IMPLICATIONS FOR THERAPY, THERAPISTS, SOCIAL WORKERS, COUNSELORS AND OTHERS IN THE HELPING AND HEALING PROFESSIONS FROM PARTICIPATION IN MEN'S PEER MUTUAL SUPPORT GROUPS

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ABSTRACT

This study first describes the way men are traditionally conditioned (i.e., damaged) by patriarchy in U.S. culture. This damaging enculturation not only inhibits men from seeking therapeutic help, but has also blinded some psychologists and therapists to the inadequacies of many of their traditional (i.e., patriarchal) therapeutic approaches.

Aspects of social support and men's work/men's emotional healing work as accomplished in men's peer mutual support groups are described, as well as other types of men's support groups. These peer mutual support groups provide an individual an opportunity for self-help and self-care in a group setting. Liberatory research from men's emotional healing work and men's peer mutual support groups is then presented, including interview data from men who are therapists about the benefits of their personal participation in men's peer mutual support groups, which has important beneficial implications for men, therapy, social workers, therapists, counsellors, and others in the helping and healing professions.

Keywords:

men's emotional healing work,
men's peer mutual support groups,
therapeutic effects of men's support groups,
social support, and
mythopoetic men's work.

I. INTRODUCTION

Many psychological studies (which have been nicely summarized by Turkum, 2005, and the citations therein) have looked at numerous factors assumed to influence an individual's help-seeking behavior: fear and distress (Deane & Chamberlain, 1994), self-concealment tendency (Cepeda-Benito & Short, 1998), perception of social stigma (Farina, Holland & Ring, 1996), emotional openness and psychological symptom severity (Komiya et al., 2000), avoidance factors (Vogel & Wester, 2003), internal working models of close relationships (Lopez, Melendez, Sauner, Berger & Wyssmann, 1998), and psychotherapy session limits (Uffelman & Hardin, 2002).

Gender has also been studied and assumed to influence help-seeking behavior. Men, in particular, tend to display more negative attitudes toward seeking help (Blazina & Watkins, 1996; Leong & Zachar, 1999) resulting in a reluctance in actions that are caring for one's self, and are more resistant than women to seeking counseling (Rickwood & Braithwaite, 1994). Furthermore, gender roles are also assumed to influence help-seeking behavior. O'Neil (1981, p. 203) defines gender role as "behaviors, expectations, and role sets that are defined by society as masculine or feminine, and are embodied in the behavior of the individual man or woman, and culturally regarded as appropriate to males or females." Also see O'Neil 2015. According to Sandra Bem's classification (1974), gender roles can be designated as feminine, masculine, androgynous, or undifferentiated. Bem also suggested that androgynous individuals—those who display both masculine and feminine personality traits—are better adjusted psychologically than sex-typed (i.e., feminine or masculine) individuals, let along considering the impact of being lesbian, gay, bisexual, and/or transgendered. Additional research indicates that person's displaying a masculine role structure scored lower on depression while also exhibiting greater antisocial behavior and substance abuse problems than a feminine role structure (Lengua & Stormshak, 2000). Persons with a masculine gender role structure were also less likely to express an interest in seeking counseling than those with a feminine gender role structure (Margolis, 1982), less likely to seek self-helping or self-caring activities, or those with an androgynous gender role structure (Nadler, Maler & Friedman, 1984), or those with an undifferentiated gender role structure (Good & Wood, 1995).

But few psychologists or therapists seem to have realized that what was assumed to be normal, because so numerous, was actually an adulteration. Patriarchy not only fabricates the concept of gender in the first place, but then dictates society's expectations for gender roles as well as the definitions of gender and personality traits (Blazina, 2010; Schwalbe, 2014), and then blinds many "professionals" to this entire illusion.

Having benefited from liberatory men's healing work, psychotherapist Terrence Real has recognized the extensive damage done to human beings by patriarchy and has brought to light the hidden history of male depression (1977, pp. 22-24):

One of the ironies about men's depression is that the very forces that help create it keep us from seeing it.

Hidden depression drives several of the problems we think of as typically male: physical illness, alcohol and drug abuse, domestic violence, failures in intimacy, self-sabotage in careers.

Traditional gender socialization in our culture asks both boys and girls to "halve themselves." Girls are allowed to maintain emotional expressive- ness and cultivate connection. But they are systematically discouraged from fully developing and exercising their public, assertive selves—their "voice," as it is often called. Boys, by contrast, are greatly encouraged to develop their public, assertive selves, but they are systematically pushed away from the full exercise of emotional expressiveness and the skills for making and appreciating deep connection.

The traditional socialization of boys and girls hurts them both, each in particular, complementary ways. Girls, and later women, tend to internalize pain. They blame themselves and draw distress into themselves.

Boys, and later men, tend to externalize pain; they are more likely to feel victimized by others and to discharge distress through action.

The damaging enculturation inflicted upon men by patriarchy has been largely hidden until the advent of the contemporary men's movement and still remains largely hidden to most men and many women.

II. MEN'S WORK/MEN'S EMOTIONAL WORK

When a group of individuals deem that they are not receiving from the traditional dominant culture what they may need to mature and fully develop as human beings, or that the discourse of the dominant culture does not speak to them or for them, they can then decide to organize themselves in more wholistic, healthy, and nurturing ways. And such an organization constitutes a type of a social movement. Just as new social movements were organized in the U.S. in the 1960s such as the Black Power Movement, Anti-War Movement, the Civil Rights Movement and the Women's Movement (Newton, 2005), another social movement evolved in the US and other countries, which I shall call the Contemporary Men's Movement. This Men's Movement consists of networks of men (Messner, 1997) and is not a monolithic group. Just as there are many theories of psychology and many kinds of feminist philosophy, there are many branches of the contemporary men's movement, with class and race structuring evident in most branches.

Men, in these branches and in branch subgroups (Barton, 2005), gathered together in various kinds of groups and organizations. Some groups were concerned with consciousness raising (Barton, 2004), some were mutual self-help groups (Mankowski and Silvergleid, (1999-2000), others were peer mutual support groups concerned with emotional healing (Wilson and Mankowski, 2000), while fathers' rights groups sought information on how to increase parenting time for fathers (Barton, 2011) or fatherhood programs (Mayes, 1997). All of these groups, whether politically left or right, were "men's organized efforts to transform masculine ideals" (Newton, 2005, p. 11), which often included personal healing/recovery from the damage inflicted by the dominate culture's socially constructed masculine patriarchal script, as well as the transformation of social institutions that perpetuated this unhealthy patriarchal masculinity (See Barton, 2006-2007). As each branch and sub-branch recognized its own particular symptoms of the patriarchal illness, these symptoms lessened over time as healthier new socially constructed masculinities were created by men's work, and thus began to appear in popular culture.

Participation in men's support groups as well as the ways men approach/seek therapy are influenced by the way men have been enculturated by patriarchy. Euro-American men are conditioned by patriarchy in such an aggressive hypermasculine way that, unlike women, they are reluctant to seek and/or ask for help or directions. These men are also reluctant to seek therapy because it does not fit within their conception and conditioning to hyperm asculinity because

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"counselling requires men to set aside much of their masculine socialization simply to get through the door and ask for help" (Robertson, 2001, p. 148). Those patriarchal or "traditional" men who have participated in therapy have been observed to be difficult to engage in therapy, often being described as resistant, unworkable, and unfeeling. Because of their enculturation, seeking or asking for therapeutic assistance is often perceived as acting weak, as humiliating, feels like losing control, and raises a man's fear of intimacy. And their humiliation and fears are compounded if the psychotherapy is also traditional, i.e. based on women's emotional enculturation.

Sensing a deep need for profound change in their lives, and also as an alternative or adjunct to "traditional" therapy, or having experienced a mid-life crisis (Barton, 2003-2004) men may seek out a group experience like a men's support group and may organize centers for providing more programs such as the West Michigan Men's Center, Kalamazoo, MI (Barton, 1993) or the Twin City Men's Center, MN (Faulk, 1995) or a retreat such as a men's initiatory weekend. Initiation connects a man with a force greater than himself and his social and political institutions and is a profoundly transpersonal spiritual experience (Tacey, 1997). Connection to a new mythic source often transforms the man into a more wholesome, mature human being who lives in community and has a mission that gives meaning and purpose to his life: "All real changes in the personality take the form of initiation into a different state. Very often this initiation takes the form of [metaphoric] death and rebirth" (Rowan, 1991, p.82). One such initiatory example for men is the ManKind Project's New Warrior Training Adventure (Mankowski, et al., 2000, Mankowski, 2014, Anderson, et al., 2014, Mankowski, et al., 2014, Maton, et al., 2014), after which many of the men continue to participate in a men's peer mutual support group, called an I-Group (Pentz, 2000, Burke, 2010). There are a variety of experiences regarding NWTA participation and later activities in the ManKind Project (MKP) (Barton 2014), accountability (Lucas, 2014), Transforming competition to cooperation (Czoschke, 2014), staffing a NWTA (Seitu, 2014), elderhood (Ratti, 2014), and a spiritual component, (Goll, 2006-2007), of support from the I-Group (Barton, 2005), These activities can provide men opportunities to break through the isolation of patriarchal male gender-role enculturation and for "achieving intimate interpersonal relations with other men" (Rabinowitz, 1991, p. 576), for initiation and bonding in a ritual container, which creates liminal space as a means of "male romance" with other men. Male romance is defined by Newton (2005, p.31) as "a sometimes actual, and often fictionalized, phenomenon that involves men going off with other men, ritually bonding with each other, and being 'reborn' within a community of males."

Mythopoetic men's support groups also use ritual, sharing of myths, writing and sharing poetry, psychodrama, guided imagery, breath work, drumming, and vision quests as means of transformation and change (Barton, 2000). These activities in mutual help organizations for men often contain experiential educational and psycho-educational aspects. Social support in these mythopoetic/psycho-educational activities helps to sustain change and transformation "because confirmation is an important component of expanding one's self-definition …[and] a supportive network of [men] can be developed to facilitate the transition and confirm the emerging man" (O'Neil and Egan, 1992, pp. 316 & 318).

III. TRADITIONAL THERAPY

For the most part, historically much of the mental health community has failed to recognize the genuine mental health needs of "traditional men" (McCarthy and Holliday, 2004), and to create therapeutic alliances for these enculturated men, because the mental health community did not fully understand men's experiences nor perceive the "connection between men's problematic behaviors and their psychic pain" (Brooks & Good, 2001, p. 13) caused by patriarchy.

Traditional men's lives were/are shaped by rigid gender role requirements which cause them to listen only to the patriarchal male chorus and to obediently follow this male script in order to be considered a "real man." This script included such traits as submitting to the external pressures for men to project a hypermasculine image, or else be seen or accused of being feminine or gay; staying in control at all costs; and repressing and holding in all emotions except anger. These enculturated men were also conditioned to work long hours in order to be the sole provider for their families, yet now in the U.S. two incomes are often needed to support a family so those men are no longer able to fulfill the sole provider role.

Fortunately a new approach to therapy for men is evolving (Meth & Pasick, 1990), as well as a new psychology of men (Brooks, 1998) that recognize men as dynamic, fluid, individuals, rather than one-dimensional personalities in static roles, with a variety of needs. This new gender-sensitive approach has greater clarity about issues of power: men actually have very little control over their lives, and they have not been authentically empowered but have been enculturated to a damaging patriarchal hypermasculinity that "causes immense pain, isolation, and alienation not only for men but also women…[which] is [part of] men's contradictory experience of power" (Kaufman, 1994, p. 142). Today, the standards for being a man are changing. They now include greater responsibility and participation in childcare and household chores, which creates many new opportunities to design a therapeutic modality for different populations of men and their various masculinities, even though most of those masculinities are instilled through patriarchy (Schwalbe, 2014). There are now "more gender aware, gender sensitive, and gender fair" therapeutic approaches, which call for therapists to deeply consider men's and women's authentic gender and cultural contexts in developing interventions (Brooks & Good, 2001, p. 13).

It is critical that men be perceived as damaged by patriarchy and in need of diversity training and experiential mythopoetic work in order to recover from enculturation and heal their psychic pain. This may create additional challenges and opportunities especially for female clinicians to develop treatment plans that do not re-inscribe patriarchy (Nahon and Lander, 1992) and establish engagement in a therapy that is open to the man who wants to be more wholistic and naturally himself. When men's experiences are better understood in a non-patriarchal cross-cultural counseling context, genuine therapeutic bonds will be established. Therapists will be much more empathetic and compassionate toward men and men will be more eager to use and engage in psychotherapy (Brooks & Good, 2001). Then there is the question of whether participation in men's peer mutual support groups and participating in psychotherapy have mutually beneficial effects. Gunderson in a social work research project answers this in the affirmative (Gunderson, 2010).

IV. RESEARCH ON MEN'S PEER MUTUAL SUPPORT GROUPS

This paper now focuses on research about men in men's peer mutual support groups and how these men perceived therapy, as well as how therapists, who were participants of peer groups, not facilitators, themselves benefited from their participation in mythopoetic men's peer mutual support groups.

V. METHOD AND INSTRUMENT

Beyond Men Hugging Trees (Barton, 2011) was a qualitative exploration into men's participation in peer mutual support groups. All the members in an open or drop-in men's peer support group (Group 1), all the men in a closed men's peer mutual support group (a ManKind Project I-Group; Group 2), a fathers' rights group (Group 3), and some of the members of a Men's Issues class at the community college (Group 4) were interviewed using a 55 question structured interview protocol.

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The interviews were transcribed and the word-find mechanism was used to search for "therapy," "therapists," "counseling," and "counselors" to locate the relevant data for this article. This article draws on specific date related to the impact of men's support groups on therapists, social workers, and councilors from their personal participation in men's support groups, not as professional providers of their professional services.

VI. INTERVIEW DATA

There were 22 men interviewed for this research. Some of the men spoke about various aspects of therapy and counseling such as: 1A) their therapist suggested partici-pation in the men's support group, 1B) that support group participation was understood to be an adjunct to their therapy, and 1C) that there were similarities and differences between the support group and their therapy. The men also spoke about: 2) how the presence of therapists-as-participants impacted the support group; 3) facilitating the peer mutual support group in a therapeutic mode; and 4) the benefit that the therapists experienced from their participation, as members rather than facilitators, in their men's peer mutual support group. All names are pseudonyms.

1A. Referred by Therapists

Two men from Group 1, Dave and George, indicated that they learned about the open men's support group from a therapist. Dave's therapist, whose office was in the same building where the support group met, told him about the group and suggested that he might benefit from participation. Dave also had his own specific reasons why he became interested in attending the men's group, thus the suggestion from the therapist fit into what Dave sensed as his own need for some support:

> *I also had some issues to deal with with my father, issues with my spouse at the time, issues with my children. And I was just looking for a place to get some support, some understanding of what I was going through.*

George had been in a men's group in another state and he said that was "a neat experience" for him. When he moved back to this community, he was looking for a men's group. He had talked with several different male therapists that he knew and George said, "it was actually a therapist acquaintance of mine that had referred me" to the group.

Another man, Tom from Group 4, said that his therapist had suggested that there would be possible benefit from participating in a men's support group, in the Men's Issues class offered at the local community college, and from participating in the New Warrior Training Adventure (NWTA), which is a men's initiatory weekend and the then gateway to the ManKind Project (MKP). Tom decided to take the Men's Issues class, and after that he also participated in an NWTA. He continued with his healing work by joining a closed men's support group, called an I-Group (like Group 2 in this research).

Therapists can play an important role in men's emotional healing by referring men to mythopoetic men's peer mutual support groups as well as other mythopoetic men's activities.

1B. Participation as Adjunct to Therapy

Three men, Dave, Alan, and Ed in Group 1, spoke about their participation in a men's support group as being an adjunct to therapy. Dave had specific emotional issues with his father and with other family members for which he wanted to have some support while he worked on resolving them.

Alan had been in family counseling with his wife and daughter for a while, as "we realized we had a lot of work to do." After awhile the family counseling stopped. His wife and daughter then want to a support group, and he had looked for something similar for himself. He found a men's support group and joined it, as that was "more what I needed" to continue the work he had begun in therapy.

Ed had been feeling anxious about a relationship and was receiving some

> *"traditional therapy through [his] HMO." He said that he wanted "to be able to express some things…I wanted to see if I could get something out of a more informal group . . . And actually it turned out to be better than I thought it would be, not knowing anything about what a group like that would be like."*

Ken, from Group 2, also saw a relationship between his MKP I-Group's activities and therapeutic process:

> *I essentially tried to walk the talk; that is, the behaviors in the thera-peutic processes that I went through in the I-Group, I wanted to use those on a daily basis to make concrete changes in my life. And so the way I made sense of it was by actually doing it … One specific example is following my mission statement and developing a much greater sense of honesty in my life in terms of my interactions with everyone in my life.*

For Ken, "walking the talk" was necessary for actualizing the therapeutic process and embodying it in his life. He followed the life mission he had developed on his initiatory weekend of New Warrior Training Adventure and achieved a greater sense of honesty in his relationships.

These four men realized that their participation in a men's peer mutual support group was a very beneficial adjunct to their therapy.

1C. Differences Between Therapy and Peer Mutual Support Groups

By definition a peer mutual support group does not have a professional facilitator, although it is common to have a rotating peer facilitator for each meeting, while a therapist is a professional trained to accomplish therapy in an individual or group setting. Neither Dave, Ed, nor Ken mentioned this definitional distinction in exact words.

In explaining how support was provided in the group, Dave said that men just listened to him and to each other, providing support in that way: "We weren't therapists. It was not a therapy group. We just listened … to what each man brought up." Ed, in the context of wishing some members would not just keep bringing up the same issue week after week, realized the needs of some men might be beyond the capacity of the group to handle: "The group was really more of a support group and not a therapy group, which is as I think it should be."

Ken said that the group was supportive "with various components from something akin to some therapeutic activities, as well as ritual activities, best described as mytho-poetic men's group." He also described the group as having "a therapeutic component. And so it provided a means of self-evaluation and introspection that I really didn't have [available] anywhere else, with the possible exception of one-on-one therapy."

These men found that their mythopoetic men's peer mutual support groups had therapeutic aspects and were provided social support in a mutual support group self-help context.

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2. Therapists as Members of a Peer Men's Support Group

Men who discussed this point were mainly in Group 2 as there were no therapists in Groups 1 and 3 and only two in Group 4. Neither the therapists nor anyone else in Group 4, the Men's Issues class, spoke about the impact of the presence of therapists in the class in their respective interviews.

Although the participants who were therapists were not there in a professional or permanent facilitator capacity, their presence had an impact that varied for the different men. Ken said that there were several therapists in his support group who were "well versed in various psychotherapeutic methods… [while not leading, they were often] over-seeing the specific issues a single person had and making sure [that the healing process] ran smoothly and safely."

Because Mark moved away from the area where Group 2 met and joined an I-Group in his new location, he could compare his experience in two different I-Groups. The second I-Group had men from a variety of backgrounds, while in Group 2 there had been many therapists who, Mark said, were "men familiar with healing of the soul and treating diseased psyches." Because of the therapists in Group 2, Mark had "more opportunity to do [deep] work in a more intense, more challenging" way, which was more beneficial to him.

Men in peer mutual support groups where therapists were members also participants benefit greatly from the knowledge, information, and skills that the therapists, other professionals, and senior men contribute by their presence and participation: the emotional healing work and the processes used to facilitate it were more effective, cleaner, and crisper. Furthermore, the therapists themselves benefited a great deal from doing healing work in these groups as will be elaborated later.

3. Facilitating the Peer Support Group in a Therapeutic Mode

Even though the members who were therapists were not there in a professional role, their education, experience, and presence added to the group in many positive ways.

4. Participation in Peer Support Groups as Benefit to Therapists

Two therapists in Group 2, Isaac and Jay, gave very extensive responses to this part of my research. Their responses have five distinct themes: 4.1) the way participa-tion changed them personally: 4.2) the way participation changed their practice of therapy: 4.3) the way participation changed their relationships: 4.4) changes the therapist would have liked to see for different approaches to men's group healing work: and 4.5) the unique effectiveness that ritual and creating sacred space have on the functioning of a group.

4.1 Personal Changes

Isaac said that he personally benefited from the group in several ways:

> *I became much more comfortable making trouble in my life, really putting out there a lot more about how I felt and expecting it to be important to the people that I was connected with, which was the opposite of the way that I had lived my life. My sense previously was that what was going on with other people was always more important than what was going on with me. The cost, then, of reversing that was to make trouble in the marriage, in my family.*

Jay talked about how his participation benefited his personal growth as well as his ability to interact in relationships, especially with women:

> *It also helped my relationships. I think I was – I'm sure I'm better able to stand up for what I want, keep my boundaries better, especially with women, especially with my partner as a result of that. I saw direct results from that with the woman I was dating at that time.*

4.2 Changes in the Practice of Therapy

Isaac found that his participation benefited him professionally in that he was able to "make trouble with the clients that I work with in a way different than I had previously, and in a lot more satisfying way." By this I believe Isaac meant that he was able to engage his clients in the therapeutic process in a more effective and deeper way.

Jay also talked about how his participation benefited him professionally:

> *Well, it benefited me by helping me actually in my therapy. My therapy changed. I'm a therapist and the way I conducted my therapy sessions was – I learned to be more direct with my clients, to step in and confront clients in a very good way. And that had not been something that I had done before I was in this I-Group.*

These two therapists were very clear about the ways that their participation in a peer mutual support men's group had definitely benefited their professional practices. Jay was able to be more direct and effective with his clients "in a good way," and Isaac was able to "make trouble" that was beneficial for the clients and a more satisfying way for him to do therapy.

4.3 Changes in Relationships

As indicated in the comments from 4.1 above, both Isaac and Jay found that their men's peer mutual support group participation was helpful in improving their relationships with partners, women, clients, and others.

4.4 Suggested Changes in the Group's Process

Isaac also said that he had some suggestions for changes in the way Group 2 functioned and approached their healing work:

> *I'm going to be talking about this in an historical sense, talking back from a couple of years ago. I really thought we needed to incorporate more techniques out of different philosophies or different perspectives or different therapeutic theoretical backgrounds, not just the Jungian one or behavioral one. So that would be what I would have wanted to do at the I-Group level. And I found myself trying to do that a lot of times…[and] I don't want to own responsibility for all this, because there were also folks like Jay and yourself [the author] that brought this in – but, again, I really – I came to believe strongly in the ideas of Alexander Lowen, for example, that change can happen through an experience in the body without it being understood by the conscious mind. Actually, that's in keeping with people like Milton Erickson, who also believed the same about hypnotherapy, that a person could have an experience with hypnotherapy that would be completely confusing at a conscious level but could make all kinds of sense at an unconscious level, and they could make a change in their life without ever under- standing it. Which is a little different than therapies, which felt that you had to*

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bring something to consciousness in order to make a change in it. I also really wanted to broaden the concept of "shadow." It was a term that was really pervasive in our work, but I often had the sense that it wasn't that well understood. And I thought that I heard men using it—the word—inappropriately at times when we were doing work. So I really wanted to deepen and broaden the understanding of concepts like shadow. And the other arena that I thought was really useful, that I was particularly interested in bringing in, was doing dream work. I think that dreams are another way to access a place where change can happen. I have, over the years, developed a lot of behavioral techniques that I think would work well in a group setting, and actually have used them in group settings in the past, around doing dream work. So there are active ways of doing interpretation and facilitating change using people's dreams. And that, to me, fits right into the quarter of the magician [which] I think is a quarter that it was more difficult for us to figure out how to operationalize. We had some techniques around the king quarter, clearly the warrior, not so much with the lover and magician [quarters]. And I was very interested in exploring these.

The "quarters" Isaac referred to are four aspects of a man—king, lover, warrior, and magician—according to Moore and Gillette (1990). He also wanted to broaden the I-Group's methods to include the somatic approaches to healing from Lowen and Erickson, thus reducing the emphases on the Jungian concept of Shadow (Johnson, 1991: Bly, 1986) as well as behavior modification techniques.

4.5 Unique Effectiveness of Ritual and Sacred Space

Isaac related that:

When we come together as a group, particularly a group like the I-Group, because it's opened and closed on ritual and creates sacred space; part of what happens inside of that sacred space is that we get bonded and connected to each other in a way that we don't have a definition for or a real understanding of. My sense is that we begin to operate as a single entity, even though we would all appear to be individuals and maybe even, at times, at odds with each other. Whatever any man brings up in the group and fights for, whether he gets consensus initially or not, is the work that the group needs to do. So in a very real behavioral way, we would be prioritizing all the time that we were working in there. We had some particular, more obvious ways of doing that, like deciding who was going to work tonight when there were 10 people that wanted to work and there wasn't [enough] time [for all 10]. But the interesting thing to me was that I don't think we arrived at the decision-making process (10 men who wanted to work and only half an hour left) as if it only occurred right then. We came to that from the moment we walked in the door. And in retrospect, I probably could point out things that would have happened early in the night which would demonstrate that it was the only conclusion we could have arrived at, i.e., we would come to half an hour's time left with 10 men that wanted to work. I couldn't do that at the moment we all walked in the door, but I think if we really were to examine the meeting in detail, I could.

In this statement Isaac acknowledged that the I-Group meeting began and ended with ritual. He sensed that the men of the group connected and bonded together in unexplain-able ways through ritual. This resulted in a process trajectory, which seemed invisible, yet guided the meeting; I would say that spirit was guiding the group. Isaac thought that this invisible guide could be more clearly understood if more closely examined. Even without that closer examination, it is clear that at least for Isaac, ritual and creating sacred space had a most definite and beneficial impact on him and the group.

VII. DISCUSSION

Isaac mentioned sacred, or liminal, space, which has an element of "male romance." According to Newton, male romance includes "separating from women, creating ritual space, risking intimacy and disclosure with each other, and undergoing a species of rebirth, most often through the agency of male figures or other men" (Newton, 2005, p. 15). Newton chose the term "male romance" because it spoke to "heroic deeds, adventure, and love and sometimes . . . supernatural events… [It also cast the] very attempt to redefine ideals [of masculinity] . . . as a heroic effort or journey," (Newton, 2005, p. 16). Such a heroic journey often has mythic elements.

Myth and quasi-myth may be useful tools for emotional healing work. Patriarchally enculturated men are often entrenched in their intellect and ego, which defend against any recognition of need for change as well as resist change. Yet, men have also been storytellers for eons and have used stories to transmit a society's masculine ideals from generation to generation. These stories can become myths, and "myths can become particularly potent forces in the psychotherapeutic process" (Lucas, 2000, p. 123). Even if there's no specific myth that speaks to a client's situation, there is the possibility to create a quasi-myth that will fit the therapeutic needs of the client. Participation in mythopoetic men's work may provide the therapist with the skills to assist in selecting myths and designing quasi-myths to benefit their clients, as well as assist in a therapist's own healing.

This interview data and other data in this research demonstrates the effectiveness of men's participation in peer mutual support groups, including I-Groups, for beneficially changing and transforming lives and relationships (Barton, 2011). All three groups were examples of "men's organized efforts to transform [unhealthy] masculine ideals" (Newton, 2005, p. 11). Such participation also positively changed and transformed the therapists themselves, as well as their relationships with men in the group, with clients, with relationships, with others, and their therapeutic skills. It also provided new skills and techniques for their professional practices so that they could more effectively engage in transforming unhealthy aspects of men's traditional (patriarchal) masculine enculturation.

Mythopoetic men's peer support groups, with their experiential emotional healing modalities, can also successfully engage in psychoeducational activities, which can then be adjuncts of, or lead into, social work, counseling, psychotherapy, and work in other healing vocations: "[T]he amalgam of psychotherapeutic, myth, ritual, and spirituality of the mythopoetic approach may be a viable alternative for many men who might otherwise shun treatment in its strictest sense," (Richards, 2000, p. 175). While none of the men in this study mentioned going into therapy as a result of their participation in men's peer mutual support groups, I do recall from my participation, especially in Group 1, that several men, over the course of the existence of Group 1, felt that some of their issues were beyond the scope of the Group and sought therapy in conjunction with group participation. Or, it was suggested to them by group members that their issues might be beyond the capacity of the group. Other men asked for suggestions as to possible therapists. So, another implication for further research is to gather data from participants in men's support groups, women's support groups, and mixed gender support groups, in which members sought therapy, at least partially, as a result of their participation in peer mutual support groups.

When professional help is needed, then additional challenges arise for men because patriarchal conditioning inhibits them from asking for help, including therapeutic help. Indeed, patriarchally enculturated men are often in denial that there is even anything "wrong" with them or in need of fixing (Stage 1, Prochaska, 1994). These men see no need to seek professional

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help because they don't see that there is any problem, or not recognize them, even if their life and/or marriage may be falling apart. Furthermore, if they already are depressed and feeling badly about themselves, they most likely will not want to show it or admit it. While an in depth discussion of the implications of therapy and the various therapeutic modalities and theories is beyond the scope of this paper, in general it can be said that men will have to move from Prochaska's Stage 1 (denial) to the Stage 3 (preparation for change) for therapy to result in beneficial change. Men like to be active, to do work (often side by side), and to find solutions. Thus, a solution-focused therapy may be a very beneficial starting place for many men (O'Hanlon, 1999; Diamond, 2004).

Part of the dynamic of therapy is the issue of the therapist pushing for change and emotional healing, that is, transformation rather than just adjustment. So the question arises: Should therapists encourage men to change? Scher (1981) states that there is a professional responsibility on the part of the therapist to push for change that will result in emotional healing because the client deserves it:

> *Philosophically, counselors are pledged to change, not to adjustment. With that commitment to change comes the responsibility for exposing men to the possibilities that they can be other than what they have always been told they are. It is the responsibility of counselors to explore with their clients the ramifications of change and then to help them arrive at a workable approach to their worlds. (Scher, 1981, p. 200.)*

One way for therapists to fulfill this responsibility is to do their own emotional healing work so that they may better understand themselves and their clients. Part of that emotional healing, or the result of it, is to become in integrity with themselves. Another way is to be aware of the opportunities for one's own personal development through their participation in the contemporary men's movement and men's studies activities (Paterik, 1995). Another way is for the therapist's willingness to be present and be vulnerable in the therapeutic relationship so that the man can see that the therapist is "walking the talk" (Lander & Nahon, 2005). Therapists have found that "their participation in [mythopoetic] support groups . . . helped them individually [in their own growth and transformation] as well [as professionally] to become better therapists," (Barton, 2011). In addition they can knowledgeably endorse men's mythopoetic support groups and other mythopoetic activities plus men's studies classes as beneficial adjuncts for personal growth and psychotherapy (Barton, 2000).

VIII. CONCLUSION

Some limitations of the present study should be considered when interpreting the data and in planning future research. This study was based on a qualitative exploration of participation in men's peer mutual support groups (Barton 20011). The members are self-selecting in that they voluntarily joined and participated in their respective groups or the class (Group 4). All the members of Groups 1 and 2 were interviewed. The research is not based on a random sample. As such it is descriptive and not necessarily generalizable to men's peer support group participants, male therapists, or the larger population of men. Other men and other therapists might respond differently. Others might mention other modalities of therapy, other types of men's support groups, other aspects of men's support group participation, other types of emotional healing or participation in other branches of the contemporary men's movement. Nevertheless the interview data provides a rich description of these men's experiences of participation and how they benefited from their participation in mythopoetic type self-help peer mutual support groups.

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