's identity is in flux. He is uncertain about how he feels. His sexual urges rise. He is attracted to both male and female friends. He confuses intimacy and sexuality. He is learning to control his impulses, to share his feelings, and to realize that he need not act on his urges. He also needs to become aware of his needs for nurturance, and his wish for closeness. He should be able to investigate all facets of his personality and their significance to him as a person. He should not close himself from important parts of himself for fear it interferes with his masculinity.

Regardless of the moral stance of the therapist, the goal of treatment is not to project personal beliefs on the individual in therapy but to help the patient look at and explore his own actions, perceptions, and feelings. If the therapist believes there is not a good match and that treatment may possibly be destructive to the individual's health, a referral should be made, especially for the vulnerable adolescent who is not as knowledgeable or experienced as the therapist. He depends on the judgment and experience of the therapist. The first rule is "Do no harm."

Integration of Masculine Identity

If the adolescent adheres to the myth of male sex-role identity, he is bound to have problems integrating his personality in a healthy manner. He is likely to give up many facets of his personhood that up to now he thoroughly enjoyed. Rather than rigidly adhere to the male sex-role identity, if the male derives his identity from a conversation between himself and the world around him he is able to integrate his masculine identity within his total personality without exacting cost to either (Lazur, 1983).

An individual does not act alone but rather in the context of the environment (Sullivan, 1953). There is an interaction between the male and the world in which he lives. Through this interaction, the individual projects an image of himself to the world and in return receives feedback from others. It is a constant give and take between him and those around him; he is "in conversation." While the individual

may look to the same-sex group for validation, reassurance, support, and acceptance, he carries on a dialogue with the environment as a way of internalizing his masculine identity. Through this conversation, a male validates both himself and others by comparing himself to others and providing a standard against which others can compare themselves.

Through this interaction, a male can adjust his masculine identity to meet the needs of self and others. He does not need to be restricted in the breadth of definition of his masculine identity but can adapt to the situation and be validated. This allows a freedom and fluidity not available to rigid stereotypic behaviors. It allows a man to express his needs according to the demands of the situation. He makes the choice, it is not prescribed for him nor is he held fast to it by a rigidly defined sex role. For the adolescent, this conversation takes place in his everyday life. He becomes aware of his masculine identity, and integrates it in his identity as a person.

One goal of therapy is to help the adolescent look at and understand his personal constructs about self and other. Although he may fear either his feelings or the discovery of unresolved conflicts about his masculinity, it is important to the adolescent's identity integration to know as much as possible about himself. The therapist can help him by exploring how he thinks about and expresses intimacy in relationships with both the same and opposite sex.

Adolescent Male Relationships

Peer relationships concern the teenage male. He sees himself as different from other guys. They have more than he, whether it be strength, good looks, money, talent, intelligence, ability, or whatever; he doubts himself. He is full of insecurities. And nowhere does this become more apparent than in his relationships with his peers, those with whom he lives his everyday life.

The quality of peer relationships is important in the formation of the individual's identity as well as being a prototype for future significant relationships. Youniss and Smollar (1985) found that adolescent males engaged in recreational or sports activities and often included the use of drugs and alcohol in their interactions. While intimate communication was part of close relationships, it was not the main activity of interpersonal contact; other instrumental activities were. While able to talk about their friendship, future

plans, schoolwork, and dating behaviors, close male friends preferred to discuss their problems with females. Opposite-sex friends or parents were selected by the adolescent male to discuss his fears about life, moral standards, or views on society. Problems with other males and personal insecurities were not expressed to another male. Close friends neither tried to understand nor attempted to explain the reason for ideas whether the discussion involved schoolwork, family, or friendships.

It is useful to explore the adolescent's understanding of peer relationships. Discuss with him what the relationship means to him, what he gains, what he gives. Ask about what they do together, what their common interests and common goals are, and how important this other person is. Talk about how they perceive each other, and what makes their relationship "special," and what would happen when a third party—perhaps a female— is introduced. This is important for the adolescent to know and value the aspects of his male relationships.

Camaraderie is an important aspect in male relationships. Helping each other, standing up for each other, and knowing that the other guy will be there when needed are important aspects of friendships. Even though same-sex relationships are not often sought after, males enjoy being with other males and receiving support, validation, and acceptance from the interaction. Through sharing in a conversation, each benefits: They give and receive feedback, validate each other's sense of self, and receive emotional support, even if it is unspoken.

For many adolescents, especially those who have difficulty forming and sustaining relationships, the group is an important means to develop social awareness and interpersonal skills. Not only does the individual have the opportunity to see how others see the same situation, but the structure of the group teaches appropriate ways to interact.

Developing Heterosexual Relationships

With adolescence comes the awareness of sexuality and the opposite sex. There is anxiety, uncertainty, and ignorance, which is expressed in various behaviors ranging from boastful strutting to isolation. Females, who were once ignored or badgered, now become the focus of attention. The myth is that males know "all the right moves"; the reality is that the adolescent male more often than not doesn't

know what to do, how to act, or what to say. He feels insecure. He fears rejection, not being liked, not being accepted. He fears making a fool of himself, which he sometimes does. Forming a heterosexual relationship takes time and practice. The adolescent may need to learn social skills: how to start and maintain a conversation, how to state his thoughts and feelings clearly, and how to express his needs appropriately and respect those of another. Post-pubertal heterosexual relationships are a new venture for both parties and require education and practice.

Psychologists have found that men look to women for emotional support (Pleck, 1976, 1980) and nurturance (Scher, 1980), and that adolescent males share their intimate insecurities and vulnerabilities with females (Youniss & Smollar, 1985). During these nascent relationships, it is important for the male to look to the female not just as someone who gives to him, but as a person with whom he can share. There should be a genuine give and take in which the male becomes aware of and meets the psychological, emotional, and physical needs of the female. He should also learn that females are not the only ones who nurture and gratify his needs.

Therapists working with adolescents need to be aware of the transference. The female therapist is often perceived as the object of fantasies, sexual desire, or infatuation; the male therapist is perceived as role model: competent, able, secure. The therapist should explore the meaning and significance of the adolescent's feelings, and in the process, come to know and understand the adolescent's psychology. Transference can be both positive and negative; it represents both the wish and the fear. By using the transference, the therapist helps the adolescent recognize areas of conflict that when made conscious, consolidate his identity.

Body Image

The first signs of maturation a boy discovers are with his body: He is changing. He may feel awkward, lanky, uncoordinated, or he may feel he hasn't changed at all. He may think he's too small, worry that his voice hasn't changed, and fear that he won't display muscles. He may be self-conscious, dissatisfied with the way he looks, and feel out of place.

The adolescent male undergoes many changes in puberty and adolescence. There is an awkward

spurt of growth when his hands and legs don't work together. He may feel shy and self-conscious about his body; he may not want to show it to anyone. He may feel awkward in gym or at the beach. He might believe that others guys are more developed than he is.

As part of the male myth, guys are supposed to be large, have big muscles, and be able to lift twice their weight. Adolescence is an awkward time of growth and development. The adolescent may have difficulty expressing his awkwardness to anyone, much less to a therapist. Gentle inquiry about sports, muscles, growth, body size, and looks can be enlightening about the teenager's feelings of self-worth and satisfaction with his physical maturation.

Sexual Responsibility

As the adolescent matures sexually, his natural drive is to be sexual. He wants to try out this new found part of himself. He is curious; he wonders how everything works, and if his penis works as it should. He talks with other adolescents, jokes with them, and may even adopt the false bravado that ensures that he is "one of the guys." He is curious about the opposite sex and wants to experiment. He may find himself in a bind: He wants to experiment but his moral upbringing may not condone premarital intercourse. It is a battle of id and superego.

Sorenson (1972) found that 59% of adolescent males have had sexual intercourse. One of the lasting consequences of sexuality is conception. Males are accountable for their actions, and nowhere is this more important than in the creation of new life. Whether he is sexually active or not, it is important to inquire about his attitude toward sexual responsibility—in particular, his becoming a father. When the teenager indicates he is sexually active and might be responsible for new life, it is important to explore the nature of the sexual relationship, his life goals, and how the responsibilities of children fit in with both his and his partner's life plan. Ask if he wants a child, what fathering a child means, and if he wants to get married. Discuss the financial, emotional, and physical responsibilities. Determine if having a child gratifies a wish for closeness, of being wanted by another person, a wish that the adolescent experiences as being ungratified in his own life. Remember that while he is trying to be an adult, he is still in the process of his own psychological growth and development.

Even though they believe they do, adolescents often do not have a clear understanding of biological facts. At times, the role of therapist is to educate. This may involve a discussion of reproduction, birth control, precautions, alternatives, and sexually transmitted diseases. The counseling should not take a moralistic stance but, as with all counseling, remain neutral with the goal of clarification of the individual's needs.

Work

An important part of growing up is the first job, whether it be for the source of revenue, the experience, or filling time, the job is important in the way men conceptualize their masculinity (Lazur, 1983; Tolson, 1977). Work represents power, strength, ability; it is a sign of adult responsibility.

The first job may be a paper route, lawn-mowing, or flipping hamburgers; it may be after school or during the summer. It offers an opportunity to learn and master work responsibilities as well as the accompanying financial rewards. Discuss the adolescent's thoughts and feelings about money and job responsibilities. Many parents, especially fathers, express concern that their sons are not motivated. They fear their son will not become much of anything because of his seemingly lackadaisical attitude toward household chores and responsibilities. For the adolescent, work at home is different from, and not quite as exciting as, work outside the home.

Work offers an opportunity for the teenager to meet new and different people, to practice and develop social skills, and to experience the self-gratification that comes from a sense of accomplishment. It also provides a means to greater autonomy.

Males attach a significant importance to work and money. According to the myth, it is how they identify themselves, a clear measure of success and value as a person. It also provides an arena for competition. In discussing the adolescent's thoughts about work, look for his values. Discuss how he perceives job responsibilities, his attitude toward work, and his career plans. How realistic are his expectations? This of course varies with age and realistic perceptions, but it is useful in guiding the adolescent in his identity formation.

The Holding Environment

The task of adolescence is to separate and individuate. Often that is easier said than done. Parents may have a hard time assisting the child in his developmental transition because of their own needs. Those who wish to cling to their children often are reluctant to let go and allow the children to start on their own; they may fear abandonment or rejection. The child may have filled an important role in the marital relationship or for the individual parent, and the adolescent's separation may pose significant threat to the homeostasis. The child may be blamed for the cause of family discord, or any number of familial problems. The role of the therapist is to help both the parents and the adolescent separate so that the child can successfully negotiate the adolescent developmental transition. Sometimes the most difficult part of being a parent is in letting the child leave; it is a leap of trust that the child will follow his good sense and make decisions that are not destructive.

The parents' task is to provide a holding environment to support the child during the transition. The adolescent wants them to be available, provide guidance, support, reassurance, safety, acceptance, as well as financial assistance in helping him make it successfully into adulthood. At the same time, he does not want them encroaching on his individuality. As he asserts his autonomy and separates from the holding environment he had known as a child, he will rebel. He will make his parents angry. He will do things they do not like, things that will test their tolerance and level of frustration. He may appear unmotivated. His parents will worry about him. The parents' task is to be available, consistent, and to provide reasonable limits with clear consequences whenever an infraction occurs. Many parents need help in setting clear, *realistic* limits with appropriate consequences. The adolescent himself looks to those who can provide him with stability and who can help him grow and mature into a functioning adult without running his life.

During this transition time of life, the individual is particularly vulnerable to events occurring in the world around him. If the holding environment fails, he is likely to experience a psychological setback. While not an irretrievable loss, there is an added psychological conflict that the individual will have to resolve. If a divorce is threatened during this time, it may have profound impact on the adolescent: He relies upon his parents for his sense of security. His world is already shaky and full of insecurities; with a divorce, it falls apart. When his parents told him they planned to separate, one teenager smashed expensive living room furniture and bashed in the front door during a psychotic decompensation. It was more stress than he could handle, and it was his way of telling them that his world was falling apart

around him. Another withdrew into himself and didn't talk with anyone. He lost interest in school, and his grades plummeted. When another discovered his father's affair, he became boisterous and cocksure, making enemies and pushing people away by his abrasive behaviors. The therapist should help both the adolescent and his parents during this developmental transition; it is not always an easy transition for all concerned.

Conclusion

Counseling the adolescent male can be one of the most rewarding experiences afforded a therapist. It is a time of change, of growth, and discovery. Even with severely impaired youth, the changes are noticeable. The goal is to help the adolescent understand the meaning of his life, make changes in his maladaptive behaviors, and learn more adaptive ways of interacting with the world. If he changes the way he thinks about himself and those around him, is able to feel good about himself and his life as he moves into manhood, then the therapist has had an impact. Adolescence is one of the most dynamic, fluid times in an individual's life, and a time when the therapist can see the fruits of his labors. There is nothing more satisfying to a therapist than an adolescent saying, "Thanks, you've helped me change my life."

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