

## Healing Men and Community: Predictors of Outcome in a Men's Initiatory and Support Organization

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**Abstract** Men have poorer health and declining social outcomes when compared to women, and research suggests that behaviors related to restrictive and traditional male gender roles contribute to this disparity. This study is an examination of The ManKind Project International (MKPI), a community-based organization that provides alternative male gender norms and a community support system to help reinforce them. The MKPI runs an intensive, experiential “Training Adventure Weekend” (TAW), followed by voluntary, on-going peer-led support and integration groups (I-Groups). One hundred men completed a pre-TAW questionnaire, an interview, and a long-term follow-up (>18 mo.) questionnaire. The study examined if there was change on the primary study variables at follow-up, and the relationship of background characteristics (age, self-help group experience) and factors related to participation (MKPI beliefs, social support, I-Group participation) to the criterion variables (depression symptoms, gender role conflict, and life satisfaction) at follow-up. Results indicated significant change in the expected directions on the primary study variables,

suggesting that for these men, participation has a positive impact. Most importantly, changes in MKPI-related beliefs and social support significantly predicted positive outcomes. Also, more positive outcomes were found among men 30–44 years of age, but not among those with more prior self-help experience or I-Group participation. Possible explanations for these findings and directions for further research are discussed.

**Keywords** Men's group · Self-help · Support group · Evaluation · Outcome

### Introduction

Recent research indicates that men have poorer outcomes on a broad array of health and well-being variables when compared to women, including higher rates of inherited and behaviorally influenced disease, problematic development, educational difficulty, violence perpetration and victimization, addiction, unemployment and shorter life expectancy (National Center for Health Statistics 2007). A substantial body of evidence suggests that these differences are the result, at least in part, of maladaptive behaviors encouraged by a traditional view of the male gender role that is restrictive, harmful, and dysfunctional (Courtenay 2000b).

Research also suggests that traditionally bound masculine gender roles have a negative effect on psychological well-being especially when men with a traditional outlook are faced with changing societal roles and the ascendancy of women at work and in society (Levant and Kopecky 1995; O'Neil et al. 1995). The challenges some men experience as the result of changing gender roles, and their effect on well-being and life satisfaction, have been the

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focus of an increasing body of research (Courtenay 2000a; Rochlen et al. 2008). Social commentators have articulately described the difficulties that many men have in finding satisfaction as fathers, as coworkers, and as members of their communities in a world of changing gender norms (e.g., Faludi 1999; Are men necessary? 1995).

Despite these demographic trends and a decreased sense of well being, men are less likely to use professional health services than are women (Courtenay 2000b; Galdas et al. 2005), including substance abuse treatment (McKay et al. 1996), and traditional counseling or therapy (Bland et al. 1997; Wang et al. 2005). One explanation for this lack of use is the difference in socially reinforced experience of emotion and relatedness for men and women (Bremner et al. 2001; Canli et al. 2002; Lee et al. 2005; Meininger et al. 2004). Another explanation is that men experience traditional therapy as more unpleasant than women, where the paradigm of sitting face to face with another person and discussing personal issues is seen as antithetical to masculine norms, and the therapeutic process is perceived initially as hostile to men's presenting problems (Heesacker and Prichard 1992; Padesky and Hammen 1981; Picchioni 1992; Sternbach 1990). Alternative ways of approaching and working with men to address their health are sorely needed, including the creation of grassroots, community-based organizations and groups.

### The ManKind Project International

The ManKind Project International (MKPI), a men's peer support organization, is one of the community-based, alternative approaches to working with men. Operating as a nonprofit educational and training organization for men, the MKPI serves as the umbrella organization for 38 interdependent centers worldwide that conduct trainings and workshops as well as organize and support self-help groups for its members. Based upon the mobilization of peer rather than professional resources, the MKPI considers itself to be a grassroots response to the needs of contemporary men by providing an environment that fosters and encourages increased emotional availability, pro-social behavior, community and social support, and a clear sense of life purpose in a way that is congruent with, and affirming of, the empowerment and equality of women (ManKind Project International 2005; see also, Mankowski et al. 2000b). Another fundamental aspect of the MKPI is its emphasis on multiculturalism, with a mission statement that defines itself as "... a progressive men's organization striving to be increasingly inclusive and affirming of cultural differences, especially with respect to color, class, sexual orientation, faith, age, ability, ethnicity, and nationality" (ManKind Project International 2005).

### Training Adventure Weekend

Participation in the MKPI begins with the training adventure weekend (TAW). Loosely based on initiation processes from various cultures (Turner 1977), the TAW is an experiential, weekend-long gathering focused on deep, personal work with and among men that usually takes place in a secluded, rural setting that is free from distraction and creates a sense of separation from daily life stressors. The training is somewhat expensive (600–700 dollars), though scholarships are available if men interested in attending are not able to pay. A full description of the TAW is not possible because the MKPI does not permit disclosure of the TAW events. The MKPI maintains this policy because they have found that not having advance knowledge of the TAW increases the impact on attendees. Given the collaborative nature of our research relationship with the organization, we chose to honor the importance of the policy by not describing the TAW in full detail in this manuscript.

As a general description, the TAW can be said to have two main components. The first is a well-designed structure that encourages the participants to behave in ways that traditional male paradigms discourage—being honest about how one's behavior impacts others, having the courage to face and overcome difficult emotional issues, and being openly affirmative of other men. This is accomplished through standard procedures employed in other experiential workshops, with a strong focus on Gestalt and psychodramatic methodologies (e.g., group discussions, games, rituals, guided visualizations, journaling, and individual process work). The effectiveness of this aspect of the TAW appears not to be the result of any single, particularly unique method of intervention, but in its application of multiple established methods to confront and transform maladaptive male behaviors and beliefs.

The second component is the modeling, support and encouragement of the TAW staff, all of whom have previously attended a TAW. The weekend is staffed mostly by volunteer members of the MKPI, the majority of whom actually pay to staff the weekend (covering the cost of campsite rent and food, as well as scholarships for men with financial difficulties). An average TAW has 25 attendees, and is staffed by 34 men who provide services for them (Drury Heffernan, personal communication, March 17, 2008). These staffers not only provide support and encouragement to the TAW enrollees, but also serve as examples of how to enact the nontraditional male roles and behaviors.

To ensure that every TAW is run proficiently, the MKPI has established a "Leader" certification process. At least four certified leaders are on the staff of every TAW. MKPI leaders are paid for their services and assume full legal and

ethical responsibility for the TAW. Leader certification does not constitute a professional license and is not regulated by any government agency. It is a qualification developed by the MKPI to ensure proficiency in managing and leading the logistics of a TAW and to ensure compliance with the MKPI's standards for education and training. Open to any MKPI member, leader certification requires men to go through a rigorous training process, involving (1) numerous workshops to refine skills necessary to lead a TAW, (2) becoming an apprentice to a current leader, (3) staffing at least 20 TAWs, (4) facing at least three MKPI certification committees, and (5) numerous community volunteer activities. MKPI leader certification is a very time consuming and expensive process, and not all men who undergo leader training are granted leader certification.

Though possessing varied traits, MKPI leaders are selected based on (1) their ability to develop, manage and coordinate a complex group training structure, including overseeing in-depth personal work by individual men within a group setting and (2) their ability to model healthy and adaptive masculine behavior, a characteristic that authors have stated make them particularly effective at leading a TAW (e.g., Segell 1999). Given the importance of the MKPI leader to the overall process, and to prevent any negative outcomes or abuse that could come from that role, the organization closely monitors leader behaviors and their running of TAWs. On every TAW, at least 1 of the 4 leaders comes from a different center than the one running the weekend, helping to ensure a broad mixture of leader styles and personalities; a full report of the TAW is made to the MKPI by the outside leader. In addition, MKPI leaders must be re-certified annually, and the organization carefully reviews and monitors individual performances.

#### *Ongoing Involvement: Integration Groups*

Following the TAW, men have the opportunity to join a small, supportive, peer-led "Integration Group" (I-Group), formed from the weekend participants. I-Groups begin meeting 2–4 weeks after the TAW. Group selection is based on either geographic location or availability on a given night of the week. Each I-Group goes through an 8-week facilitation period led by three or four I-Group facilitators, one of whom is a MKPI certified I-Group facilitator (similar to Leadership certification, but of a lesser intensity). The I-Group facilitation attempts to create an environment similar to the TAW and to help the group operate independently after the facilitation period ends. Post the facilitation period, I-Groups usually meet between two and four times a month for two and a half hours. They operate autonomously and without cost, similar in structure and function to other peer-led, self-help/mutual aid groups

(Borkman 1991). The I-Groups continue meeting until its members decide to disband or the group stops meeting due to member attrition.

#### Research on the Impact of the MKPI on Participants

The MKPI has been the subject of five previous (unpublished) studies, all conducted by MKPI participants (due at least in part to the confidential nature of the TAW). These studies all suggest there are positive changes on the various constructs that researchers felt were germane to the MKPI experience, including an improved understanding of gender roles and increased male intimacy (Hartman 1994; Levin 1997; Schulz 1997; Richard 1999), similar or better outcomes when compared to traditional therapy (Levin 1997; Richard 1999), improved ability to cope with transition, loss, and unresolved issues from the past (Schulz 1997; Richard 1999; Goll 2001), gaining a greater sense of spirituality, purpose and life meaning (Richard 1999; Goll 2001), and improved social support (Barton 2003). In addition, preliminary research on I-Groups in the Washington, DC area suggests that they are effective in retaining members. One research study revealed a median I-Group survival time of 4.5 years (with 70% lasting at least 2 years), and a median length of individual participation of 26.2 months (Mankowski et al. 2000a).

However, few conclusions can be drawn from these studies due to limitations in the research designs (e.g., small sample sizes, short term follow-up, no comparison samples) and because predictors of outcomes and potential mechanisms of influence generally were not examined. As such, the present research was undertaken to examine MKPI more thoroughly and rigorously, with a much longer longitudinal assessment period, a greater number of variables, a much larger sample, and use of both qualitative and quantitative data.

#### Purpose of the Present Study and Selection of Study Variables

The purpose of the present study was to examine: (1) whether the men who participate in the MKPI report improvement on the key study variables from pre-involvement to long-term follow-up; (2) whether men with certain demographic and background characteristics report greater improvement at outcome; and (3) whether factors linked to participation are related to greater improvement at outcome.

The criterion variables used in this study are depression symptoms, gender role conflict, and life satisfaction, assessed at baseline and at long-term follow-up. They were selected in part based on the literature that suggests they are important factors that influence well being in men, and

in part because they were identified by experienced MKPI members as salient aspects of men's lives influenced by participation.

#### Potential Predictors of Outcome: Demographic and Background Variables

Numerous moderating and mediating variables have been identified as related to participation in self-help groups (Kessler and Mickelson 1997; Levine and Perkins 1997; Maton 1989; Maton and Salem 1995; Orford 1992). However, little is known about whether these findings generalize to participants in men's support organizations. Consequently, several predictor variables were chosen for this study based on the self-help group literature and the unique characteristics of the MKPI.

#### Age

Group interventions for men similar to the MKPI may be inherently more appealing to men in their thirties and beyond (e.g., Rohr 1994). In addition, the extant research on the MKPI suggests that the training may be more effective with men in their thirties and beyond. Mankowski et al. (2000a), in their analysis of MKPI I-Groups, found that a significantly greater number of men under the age of 30 dropped out of their I-Group. In addition, Hartman (1994) found lower gender role stress following the TAW in men 35 years or older.

#### Self-help Group Experience

Schwalbe (1996), in his sociological study on a North Carolina men's center, reported that over one-third of the men in the center were involved in some form of 12-step work. Similarly, Kupers (1993), in his observational analysis of men's groups, stated that men with 12-step group experience "...flock to men's gatherings. They suffer from the same gender traps that afflict non-addicts..." (p. 147). The MKPI and recovery self-help groups provide many psychological resources for their members, including a sense of community, counter-cultural support, an adaptive cognitive ideology, a safe environment that encourages honesty and confession, healthy role models (leaders) for desired behavior, and practical coping strategies (Levine 1988).

#### Potential Predictors of Outcome: Factors Related to Participation

##### *Adoption of Group-based Beliefs*

Research suggests a link between agreement with key self-help group beliefs and positive outcomes (e.g., Galanter

1988; Humphreys et al. 1999; Levine and Perkins 1997; Mankowski et al. 2001a). The MKPI advocates an alternative to traditional masculine beliefs and a social context that supports them, including the importance for men to be clear, direct and assertive when relating to others, to have an internalized sense of empowerment when dealing with adversity as an alternative to violence or aggression, to be emotionally aware, and to accept responsibility for their behavior in all aspects of their lives (New Warrior Network 1997).

##### *Social Support*

Solid and nurturing relations with others have long been acknowledged as a key influence in a person's overall well being (Andrews and Withey 1988; House et al. 1988). In addition, research suggests that social support is a primary factor linked to the beneficial aspects of membership in a self-help group (Levy 2000; Humphreys et al. 1999; Levine and Perkins 1997; Kassel and Wagner 1993). However, it is not known if men's support groups are effective in fostering social support for their members.

##### *Length of I-Group Participation*

A strong predictor of successful outcome in self-help groups is length of participation (Kurtz 1990). Research showing this result exists in the areas of mental health (Galanter 1988; Kurtz 1988), addictions (Corrigan 1980; Polich et al. 1980), and bereavement and parenting (Lieberman and Videca-Sherman 1986; Maton 1989), although these findings may be due in part to self-selection in group membership (Jacobs and Goodman 1989).

#### Hypotheses of the Present Study

This study examined the following six hypotheses:

1. Men who participate in the MKPI will report improvement from pre-weekend to long-term follow-up on all primary study variables (i.e., depression symptoms, gender role conflict, group based beliefs, social support, and life satisfaction).
2. Older men will experience greater reductions in depression symptoms and gender role conflict, and a greater increase in life satisfaction from pre-weekend to long-term follow-up than younger men (i.e., those younger than 30).
3. Men with more previous self-help group experience will have greater reductions in depression symptoms and gender role conflict, and a greater increase in life satisfaction from pre-weekend to long-term follow-up.

4. Men who show a greater increase in endorsement of MKPI related beliefs over time will report greater reductions in depression symptoms and gender role conflict, and a greater increase in life satisfaction.
5. Men who report a greater increase in social support availability and social support satisfaction over time will report greater reductions in depression symptoms and gender role conflict, and a greater increase in life satisfaction.
6. Men with a greater length of participation in an I-Group will report greater decreases in depression symptoms and gender role conflict and a greater increase in life satisfaction.

## Method

### Research Participants

This study examined a local center of the MKPI—the ManKind Project of Greater Washington (MKPI-GW). The potential participants in the present study were the 240 men who attended any of the nine MKPI-GW TAWs that took place between June 1997 and May 1999 (cohort effect was examined as a potential covariate and did not significantly influence any study variables). The men were predominantly middle-aged ( $M = 43.7$ ,  $SD = 10.1$ , range = 19–74) and married (53%), though many were single (29%) or divorced (18%). Over a third (39%) had children living in the home. Their ethnicity was predominantly Caucasian (93%). The education level of the sample was high, with the majority having at least a bachelor's degree (81%), and many having some form of professional or graduate degree (48%). Eighty-one percent identified their sexual orientation as heterosexual, with the remaining 19% as gay or bisexual. Fifty-two percent reported being Christian, 10% Jewish, 8% a non-traditional religious preference, and 28% reported no religious preference.

Research response rates were as follows: 140 men (58%) completed the pre-TAW questionnaire; 190 men (79%) completed the interview; and 123 men (51%) completed the long-term follow-up questionnaire. One hundred men (42%) completed all three to meet study inclusion criteria, and constitute the primary study sample.

To test for representativeness of the present sample to the larger study sample, chi square analyses were run to assess differences between those who did and did not meet study criteria. Two of the analyses were significant: Sexual orientation (with more gay men taking full part in the study;  $\chi^2 = 5.67$ ,  $df = 1$ ,  $p = .017$ ), and self-help

group experience (with men having more experience more likely to fully participate;  $\chi^2 = 5.67$ ,  $df = 2$ ,  $p = .032$ ). In addition, independent samples t-tests were run comparing the baseline predictor and criterion scores of the men in the study ( $n = 100$ ) to the scores of men not in the study ( $n = 23$  and  $n = 40$ , respectively, for predictor and criterion measures). No significant differences were found.

### Procedure

#### Survey

Participants were sent a pre-TAW research packet 5 weeks before the TAW. The packet included a cover letter from the head of MKPI-GW endorsing the research, a cover letter from the research team explaining briefly the nature of the study, the survey itself, an informed consent form and two separate return envelopes (one for the survey and one for the informed consent, to maintain the confidentiality of the survey information provided). Men provided an item of non-traceable personal identification (e.g., first car owned) as a way to track questionnaires from each participant through the different data collection points. Two weeks after the TAW, members of the research team telephoned all of the men who had attended the weekend in order to remind them of the reason for the study, stress that participation was voluntary, and answer any questions they may have had.

One year after the TAW, attempts were made to conduct interviews with every TAW participant. Research team members and several MKPI members not on the research team who were trained in interview methods conducted semi-structured interviews by telephone that generally lasted 30–60 min. Though interview completion rate was high (79%), the average time to interview completion was longer than anticipated ( $M = 17.4$  months, range = 12–43 months) due to changes in contact information and difficulty finding an adequate time to complete the interview.

Finally, a long-term follow-up questionnaire packet was sent 18 months post-TAW identical to the packet sent pre-TAW. Men were called 2 weeks after the packet was sent to encourage participation. Due to difficulty in reaching all of the men in the study and delays in completing the questionnaire, the originally intended 18 month follow-up turned out to be a long-term follow-up, ranging from 18 months to 42 months ( $M = 23.03$ ). Time to interview completion and time to long-term follow-up questionnaire completion were examined as potential covariates, but results revealed no relation to any of the study variables.

## Measures

### *Demographic and Background Information*

Demographic and background information obtained included age, ethnicity, marital status, religious preference, education level, occupation, self-help group involvement, and sexual orientation. The information was collected in the questionnaire, and if information was missing, as part of the interview.

Age was divided into four categories to explore differential effects for men at different developmental stages (Levinson 1978), and to potentially uncover any differences based on generational cohort (i.e., WWII, baby boom, Generation X). The following categories were used: (1) below age 30; (2) between age 30 and 44; (3) between age 45 and 59; and (4) 60 and over. For comparisons between categories in the regression analyses, the contrast group was those under age 30.

The self-help group variable used in the present study was calculated by adding the length of involvement for three kinds of self-help groups: Twelve step, non-twelve step, and men's groups other than the MKPI. Subsequently, three categories of involvement were created: (1) never participated in a self-help group; (2) participated for less than 5 years in a self-help group, and (3) participated for more than 5 years in a self-help group. For comparison of self-help participation in the regression analyses, the contrast group was those with no self-help group experience.

### *MKPI Related Beliefs*

A series of seven items were created for this study to examine constructs germane to the MKPI experience. Items were generated by the research team with the help of numerous experienced members of the organization to increase the validity of construct assessment. The items were interspersed among other scales in the questionnaire. The seven items are: "I am assertive and clear with others about what I want or need," "I am a man of power, a man among men," "I am learning to be accountable for my own feelings, judgments, opinions, and actions," "I am learning to live in the world with an open heart," "My mission in life is clear," "I am learning how to live from my deepest core being or truth," and "I am learning to accept total responsibility for all aspects of my life." Questions were answered using a five point Likert scale, ranging from 1—"not at all accurate", to 5—"completely accurate".

Item-scale analysis was conducted to ensure sound scale psychometrics (Crocker and Algina 1986). Intercorrelations between all of the scale items consistently were significant (mean of correlations = .46, with a minimum

value of .29 and a maximum value of .69), suggesting high item consistency ( $\alpha = .85$ ). An item reliability index was also performed that compared the overall scale reliability to the reliability of the scale with any item removed, and every scale item contributed to scale reliability. An adequate number of items and respondents was ensured (Nunnally 1967). Of note, eight of the 100 study participants do not have pre- MKPI-related belief scale scores, as it was not included in the first cohort's baseline questionnaire.

### *Social Support Questionnaire*

Perceived social support was measured with three items taken from the Social Support Questionnaire (SSQ; Sarason et al. 1983): "Who can you count on to listen openly and uncritically to your innermost feelings?" "Whose lives do you feel that you are an important part of?" and "Who accepts you totally, including your best and worst parts?". The questionnaire has been shown to be a reliable and valid measure of social support availability and perceived social support satisfaction (Tardy 1985; Barrera 1986). Internal consistency for the three items in the present study was adequate ( $\alpha = .73$  for the availability subscale measuring the number of persons listed, and  $\alpha = .82$  for the satisfaction with support availability subscale).

### *I-Group Participation*

I-Group participation was derived from the interview and a prior survey of the contact person from each I-Group in the MKPI-GW. The I-Group involvement variable was coded as follows: 1 = never participated in an I-Group; 2 = participated in an I-Group but stopped participation before returning the long-term follow-up questionnaire; and, 3 = participated in an I-Group and still participating at the time of returning the long-term follow-up questionnaire. For comparison of I-Group participation in the analyses, the contrast group was those with no I-Group experience.

### *Depression Symptoms*

Depression symptoms were assessed by the depression subscale of the Brief Symptom Inventory (BSI), a shortened form of the Symptom Checklist-90 (SCL-90-R). The items are rated on a 5-point Likert scale (0—"not at all" to 4—"extremely."). This measure is widely used, and studies have shown it to have strong internal consistency and construct validity through corroboration with other measures of depression (Boulet and Boss 1991; Derogatis and Melisaratos 1983). Preliminary analysis conducted on this scale revealed a Cronbach Alpha reliability of .88.

### *The Gender Role Conflict Scale I*

The GRCS (O’Neil et al. 1986) is a 37-item self-report instrument designed to assess personal dimensions of gender role patterns. Participants respond to a series of statements that concern their personal gender-role attitudes, behaviors, and conflicts, using a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree). Higher scores reflect higher gender role conflict. The current study used 3 of the 4 GRCS subscales: Success Power and Competition (13 items; e.g., “I strive to be more successful than others”), Restrictive Emotionality (10 items; e.g., “I have difficulty telling others I care about them”), and Restrictive Affectionate Behavior between Men (8 items; e.g., “Affection with other men makes me tense”). The fourth subscale, Conflict between Work and Family Relations (6 items) refers to a man’s difficulty balancing work-school and family relations and having a lack of leisure time. Due to questionnaire time constraints and the fact that the psychometric validity of Conflict between Work and Family Relations has been called into question (Good et al. 1995), this subscale was omitted.

All of the subscales have good internal reliability, with a range of .75–.90, and a mean of .88 (O’Neil et al. 1995). The GRCS has been shown to be free from socially desirable responses and to have convergence with similar scales of masculinity (Sharpe and Heppner 1991; Good et al. 1995).

Previous research conducted on a portion of the present sample using the pre-TAW measures revealed a strong correlation between Restrictive Emotionality and Restrictive Affectionate Behavior between Men ( $r = .77$ ), with weaker relations between Restrictive Emotionality and Success, Power and Competition ( $r = .44$ ) and between Restrictive Affectionate Behavior between Men and Success, Power and Competition ( $r = .47$ ; Burke 2000), a finding similar to those of other studies (Good and Mintz 1990; Sharpe et al. 1995). Therefore, the present study combined the Restrictive Emotionality and Restrictive Affectionate Behavior between Men scales on the primary analyses into the variable Restrictive Male Expressiveness. Restrictive Male Expressiveness exhibited a Cronbach Alpha reliability of .94.

### *Satisfaction with Life Scale*

The Satisfaction with Life Scale (SWLS) is a 5-item measure to assess the respondent’s overall satisfaction with life (Diener et al. 1985). Satisfaction with life is related to depression (e.g., Koivumaa-Honkanen et al. 2004); in the current study sample, the SWLS showed a moderate negative correlation with depression symptoms ( $r = -.52$ ). The SWLS was included in the present study because of its greater focus on a cognitive judgmental process than scales

of depressive symptoms (Diener et al. 1985) and its ability to compliment scales more focused on psychopathology (Pavot and Diener 1993). The SWLS has good reliability and convergent validity with other measures of emotional well being (Pavot and Diener 1993). In the current study sample, an alpha reliability of .89 was obtained.

### *Analyses*

Hypothesis 1 was tested with a paired sample *t*-test comparing baseline to long-term follow-up on all primary study variables. Hypotheses 2 through 6 were examined using multiple regression analyses. Normality, linearity and homoscedasticity of the residuals were explored to evaluate the assumptions underlying the analyses, and transformations were performed as appropriate (Log 10 for all relevant variables; Tabachnick and Fidell 2001).

The first set of regressions examined if pre-existing demographic characteristics—age and self-help group experience—predicted positive change over time on the four criterion variables (Depression Symptoms, Success Power and Competition, Restrictive Male Expressiveness, and Life Satisfaction). For the regressions in this set, the covariates found in the preliminary analysis were entered in the first step, followed by the criterion baseline score in the second step, age in the third step, and self-help group experience in the fourth step.

The second set of regressions examined if change in MKPI beliefs from baseline to long-term follow-up predicted positive change on the four criterion variables. The covariates found in the preliminary analysis were entered in the first step, followed by the criterion baseline score in the second step, the baseline MKPI beliefs score in the third step, and the long-term follow-up MKPI beliefs score in the fourth step.

The third set of regressions examined if increases in social support from baseline to long-term follow-up predicted positive change on the four criterion variables. The covariates found in the preliminary analysis were entered in the first step, followed by the criterion baseline score in the second step, both baseline social support subscales in the third step, and social support subscale scores at long-term follow-up entered simultaneously in the fourth step.

The fourth set examined the effects of I-Group experience, with the covariates found in the preliminary analysis entered in the first step, followed by the criterion baseline score in the second step, and the categorized I-Group variable entered in the third step.

The fifth set of regressions were run to examine the independent contribution of each significant predictor found in the prior analyses by forcing all of the significant predictors into the final step after controlling for baseline scores and covariates. The first step contained the

covariates found in the preliminary analyses, followed by the baseline criterion scores and baseline predictor scores in the second step, and all of the significant predictors entered in the third step.

For each set of regressions, the steps prior to the final step served to reduce variance (i.e., demographic covariates, baseline predictor scores, and baseline criterion scores), and were virtually identical. To simplify presentation in the results section, only information on the final steps that directly tested the study hypotheses is reported.

## Results

### Preliminary Analyses

#### *Relationship Between Demographic and Criterion Variables*

Descriptive statistics for all study variables are reported in Table 1. Partial correlations between demographic and criterion variables at long-term follow-up (controlling for

**Table 1** Descriptive statistics for primary study variables

Primary study variables at baseline	<i>N</i>	Mean	SD	Min	Max
Age	100	43.7	10.1	19	74
Months of self-help group experience	100	45.38	58.36	.00	258
MKPI beliefs	92	3.20	.79	1.29	5.00
Social support availability	100	4.63	2.2	.67	9.0
Social support satisfaction	99	4.28	1.2	1.0	6.0
Months of I-Group participation	100	15.93	9.24	.00	36.0
Depression symptoms	100	2.32	.93	1.0	5.0
Success, power & competition	100	3.65	.92	1.15	5.77
Restrictive male emotionality	100	3.35	1.1	1.0	5.78
Satisfaction with life scale	100	2.45	.86	1.0	4.83
Categorized study variables	<i>N</i> (%)				
Self-help group involvement					
None	34				
Less than 5 years	36				
More than 5 years	30				
I-Group participation					
Never did	9				
Did but stopped b/f LTFU	36				
Still attending at LTFU	55				
Age (categorized)					
Below 30	7.4				
Between 30 and 44	47.4				
Between 45 and 59	37.0				
60 or above	7.9				

Note. LTFU, long-term follow-up

baseline scores) were calculated, and showed several significant associations. Religion was significantly related to change from baseline to long-term follow-up for both Success, Power and Competition ( $pr = -.30, p < .001$ ) and Restrictive Male Expressiveness ( $pr = -.24, p < .05$ ), with Christian men reporting less reduction in the two variables than non-Christian men. Ethnicity was related to change in life satisfaction from baseline to long-term follow-up, with Caucasian men reporting larger increases in life satisfaction ( $pr = -.21, p < .05$ ). Having a child living at home ( $pr = -.17, p < .10$ ) and ethnicity ( $pr = .19, p < .10$ ) were related to change in depression symptoms over time, with men having a child in the home and ethnic men reporting smaller reductions. These variables served as covariates in subsequent analyses to control for their impact on outcomes.

### Primary Analyses

#### *Change Over Time in Predictor and Outcome Variables*

Confirming hypothesis 1, paired samples *t*-tests showed significant changes in every variable, suggesting that participation was a positive experience for the men in this sample (see Table 2). Effect sizes for the variables ranged from .34 to 1.04 (.2 is considered small, .5 medium, and .80 large; Cohen 1988).

#### *Age*

The regression analyses using the categorized age variable (contrasting all groups to those under 30 years of age) did not support hypothesis 2 that increasing age would be associated with better outcomes on the criterion variables. Despite the non-significant overall findings, examination of the results suggested that men aged 30–44 reported greater improvements than did men in both the older and younger age categories (e.g., mean differences between categories, significant contrasts with the 30–44 age group without an overall significant finding). Therefore, a secondary analysis was conducted comparing the category of men aged 30–44 with the category of all other ages combined. The results of this secondary analysis indicated that men aged 30–44 reported more positive change than men of other ages on depressive symptoms ( $R^2\Delta = .041; \beta = -.22, p < .05$ ) SPC ( $R^2\Delta = .020; \beta = -.15, p < .05$ ), RME ( $R^2\Delta = .040; \beta = -.21, p < .05$ ), and life satisfaction ( $R^2\Delta = .049; \beta = -.22, p < .05$ ).

#### *Self-help Group Experience*

The regression analyses did not support hypothesis 3 that men with greater levels of self-help group experience

**Table 2** Paired sample *t*-tests comparing baseline to long-term follow-up scores (two-tailed)

	Pre-weekend mean (SD)	Long-term F.U. mean (SD)	<i>N</i>	Effect size
MKPI related beliefs	3.20 (.79)	3.96** (.66)	92	1.04
Mean of social support availability	4.63 (2.2)	5.35** (2.4)	100	.31
Mean of social support satisfaction	4.28 (1.2)	4.72** (1.1)	99	.38
Depression symptoms	2.32 (.93)	2.02** (.82)	100	.34
SPC—success power competition	3.65 (.92)	3.23** (.81)	100	.48
Emotional restriction (RE and RABM combined)	3.35 (1.1)	2.70** (.92)	100	.64
Satisfaction with life scale	2.45 (.86)	2.99** (.85)	100	.63

\*\*  $p < .01$ 

would change more on the criterion variables from pre-TAW to long-term follow-up.

### MKPI Beliefs

Confirming hypothesis 4, MKPI related beliefs were found to predict changes in the criterion variables. Specifically, men whose beliefs became more similar to the organization's belief system reported increased life satisfaction and decreased gender role conflict and depression symptoms from baseline to long-term follow-up (see Table 3).

### Social Support

Confirming hypothesis 5, changes in perceived social support (social support availability and social support satisfaction) from baseline to long-term follow-up were found to predict significant changes in three of the four criterion variables (see Table 3). Increased social support availability was related significantly to reductions in depression symptoms (with social support satisfaction approaching

significance). Changes in social support did not predict Success, Power and Competition. Increased social support satisfaction was significantly related to reductions in Restrictive Male Expressiveness (with social support availability approaching significance). Finally, increased social support availability was related significantly to enhanced life satisfaction (with social support satisfaction approaching significance).

### I-Group Participation

Surprisingly, given the findings for changes in social support, the results did not support hypothesis 6 that I-Group participation would be linked to positive change on the criterion variables (see Table 3). None of the regressions were significant.

### Significant Predictors Combined

Additional regressions, with all significant predictors included, revealed that change in MKPI beliefs, and to a

**Table 3** Regression results for MKPI beliefs, social support, and I-Group participation

	Depression		SPC		RME		SWLS	
	$R^2$	$\Delta$	$R^2$	$\Delta$	$R^2$	$\Delta$	$R^2$	$\Delta$
Change in MKPI beliefs	.057**	-.293	.068***	-.310	.095***	-.384	.148***	-.468
Change in social support	.050*	-	.014	-	.025*	-	.075***	-
SS availability	-	-.282*	-	-.122	-	-.187 <sup>a</sup>	-	.346***
SS satisfaction	-	-.185 <sup>b</sup>	-	-.079	-	-.183*	-	.161 <sup>b</sup>
I-Group participation	.016	-	.028 <sup>a</sup>	-	.018	-	.005	-
Not participating at LTFU	-	.246	-	-.007	-	-.200	-	-.103
Participating at LTFU	-	.253	-	-.175	-	-.251 <sup>a</sup>	-	-.039

*Note.* Depression, depression symptoms; SPC, success, power and competition of GRCS; RME, restrictive male expressiveness, a combination of 2 GRCS emotion focused subscales; SWLS, satisfaction with life scale;  $R^2\Delta$ ,  $R^2$  change; SS, social support; LTFU, long-term follow-up. Examination of social support at LTFU was done by entering SS availability and SS satisfaction in the same step in a simultaneous manner. I-Group participation contrast group: Never participated in an I-Group. Depression symptoms and RME at LTFU was transformed (Log10) for the regressions exploring MKPI beliefs and I-Group participation after examining residuals and outliers

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$ <sup>a</sup> Approaches significance:  $p < .10$ <sup>b</sup> Approaches significance:  $p < .06$

lesser extent change in social support availability, explain the greatest amount of change in criterion variable scores independent of the other predictors. For depression symptoms, the variance explained by all the previously significant predictors combined was significant ( $R^2\Delta = .153$ ,  $F\Delta = 4.2$ ,  $p < .01$ ), with increased social support availability predicting decreased depression symptoms ( $\beta = -.261$ ,  $p < .05$ ), and increased MKPI-related beliefs approaching significance ( $\beta = -.235$ ,  $p = .065$ ). For Success, Power and Competition, the variance explained by all the previously significant predictors combined was significant ( $R^2\Delta = .102$ ,  $F\Delta = 5.3$ ,  $p < .001$ ), with only increased MKPI-related beliefs predicting positive outcomes ( $\beta = -.405$ ,  $p < .001$ ). For Restrictive Male Expressiveness, the variance explained by all the previously significant predictors combined was significant ( $R^2\Delta = .163$ ,  $F\Delta = 8.0$ ,  $p < .001$ ), with only increased MKPI-related beliefs predicting positive outcomes ( $\beta = -.429$ ,  $p < .001$ ). For life satisfaction, the variance explained by all the significant predictors combined was significant ( $R^2\Delta = .269$ ,  $F\Delta = 12.7$ ,  $p < .001$ ), with both increased MKPI-related beliefs ( $\beta = -.401$ ,  $p < .001$ ) and increased social support availability ( $\beta = -.252$ ,  $p < .01$ ) predicting positive outcomes.

## Discussion

### Aggregate Changes Over Time

Overall, participation in the MKPI appears to be associated with improved outcomes on the primary psychosocial measures. MKPI beliefs, social support, depression symptoms, life satisfaction, and gender role conflict (restrictive male expressiveness and success, power and competition). All changed substantially, as evidenced by the effect sizes.

These findings, which are consistent with the findings of prior MKPI research (Goll 2001; Hartman 1994; Levin 1997; Richard 1999; Schulz 1997), suggest the MKPI is effective in creating a greater sense of psychological well being in its members and in counteracting the effects of traditional male gender roles that previous research has shown to be restrictive, harmful and inappropriate for men's changing role in society. In addition, the results suggest that the MKPI's unique and alternative form of intervention may be particularly effective in increasing healthy and pro-social behaviors, an idea that is consistent with the literature on alternative forms of intervention for men (e.g., Heesacker and Prichard 1992; Picchioni 1992; Sternbach 1990). A peer-based group format may be better suited for men's psychosocial needs and better enable them to develop alternatives to traditional male gender role expectations and norms. By designing the TAW as an

“adventure” (versus a therapy weekend), by conducting the experience in a communal and group setting (versus individual therapy), and by encouraging and modeling more emotionally appropriate and inclusive “masculine” behavior, the MKPI may have discovered a unique and effective way of engaging men that contributes to their well being.

However, due to the lack of a control group, we cannot be certain that the changes men experienced resulted from participation in MKPI. A decision to participate in the MKPI may be a proxy for a pre-existing willingness and desire to change that would have occurred regardless of participation in the MKPI. In addition, the results are limited to the narrow population of men who choose to participate in the MKPI (i.e., White, well educated). But, due to the relatively long period of time over which changes were demonstrated (18+ months), the positive change in all outcome variables, and the positive association between change in MKPI beliefs and study outcomes, we believe that MKPI likely is substantially responsible for the changes this select group of men experienced.

### Demographic Background and Change

#### Age

The original hypothesis that increasing age (category) would predict positive change on the criterion variables was not supported, suggesting that a linear relationship between age and outcome is not an appropriate model to explain the effects of MKPI participation. However, the secondary analysis revealed that men aged 30–44 (when compared to the rest of the sample) showed greater improvement on the criterion variables, suggesting that the MKPI has a greater impact on men in a certain age range. This post hoc finding is consistent with the findings of Levinson (1978) that men between the ages of 32 and 45 are in what he called the “mid-life transition,” a developmental period where men often make major changes in their beliefs and understanding of themselves and their place in the world. As such, the design of the MKPI might be particularly effective with the set of life concerns germane to this phase of life. Another explanation is that a significant number of both the TAW staff and participants are men in this age group, which may contribute to its effectiveness for these participants.

The present study findings may also be the result of a generational cohort effect, such that the MKPI is most effective for men whose earlier development occurred within a specific socio-historical context. The men in the 30–44 age category have dates of birth between 1952 and 1969, putting them in the category of late “baby boomers” (1946–1964) or early “Generation X” (1964–1980), and

there may be something particularly relevant in the MKPI for men born in that time period.

#### *Prior Self-help Group Involvement*

The hypothesis that prior self-help group involvement would predict positive changes on the criterion variables was not supported, suggesting that prior self-help group experience did not contribute to positive outcomes from the MKPI experience for the current sample. The lack of a connection is interesting, given that prior research has found that a greater number of the men who take part in gender-specific weekend retreats such as MKPI are, or have been, involved in 12-step self-help groups (Schwalbe 1996). Furthermore, anecdotal evidence indicates that many MKPI members see this organization as a natural and important follow-up to 12-step group involvement. However, it may be that men who have attended self-help groups are more likely to participate but not more likely to experience more positive outcomes.

#### Mechanisms of Change

##### *MKPI Beliefs*

Results indicated strong support for the idea that changes in MKPI beliefs would predict more positive outcomes. One explanation of this finding is that participation in the MKPI promotes adaptive beliefs and related behaviors not common among men, resulting in improved well-being. In a qualitative analysis of the organization, many men stated that these beliefs and related behaviors encouraged by the MKPI—the importance of being assertive and clear with others, experiencing a sense of personal power, having a concrete life mission, living from one's deep core being, being responsible and accountable, and living with an open heart—were missing from their lives before participation (Mankowski et al. 2001b).

An alternate explanation for this finding is that participation in the MKPI for some men is a generally transformational experience that simultaneously affects the endorsement of MKPI beliefs and levels of depression symptoms, life satisfaction, and gender role conflict. Interviews revealed that many men thought that participation in the MKPI changed every aspect of their lives in a positive way. As such, this kind of response may indicate an effect that is multi-dimensional, involving beliefs, behavior, and well-being. In addition, changes in MKPI beliefs could result from, rather than contribute to, changes in depression symptoms, life satisfaction, and gender role conflict.

Future research should examine, over time, the potential mechanisms that influence beliefs and well-being within the organization, including factors not analyzed in this

study (e.g., friendships made in the organization, knowledge learned that has helped in one's family, relationship or work environment, etc.). Such research would also benefit from the inclusion of a comparison or control group and path analysis using assessments of beliefs and outcomes at multiple points in time.

##### *Social Support*

The results supported the hypothesis that increases in perceived social support availability and satisfaction would predict positive change over time on the criterion variables. Of the two SSQ subscales, increased social support availability was a more powerful predictor of positive change in depression symptoms and life satisfaction, while increased social support satisfaction was more strongly associated with positive changes in Restrictive Male Expressiveness (neither sub-scale was predictive of Success, Power and Competition scores). However, the difference in the amount of variance explained by these two sub-scales was very small. This finding is consistent with the general literature on perceived social support, in that higher levels are associated with greater well being (Barrera 2000). In this case, however, the findings reveal increasing levels of support over time as important, not extant levels at a given point in time.

One possible explanation of these findings is that the MKPI represents an effective environment for enhancing social support. The development of close relationships with other men, including those in an ongoing I-Group, likely provides a direct increase in the actual availability of social support. This explanation is consistent with findings about the mechanisms of change among male self-help group members who reduce their substance abuse (Humphreys et al. 1999). Another explanation for this change is that participation in the MKPI may affect a man's core beliefs about himself and about the nature of other people and the world. This view is reported commonly by many men in the MKPI, and was found in a qualitative analysis of the interviews with the MKPI participants (Mankowski et al. 2001b). The change in the perception of social support also may have been facilitated by a new experience of masculinity and of relating to other men. Many men in MKPI reported in the interviews enhanced levels of trust, and, correspondingly, reduced levels of fear and distrust of other men, and this factor may contribute to the increased level of perceived social support.

Future research is needed to further explore what aspects of social support are important for MKPI participants, perhaps through inclusion of a comparison or control group, and through path analysis or structural equation modeling. A more detailed analysis of information provided on the social support questionnaire (e.g., changes in the gender of support providers from pre-TAW to

long-term follow-up and changes in the relationships of support providers to participants from pre-TAW to long-term follow-up) could help explain the mechanisms of change in perceived social support.

### *I-Group Participation*

The hypothesis that level of I-Group participation would be related to positive outcomes was not supported. This finding is inconsistent with the literature on self-help group effects (Kurtz 1990), and a common belief in the MKPI that I-Groups are important (Kauth 1992). Participation in I-Groups may not increase positive outcomes for several reasons. One is that participation in an I-Group, while common, is not universal, and might not directly affect long-term outcomes. That is, the effectiveness of the MKPI may derive primarily from the initial TAW. In addition, other factors may affect how I-Group participation is related to outcomes, such as levels of social support prior to MKPI participation. Another explanation is that I-Group participation may have been helpful for some men but counter-productive for others, an idea supported by the interviews (Mankowski et al. 2001b).

Future research into the effects of I-Group participation should examine the reasons for terminating participation in an I-Group. In addition, collecting evaluative data from participants on I-Group participation might help to delineate the ways it affects participants. Finally, aggregating group-level data on the quality of I-Groups may help to identify the mechanisms that influence individuals' participation.

### *Combined Mechanisms*

The combined analysis of all the significant predictors provided mixed results concerning the independent contribution of each variable. On the aggregate, the analysis suggests that MKPI beliefs were the strongest predictor, followed by social support availability, a finding consistent with the primary analysis. However, although general patterns of association among the variables remained consistent, some variables that predicted outcomes in the primary analyses—age and social support satisfaction—were not predictive in the combined analysis.

In addition to an overlapping influence, it may also be the case that direct and indirect pathways between the set of predictor variables and outcomes exist. Future research should examine this possibility using path analysis or structural equation modeling.

### *Limitations*

Several aspects of the study design should be considered when interpreting these findings. First, the sample may not

be representative of men in MKPI. Although 90 percent of the potential participants completed some aspect of the research protocol, only 42 percent of the men completed all of the requirements necessary to be included in the present study. To address this concern, Mankowski et al. (2001b) conducted a qualitative analysis with a randomly selected sample of interviews ( $n = 50$ ) from the entire study population of 190 men that had completed an interview, to determine if participants had a positive, mixed, or negative experience in the MKPI. They found that 84 percent of the men reported having an overall positive experience in the organization, 12 percent reported mixed or neutral experiences, and a small number (4 percent) reported a negative experience. They also found that men who did not participate in other parts of the study did not differ substantially in their evaluation of the organization from the men who did. Despite this finding, it is still possible that the men not included in the present study were affected differently—positively or negatively—than the men in the present study sample.

Second, the research relies upon self-report measures. A concern of some scholars (e.g., Kimmel 1995) is the potential discrepancy between men's self-report of improved well-being as a result of male-specific interventions and reports from partners and family members on the same or other outcomes. For example, abusive men and their partners typically report disagreement about the frequency and severity of violence in their relationships (Crowell and Burgess 1996). Although men's subjective well being increased during the time of their participation in MKPI, the quality of their relationships with family members might not. The lack of a second, more objective source of data limits the interpretation of the findings.

This study also suffered from the lack of a control sample or comparison group. Though on the aggregate the men showed improvement, one cannot conclude based on these findings that the improvement necessarily resulted from participation in the organization. Perhaps this particular sample of men would have naturally shown such levels of change. It is also not known how MKPI participation fares relative to other forms of intervention with men. Furthermore, the considerable contact made with the participants by research team members to increase study compliance may possibly have influenced the outcomes, as may have the numerous assessments administered (Franke and Kaul 1978). Finally, the demographic characteristics of this sample of men are unique and therefore the results may not generalize to men from diverse backgrounds.

### *Future Research Directions*

Efforts should be made to obtain a control or comparison group for future research on the effects of the MKPI, for

example men on a wait-list for weekend attendance. Use of a comparison setting, such as another alternative men's organization (e.g., National Organization of Men Against Sexism; see Clatterbaugh 1997), an organization supportive of more traditional masculine ideology (e.g., Knights of Columbus), another transformational weekend (e.g., Life Success) or a treatment context (e.g., therapy group) would also help to identify more clearly the factors uniquely affected by participation in the MKPI.

In order to obtain data other than self-reports, researchers could gather more objective criterion measures, such as medical record data, that enable a comparison of the self-report data to important benchmarks. In addition, inclusion of variables associated with specific challenges facing men in contemporary society (e.g., marital/close relationships, fathering, life goals, employment and job satisfaction, violence) would enhance our understanding of the nature and extent of the influence of MKPI participation on men's lives.

Future research would also benefit from a closer examination of potential predictors of change. These might include readiness for change (cf. Prochaska et al. 1992), or emerging changes in specific life circumstances (e.g., divorce, becoming a father, work-related stress) that might influence the impact of participation in a men's organization. Another option would be to interview intimate partners of the MKPI participants to gain an outside perspective on how MKPI participation affects parenting, division of labor in the home, and relationship quality and dynamics.

## Conclusion

Overall, the MKPI appears to offer a valuable opportunity for the men who choose to participate in the organization, and this study found evidence for several possible pathways of influence. The findings also suggest the importance of pursuing additional research topics that would benefit from further study. These include exploration of effectiveness of interventions based on age group, the role of participation in small, self-led support groups for men, the effect of adopting group-based beliefs on psychosocial outcomes, and the effects of participation on men's social support and life goals.

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