

The Wild Ride From Boys to Men

A Multi-Systems Perspective

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Abstract

Considerable concern has been expressed recently about the plight of New Zealand boys. We begin by exploring the development of boys' masculine identities in terms of the influence of society, community, peers, personal influences, family, and childhood experiences. We then focus upon four areas where teenage boys are particularly vulnerable: conduct disorder, substance abuse, communication difficulties, and suicide. In discussing the multiplicity of factors that both link and affect these risk areas for boys, we consider the value of multi-systemic approaches to counselling boys. We thereby hope to assist practitioners toward greater insights in their work with boys by pulling together a number of studies from national and international sources.

New Zealand statistics suggest that some of our boys are in trouble. Five times more young men than women commit suicide, in a country that has one of the highest young male suicide rates in the OECD (Maskill, Hodges, McClellan, & Collings, 2005). Between 1991 and 2000, more boys than girls left school with few or no formal qualifications (Statistics New Zealand, 2004). In 2006, police apprehended 71,634 boys and young men for 35% of the total crime committed in the country, and for 25% of its most violent crimes. Young men are over 18 times more likely to be involved in crimes of violence than their female counterparts (Statistics New Zealand, 2007). And, binge-drinking young males are putting themselves dangerously at risk of future physical and mental health damage (New Zealand Ministry of Health, 1999).

Bronfenbrenner's (1979) social-ecological theory provides the overarching theoretical framework for this article, which conceptualises the environment as a set of influential overlapping systems with the adolescent at its centre. It is suggested that, with Bronfenbrenner's model, multi-systemic therapy, with its effective use of intensive family and community-based interventions, be utilised by counsellors to make positive changes to systems that continually shape adolescent lives (Huey & Henggeler, 2001). We consider the complex interplay of those systems that represent society, community, peers, family and childhood, and explore four areas in which teenage boys are particularly vulnerable—conduct disorder, substance abuse,

communication difficulties, and suicide. By determining the degree of impact that these influences individually and in concert have on young males, it is hoped that counsellors may be encouraged to consider a multi-systemic approach to counselling boys.

Society

Society powerfully shapes the formation of boys' identities, and New Zealand adolescent boys face considerable societal pressures that affect their health and wellbeing, particularly in areas of drug use, sexual relationships, violence and crime, urban living, family life, and the uncertainty of the job market.

A recent New Zealand survey conducted by the Adolescent Health Research Group (2003) concluded that most adolescents are healthy, but that there are areas of serious concern, particularly in mental health. The findings presented a complex snapshot. Most adolescents appeared to enjoy positive connections with one parent or caregiver, but not necessarily with both, and preferred overwhelmingly to disclose sensitive personal problems to, or seek help from, their peers. However, the survey failed to capture the whole adolescent population, as those not at school when it was conducted, and therefore not included, are the adolescents most likely to have had high rates of health-risking behaviours, which could in turn have resulted in an underestimation of the findings.

One of society's most significant influences on boys is the perception of what it means to be a man (Volf, 1996), and the experience of "masculinity". The way boys adapt to the reality of their maleness and form their identity as young males is an important component of their development. Egan and Perry's (2001) research has shown that well-adjusted boys are those who perceive themselves to be typical of their gender, yet feel free to explore both genders' worldviews. Findings of a similar study have linked low gender identification with low self-worth and harmful personal adjustment (Yunger, Carver, & Perry, 2004). The research argues for a more flexible and broader definition of maleness. It suggests that teenage boys should have the freedom to experiment with traditionally "feminine" activities, and consequently identify themselves as gender-typical through a wider range of behaviours.

Yet, across the majority of cultures, there is an expectation that "men are supposed to be independent, strong, brave and active defenders and providers" (Abdinor, 2000, p. 7). Walker, Butland, and Connell (2000) argue that within any context there is a dominant "hegemonic masculinity" as well as a number of other masculinities that are marginalised. Pollack (1998) labels hegemonic masculinity for boys in the US as the "Boy Code", the central tenet of which is that boys should be tough, strong and

unemotional. He suggests that boys are socialised to repress certain emotions by the early use of shame if they fail to conform to the code's standard of toughness. Pollack argues that it is "society's myths about manhood that are preventing boys from being seen and trained as whole human beings" (p. 98).

In spite of a culturally defined and elongated adolescence in Western culture (Papalia, Olds, & Feldman, 2006), boys have been propelled toward independence and premature individuation from parents. As they struggle to achieve autonomy and to avoid the shame of being dependent or needy, they learn to distance themselves from their mothers and all things feminine (Osherson & Krugman, 1990). Boys learn to suppress their true feelings and wear a mask of confidence that belies their inner fragility. In Weaver's (2001) New Zealand study, boys acknowledge these societal limitations:

They [boys] can't really show emotion and they're not supposed to cry in front of people. They can't break down.... Guys don't have any real exit emotionally ... they can't let out how they're feeling. (pp. 167–168)

You don't speak about it. I'm not sure where exactly it's drummed in that it's good to work through things by yourself. (p. 176)

The Boy Code masks boys' creativity, stifles their authentic selves, represses tender emotions, and legitimises the expression of anger. The mask that is worn to protect boys from shame ultimately becomes a prison that keeps the real boys captive. The same mask that is worn in order to be accepted makes boys highly vulnerable to depression, substance abuse, violence, failing at school, and suicide (Pollack, 1998).

Embedded in New Zealand culture, masculinity has its own flavour. Phillips' (1996) exploration of the Pākehā male identified the pioneer, boozier, rugby player, soldier and family man as aspects of the "ideal" Kiwi male (Abdinor, 2000). More recently, Spindelov's (2001) study has added the sports-minded, the physical, strong and aggressive man who covers up emotion, and the worker-provider. Some unemployed teenagers, denied the rite of male passage that employment provides, have turned to "car culture" with its emphasis on owning a car, risk taking, drugs, outrunning the police, being noticed, and excluding women. This allows young men, who may not be physically strong or intelligent, to enter a world where they can demonstrate their skill and daring, be admired by others, and experience a sense of belonging to a special group (Walker et al., 2000). Gaddis (2006) argues for the destabilisation of the dominant conceptions of "cool/manly" practices and those that distinguish gender, in order to challenge these frameworks and make space for

more “acceptance of diverse ways of living and relating” (p. 50). The core issue, he suggests, is about improving relationship skills in boys, as current descriptions of gender cause boys to suffer unnecessarily.

A particularly significant element of the Boy Code that complicates the development of a healthy masculinity is that boys are expected to identify both with traditional constructs of masculinity and with emergent contemporary demands to be non-sexist, compassionate, and expressive. A 1995 New Zealand Department of Justice report found that while most men supported equality of opportunity in the workplace, one third saw it as acceptable to swear at or insult a partner, and 20% reported committing at least one physically abusive act towards a partner in the previous year (Phillips, 1996).

The ambivalent way in which boys are viewed reveals a society caught in the painful process of reconstructing its definition of “surprisingly fragile” masculinity (Frosh, 2002). Consequently, it is little wonder that boys are unsure of what it really means to be a man. As it becomes increasingly acceptable for females to make sexist comments about males in public and for men to be belittled in the media and popular culture (Machann, 2003), what are the developmental tensions that affect teenage boys who are trying to form their own masculine identity?

Community

A boy’s community provides him with many life experiences out of which he shapes his understanding of the world. For example, adolescents living in neighbourhoods in which there is significant transition, disorganisation, poverty, and a low sense of community (Hawkins, 1995), and who are exposed to community violence, are more likely to adopt violent behaviours and accept them as normal, becoming victims of violence themselves (Farrell & Bruce, 1997, as cited in Borduin, Heiblum, Jones, & Grabe, 2000). Similarly, neighbourhoods that provide adolescents with easy access to firearms, drugs and alcohol contribute negatively to boys’ development, as well as increasing the likelihood of their involvement in aggression and crime in their communities (Kashani, Jones, Bumby, & Thomas, 1999).

School

Masculine identity formation

All schools contribute in some way to the development of masculinity in their male students. Connell (1996) observes that school may be “one of the major sites of masculinity formation” (p. 212). Lashlie’s (2004) New Zealand study found that all-boy schools that accept the “boyness” of their male students help promote a healthy

acceptance of being male. However, Lashlie's research seems to ignore the fact that there is also a higher incidence of bullying in all-boy schools than in co-ed schools (Adair, Dixon, Moore, & Sutherland, 2000).

Not all schools celebrate maleness in the way Lashlie's study suggested. Schools unable to accommodate boys' channelling their physical energies inappropriately can become hostile environments that push them "even further toward academic failure, low self-esteem, conduct disorders, and a host of other emotional and behavioural problems" (Pollack, 1998, p. 232). Certainly, research into New Zealand's schools to determine what impact traditional messages about masculinity might have upon identity formation in boys is overdue. School subjects still reflect a gender bias, and "masculine" subjects like science have a higher concentration of male teachers. High-profile boys' sports are still an important feature in the cultural life of the school.

Conduct disorder

In 2001, boys in New Zealand were three times more likely to be suspended from their secondary schools than girls (Statistics New Zealand, 2006). Kashani et al. (1999) argue that certain factors in schools will heighten the risk of conduct disorder in adolescents: strict, inflexible classroom rules and teacher hostility (citing Pratt, 1973); lack of classroom management (Frude & Gault, 1984); overcrowding (Stephenson & Smith, 1989); low academic achievement, and lack of commitment to school and dropping out (Hinshaw, 1992). To this list, Borduin et al. (2000) add high student-teacher ratios, instability in the student population, and poor academic quality of the school (citing Hellman & Beaton, 1986); unfair school policies (Hawkins & Lamb, 1987); and inconsistent discipline practices (Mayer, 1995). The latter have the potential to create a contest with authority which can become a focus for the formation of a "protest" masculinity based on ideas of toughness and defiance (Connell, 1996).

Schools displaying an open, collaborative approach that encourages parental involvement in working through issues of discipline are better able to form positive alliances with parents. This will in turn benefit the male student by making it more difficult for him to maintain previously inappropriate behavioural patterns (Quinn, Hill, Wiley, & Dotson, 1994).

Characteristics common to conduct-disordered teenage boys include poor impulse control, antisocial attitudes, and deficient social perspective-taking (Huey & Henggeler, 2001). A particular feature is hostile attributional bias, where the boy interprets as threatening situations where no hostility is present, and responds aggressively to the perceived threat by bullying and aggression towards peers—a key factor in peer rejection (Brosnan & Carr, 2000). For example, an Australian study found that teenage

boys who had been sexually abused were three to eight times more likely to display antisocial behaviour than non-abused boys, and were at increased risk of substance use (Bergen, Martin, Richardson, Allison, & Roeger, 2004).

Substance abuse

A similar childhood profile to adolescents at risk of conduct disorder emerges for those at risk of abusing drugs and alcohol. Predictors of adolescent drug abuse are failure in school, truancy, placement in a special class, and early school-leaving (Hawkins, Catalano, & Miller, 1992).

Suicide

According to the New Zealand Ministry of Health (Associate Minister of Health, 2006) suicide is the second most frequent cause of death for teenagers, “with more males dying from suicide than females” (p. 3). It is suggested that the methods males use to commit suicide are more likely to be an explanation for their successful completion than are gender-related differences in tendencies to suicidal behaviours (p. 20). Although mental health is a major risk factor, Beautrais, Collings, Ehrhardt, and Henare (2005) argue that factors relating to family, trauma and related issues play a stronger role in the aetiology of youth suicide. Experiences of caring and connectedness, positive interactions, and commitment to school have been identified as factors that help protect young people from suicide (Resnick et al., 1997), and yet it is in our communities that there is the most potential for protection or risk, since “those who live in the most deprived areas” have the highest incidence of suicide attempt and completion (p. 3).

One particularly powerful indicator of suicide risk among adolescent New Zealand boys is ethnicity. Ministry of Health figures confirm that Māori suicide rates are “consistently higher ... than in any other ethnic groups” and that “Maori rates of hospitalisation for suicide attempts are highest in the 15-24 year age group” (Associate Minister of Health, 2006, p. 5). Additionally, poor family environment and low parental monitoring are risk factors in youth suicide (King et al., 2001), with even higher risk when there is a family history of suicide or suicide attempts; other risk factors are a dysfunctional childhood, particularly exposure to physical and/or sexual abuse (Fergusson, Beautrais, & Horwood, 2003; Vajda & Steinbeck, 2000); and socio-economically disadvantaged or dysfunctional family circumstances, parental substance abuse or offending, marital conflict and instability, compromised child-rearing, and high residential mobility (Fergusson & Lynskey, 1995).

Peers

Peer influence plays a major role in the development of boys' identities. During adolescence, peers tend to replace parents as the biggest influence in boys' lives. Belonging to the peer group becomes paramount. Adolescents generally prefer peers who are similar to themselves and who hold similar values (Dusek, 1996), which partly explains the pressure on teenagers to "fit in". Interaction with peers provides boys with the opportunity to develop age-appropriate social skills and to learn how to get along with others, finding a balance between co-operation and competition (Dusek, 1996). However, some boys fail to develop the social skills needed to be accepted by their peers; shyness, aggression and withdrawal have all been linked to peer rejection (Hawkins et al., 1992).

Being part of a peer group answers the need for acceptance. Gang members report gaining a sense of belonging, purpose, and control over their environment, as well as a sense of enjoyment from the structure and discipline of gang membership (Walker, Schmidt, & Lunghofer, 1997). Through this contact with delinquent peers, criminal activity, drug use, and anti-social behaviour begin to put boys at greater risk of suicide (Fergusson et al., 2003; Hawkins et al., 1992). So powerful is the desire to be accepted that adolescent boys are prepared "to endure emotional and physical pain—even to risk their lives" (Pollack, 1998, p. 46).

The peer group teaches boys what is acceptable behaviour for their gender (Connell, 1996) and society promotes the limited message of toughness, self-reliance and independence. However, boys are still called upon to exercise shrewd judgement in their development: "Society, school, and peer milieu make boys an offer of a place in the gender order; boys determine how they take it up" (Connell, 1996, p. 220). Nevertheless, the example of the confident, self-accepting, bisexual boy in Weaver's (2001) study is still an exception: "It's just never been an issue. I don't care what people think of me. I say what I want" (p. 184). Peer pressure on boys not to be different is intense. The fear of being labelled a homosexual, for example, ensures that heterosexual boys keep their distance: "I hate gays the way they act.... The way they talk.... If I hang around them people will think I'm gay" (p. 183). "It's like a disease or something, and I might catch it if I touch them or they touch me" (p. 182). In contrast to Lashlie's (2004) findings that all-boy schools celebrate maleness in a positive way, Weaver's (2001) study indicated that there was little acceptance of homosexuals at the single-sex schools they attended: "I mean the school is an all-boys school you know—'make a man out of you'.... It doesn't accept that sort of stuff" (p. 181).

The pressure to conform can be painful and difficult for boys to manage. In order to avoid losing face, boys may be hesitant about revealing their problems, even to close

friends. On the other hand, many boys find that their friends provide meaningful emotional support. Having loyal friends is an important factor in the development of a strong identity and concept of self (Dusek, 1996). Pollack (1998) observes that boys' capacity to develop deep friendships has often been overlooked or misunderstood by researchers, who have tended to interpret the competitiveness of play as a sign of distance rather than a way of forming close bonds with one another. Weaver's (2001) study identified deep friendships as boys' primary source of support: "I trust them and they trust me and we've known each other since we were little and we can relate to each other" (p. 160); "I just feel open with my friends" (p. 161).

As adolescence advances, boys develop a greater number of friendships with girls (Dusek, 1996). For some boys, their cross-gender friendships allow them to express elements of themselves that are not acceptable in male-dominated company. Girls allow them to connect with the sensitive, tender parts of themselves that have been buried (Pollack, 1998). An important avenue for further research could be to investigate the factors that permit emotionally supportive relationships amongst adolescent boys.

Family and childhood experiences

Boys and their fathers

Fathers are hugely influential figures in their teenage sons' lives. Boys watch their fathers to discover what it means to be male (Sewell, 1997). Research verifies the importance of the father's influence on his children in living successful adult lives (Burgess, 1997), and father "absence" can result in "diminished self-esteem, depression, delinquency, violence, crime, gang membership, academic failure, and difficulties with emotional commitments" (Pollack, 1998, p. 124) for their teenage sons.

Cultural expectations tend to position fathers as biologically lacking in nurturing capacity, and society continues to fail them in this role, even though "there is no evidence that women are biologically predisposed to be better parents than men are" (Lamb, 1997, p. 120). However, benefits for sons of fathers who are actively engaged in parenting are considerable. Boys whose fathers connect with them at an early age are less aggressive, less competitive, better able to express vulnerability and sadness (Pollack, 1998); show greater internal locus of control and cognitive competence, are less gender-role stereotyping and more empathic (Lamb, 1987, and Radin, 1994, as cited in Pleck, 1997); excel academically (Pollack, 1998), and have higher sociability and less school behaviour problems (Mosley & Thompson, 1995, in Pleck, 1997).

It is important to consider how fathers may be better equipped and encouraged to engage with their sons from infancy. Paternal support must be made a priority if

adolescent boys are to flourish. An interesting area for research would be to audit and evaluate the effectiveness on fathers and their children of parenting programmes, such as Parenting with Confidence, currently being offered to fathers in New Zealand.

Family violence

Low levels of family warmth and cohesion are associated with antisocial and violent behaviour in adolescents (Borduin et al., 2000). Teenagers who are maltreated as children are more aggressive, commit higher rates of violent crime, and are at greater risk of mental health and substance abuse problems (Thornberry, 1994). Adolescent witnesses of father-initiated violence have increased risks of anxiety, conduct disorder and property crime, while those who have witnessed mother-initiated violence are at increased risk of later alcohol abuse (Fergusson & Horwood, 1998). Similarly, children who come from families where there is unresolved, non-physical parental conflict experience disempowerment (Cummings & O'Reilly, 1997; Hawkins et al., 1992). O'Callaghan (1994) identifies marital conflict as the key factor in chronic child problems at home and at school.

Marital relationship

Grych and Fincham (1993) noted that children find intense conflicts and conflict about themselves particularly distressing, but post-conflict reconciliation between parents is a very positive experience for children (in Cummings & O'Reilly, 1997). So conflict in itself is not damaging to children if the parental relationship is not perceived as threatened; more important is the way in which the conflict is managed and what it appears to signify.

Parenting techniques

Research into conduct disorder has identified parenting practices as a risk factor that increases the probability of adolescent conduct problems escalating in later life. For example, ineffective monitoring and supervision, inconsistent consequences for breaking the rules, and failing to reinforce appropriate behaviour can fix adolescent behavioural problems into lifelong patterns (Brosnan & Carr, 2000; Kashani et al., 1999). In contrast, parents who are fully involved with school (Comer, 1988); have positive attitudes towards school (Sartain, 1989); make academic success a priority in their families and show interest in their children's education, and make a significant contribution to their sons' school success (Clark, 1983) reinforce their children's development in positive ways (in Tucker & Harris, 1996).

Parent-family connectedness provides protection against a wide range of health risk

behaviours. It reduces emotional distress and suicidality and discourages frequent cigarette, alcohol and drug use (Brook et al., 1986, as cited in Hawkins et al., 1992), and lessens the likelihood of early sexual debut in teenagers (Resnick et al., 1997). Family connectedness can even mitigate the influence of deviant peers (Borduin et al., 2000). Similarly, Donahue and Benson's (1995) review of the literature confirms that religious beliefs and practices in adolescence provide protection against many high-risk activities and are positively linked to pro-social values and behaviour.

Recommendations for counsellors

Multi-systems perspective

Given the multiplicity of influences that shape an adolescent boy's development, it would be naive to assume that an easy "cure" exists for boys whose development has been impaired. The complexity of influences that contribute to the problem demands a multi-faceted response. For example, extensive research in the United States into the most effective methods of working with conduct-disordered youth bears out this hypothesis. Findings show that counselling interventions which target only one or a few of the known risk factors for conduct disorder are largely ineffective. Instead "complex, multifaceted interventions that ... address the multiple systems in which the delinquent youth is embedded" are required (Huey & Henggeler, 2001, p. 303).

Counsellors may often explore and "map" with their clients particular influences and pressures associated with salient factors in their lives. However, knowledge of the research related to these influences provides a solid basis for developing tailor-made intervention plans for each client. Working systemically is the key to promoting transformation in the lives of at-risk adolescents. The counsellor who seeks to help teenage boys successfully navigate the adolescent years is taking on an immense challenge. Contending with the complexity of issues that each boy faces is not for the faint-hearted. However, the rewards of this task are inestimable. Witnessing the transformation of a teenage boy from a state of hopelessness and violence to one of confidence and peace must surely make the effort worthwhile.

Conduct disorder

Working individually with adolescents who have conduct disorder has little significant impact on long term recidivism, whereas caregivers, working directly with parents or whānau to target psychosocial risk factors within the family system, are more likely to reduce non-compliance and aggressive behaviour among school-age youth (Kashani et al., 1999). The structure of any peer support programme and its effectiveness as a strategy needs careful consideration. One of the major risk factors is other conduct-

disordered peers. Placing these teenagers in peer support groups often has the negative effect of extending the teenager's unhelpful social network (Huey & Henggeler, 2001), and rather than reducing anti-social activity, this actually promotes it (Brosnan & Carr, 2000).

Multi-systemic methodologies in counselling, therefore, have proven to be effective, well-researched approaches in working with adolescents (Borduin et al., 2000; Brosnan & Carr, 2000; Huey & Henggeler, 2001). Their main strengths are the way they address multiple risk factors in the individual, the family, the school and the community, and locate therapy in real-life settings. In this approach, management of the following key tasks dramatically reduces levels of risk to boys: helping boys to relate better to peers, experience greater success at school and respond more positively to discipline; helping parents learn to monitor their sons' behaviour, be more consistent in their use of discipline, and resolve marital conflicts; helping the school develop programmes that suit boys' learning styles, adopt a fairer approach to discipline, and foster a closer alliance with families. On its own, it is unlikely that any of these approaches would have much effect on boys and, at first glance, some of these tasks do fall outside the scope of the counsellor's role. However, New Zealand counsellors are required by the New Zealand Association of Counsellors' Code of Ethics (2002) to "promote social justice through advocacy and empowerment" (p. 27), and to "negotiate to work collaboratively with other professionals" (p. 32).

Keys, Bemak, Carpenter, and King-Sears (1998) suggest a collaborative consultant model for counsellors helping at-risk adolescents. They recommend that counsellors redefine their roles within the context of the broader community, widening the influence of the counsellor and linking potentially narrowly focused and isolated counsellors and their programmes with other community-based services and service providers. They note that "counselors who engage in collaborative consultation can more efficiently use their skills to empower others, while also enriching their repertoire through interdependent relationships with team members" (p. 132).

Substance abuse

The comprehensive summary of the literature provided by Hawkins et al. (1992) suggests that many of the strategies that successfully reduce conduct disorder are also successful in reducing drug use. Interventions for parents include parenting-skills training, functional family therapy and increasing involvement in the teenager's schooling; and for the teenager, programmes in social competence and anger management, individual tutoring and involvement in alternative activities. Recommended interventions for the school include increasing interactive and co-operative learning

methods, improving discipline procedures, and strengthening links between the school and the community. As with conduct disorder, the use of a multi-systemic approach to target the relevant risk factors that contribute to the problem is what effects lasting change; because the risk factors for both are so similar, targeting the risk factors that contribute to one problem will simultaneously address the factors contributing to the other. Similarly, given the widely recognised connection between psychological disorders and suicide, any improvement in these disorders will have the additional benefit of reducing the risk of suicide.

Suicide and counsellors

The latest New Zealand suicide prevention strategy (Associate Minister of Health, 2006), in its “Summary of the Evidence”, fully supports a “broad multisectoral approach” because of the multiple factors that contribute to suicidal behaviours (p. 15). This strategy relies upon the effectiveness of “people working together” (p. 28) collaboratively to co-ordinate and integrate services “across sectors and communities, and between government and non-government agencies” (p. 14).

Counselling young people who have been identified as at-risk from suicide requires collaborative interventions that target directly relevant risk factors and simultaneously manage the individual’s safety. In a “mental illness” approach (Beautrais, Joyce, & Mulder, 1998; Fergusson & Lynskey, 1995), for example, teaching teenage drug-users more effective ways of coping with pain should have the corresponding advantage of building resilience by altering their perception of suicide as a means of solving their problems. Similarly, the model for managing “stress” (Fergusson, Woodward, & Horwood, 2000), used in developing primary prevention programmes, promotes healthy environments as an effective way of reducing suicide risk in entire populations.

Young people who have learned healthy strategies for dealing with the unexpected challenges of life are less likely to develop the serious mental health problems that so greatly increase the risk of suicide. Programmes that affirm help-seeking behaviour in teenagers and build resilience, such as the TRAVELLERS programme in New Zealand (Dickinson, Coggan, & Bennett, 2003), may assist in reducing the psychological barriers that keep potentially suicidal boys isolated from support, as well as strengthening social support, communications, and coping skills for boys across a wide spectrum of cultures and need.

Communication difficulties and relationships

Helping to address communication difficulties and challenging the consequences of the Boy Code is a formidable task. School counsellors often find themselves in the

roles of mediator and facilitator with boys, their families, and the community. Buckley and Maxwell (2006), in their report on restorative practices, support multi-agency and community approaches to resolve conflict, address serious disciplinary problems, and improve young people's engagement with school. They conclude that a whole-school commitment to building the necessary relationships with students and their families, "caregivers, ancillary services/agencies, the Ministry of Education, and local community" will sustain a successful restorative approach that "will have a wider impact in building a constructive and inclusive school environment" (p. 26). The strength of restorative justice programmes is that they recognise that young people are connected to, and function relationally within, their communities and that the impact of what they do is felt by others.

In her review of New Zealand literature, Barwick (2004) concludes: "Whatever the programme, relationships must be a top priority. Young men need as many 'anchoring points'—contact with competent, caring and prosocial adults—as possible" (p. 39).

Empowerment and counselling

As evidenced by this article, teenage boys can acquire a number of labels during their lives, to the point that they can easily disappear beneath them and cease to be a person in the eyes of the helping professional. Empowerment engages the counsellor and the client in a collaborative process that allows the boy to shed the labels given him by others and to discover the identity that lies buried beneath. Englar-Carlson (2006) has suggested that the understanding and discussion of male socialisation in counselling frees clients to explore the issues and become "less restrictive in their gender role" (p. 31).

One way of empowering boys is to help them articulate the *meaning* behind their behaviour, enhancing their understanding of the dynamics of their unique world (Ungar & Teram, 2000). For example, reframing "bad" behaviour as a resourceful attempt to establish a sense of identity, while simultaneously encouraging a search for alternative strategies that are less destructive, recognises the painful striving towards mental health that is contained in destructive behaviours. This is a helpful and respectful approach that enhances a boy's development without labelling him (Ungar & Teram, 2000). As the counsellor sees through the labels to the resilient individual who exists underneath, the teenage boy is given the power to discover himself and to gain a measure of control over his own life.

Conclusion

Teenage boys are a wonderful resource for any nation, and New Zealand's boys are no exception. Adolescence can be a wild ride that leads to the sober maturity of adulthood, and for some it can be a potentially deadly time. The lethal appeal of drugs and alcohol, reckless driving, defiance, violence, crime and suicide lures teenage boys to an early death, and others to the tragedy of lost potential.

By itself, individual counselling may be insufficient to address the multiple factors that threaten the wellbeing of teenage boys. When working with at-risk adolescent males, an awareness of the multiplicity of influences that shape their development could be foundational in effecting a more lasting change. Counsellors are challenged to collaborate more intensively with other helping professionals to find ways of assessing how these influential systems affect each boy and to devise effective and individualised intervention plans to address each boy's unique situation.

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