

A REVIEW OF SELF-HELP AND MUTUAL SUPPORT GROUPS FOR MEN

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ABSTRACT

A variety of self-help groups exist for men's unique health problems (e.g., "Us Too," for men with prostate cancer), masculinity (e.g., the "ManKind Project") and other issues of concern to men (e.g., fathering). The contribution of men's traditional gender role socialization to these problems and issues is often critically analyzed in such groups. Furthermore, the structure and processes of self-help groups are especially well suited to the distinctive needs of men arising from this socialization. A small but growing body of research demonstrates benefits of participating in a group, for example, reduced violence, depression, or gender role conflict. Research on the dynamics of participation and group development is needed, together with more systematic and controlled outcome studies. Through referral and advocacy, self-help activists and health professionals can contribute to the expansion of this underdeveloped resource for men coping with health problems and working to construct more positive models of masculinity.

There are cultural expectations . . . we got them from school or from mother and father . . . but somehow [they got] internalized and [now we're] trying to break out of that. I need to have encouragement and support from men to do that, to be the person that I am as a male and not feel restricted by some kind of cultural box . . . There's some shared understanding of what that expectation is . . . I think my work in this group is breaking out of that box that says . . . what you should be as a man [is] strong, silent, non-emotional.

Men's self-help group member, age 35

In this group . . . we are learning skills . . . that . . . feed into understanding myself, understanding other people, understanding how to manage relationships, how to understand and manage my own feelings, [and] empathy. All of those sorts of things help me cope with anger in ways that are not abusive and violent.

Men's self-help group member, age 41

Men have long gathered in social groups, including fraternal organizations, lodge societies (e.g., Eagles, Elks), and clubs (e.g., Boy Scouts), as well as in more informal settings (e.g., bars, spectator sports events). Although discussions of health and social issues in men's lives occasionally occur in these groups, they are not purposefully designed as helping groups and do not typically analyze problematic aspects of traditional masculine gender roles and socialization. This article reviews literature on another kind of men's social group, *self-help and mutual support groups for men*. Such groups exist to assist men with a variety of unique health concerns (e.g., prostate cancer, impotency), as well as more general health issues (e.g., substance abuse, circumcision), life events (e.g., death of a spouse, divorce), and problems (e.g., domestic violence), often as they are related to men's gender role socialization. These groups originated in the United States, England and Canada during the 1970s as men's consciousness raising groups, and then in the late 1980s rapidly expanded in number as self-help groups that provided information and advocacy for men as well as mutual support. Drawing on different sources (Schwalbe, 1996; Virgin, 1998; White & Madera, 2000), we estimate that several hundred thousand men to date have participated in a self-help or mutual support group for men.

While there are a number of positive consequences of traditional male gender role socialization, the accompanying costs to individual men and to society are quite high. Men's gender role socialization contributes to many health problems that disproportionately affect them such as heart disease, cancer, and alcohol and substance abuse (Courtenay, 1998; Melluish & Bulmer, 1999; Sabo, 1998). Furthermore, men's socialization is also linked to many pervasive social problems including violence (Bowker, 1997), domestic violence (O'Neil & Nadeau, 1999), and sexual assault. Although men are less likely to seek professional help, the prevalence of men's health problems, especially those linked to male gender role socialization, significantly contributes to the overburdening of health care systems, just as social problems linked to masculinity (e.g., violence) overwhelm the criminal justice system. Self-help groups for men represent a normative, community-based complement to professional systems of care for addressing these health and social problems. Further, they may foster the development of healthier, more positive models of masculinity and male gender role socialization.

We begin our review by describing male gender role socialization and its consequences for men's health and well-being. Next, we analyze how men's self-help group structures and processes are especially well suited to the distinctive needs of men that stem from this socialization. We then introduce a typology

of men's self-help groups, describe the typical characteristics of participants and meetings, and review research on the benefits of participating in men's self-help and mutual support groups. We conclude by suggesting several avenues for advocacy, research, and action that could be pursued by those with an interest in further supporting and expanding self-help resources for men.

MALE GENDER ROLE SOCIALIZATION AND SELF-HELP

The socialization of the American boy into the traditional adult male gender role, based on Western ideals of masculinity, results in a number of characteristics and relational styles that have been associated with stress, conflict, and social and health problems (Levant, 1995; Pleck, Sonenstein, & Ku, 1994). A widely cited descriptive model of boy's socialization emphasizes four main themes or expectations: *antifemininity*, *status and achievement*, *inexpressiveness*, and *independence*, and *adventurousness and aggressiveness* (Brannon, 1976). These expectations contradict basic human needs and desires for intimacy and emotional expression, creating stress and conflict between men's core selves and social expectations (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Violating these norms can also lead to social condemnation and punishment that contributes to gender role stress (Pleck, 1981). Taken together, male gender role expectations create a social environment in which many men suppress emotional experience, abuse or ignore their bodies, reject opportunities for connection and intimacy, and respond aggressively or violently to conflict and emotionally charged experiences. While there are diverse expectations for and variations in the expression of masculinity across race, class, sexual orientation, age, and historical epoch (Gilmore, 1993; Kimmel, 1996), men in general face significant challenges to their well-being due, in part, to common themes in their socialization (Good, Dell, & Mintz, 1989).

Men's health and social problems are often addressed in support groups and therapies guided by professional approaches to mental health services (i.e., services based in institutions and on expert knowledge, delivered only by professional counselors to clients; see Andronico, 1996; Stein, 1982). However, self-help groups are a promising alternative for addressing men's health care needs, healing the negative effects of men's gender role socialization, and transforming socially normative expectations for men. As do most self-help groups, those for men also capitalize on member's own experience and knowledge of themselves, create a sense of belonging, foster intimacy, encourage reciprocal exchange of information and social support, increase support networks, and provide advocacy. But these functions and the structures that support them may be especially well suited to reduce distinctive barriers to men's well being that stem from their gender role socialization. For example, these features of groups may help decrease the level of competition and one-upmanship between men that can interfere with open self-disclosure and supportive listening.

Despite these potential benefits of self-help and mutual support groups, participation among men is relatively low in comparison to women, with the exception of groups for substance abuse (Kessler, Mickelson, & Zhou, 1997). This discrepancy may be due to aspects of the traditional male gender role that discourage men from help seeking (Good, Dell, & Mintz, 1989). Men's socialization encourages private, individual responses to personal problems and discourages intimate, interactive forms of communication (Brannon, 1976; Levant, 1995). Men's participation may also be lower because some self-help groups are not sensitive enough to the distinctive needs of men. For example, Silverman (1988) observed in her study of widows and widowers attending same-sex self-help groups that men needed help connecting to others and admitting their feelings, whereas women needed help learning how to be more self-confident and self-sufficient.

MEN'S SELF-HELP GROUP PROCESSES AND PRACTICES

Several processes characterizing self-help groups make them particularly well suited to men's needs. First, the social practices in self-help groups have been found to support identity transformation by providing a context for sharing stories and testimonials of personal experience with similar others (Humphreys, 1996; Mankowski, 1997; Rappaport, 1993). In men's self-help groups, these collective stories are drawn upon to repair the gap between private experience and the prevailing gender role norms and expectations for men, helping to create a life story and identity that support more positive and healthy behaviors (e.g., Allen & Laird, 1991; Mankowski, 2000; Reddin & Sonn, 1999).

Second, self-help groups provide a social context of similar and supportive others. While many self-help groups formally provide a sponsor or informal role models, these resources may be especially important for men coping with issues related to their gender role socialization. Increased contact with an older or more experienced mentor has been identified as a crucial need for many men (see Schwalbe, 1996). In particular, the supportive acceptance of similar others may allow men who have performed destructive and antisocial behaviors (e.g., physical and sexual violence, sexual addiction, substance abuse) to experience a reduced sense of shame and guilt, which may be necessary for self-acceptance and change.

Third, since the basic values, processes, and structure of self-help groups directly contradict several fundamental aspects of traditional male socialization, they can be especially valuable for men with conflicts or stresses related to their gender role. Participating in a self-help group may challenge the personality and interactional styles characterizing the traditional male gender role (see Brannon, 1976; Pleck, 1981). For example, the non-hierarchical structure of peer-leadership and reciprocal helper-helpee roles common to self-help groups discourage relationships based on competition, status, and achievement-oriented striving. Instead, because meetings are typically run cooperatively with all members contributing

and fulfilling a variety of necessary roles (e.g., convener, information coordinator, etc.), self-help groups challenge the traditional male ideal of independence and self-reliance. Typically, in order to be tough and independent, men are encouraged to present an image of invulnerability. Many of the life challenges that bring people into self-help groups require a kind of private, self-admission of one's limitations and vulnerabilities. The personal nature of information and experiences that are often disclosed by members of a self-help group conflict with male role prescriptions to be stoic, distant, or emotionally controlled. More generally, the proscription men receive against stereotypically feminine forms of behavior is not consistent with these aspects of participation in self-help groups.

Finally, several practices specific to men's self-help groups may assist participants in changing their style of self-expression and social relationships. Beginning meetings with a "check-in" in which each man speaks once before anyone speaks twice, or using a talking stick, ensures that men don't interrupt each other or unnecessarily compete for attention (Kauth, 1992; Wilson & Mankowski, 2000). Further, rules which require speaking from personal experience by using "I" rather than speaking about someone else's experience challenge men's socialized tendency to distance themselves from their feelings (Mankowski, 1997). By establishing these consensual rules for self-expression and accountability, men create a metaphorical "safe container" that enables them to risk self-disclosure, and express emotion and physical affection or care.

TYPES OF MEN'S SELF-HELP AND MUTUAL SUPPORT GROUPS

The National Men's Resource Center lists hundreds of different groups for men, organized into seventeen different categories based on specific men's issues (National Men's Resource Center, 2000; see also White & Madera, 2000). Broadly speaking, however, men's self-help groups can be categorized into two different types (see Table 1). One type focuses on men's mental and physical health, and critical life events and transitions, for example, their experience of pregnancy, childbirth and parenting (Fagan & Stevenson, 1995; Rees, Jones, & Scot, 1995), death of a spouse (Tudiver, Hilditch, Permaul, & McKendree, 1992), prostate (Gray, Fitch, Davis, & Phillips, 1997), and breast cancer, HIV/AIDS (Sandstrom, 1996), and circumcision (National Organization of Restoring Men). These groups primarily address men's efforts to cope with or adapt to a challenging health problem or life transition, rather than directly focus on changing or critically analyzing masculinity and gender role socialization. Although the male gender role is not usually a central concern for these groups, it may be indirectly addressed in the course of discussing how to respond to the problem or event. For example, the coping process may include dealing with feelings of helplessness, threat, and vulnerability that are often prevented or discouraged by traditional masculine socialization (Gray et al., 1997; Kaps, 1994). No systematic data exists on the

Table 1. Sample Types of Men's Self-Help Groups^a

Type I: Health Issues

Impotents World Association

Founded 1981. 100+ chapters. National. Information and support for impotent men and partners of impotent men.

Man to Man

Founded in 1990. Over 155 groups. United States. Support and education for men with prostate cancer to enable them to better understand their options and to make informed decisions.

National Father's Network

Founded in 1986. 90 affiliated groups. International. Mutual support and networking for men committed to ensuring the optimum health, well-being, and education for their children with chronic illness and/or developmental disabilities.

NORM (National Organization of Restoring Men)

Founded in 1989. 20 affiliated groups. International. Provides a safe environment in which men can, without fear of being ridiculed, share their concerns about circumcision/restoration and for a desire to be intact and whole again.

Us Too, International

Founded in 1990. 400-500 chapters. International. Mutual support, information, and education for persons with prostate problems (including cancer).

Type II: Male Gender Role Issues

ManKind Project

Founded in 1985. 23 centers. International. Mission is to assist men in reclaiming the sacred masculine identities through initiation, training, and action in the world.

National Organization of Men Against Sexism

Founded in 1975. 4 chapters. National. An activist organization of men and women supporting positive changes for men. Goal is to change not just men, but also the institutions that create inequality. Men can become happier and more fulfilled human beings by challenging the old-fashioned rules of masculinity that embody the assumption of male superiority.

^aAdapted from White & Madera, 2000.

scope of participation in this type of men's self-help and mutual support group. However, the two largest groups for prostate cancer have estimated that more than 40,000 men have been involved in over 600 groups, suggesting that the total number of participants across all groups of this type is substantial.

A second category of groups focus predominantly and explicitly on men as gendered beings by addressing their experience of gender role socialization, as well as problems or issues directly related to the enactment of this role such as homophobia (Kimmel, 1994), physical intimacy between men, work-family conflict, sexuality, competition, anger, and violence (e.g., see O'Neil et al., 1986). Examples of this type of group include mythopoetic men's groups that use mythology and structured ritual activity to encourage emotional expression and healing of psychological pain related to men's traditional gender role socialization (see Barton, 2000), and groups that are more explicitly pro-feminist and which incorporate a stronger critique of masculinity at a political level (e.g., Reddin & Sonn, 1999; Watts & Abdul-Adil, 1997). Men in this second category of groups question the expectations of masculinity and men's traditional gender roles, and attempt to develop an alternative set of ideals and norms around which more healthy masculine identities can be constructed. An estimated 100,000 men alone have attended a mythopoetic group (Schwalbe, 1996), suggesting that participation in the second type of group is at least as common as the first.

RESEARCH ON MEN'S MUTUAL SUPPORT AND SELF-HELP GROUPS

Participant and Meeting Characteristics

Some men's self-help groups have developed to a point of visibility and stability characterized by organized networks, executive bodies, mission statements, training resources, and regional or national conferences (e.g., ManKind Project; National Organization of Men Against Sexism). However, many, if not most men's self-help and mutual support groups are not organized beyond their local neighborhood. This lack of formal structure makes documenting the characteristics of participants and the scope of groups difficult.

Based on available research, participants in men's self-help and mutual support groups largely White, well-educated, middle or upper class, and heterosexual (Mankowski et al., 2000; Schwalbe, 1996; Shiffman, 1987). Unfortunately, these studies have not been based on nationally representative surveys, but on more limited databases from a particular region or type of group. To further the recruitment and retention of members and the development and expansion of men's self-help groups, we need to know more about how participants find out about groups, why they join, what barriers delay or prevent joining, why they leave, and why other men never choose to attend. There is some research indicating that men drop out of groups due to satisfaction with peer and family sources

of support, discomfort with the emotional climate of the groups, or the desire for more practically oriented coping strategies (Mankowski et al., 2000; Sandstrom, 1996).

Based on qualitative descriptions (e.g., Mankowski, 1997; Schwalbe, 1996), group meetings have characteristics similar to other kinds of self-help groups. Groups typically meet between one and four times per month, for one to three hours. Meetings are held in members' homes or workplaces, buildings of religious organizations, and schools. Meetings are free or require a nominal charge. Meeting size varies, but typically has between four and ten members; open groups or gatherings affiliated with a local "men's center" or "men's council" are often much larger.

Benefits Associated with Participation

Participation in men's self-help may have a beneficial impact on a number of variables, including mental health (e.g., life satisfaction, depression, anxiety, self-esteem, coping) and physical health variables (e.g., prolonged survival after cancer diagnosis), attitudinal variables (e.g., attitudes toward women, beliefs about the male gender role, attitudes toward parenting), family role variables (e.g., work/family conflict, family involvement), and social variables (e.g., social support, community service and advocacy work). In this section, we review the limited number of studies that have been conducted examining the effects of participation in specific men's self-help and mutual support groups. We begin with available research on the first type of group that addresses a mental or physical health issue, social problem, or life event, and then discuss research on the second type of group that focuses explicitly on men as gendered beings.

Groups for Widowers

Dealing with the loss of a spouse may present unique challenges for men. As men may be especially dependent on their wives for emotional support and intimacy, the loss of a spouse represents a strong threat to their well-being. Some research shows widowed men to be at least five times more likely than married men to commit suicide. A similar difference has not been found between married and widowed women (Li, 1995). A small study of widowers in a self-help group (Silverman, 1988) provided anecdotal evidence that men experience positive change as a result of participation. Men reported they were more connected to other men, and had a greater appreciation for and ability to express feelings. In a subsequent controlled intervention study, however, men involved in a semi-structured self-help group were no less depressed or anxious, had no greater perception of social support availability, and were no healthier or socially adjusted than men not in a self-help group (Tudiver, Hilditch, Permaul, & McKendree, 1992). However, the lack of a detectable effect in this study may have been due to

the early drop out of men who were better adjusted or the possible receipt of professional services by men in the control group.

Groups for Prostate Cancer

Two international self-help group programs widely available in the United States and Canada address the process of coping with prostate cancer (e.g., "Us Too," partnered with the National Cancer Institute; "Man to Man" partnered with the American Cancer Society). Men with prostate cancer may face special challenges to their sense of masculine identity, in the form of concerns over impotence and incontinence, in addition to the usual feelings of fear, anger, and confusion that frequently accompany a cancer diagnosis (Kaps, 1994; Mason, 1993). Participants who were systematically interviewed about their involvement in these self-help groups reported that they are helpful, especially through the provision of informational support. Men who participate in these self-help groups reported being more assertive, more open to others, less judgmental, increased self-esteem, and taking more responsibility for their health (Gray et al., 1997). Given the size and organizational structure supporting these groups, there is a significant but thus far untapped potential for more rigorous research to be conducted on the role of self-help in men's efforts to cope with prostate cancer.

Groups for Substance Abuse

Substance abuse and alcoholism are more common among men than women. Men may be particularly prone to abuse substances in order to numb feelings such as pain, fear, vulnerability, being out of control, or needing help which are discouraged by traditional male gender role norms (Levant et al., 1992). Further, substance abuse can function as a means of "proving manhood" (Courtenay, 1998). Substance use also provides men a socially acceptable way of expressing affection to other men, which is discouraged by traditional gender role norms. Participation in groups such as Alcoholics Anonymous reduces substance use (Humphreys & Moos, 1998), which, in turn, may increase men's emotional expression, reduce risky behavior, and challenge the belief in autonomy and control, all of which are central to the definition of masculinity. We are not aware of any research that tests these hypotheses, however, they could be evaluated in self-help groups that are exclusively or predominantly attended by men, such as Oxford House (Jason et al., 1997), Confined Addicts Seeking Help (Hamm, 1988), and Straight Talk (Albert, 1994).

Groups for Male Infertility

Self-help groups for male infertility are unfortunately rare. Men experiencing infertility appear reluctant to seek help because they feel it is difficult to admit the condition (M. C. Mason, 1993, p. 165). Acknowledgment of infertility may

represent a failure of manhood, since virility and masculinity are often equated. In addition, until relatively recently many physicians diagnosed and treated infertility as though it were exclusively a female problem, paying only secondary attention to men. Consequently, professional support for self-help groups for men may be under-developed. Research on men who have attended a self-help group devoted to issues of infertility suggests that participation reduced members' feelings of isolation in coping with the diagnosis (Mason, 1993, p. 163).

Groups for Domestic Violence and Battering

Although domestic violence is an extremely complex and multi-determined problem, many theories draw on men's gender role socialization to explain battering (O'Neil & Nadeau, 1999). For example, some theorists view battering as a consequence of men's need for power, control, and dominance over women (Pence & Paymar, 1993), or their propensity for expressing anger through violence. Other theories acknowledge the role of contextual stressors such as unemployment and alcohol and substance abuse, which challenge men's ability to fulfill the traditional male roles of provider and protector. Most intervention programs for men who commit domestic violence involve professionally led rather than peer led self-help groups. However, there are a few self-help groups run by and for batterers (Edleson & Tolman, 1992; Trimble, 1994). In addition, many professionally led groups use self-help principles such as reciprocity, accountability, and shared responsibility to produce change (Jennings, 1987). Initial research on the effectiveness of self-help groups for batterers has produced mixed findings. In the one study available, a self-help group was less effective than professionally led groups at short-term follow-up but more effective after a longer follow-up period (Edleson & Syers, 1990; Edleson & Syers, 1991).

A significant concern about self-help groups for men with antisocial or violent behavior in general, and for battering in particular, is whether men themselves, without a professional facilitator, will sufficiently challenge each other's defensive explanations and rationalizations for their violence. Ultimately, however, time-bounded, professionally led treatment groups cannot alter the larger social context in which domestic violence develops and occurs. This limitation suggests the need for peer-led, post-treatment groups that continue to provide ongoing support and mutual accountability that may be needed to maintain treatment-based changes. In addition, participating in and leadership of self-help groups for batterers is one way these men can give back to their community while simultaneously strengthening their own personal commitment to nonviolence (Edleson & Tolman, 1992).

Groups for Gay Men

Disenfranchised from traditional masculinity, gay men with health and social problems linked to the male gender role may particularly benefit from

participation in a self-help group. For example, Kus (1987) argues that self-help groups for gay alcoholics are able to pay particular attention to their social isolation and experience of oppression during relapse and recovery. Additionally, the exchange of emotional and informational forms of support in self-help groups for gay men (e.g., Kus & Bozett, 1987), including those focusing on HIV/AIDS (Sandstrom, 1996), appears beneficial.

Groups for Fathering/Parenting

Among self-help groups for men, those specifically for fathers are perhaps the most well-organized and successful in advocating for their members' concerns (e.g., child-custody) in social policy and legislation. Perhaps because most of these groups focus on providing information to individual members or on advocacy rather than face to face meetings, relatively little research has been conducted to evaluate the effects of participation.

Some preliminary research on participation in Men as Teachers, a self-help group for African-American fathers, suggested that members improved their interactions and communication with their children (Fagan & Stevenson, 1995). Themes discussed in the group included the meaning and value of being a father, the need to challenge racism in society, and African-American men's capacity to control their own destinies. Participants found that it was especially important to support each other's efforts to gain control over their life circumstances. Expectations for the traditional male gender role, such as being in control and fulfilling the provider role, may carry different meanings for African-American men than White men (McAdoo & McAdoo, 1993). For example, fulfilling the provider role may be more difficult for men of color, who on average have fewer opportunities for attaining the necessary resources.

Groups Focused on the Male Gender Role

We now turn to reviewing research on the second category of groups, which focus more directly on masculine gender role socialization and norms. All of the groups in this category address masculinity, but vary in their values and beliefs about the traditional male gender role as well as their views regarding what changes men should seek in this role. Groups range from those that take an essentialist or conservative view, such as those associated with the Promise Keepers, a Christian men's organization that sponsors self-help groups focused on men's family roles (Silverstein, Auerbach, Grieco, & Dunkel, 1999), to those with more progressive and radical views about the changes needed to men's gender role socialization, such as the National Organization of Men Against Sexism (see Messner, 1997).

The most common and widely researched mutual support group in this second category is the mythopoetic men's group. Mythopoetic or "expressive" (Bly, 1995) groups are guided by a relatively essentialist view of masculinity, based in

Carl Jung's psychoanalytic theory. Mythopoetic principles hold that if men probe the gender archetypes buried in their unconscious, using mythology and structured ritual activity, they will be able to heal psychological wounds stemming from father absence, integrate masculine and feminine archetypes in their personality, and become mature leaders in their communities (Barton, 2000; Schwalbe, 1996). One such organization, The ManKind Project has the mission of initiating men into a mature masculinity, defined by integrity, connection to feeling, responsibility for their personal mission in the world, and community service (ManKind Project, 1999). The ManKind Project may be the largest mutual support organization addressing masculinity, with twenty-three regional training centers established throughout the United States, and in Canada and England and over 11,000 men having participated during the past fifteen years (Virgin, 1998). Participation in the organization requires a weekend training, followed by involvement in small groups designed to integrate the training into men's daily lives (called Integration or I-groups). While the I-groups are free, and after an initial eight-week training period are led by the members themselves, the ManKind Project may best be considered a quasi-self-help organization because the weekend training is quite costly.

Researchers have begun to conduct evaluation studies examining a wide range of individual outcomes and group level processes in mythopoetic groups. Several initial studies show that participation in the weekend training and the I-groups reduces gender role conflict, psychological distress, and depression, while increasing well-being, self-esteem, and meaning and purpose in life (Hartman, 1994; Levin, 1998; Mankowski, Maton, Burke, Hoover, & Anderson, 2000; Schulz, 1996). Successful I-groups were characterized by safety, trust, and accountability, the presence of a few highly engaged members, shared group goals, and chemistry and balance among the members (Burke, Maton, Hoover, & Mankowski, 1998). However, these studies have not included independent control or comparison samples, which would allow more certain conclusions about the effects of participation. It is possible that men who seek out mythopoetic self-help groups have already begun to independently to make such changes.

DIRECTIONS FOR FUTURE RESEARCH AND ACTION

Referral and Advocacy

Men often become involved in a men's self-help group after a critical life event (e.g., death of father; divorce; health crisis) challenges their overall sense of well-being, or their general understanding of what it means to be male. Referrals are frequently made through personal contacts, for example when a male friend who participates in a men's group encourages another to attend, or when men seek help from therapists or physicians who recommend a group as an adjunct to counseling. Health care professionals can support the development of men's

self-help groups by encouraging men to start their own group. There are a number of helpful resources available for forming and running a group (e.g., Kauth, 1992; Taylor, 1995). Further, professionals can advocate for the importance of men's self-help groups with health care and health care policy organizations. Finally, professionals need to be aware of the barriers men face to seeking health care that are connected to traditional male gender role socialization (e.g., minimization of physical symptoms; difficulty asking for help), and the potential role of self-help groups in reducing these barriers.

Research and Theory on Men's Self-Help Group Processes and Outcomes

Researchers interested in better understanding men's self-help groups need to conduct studies that systematically describe and evaluate their dynamics and the effects of participation. For example, survey research is needed to document the scope and duration of participation in men's self-help groups on a national and international level, and on factors associated with growth and development such as frequency of meeting, location of meeting, larger organizational support, and facilitator training. Relatively little is known about the specific changes men experience as a result of participating in a men's self-help group, especially with respect to their gender role beliefs and behaviors. Research is needed to address these outcomes, as well as the group practices (e.g., check in, storytelling, use of a talking stick, rituals) and processes (e.g., emotional release; mutual support) that contribute to changes made by men. Several hypotheses were offered above that suggest how the basic principles and structure of self-help/mutual support groups may counter the negative effects of traditional male gender role socialization, but have yet to be systematically tested. Research designs that include a comparison or control group as well as longitudinal focus are needed to evaluate these questions more definitively. Studies need also to address any unique needs and challenges that men's self-help group organizations and their leaders have in maintaining and expanding groups and what resources can be marshaled to address those needs.

Based on available research, ethnic and sexual minorities and working-class men appear not to be as involved in men's self-help and mutual support groups (Shiffman, 1987), although some groups have been organized by these communities (Fagan & Stevenson, 1995; Melluish & Blumer, 1999; Watts & Abdul-Adil, 1997), and one-quarter of the leaders in the Promise Keepers are men of color (Van Leeuwen, 1997). Researchers and self-help group leaders alike share an interest in finding out why men from certain groups participate in fewer numbers. Drawing on this research, group leaders and facilitators may be able to more effectively impact factors that contribute to the recruitment and retention of members.

Finally, more advanced theory needs to be developed if research is to move beyond narrow evaluation of group effectiveness on individual-level outcomes

(Maton, 1993). Theories are needed that incorporate the variety of changes that men may experience as a result of participation in men's self-help groups. For example, participating in a prostate cancer group might reduce gender role conflict and increase social support and coping, in addition to increasing survival after diagnosis. Further, multi-level theories are needed to address the dynamics of individual participation (e.g., joining, leaving groups), the processes by which members change, and issues in group and organizational development (e.g., expansion and stability; leadership and training issues) (see Maton, 1993). We will want to ground these theories in knowledge of the experiential accounts of men who have participated in self-help groups (e.g., Benson, 1981; Blake et al., 1992; Creane, 1981; Reddin & Sonn, 1999; Schwalbe, 1996).

CONCLUSIONS

Increasing attention is being focused on men's health care and concerns (Courtenay, 1998). Changes that women have sought in their gender role, together with shifts in family structure and the labor economy have necessitated a corresponding reflection among men about the costs of enacting the traditional male gender role, and about their health and well-being more generally. Men face several unique diseases, as well as other challenges to their well being that are associated with traditional gender role socialization. As a complement to the overburdened professional health care and criminal justice systems, men's self-help groups show great potential for assisting men who are coping with these diseases and for reducing some of the negative effects of men's gender role socialization. Initial research demonstrates a number of benefits to men's mental health and social well being from participating in such a group.

One potential limitation in the ability of self-help and mutual support groups to reduce negative consequences of male gender role socialization is the value self-help culture places on independence and self deterministic individualism (Wuthnow, 1994), since these values are also central to the definition of traditional male gender role norms and ideology. The environment of an all male self-help group could also perpetuate rather than challenge men's endorsement of destructive aspects of the traditional male gender role (Kimmel & Kaufman, 1995). But for the most part, these concerns seem to be far outweighed by the likely benefits. Research on the processes and outcomes of men's self-help groups demonstrates their promise for assisting men coping with illness and stressful life events, healing the effects of masculine gender role socialization, and constructing more positive definitions of masculinity.

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