IRON SHARPENS IRON: HOW THERAPEUTIC MEN'S GROUPS FACILITATE

POSITIVE CHANGE IN MEN

by

Andrew Lightsey III

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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2023

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APPROVED BY:

Penny Boone PhD, Committee Chair

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ABSTRACT

This paper attempted to identify the factors that prompt men to engage in counseling and therapy. Men have traditionally viewed the need for help and support as cowardice and not aligned with their masculine image. Current research indicates more males, including boys and men, consider counseling as an intervention in handling crises, trauma, medical illness, relationship issues, and addictions. To address this growing interest, clinicians need appropriate information and tools to engage and retain males. This study provided research to fill the wide gap that exists regarding effective ways to keep men in therapy. Therapeutic men's groups have demonstrated positive results in helping men. A group of 10 male participants from a Celebrate Recovery Program in a North Carolina church participated in this study. The men represented a variety of ages, races, and socioeconomic backgrounds. An instrumental case study was used for the study.

Keywords: Coping, coping self-efficacy, masculine gender role stress, social-cognitive theory, recovery, relapse, therapeutic groups

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Dedication

I would like to dedicate this study to my family who have loved me unconditionally, saw things in me that I did not see in myself, and believed in my dreams. I want to thank my dad, who planted a seed in me long ago to pursue a doctoral degree. Andrew Lightsey Jr. is no longer with us in body, but his love and spirit will always remain. John and Fannie Lynn, my grandparents, brought me up in love and provided an example of being the best I could be. Doretha Leak, my aunt, took me in when I needed a place to turn myself around. Most importantly, my mom, Wilma Josephine Lightsey, has been my best friend, rock, and example of love and devotion to family. Mamie Lynn, my aunt, has been an aunt from heaven to all of us. Mary Reaves, my aunt, thank you for your wisdom and gift of making people feel good about themselves. John Paul Lynn, my uncle, I will always remember the talks we had and miss you every day. My sister, Kimberly Lightsey, my pal and first friend. Pamela Lightsey, my dear wife, you have been a Proverbs 31 wife all the way. My son Drew, you are the best son a dad could ever have; I admire the great man God has made you to be. Emily, my daughter, you are awesome, and Eleanor and Eliza, my granddaughters. I hope this will inspire you both to go after your dreams. Always remember, Papa loves you!

Acknowledgments

I am so grateful to the special individuals who encouraged me in this work. You are truly sent by God! To my committee chair, Dr. Penny Boone, I appreciate your encouragement and belief in me from the very beginning. You saw the scholar in me that I didn't see in myself. To my reader, Dr. Timothy Evans, thank you for your sharing spirit and for coaching me to excellence. To my coworker, James Donald White, words cannot express how much I appreciate you. You pushed me up when I wanted to give up, and you have been by my side from the first course to completion. Thank you for putting up with me when I was writing and reading and not paying attention. You have a friend for life!

And thanks to the many ministers, fathers and mothers, and sisters and brothers of the Church of God and Mitchell Chapel Methodist Church. Reverend Dr. Peter Bell, Reverend Rufus Horton, Pete and Maude Hadley, Reverend Dr. Darryl Garner and First Lady Gloria, Reverend Willie Amerson, Reverend Shelton Southerland, Reverend Steven Bethune, and many more have provided the shoulders I have stood on to be a man of God and demonstrate Christ-like love. A special acknowledgment goes to my dear sister-in-law, Mildred Hemingway Gerald. Though we lost her a few months ago, her kindness and wisdom shall forever be a guide for the family and me. When I was debating whether I should pursue this wild dream of earning a doctorate, Mill gave me the green light as she did with many big decisions that always turned out well. Nothing could have been accomplished without my dear wife, Pam, who has been with me through the ride of my life and career. Drew, my dear son, you are my "old chum." My mother, Wilma Josephine Lightsey, your example as a public-school teacher and awesome mom nurtured my love of teaching, serving, and learning.

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List of Abbreviations

AA   Alcoholics Anonymous

ACA   American Counseling Association

AMI   Any mental illness

APA   American Psychological Association

CBT   Cognitive behavior therapy

CR   Celebrate Recovery

DWI   Driving while intoxicated

NA   Narcotics Anonymous

PTSD Posttraumatic stress disorder

SCT   Social cognitive theory

CHAPTER ONE: INTRODUCTION

Overview

Males are in danger! Current findings indicate that males comprise 75% of the 1 million people who commit suicide each year, with a consistent link to mental illness (Oliffe et al., 2018). There is a current dearth of psychological research pertaining to the factors that can inspire men to engage in counseling or therapy. The need for more research in mental health and addictions to help men is critical. This research aimed to identify the factors that attract men to therapeutic support. Verhaagen (2011) reports that compared to women, men seek help less often for a wide range of problems and feel more stigma when considering asking for help and view help-seeking as a sign of weakness. The need to learn more about how to engage men in therapy is urgent because men's reluctance to consider counseling while struggling with emotional pain leads them to seek refuge in alcohol and drugs, pornography, or suicide (Mosciki, 1997; Wexler, 2009; Winokur, 1997). The conditions some men present include depression, emotional inhibitions, and psychosis. These conditions impact the individual lives of men, their work and careers, and their marriages and families. Verhaagen (2011) posited:

> These difficulties are unquestionably a product of how they have been socialized by male social norms, but it is a difference that often must be addressed from the onset of therapy. Failing to acknowledge the typical differences of men is to risk being ill prepared in helping guys in therapy.

The literature showed a need for more research to understand what works in engaging men in therapy once they decide to try getting help specifically from an all-men's therapy group. This chapter provides a background on men and treatment, a statement of the problem, a purpose

statement for the study, the significance of the study, research questions, definitions of terms, and a summary.

Background

According to Wade and Good (2010), psychotherapy research for men has clustered into several main categories over the last 30 years. These clusters are (a) basic information on male socialization and psychology of men, (b) information on the expectations and experiences of specific groups of men from different ethnic backgrounds or sexual orientations, (c) men's reluctance to seek counseling and challenges forming therapeutic alliances with other men, (d) suggested adjustments to increase the efficacy of psychotherapy with men, (e) and the development and assessment of instruments to assess men on male norms, gender role conflict, and causes of new stress. Seidler et al. (2017) shared that attempts to treat men that do not engage them result in high dropout rates. Consequently, the authors identified the role of masculinity in engagement as an area in need of more understanding. Seidler et al. acknowledged the challenge of engaging men in therapy. The most documented reason for men's reluctance to seek counseling relates to masculine ideology (Englar-Carlson & Stevens, 2006; Wexler, 2009). Englar-Carlson and Stevens (2006) defined this ideology as the endorsement and internalization of a cultural belief that men must maintain a rigid and harsh version of masculinity that avoids anything that is unmanly or makes them feel or seem vulnerable. The authors shared that masculinity in the United States and other Western countries derives from hegemonic norms rooted in a White middle-class, heterosexual perspective. According to these norms, men should be tough, competitive, and superior to women and gay men (Englar-Carlson & Stevens, 2006, p. 17). Segrest et al. (2003) explained that masculine gender roles are not innate but greatly influenced by cultural factors. Adherence to hegemonic norms has caused masculine gender role

stress for men. Studies on this type of stress have indicated that men experience stress when they see themselves lacking the knowledge to cope with the demands of being "a real man" or when a situation is viewed as requiring "unmanly" or feminine actions (Wexler, 2009). Wexler (2009) explains, "The overattachment to masculinity ideology and norms can tragically define, restrict, and negatively affect boy's and men's lives" (p. 5).

The literature indicated vast intergroup diversity among men and showed diverse patterns of stress and coping among men from varying socioeconomic and cultural groups. Conversely, women create stronger ties with friends and seek them for support, whereas men refrain from seeking help, looking instead to their partner for support (Papp & Witt, 2010). The research also showed women more often seek counseling than men, regardless of age, nationality, race, or ethnic background. Caplan and Schooler (2007) studied the influence of low socioeconomic status and reported that men use emotion-focused coping instead of problem-focused coping when dealing with finances. Regarding cultural groups, many African American males face stress early in life (Ellis et al., 2015; Hines et al., 2020). As African American males grow into men, they encounter racial discrimination, role adjustment, lack of resources, and health issues not faced by White men (Hudson et al., 2016). Latino men experience stereotyping from common assumptions about machismo. Segrest et al. (2003) explained that *machismo* is a Spanish word used pejoratively to describe male dominance and superiority. Segrest et al. (2003) added that patriarchal systems encourage and legitimize this view of men and parents, societal forces, and cultural values and norms reinforce it (p. 16). Asian men are the model minority in the United States and are expected to have higher levels of education and income. However, Asian men present the highest levels of depression (Iwamoto et al., 2010).

The National Institute of Mental Health published the following comparing mental illness in men and women:

One in five U.S. adults aged 18 or older live with a mental illness in 2019 (51.5 million). Mental illness includes many different conditions ranging from mild to moderate too severe. The two broad categories of mental illness are any mental illness (AMI) and serious mental illness. AMI encompasses all types of mental illness that is recognized. [Serious mental illness] is a smaller and more severe subset of AMI. The prevalence of AMI was higher among female (24.5%) than males (16.3%). More females received mental health treatment with AMI (49.7%) than males (36.8%).

Mental illness affects men and woman alike. The prevalence of mental illness in men is reported to be lower than women, with men less likely to have received mental health services than women in the past year. However, men are more likely to commit suicide than women. (Keohane & Richardson, 2018, p.160).

Problem Statement

Several scholarly journal articles identified the need for more studies focused on therapy and counseling for men. Evans et al. (2013) reported that in the past 30 years, only a small amount of scholarly work published in American Counseling Association (ACA) sources has focused specifically on providing counseling to men. Evans et al. asserted the lack of results from less prevalent studies on men in other social sciences (e.g., sociology, social work, and counseling) and argued that much work comes from a pro-feminist perspective. More males have shown an increase in help-seeking, according to the Substance Abuse and Mental Health Service Administration, however, counselors lack the training needed to address males and the problems they present in counseling (Seidler et al., 2018).

Seidler et al. (2018) contended that the men's health field lacks a clear summary of best practices, key issues, and consensus related to working with men in therapeutic settings. Seidler et al. provided clinical recommendations for engaging men in psychological treatment, but more empirically informed interventions are needed with formal program evaluations to advance the evidence base. The factors that facilitate men's uptake and engagement with psychological treatments remain unclear. Psychological treatment has proven equally effective for men and women, whereas recent findings indicated men have difficulty engaging with specific forms and elements of treatment. (Seidler et al., 2018). Thus, men likely feel ambivalent towards treatment and find it difficult to engage in a trusting therapeutic relationship. Seidler et al. further outlined other factors hindering services to men. These included a deficit-based perspective regarding male socialization, a strength-based approach to men's psychological treatment, inadequate clinician training in gender socialization, clinician biases toward or against masculinity and structural barriers, and unappealing service facilities. (Seidler, et al., 2018). Finally, Seidler et al. pointed to directions from leading organizations in the field for effective practices with male clients. The American Psychological Association (APA), for example, established guidelines for psychologists working with ethnic minorities, females, older adults, and sexually diverse clients, but guidelines for working with men remain in the drafting stage, despite a growing and long-identified need. This leaves a lack of clarity about which factors will facilitate men's engagement in psychological treatment (Seidler et al., 2018).

Purpose Statement

The purpose of this qualitative instrumental study was to explore what meaning men ascribe to their experience of continuously engaging in therapeutic groups. Seidler et al. (2018) reported a lack of best practices for serving men in counseling. Practitioners should observe men

as they communicate their concerns, identify their methods of coping, and determine what would constitute effective therapy for them. The need begins early because boys are encouraged to hide emotions, act tough, and not admit to having problems.

Albert Bandura's social-cognitive theory (SCT) and its theme of self-efficacy underly this study. Self-efficacy has been shown to influence behaviors and environments and be affected by them in return (Schunk, 2012). People grow by observing others and receiving feedback from them. Individuals acquire information to build their self-efficacy from their performance, observation of others (i.e., vicarious experiences), forms of social persuasion, and physiological indexes (Schunk, 2012). Men in group therapy, for example, find recovery and growth as they listen to the testimonies of other men. The positive encouragement men receive in group situations raises their individual self-efficacy. This study focused on men in a Celebrate Recovery Program (CR). CR provides support for men and women who struggle with life issues and chemical and process addictions. Process addictions include pornography, gambling, food addiction, and compulsive shopping. CR uses the 12-step program and eight principles to guide and support individuals in their recovery. Programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Celebrate Recovery (CR) are peer-led and offer group meetings that provide an opportunity for participants to hear testimonies from individuals who have experienced a level of success in recovery (Curtis, 2020). The target group for this study was men who struggled mainly with alcoholism but a few with other addictions as well. The method of data collection will be an interview to discover what about the program retained their participation and engaged them. The answers will provide insight into what leads to therapeutic program efficacy for men.

Significance of the Study

Understanding what factors engage and retain men in therapy will provide meaningful and much-needed research to the existing body of knowledge about men in therapy and will inform counselors and group leaders who conduct groups serving men. The implications will also apply to therapy for boys. School leaders and educators recognize the need to support boys. In the author's hometown, the school system adopted a program called Hero's Pursuit to help boys cope with the challenges of middle school, puberty, and growing up. Men's groups are forming in churches, but many are short-lived due to the lack of information and training for leaders. Community mentoring programs need best practices to help practitioners and group leaders support young men, many of whom lack a male role model in their life, live in difficult family environments, or are at risk of falling through the cracks and not being able to get stable employment or get involved in crime or substance abuse.

Csiernik and Arundel (2013) reviewed 2-year data from a community-based addiction agency to determine if a counseling format played a role in client retention. They found that clients in group counseling were twice as likely to stay in treatment than those in individual counseling and suggested gender should be considered in client retention efforts and decisions about counseling format . Roberg et al. (2018) conducted a qualitative study on how men with severe sexual and physical childhood traumatization experience trauma-stabilizing group treatment. The findings from the study revealed five main themes with implications for ways to engage men and make group work successful. The themes highlight the positive and negative experiences of the five men who participated in the study: (a) group atmosphere that includes safety, community, and emotional openness, (b) learning categorized as knowledge and self-understanding; (c) inner and outer motivation; (d) structure, which includes group size and

duration of meetings; and (e) gender, the experience of being in an all-male group with female leaders. Roberg et al. found that same-gender groups could be a best practice for treating men with sensitive issues.

Kalkbrenner and Neukrug (2018) conducted a qualitative study to identify barriers to attendance in counseling among adults in the United States. They used the Revised Fit, Stigma, & Value scale to measure barriers to counseling. The results confirmed that women (38%) attended counseling more than men (28%), White people seek counseling at higher rates than those who identify with other racial backgrounds, and income-to-poverty ratio positively related to help-seeking for White males and negatively related to help-seeking for African American males. The barriers to counseling identified for the general public included negative stigma toward counseling, financial burden, lack of health insurance, uncertainty about how to find a counselor and ambivalence about whether counseling would be beneficial.

Research Questions

The following three research questions guided this study.

RQ1: What lived experiences from therapeutic group support men's continuous improvement process?

RQ2: What experiences do men find difficult or easy when continuously engaging in therapeutic groups?

RQ3: What is the essence of the lived experiences of men who continuously engage in therapeutic groups? OR What is the lived experience of men who continuously engage in therapeutic groups like?

Definitions

The following clarifies the terms and definitions used in this study.

1. *Coping*. Coping refers to an individual's effort to remove or alleviate stress, harm, threat, and loss (Connor-Smith, 2009).

2. *Coping self-efficacy*. Coping self-efficacy is an individual's perceived ability to deal effectively with the demands of posttraumatic recovery (Benight et al., 2004).

3. *Social-cognitive theory*. In formulating SCT, Bandura (1991) posited that people use self-evaluation to self-regulate and meet challenges.

Summary

The problem to be researched was a lack of identified best practices identified in the literature to facilitate men's engagement in psychological treatment. Counselors and others serving and leading groups of males need this information to engage and retain men in treatment. The current literature indicated a need for more studies aimed at understanding masculine gender role stress, male coping strategies, and male self-efficacy.

The purpose of this study was to identify the factors that engage men in counseling and therapy. Currently, men have demonstrated an increased interest in seeking counseling to help with their struggles. Consequently, clinicians must consider if they are prepared to serve men who traditionally have been reluctant to seek counseling. Mental health care professionals and group leaders will need to understand how to attract, engage, and support men as they consider counseling related to such issues as marriage and relationships, addiction and recovery, crisis, posttraumatic stress disorder (PTSD), psychosis, disabilities, illness, grief, and unemployment.

Adding to this discourse may equip professional and service workers with information to use and provide meaningful and effective treatment for men. For this study, a qualitative instrumental case study design was used to obtain reflections from 10 men who struggled mainly with addictions and life issues and to identify what elements of the Celebrate Recovery Program helped them cope with their specific problems, and what elements engaged them enough to keep them returning. The next chapter provides a review of the literature germane to this study.

CHAPTER TWO: LITERATURE REVIEW

Overview

Men in the United States are in crisis. Many struggle to cope with mental health challenges because they are reluctant to seek help or talk about their problems. Because of the stress and pain in their lives, some men abuse substances, escape into pornography, overeat, or stonewall their emotions, leading to physical health difficulties and disease. This research is an examination of how men in the United States cope with stress, trauma, and crisis. The aim was also to learn what coping means to men and how therapeutic men's groups can help men develop the self-efficacy needed to overcome struggles. This literature review included an exploration of the definitions and types of coping, the theoretical approaches to coping, the challenges men face with cultural and sexual orientation differences, issues men present in counseling, men's reticence about traditional therapy, men coming together, communal stressors, types of therapy, and faith-based groups for men. The relationship between the existing literature and the current study was also explored. The study addressed a literature gap by seeking evidence to show whether therapeutic groups for men represent an effective intervention that could change the course of life for emotionally struggling men to help them to lead a happy and productive life.

Coping Self-Efficacy

Researchers studying self-efficacy stressed its importance for coping and explored how therapeutic men's groups can facilitate both self-efficacy and coping. The research also revealed limited information on therapeutic men's groups. Connor-Smith (2010) defined coping as an individual's effort to remove or alleviate stress, harm, threat, and loss. The authors identified problem-focused coping and emotion-focused coping.

The two forms of coping are not mutually exclusive and can be implemented at the same time, but a person can rely on one more than the other, depending on the situation. An individual's appraisal of the emotional situation determines how they will cope. Usually, when an individual feels they have more control over a situation, they will use problem-focused coping strategies. When confronted with a situation where they feel powerless, they will likely use emotion-focused coping strategies (Connor-Smith, 2010; Spekman et al., 2018). For example, the psychological effects of unemployment can include feelings of anger and sadness and can lead to antisocial or narcissistic behaviors and a tendency to initiate conflict with spouses or loved ones. Gender roles and social norms can amplify the impact of unemployment on men (Murphy & Shillingford, 2012).

Coping and self-regulation rely on multiple processes. These include working memory, inhibitory control, attention control, planning, and delay of gratification. Chronic stress directly compromises these processes (Evans & Kim, 2012). An individual's threat perception represents the first and necessary step to coping, and this perception can happen on a conscious or unconscious level (Langenhof & Komdeur, 2018). Coping involves three interconnected cognitive discrimination and evaluation functioning processes in combination with effective problem-solving. These are primary appraisal, secondary appraisal, and reappraisal (Seiffge-Krenke, 2015a). The primary appraisal occurs when an individual assesses the level of stress in a situation. The situation may be appraised as harmful, threatening, challenging, or likely to result in a loss. Secondary appraisal occurs when an individual evaluates the controllability of a stressful situation and considers coping options. An individual engages in reappraisal when they reframe the situation by changing the meaning of the circumstance or event in recognition of their available coping resources. Primary and secondary appraisals are parallel processes that

occur automatically and unconsciously (Krapic et al., 2015; Lazarus & Folkman, 1984). Coping and emotion regulation have received increasing attention in psychosis studies. When an individual copes, they aim to regulate emotional experiences by changing their response to a stressful event (i.e., emotional coping or emotional regulation) or by changing the stressful situation itself (Moritz et al., 2016).

In a recent study of men, Fogarty et al. (2015) identified four major themes for coping: (a) the use of a variety of positive strategies and making distinctions between the prevention of depression and management of depression, (b) the use of strategies viewed as manly and challenging how such strategies limit expectations, (c) the feeling of powerlessness in considering suicide, and (d) having the wisdom to share that could benefit other men. Fogarty et al. advised talking about problems, maintaining a regular routine for each day, and having a daily plan. An additional study indicated that help-seeking men showed a preference for psychotherapy and individual therapy over group therapy. These men cited autonomy, independence, and a desire to minimize exposure to vulnerability as the reasons for their preference (Hernandez et al., 2014).

Flexibility in behavior emerged in the literature as an important hidden feature of coping styles that could explain consistency across situations. Coppens et al. (2010) defined a coping style as a grouped set of individual behavioral and physiological characteristics that remain consistent over time and across situations. The research results from a study on resilience coping showed the significance of age in understanding resilience (Kocalevent et al., 2017).

Types of Coping

Problem-Focused Coping

Schoenmarkers et al. (2015) describe problem-focused coping as "including all the active efforts to manage stressful situations and alter a troubled person-environment relationship to modify or eliminate the source of stress via individual behavior" (p. 154). Individuals who use problem-focused coping direct their energy to the problem and take steps to address it, remove it, diminish it, and evade its impact. Wearing a face mask to avoid COVID-19 infection serves as an example. Problem-focused coping occurs when a person tries to control an uncontrollable situation (Price et al., 2017).

Emotion-Focused Coping

Emotion-focused coping involves taking actions to minimize the stress triggered by stressors (Connor-Smith, 2010). Individuals engaged in emotion-focused coping engage in a more thoughtful response to stress using detachment, denial, the reinterpretation of events, and humor and faith to move forward. Positive reappraisal represents an example of reinterpreting events. Positive reappraisal involves reframing stressful situations to find something positive in the experience (Price et al., 2017).

Avoidance Coping

Avoidance coping often occurs in response to traumatic life events (e.g., rape) to avoid or reduce negative effects, especially shortly after the experience. Avoidance coping may serve as a short-term adaptive for coping within the crisis period, whereas continued avoidance may result in long-term psychological trauma due to the individual's reluctance to deal with the feelings and thoughts related to the situation. Distraction, denial, disengagement with a stressor, and social withdrawal are all forms of avoidance coping. This strategy can be especially profound in sexual

assault survivors (Ullman et al., 2007). Lynch et al. (2016) defined help-seeking as a coping mechanism triggered when demands exceed an individual's coping ability or resources. In a study of coping by farmers, self-distraction and cognitive strategies predominated in the coping styles identified by the participants (Roy et al., 2015).

O'Leary (2009) studied men who experienced sexual abuse in their childhood. Results showed that, like females, men relied more on avoidance techniques to cope with their pain and trauma. Men were also found to use more acceptance strategies, and females used more emotion-focused coping strategies (O'Leary, 2009). Individuals who have self-compassion use positive cognitive restructuring and less avoidance and escape strategies to cope; however, they do not appear different from less self-compassionate persons because they rely on distraction and problem-solving to cope (Allen & Leary, 2010). Ralston (2019) found that men working through sexual victimization move through a process, viewing themselves first as a victim and then as a survivor. This process forces them to revise their sense of masculinity to embody a new identity that does not require them to stigmatize their experience. The men who experience sexual victimization, according to Ralston, develop an alternative narrative that does not include gender stereotypes.

In a study of men with prostate cancer, Diiorio et al. (2010) found that higher rates of religiosity likely translated into higher levels of religious coping (Diiorio et al., 2010). In some veterans with PTSD, dissociation has been shown to be a problematic occurrence. Patients with dissociative PTSD display more anxiety, somatization, depression, agoraphobia, interpersonal sensitivity, hostility and somatoform dissociation, and cognitive performance deficits. Both dissociation and nondissociation patients were identified as using avoidant coping strategies (Haagen et al., 2018).

Theoretical Framework

Research conducted over at least 3 decades on psychotherapy for men fell into several main clusters. These clusters included general information on masculine socialization and the psychology of men and specific information related to (a) the issues men present in therapy; (b) information about the expectations and experiences of specific groups of men (e.g., different ethnic backgrounds or sexual orientations), (c) men's reluctance to seek help from psychotherapy or counseling, (d) practitioner challenges forming therapeutic alliances with male clients, (e) suggestions regarding adjustments to psychotherapeutic processes for conducting effective psychotherapy with men, and (f) the development and assessment of instruments to assess various male norms and factors of men's gender role conflict and stressors (O'Neil, 1981; Scher, 1979; Skovholt, 1978; Wade & Good, 2010).

Coping self-efficacy was defined in the literature as the perceived ability to effectively deal with the demands of posttrauma recovery and has been proven to have a reliable protective effect for many people. Perceptions of coping self-efficacy have been found to positively impact the immediate and long-term stress levels resulting from troubling events such as terrorist attacks, natural disasters, combat, domestic violence, and automobile accidents (Benight et al., 2004; Bosmans et al., 2015). A goal in all therapy is to increase an individual's coping self-efficacy (Bandura et al., 1997; Benight et al., 2004; Bosmans et al., 2015; Kent, 1987; Kent & Gibbons, 1987; Lazarus & Folkman, 1984). To cope with trauma, an individual must manage the original traumatic experience and the challenges of the posttraumatic environment (Benight et al., 2015). Social Cognitive Theory (SCT) provides an outline to help researchers understand the role of self-regulation in coping with posttraumatic stress. According to Bandura (1991), individuals use self-evaluation to self-regulate and meet challenges. An individual coping with a

crisis must practice self-management to regain a sense of equilibrium. They must believe they can manage the demands of posttraumatic recovery (i.e., self-efficacy perceptions). Coping self-efficacy is a key self-evaluative variable in managing traumatic stress, and it relates to an individual's perceived ability to manage internal and external posttraumatic recovery demands (Benight et al., 2015). Positive self-efficacy represents an important adaptation because it provides a sense of control to help an individual cope and adapt. Self-efficacy beliefs align with intervention; therefore, assessing an individual's coping strengths and weaknesses and strengthening weaker skills could improve their ability to handle depression (Philip et al., 2012).

Breakwell (2015) shared that a person's ability to handle threatening situations is linked to their confidence in the coping strategies they use. Strategies used to lower or discontinue a threat may be successful or fail briefly. In the latter case, the threatening experience will return. This recurrence of threat explains the inconsistent actions of individuals who change from one coping strategy to another. When individuals recognize a loss of power, they attempt a new strategy along with the old strategy or as a replacement (Breakwell, 2015).

Therapeutic groups have been shown to help men resolve issues causing partner violence. Lawson (2010) reported that cognitive behavioral therapy (CBT) and psychodynamic therapy performed in a group setting reduce attachment avoidance and severe partner violence. The joint CBT and psychodynamic therapy approach in a group setting contributes to the success. Nesset et al. (2020) substantiated that cognitive behavioral group therapy helps individuals identify distorted patterns of thinking and emotional regulation problems by allowing observation of other group participants, which can illuminate the function of their violence and resolve emotional distress.

According to Murphy and Shillingford (2012), a group format can be more beneficial than an individual approach because it provides insight along with opportunities to practice new skills with other group members who face similar struggles. Murphy and Shillingford added that the group format further provides a safe environment where members can obtain feedback from their peers. Johnson and Hayes (1997) noted how men are described as hungry, soft, wounded, and empty. The authors asserted this has led to an increased interest in men's psychology and a greater demand for clinical services for them. For men to have a healthy and completed sense of masculinity, men must have fathers or significant males with whom to identify.

Yalom and Leszcz (2021) suggested that therapeutic change is a very complex process that occurs through the intricate interplay of 11 therapeutic factors in human experience. Yalom and Leszcz (2021) says, "These primary factors include instilling hope, universality, the imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors" (pp. 1–2). Hope involves the faith and belief that change can occur; it grows from witnessing and hearing testimonials from those in the group who have changed. Yalom and Leszcz shared that therapy groups include individuals at different points along the coping continuum. Each person benefits from contact with others who share similar struggles and who have improved through therapy. Universality occurs when an individual in the group realizes others share their same struggles, which means their problems are not unique. In the early stages of group therapy, this provides the individual with a great feeling of relief. Programs such as AA and CR use the 12-step program to encourage sharing. Curtis (2020) shared:

12-step programs provide an opportunity for individuals to share struggles and victories in confidential settings and to connect with sponsors who offer coaching and individual support. 12-step programs have the added benefits of being free (no fee required) and are often readily assessable in many communities.

Imparting information occurs when group members learn about their problem (e.g., alcohol abuse, pornography, intimate partner violence) through didactic instruction and direct advice. The group provides an environment for this educational process to occur. The ideal context involves partnership and collaboration rather than prescription and subordination (Yalom & Leszcz, 2021, p. 9). Altruism occurs when group members aid one another by providing encouragement, advice, and help. Each person finds support, reassurance, and insight; they share similar problems with each other. Altruism represents a venerable therapeutic factor in other systems of healing (Yalom & Leszcz, 2021, p. 14). The corrective recapitulation of the primary family group is when the group comes to feel like family to its members. Yalom and Leszcz (2021) explained that group leaders become parental figures, and group members resemble siblings. At times, clients may become jealous of attention from the leaders, and early familial conflicts can be relived in a corrective and supportive manner.

The development of socializing techniques involves learning basic social skills as group members participate in the group. According to Yalom and Leszcz (2021),

Group members observe the courtesies presented and modeled during group time and incorporate these acts into their own life. The authors continued that imitative behavior occurs after an individual witnesses the coping behavior of group members or the therapist and executes these behaviors in their own life. They will "try out" new behaviors to seek a more positive outcome and relinquish the behavior if it fails to work.

The group leader or therapist and their leadership style are particularly important in guiding the group and making each man feel cared about and valued. Riva et al. (2004) share that "it is not surprising that group leaders who are warm, supportive, and genuinely interested in individual members, as well as the group, have group members who make more positive gains" (p. 54).

According to Yalom and Leszcz (2021), interpersonal learning includes insight, working through transference and corrective emotional experience within the group setting, and engagement with the therapeutic suggestions of the therapist. Group cohesiveness involves all of the dynamics and relationships acting on all members, creating a fondness toward the group and the therapist, which leads to a desire to remain in the group. Catharsis is the disclosure and expression of positive and negative feelings, or the venting of feelings described as "getting things off one's chest". Existential factors include acknowledging the fact that life is sometimes unfair and unjust; everyone must accept the death of loved ones and their own mortality; everyone will face disappointment, rejection, and pain; and we all have to take responsibility for ourselves in life.

Englar-Carlson and Stevens (2006) discussed the relevance of the Adlerian concept of social interest in understanding many men. Social interest is the desire to be a part of the larger whole, a sense of belonging, and the willingness to work with others toward a common positive goal. As this interest grows, so does an ability to be empathic and altruistic. When men are encouraged to socialize and give back to others, their desire to engage grows, and their social interest is stimulated. Group psychotherapy offers a vehicle for fostering social interest, providing men with opportunities to offer mutual assistance to each other.

Related Literature

Socioeconomic and Cultural Differences in Men's Coping

To address the diversity of men's experiences and backgrounds, counselors must increase their awareness of culturally and masculine-sensitive interventions and become more knowledgeable about contextual and therapeutic variables that influence men (Evans et al., 2013, p. 388). Men and women differ in their online and offline coping preferences. Women have stronger ties in their network of friends and maintain and rely on these supports. Men hesitate to seek support when they feel distressed and rely exclusively on their partner for emotional help (Ingen & Wright, 2016). New studies on dyadic coping have emphasized how couples manage relational stress. Dyadic coping is an indicator of how couples handle the health, psychosocial, and relational outcomes of chronic illness (Papp & Witt, 2010).

Research on low socioeconomic has indicated men use emotion-focused coping to deal with financial stressors rather than problem-focused coping (Caplan & Schooler, 2007). Two measures of perceived control—self-confidence and fatalism—appear to be mediated by socioeconomic status (Caplan & Schooler, 2007). Park et al. (2017) identified three key coping strategies in the integrative conceptual model to potentially attenuate the effects of racism on adjustment. These strategies are ethnic identity, social support, and anger coping. In a study by Ellis et al. (2015), African American men responded to stress by eating high-calorie foods, exercising, and engaging in spiritual activities. They did not necessarily view their responses to stress as coping mechanisms. African American men and women viewed the same coping strategies differently; however, both agreed that stress was a major cause of health problems (Ellis et al., 2015). Stress for African American males begins early in life. Hines et al. (2020) discussed the achievement gap experienced by African American males. They shared that,

"Differential achievement along racial or ethnic lines negatively affects African American males who fail to achieve at the same level as African American females or White males" (p. 130).

Aggression has been identified as an important correlate to coping, violence, depression, and suicide among young African American males. Consequently, the moderating effect of coping on the relationship between masculine and racial identity and aggressive ideation among African American males should be considered. The literature indicated that distractive coping strategies reduce the effects of everyday hassles and life stress for young African American males (Li et al., 2006; Nolen-Hoeksema, 1991; Thomas et al., 2015). Goodwill et al. (2018) found that African American male college students coped with stress by discussing problems with others in their social support networks, being physically active, and relying on themselves. Common unaddressed stressors in their lives included substance abuse, violence, and anger (Goodwill et al., 2018). African American men face stressors such as racial discrimination, financial pressures, and role adjustment. They are burdened disproportionately with health disparities when compared with White men. Social support has proven to be an important strategy for coping with the stressors faced by African American men (Hudson et al., 2016).

Rabinwitz (2019) reported that ethnic and cultural identity intersects with gender role influences to shape men's expectations about how to act and conceive of their masculinity. Heterosexual, middle-class men of color in America experience prejudice and oppression at the personal and institutional level that reminds them of their vulnerability to forces outside their control. Although many men try to maintain a color-blind perspective, America is still racially divided. Rabinwitz (2019) explained that the white identity standard leaves men vulnerable to feelings of alienation. These include men who are unemployed or who work in the blue-collar sector and who feel separate from those in white-collar jobs (Rabinwitz, 2019). Gay men fear

revealing their sexual orientation to straight colleagues, and transgender individuals remain especially vulnerable to misunderstanding and prejudice that makes them susceptible to mental health distress few clinicians know how to address (Rabinwitz, 2019). Men with physical and psychological disabilities can also be ostracized. Jews, Muslims, Christians, and men from other religious backgrounds feel ambivalent about how to acknowledge their faith (Rabinwitz, 2019).

Members of Asian families tend to hide mental illness, with many individuals eschewing needed services. Consequently, they cope using personal resources such as crying, praying, and drawing on inner strength. Family work represents a psycho-educational approach to helping families understand a family member's mental health diagnosis and develop positive coping strategies together (Green et al., 2010). Asian men have been called the model minority in the United States because of their high levels of education and income. However, Kearney et al. (2005) found that Asians report the highest amount of psychological distress among all racial groups, and Asian American men who use avoidant coping strategies while subscribing to the masculine norm have the highest depression rates. In contrast, winning masculine norms are associated with lower levels of depressive symptoms (Iwamoto et al., 2010). The idea of winning is predicated on men being in control (Iwamoto et al., 2010, p. 18).

Latino men are often stereotyped as having machismo. Researchers have challenged this overgeneralization by sharing men's stories and successes related to their personal immigration experiences. Changing constructions of Latino masculinity have useful implications for therapy (Falicov, 2010). Englar-Carlson and Stevens (2006) discussed a study conducted by Levant and Majors suggesting African American men embrace the traditional concept of male masculinity to the greatest extent, followed by European American men. However, Abreu et al. (2000) found that Latinos endorse a higher degree of traditional masculinity than either European American or

African American men. Asian American men, according to Lu (2013), endorse traditional masculine ideology with no significant difference between ethnically different Asian men. No research has been conducted to understand conceptions of masculinity among Native American men.

Research has indicated that gay men show an increased risk for internalizing disorders compared with heterosexual men and that minority stressors serve as risk factors. Gay men experience rejection from others and feel negative emotions about their orientation, which negatively affects their mental health (Feinstein et al., 2017). McDonagh et al. (2017) found that heterosexual, gay, and bisexual men share similar sexual difficulties; however, apparent differences related to alternative masculinity, penis size comparison and competition, and pain during receptive anal sex. Their study showed the complexity of men's sexual difficulties and the significant impact of sociocultural, interpersonal, and psychological factors.

Therapeutic Groups

Seidler et al. (2017) showed men fail to engage in psychological treatment, resulting in a high dropout rate. The authors also stated that practitioners need a better understanding of masculinity's role in treatment engagement. The goal is not merely to get more men in treatment but to understand firsthand what men's treatment experiences are. Men present challenges in therapy because their typical defenses manifest as anger, silence, and grandiosity. Rage can occur when men feel misunderstood or want to avoid appearing weak. Silence is a protective mask for confusion or vulnerability. Grandiosity serves as a protection against anxiety and sadness. Employing humor or acting can guard against a broken heart (Dvorkin, 2015). Men define their value through their social status, but ironically, many outwardly successful men report feeling empty inside (Buitenbos, 2012).

Englar-Carlson and Stevens (2006) explain, "White middle-class, heterosexual masculinity in the United States and other Western countries could be viewed as dominant (i.e., hegemonic), which emphasizes a view of masculinity as tough, competitive, and oppressive to women and gay men" (p. 17). According to hegemonic norms, men should cope with their personal problems and seek counseling or health services as a last resort or when pushed by others. Lynch et al. (2016) reported that if a young man's family has stoic or negative attitudes about mental health services, he will be less likely to seek help.

Stress associated with masculine gender roles depends on the ways men assign meaning to specific situations in their lives, particularly those situations related to their identity or competence as a man. Research on masculine gender role stress showed that men experience stress when they judge themselves for being unable to cope with the demands of adhering to the expectations of masculine norms (Wexler, 2009). Englar-Carlson and Stevens (2006) defined masculine ideology as the endorsement and internalization of a cultural belief system about maleness that is grounded in the structural relationship between males and females.

According to Schaub and Williams (2007), a person's gender shapes their world view as much as other considerations such as race and ethnicity.

> Men, according to the researchers, can develop a masculine gender role conflict or a psychological state in which socialized gender roles have negative consequences on them or others. Extreme masculine gender role conflict, termed *toxic masculinity*, refers to the detrimental effects of rigid gender role adherence. Men can feel trapped when trying to live up to a rigid or harsh version of masculinity.

> Regardless of age, nationality, or ethnic and racial background, women are more likely to seek counseling than men (Evans et al., 2013).

Schaub and Williams (2007) asserted that men develop masculinity scripts (e.g., "tough guy," "homophobic," "strong and silent") through socialization experiences, which may manifest during the counseling process and be observed by the therapist. These same scripts cause men to avoid counseling when dealing with issues or can create negative attitudes about counseling during sessions. Rabinwitz (2019) shares, "From an early age, men receive overt and covert messages to suppress their emotional experiences and their feelings. Words and phrases such as "sissy," "crybaby," "keep a stiff upper lip," "man up," and "suck it up" are but a few admonitions delivered to little boys to suppress expressions of sadness, pain, and vulnerability" (p. 20).

Schaub and Williams (2007) reported that when men combine a high drive to succeed and achieve power with restrictive emotionality, they contribute significantly to the prediction that they will have negative attitudes about help-seeking. The authors postulated that counselors could better shape treatment when they can identify the scripts to which men subscribe. Schaub and Williams shared that counselors determine which scripts matter to a client, identify how they benefit them, and determine the cost associated with the script. Their research identified three clusters of men based on the extent to which they differed on reported gender role conflict and their patterns of expectations about counseling.

According to Schaub and Williams (2007), Cluster 1 men have average expectations about taking responsibility for their therapy and view the counselor as an expert and the counseling environment as nurturing. Cluster 1 men will likely receive a positive prognosis for traditional counseling. Cluster 2 men have average expectations about their personal commitment to counseling and high expectations for both the counselor and the facilitative environment. Cluster 2 men place responsibility externally and are likely to struggle during

counseling. Schaub and Williams explained that Cluster 3 men have low expectations about taking responsibility for their therapy and for the facilitative support they will receive from counselors. Cluster 3 men are likely to have an uncertain therapeutic prognosis and outcome; however, their positive characteristics include their comfort with sharing their feelings and that things other than power and success motivate them.

Schaub and Williams (2007) argued that the implication of this help counselors determine where their clients fall among these clusters and incorporate a variety of therapeutic models to help them succeed in traditional therapy. Schaub and Williams suggested a model of therapy with a positive therapeutic alliance, participation in a men's therapy group or weekend retreat, and a transition to marital or family therapy to improve interpersonal functioning and to encourage the client to take a social change agent role and a less restrictive gender role. Among other identity factors, researchers have identified gender as a salient organizing variable in clients' lives and experiences. The change to view men as distinctive is relatively new. Thus, understanding the gendered nature of masculinity is considered an essential cultural competency (Evans et al., 2013). Men's reticence to seek help is further linked to lower socioeconomic status, and resistance increases as depressive symptom severity increases. The problem of poor mental health can result in functional impairment or premature death during the prime of a man's life (Seidler et al., 2017).

Issues Men Face in Therapy

Difficulty Expressing Intimacy

Men's difficulty with emotional intimacy often manifests in therapeutic work. A therapeutic men's group can help men develop skills and change paradigms about emotional intimacy while working simultaneously in couples therapy to augment their progress (Garfield,

2010). Wexler (2009) explained that gender role conflict involves four masculine constructions that hinder men in their emotional expression or keep them "in the box" (p. 5), the first, restrictive emotionality, includes fears about expressing feelings or finding the words to express basic emotions. Second, restrictive affectionate behavior between men involves restrictions in expressing feelings and thoughts with other men or having difficulty touching other men. The third construction, success, power, and competition, relates to attitudes about success in pursuing power. Finally, conflicts in work and family can manifest as problems balancing work, school, and family relations. Wexler asserted these types of conflict often result in workaholism, health problems, stress, and burnout. The author reported that elevated gender role conflict relates directly to relationship dysfunction. For men, this means the likelihood of being unhappy in intimate family relationships and marriage, including a reduced chance of enjoying the pleasures of parenting (Wexler, 2009).

Depression

Men from all cultural backgrounds suffer in silence with many issues. Some of the issues are external, such as conflicts at work and the everyday hassles of life. Some are internal, such as insecurities, marital unhappiness, anger, past abuse, addictions, depression, or psychosis. Cole and Davidson (2019) reported that 6 million men each year experience a depressive disorder (e.g., major depressive disorder, dysthymic disorder, bipolar disorder). Kivari et al. (2018) shared those men have higher rates of depression with comorbid substance abuse, higher incarceration rates, and completed suicide rates 4 to 5 greater than of women. Therefore, it is important to find helping programs that engage men. Conformity to traditional masculine norms negatively affects men's willingness to seek assistance for depression. Seidler et al. (2017) said,

"Men experience double jeopardy as they risk psychological distress while being

reluctant to seek help for their struggles. Men are found to "mask" their symptoms and

experiences of depression. This finding is consistent across racial and ethnic groups,

countries, and throughout the lifespan." (p. 107).

Alcohol and Chemical Dependency

Consistent findings indicated men resist seeking help for mental health issues and

concerns (Seidler et al., 2018). Many men demonstrate a fight-or-flight response, and they can

misdirect the fight toward a spouse, their children, or themselves. The flight takes the form of

addiction, avoidance, or both. Alcohol, drugs, and aggressive behavior serve as common outlets

for young men who learn masculine ideas of self-reliance and denial of emotions, both of which

hinder them from seeking help or support (Lynch et al., 2016). Men search for help in the

dilemmas of life. Hart et al. (2013) reported that 10% of males and 3.5% of females report heavy

drinking, which is defined as binge drinking on five or more separate days during the past month

(p. 195). Studies have shown that alcohol plays a role in about one-third of all suicides (Hart et

al., 2018, p. 205). Alcohol abuse ranks second only to depression in the diagnosis of suicide

attempters. The Betty Ford Institute Consensus Group (2007) reported that recovery from illicit

drug and alcohol use takes an average of 5 years before an individual reaches' stability. The

process is unique to each individual and could be regarded as a nonlinear, gradual,

multidimensional process that involves growth and connectedness, hope, positive identity,

meaning, and empowerment (Betty Ford Institute Consensus Panel, 2007; Coleman, 2019).

Suicide

In the United States, men commit more suicides than women (27.3 men per 100,000 and

8.1 women per 100,000; Lemieux et al., 2014). This finding has remained consistent over time,

with the prototypical suicide occurring in White, middle-aged males. Lemieux state, "Men display increased depression in the years prior to death, unlike women, who remain stable across time" (pp. 155). The mortality from suicide is 3 to 4 times higher in males in most Western countries. Keohane and Richardson (2018) confirmed that the first step for male suicide prevention is to identify the root cause of men's disconnection from important societal institutions such as family, church, work, or community and build capacity and rapport within more neglected communities of men. Males comprise 75% of the 1 million people who commit suicide each year, with a consistent link to mental illness (Oliffe et al., 2018; Ramirez & Badger, 2014). Social isolation is a commonly cited contributor and risk factor for male suicide (Oliffe et al., 2018). Oliffe et al. (2018) studied 35 Canadian males-identified factors related to men's underpinned social isolation. These factors include family dysfunction and estrangement, marginality and feeling like a misfit at work and school, alienation and provisional acceptance of health care, ineffectual and self-harming management, intrusive dislocating thoughts, and society's burdensome and immoral subjects (Oliffe et al., 2018).

Intimate Partner Violence

Briere and Scott (2015) defined intimate partner violence as physically or sexually assaultive behavior by one adult against another in an intimate and often cohabitating relationship. Other terms for intimate partner violence include "spousal abuse," "wife battering," or "domestic violence" (p. 15). The World Health Organization estimated that 30% of women who have been in a partnering relationship had experienced physical or sexual violence from an intimate partner in their lifetime, and the proportion of women killed by an intimate partner is 6 times higher than men (Wilson & Graham, 2017). Bates and Taylor (2019) found that men's intimate partner violence can be predicted by personality disorders, criminality, psychopathic

traits, alcohol consumption as well as by lower levels of empathy and self-control. Bates and Taylor (2019) reported that "regardless of the modality of services delivered, the core elements of perpetrator treatment include overcoming stress, challenging irrational and proviolent beliefs, identifying unhealthy and abusive interaction patterns, acquiring prosocial interpersonal skills, and overcoming emotional and mental disorders and childhood trauma" (p. 93).

Pornography and Sexual Addiction

Line and Cooper (2002) contended that sexual acting out is a serious problem in the United States, and counselors are seeking ways to provide effective treatment. Group therapy is commonly considered an essential treatment component for individuals with a disorder related to sexual acting out. In one study, group treatment intervention for men with problematic internet-enabled sexual behavior significantly increased participants' quality of life and decreased the severity of their depressive symptoms (Orzack et al., 2006). McCarthy and Wald Ross (2018) explained that sexual recovery is an integral component in the treatment of sexual compulsivity and addiction, with all four dimensions of desire, pleasure, eroticism, and satisfaction as integral to healthy male and couple sexuality. When a man succumbs to sexual compulsivity and addiction, the desire dimension takes over, creating a cycle with high levels of secrecy, eroticism, and shame that cause him to surrender control and shut off his partner (McCarthy & Wald Ross, 2018).

Men Coming Together and Communal Stressors

The military veteran population has a critical need for preventive research because their rate of major depressive disorder is double that of the U.S. population (Kivari et al., 2018). Aging men have also emerged as one of the most underserved groups, with research indicating that only 6%–8% of people 60 years and older seek counseling services through the many life

transitions of aging (Hensen & Koltz, 2018). Group counseling has emerged as an effective intervention to combat stigma. Groups feel natural to men who may have participated in team sports growing up, worked on teams in their jobs and careers, or enjoyed groups of friends during life. Clients matched to group counseling were twice as likely to complete treatment than those receiving only individual counseling (Csiernik & Arundel, 2013, p. 262). Seager and Thummel (2009) suggested that male-only group therapy specifically suits the male psyche and can help modify traditional masculine defenses of guilt and shame. The protective factor of social support appears to be guided by the client's perception of the support readily accessible to them. Additionally, the positive value of social support networks highlighted by group activity has been well established (Seager & Thummel, 2009).

A communal stressor occurs when people in a group interpret a stressor as the group's problem (i.e., a social appraisal) versus the individual's problem (i.e., an individualistic appraisal). Divorce, illness, and natural disasters are examples of stressors that require communal coping. Leprince et al. (2018) defined communal coping as a process where a group of people examines and addresses stressors. Vareldzis and Andronico (2000) reported,

> Men in growth groups become more socially confident with their own gender and interact better with others. The group encourages taking risks in a supportive environment where feelings of belonging counter alienation and depression. These groups create high levels of cohesiveness that mimic a family-life environment and a sense of "we-ness").

An all-male identity-focused counseling group provides a vehicle for healing the disrupted masculine identification of men. The gathering of men under the leadership of male mentors offers an opportunity to face and address the experience of loss, alienation, and shame in the context of male gender identity. As men identify with the group, experience acceptance,

bring together alienated parts of their being, and conceptualize a path for future masculine

development, consolidation may begin (Johnson & Hayes, 1997). Rabinwitz (2019) shares,

> Group therapy provides a way for isolated participants to purposefully interact with one
>
> another to become more aware of their behavior and see blind spots that may be
>
> sabotaging their relationships. Often, individuals in groups find their experiences are
>
> more widespread than they previously believed, providing a sense of comfort and support
>
> they lack in their everyday lives. Group therapy also allows those served to be servers (p.
>
> 35).

Kleszczewska-Albinska and Skudlarek (2020) reported differences in the help-seeking

behaviors and motivations of men and women. The authors argued that practitioners should

emphasize external motivators in working with women, but with men, practitioners should

prioritize internal motivators. In group work with females, accepting and addressing difficult

emotions is crucial, and men in therapeutic groups need to develop competencies for seeking out

adaptive social relations. Foremost, men seek out social contacts like mentors or buddies more

often than women, and women engage in replacement activities more frequently than men. Men

cope with stress by seeking social contacts and women and by waiting for others to offer help.

Women believe in helplessness and can reduce emotional tension. Military men may be even

more reluctant to seek help due to high vulnerability to mental illness, avoidant behaviors, and

conditioned self-reliance. Military men also have a high attrition rate (up to 26.5%) and tend to

drop out of support programs more than women. Kivari et al. (2018) asserted that men's reticent

engagement might be a response to the common use of a "feminine nurturance model" (p. 242)

centered on corrective and empathic emotional support that conflicts with socialized

masculinities. This further supports the argument that men engage best in gender-specific groups.

Types of Group Therapy for Men

Studies indicated that support groups effectively help men cope with life stresses and overcome substance addictions. Brown et al. (2011) found a correlation between the spiritual growth of an individual in a faith-based recovery program and recovery from substance abuse. Brown et al. proposed that future directions could include examining associations between changes in spirituality and changes in other variables such as self-efficacy, altruism, social support, and social stress. A longitudinal study could be conducted to further investigate and interpret how Celebrate Recovery may provide beneficial services to its members with substance use disorders. The research selected for this literature review focused on the role of self-efficacy in coping. Taken together, it revealed an information gap related to how therapeutic men's groups can facilitate both. The review also revealed the need for more research on therapeutic men's groups. Men have reported that treatments often fail to fully engage them, resulting in their high dropout rate from psychological treatment (Seidler et al., 2017). Seidler et al. (2017) also noted a need for more understanding of how masculinity inhibits men's engagement in treatment. The goal is not merely to get more men in treatment but to understand and improve men's treatment experiences.

Hines et al. (2020) showed the benefits of the group counseling format with African American males who were starting their sophomore year in high school. Hines et al. stated that a group counseling intervention could be used by school counselors to prepare Black males for college. Researchers have reported that many school counselors use group counseling with students. Small groups provide the convenience of seeing multiple students simultaneously and offer opportunities for peer-to-peer learning (Hines et al., 2020). Brown (2018) explained there are two types of therapy groups: support groups and self-help groups. Support groups differ from

self-help groups in important ways. The former emphasizes leadership, focus, goals, objectives, and structure. Support groups have a leader trained in the condition or circumstances being addressed (e.g., grief, cancer, or addiction and recovery). Individuals in self-help groups forego the trained leader for peer leadership. The focus of the groups also differs. Leaders in support groups provide education about the condition being addressed, and individuals in self-help groups provide one another with support and assistance (Brown, 2018).

The Strong Teens Curriculum is a group counseling intervention designed for African American males in high school. White and Rayle (2007) adapted this competency-based program, through which leaders promote personal, social–emotional, and psychological wellness and teach emotional resilience and coping skills within a classroom learning curriculum for all high school adolescents. The authors concluded that school counselors could use group counseling as an outlet for African American males to address personal and social needs (White & Rayle, 2007). Men have demonstrated a desire to self-manage to achieve their goals. In the right conditions, men will engage vigorously in the change process (Kivari et al., 2018).

Vareldzis and Andronico (2000) described a successful group that began at Virginia Tech called Man Alive. This program was developed to support college men by (a) creating a supportive social structure for men who are socially isolated; (b) modeling healthy expressions of emotions such as sadness, anger, fear, and joy; (c) and creating a safe place for men to discuss sensitive issues, such as relationships, sexuality, academic struggles, and substance abuse. The Man Alive Group, therefore, reported favorable results, and the authors recommended making groups for men available to all men to address their physical and mental health. Other groups for male college students have emerged, such as the group Men in Transition and other groups focusing on issues for gay men. College can be a tough time for many students, including young

men who need a safe place to build camaraderie and share their hurts and struggles. Loneliness can permeate all facets of a college student's life. In a recent survey of 48,000 college students, 64% responded they felt extremely lonely (Danzman, 2020). Groups offer an answer and a resource.

Celebrate Recovery is a Christian-based therapy group founded by John Baker under the pastoral leadership of Rick Warren, author of *The Purpose Driven Life* and *The Purpose Driven Church.* Celebrate Recovery's mission is to encourage fellowship and to celebrate God's healing power while participants travel the road to recovery (Nieman, 2007). Participants work through eight principles based on the Beatitudes found in Chapter 5 of the Book of Matthew and the 12-step program adopted from AA. Small groups are created for a variety of conditions. According to Nieman (2007) "participants find transformation by sharing their experiences, strengths, and hopes with one another as they grow spiritually and are freed from their hurts and struggles. This freedom creates serenity, joy, peace, and, most importantly, stronger personal relationships with others and God" (p. 30).

Project Pride is an intervention and HIV prevention program for gay and bisexual young men. Leaders deliver the program in an engaging group format that integrates cognitive and behavioral strategies to help participants make safe decisions, understand risk, and develop adaptive coping skills. Findings from case studies indicated that Project Pride might reduce condom-less anal sex, loneliness, and alcohol use while possibly increasing self-esteem. Gay and bisexual men suffer from societal heterosexism (i.e., antigay or bisexual stigma, prejudice, and discrimination) that endangers their well-being (Smith et al., 2015).

Nahon and Lander (2013) introduced the integrity model for working with men in heterogeneous groups that cross demographic variables and referral sources. The model has

resonated with men and provides a philosophical understanding of self and an individual's presence in the universe. The authors asserted men become aware of the values underlying their behavior choices, which helps them understand themselves in new ways. Therefore, they learn to connect with values that can lead to characterological changes that increase self-esteem (Nahon & Lander, 2013).

The literature indicated the Veterans Transition Program is an effective treatment for men. This 10-day residential group-based program allows veterans to engage in guided autobiography, group building, and action-based processing of life events and goal setting (Kivari et al., 2018). Participants who complete the program display an elevated level of engagement and improved attitudes about mental health services. Kivari et al. (2018) collaborated with veterans to identify factors that helped and hindered men's therapeutic engagement in mental help programs, particularly after returning from a deployment. The authors described principles to advance mental health services to men. The first principle involved men's need for a safe atmosphere with explicit rules that prohibit judgment or advice-giving. A second principle involved the desire for explicit permission from other men to self-disclose to self-managing health. In the third principle, the authors emphasized the importance of having groups with skilled leadership and facilitation.

Adventure therapy is an alternative therapeutic approach for men that allows for deeper therapeutic processing. Participants tended to develop a trusting bond more rapidly and shared personal issues more freely (Scheinfeld & Buser, 2012). Spandler and McKeown (2013) introduced the use of the football metaphor for engaging reluctant men in therapeutic work. In a group-based setting with men, leaders use the metaphor to promote initial engagement, facilitate mutual support, enable self-understanding, and motivate change. References to the football

metaphor can make therapeutic work interesting and easier to understand while allowing each individual to formulate their own interpretations. This approach has the potential to encourage reticent men and provides mental health service workers with a new strategy to engage them (Spandler & McKeown, 2014).

Mullen et al. (2014) explained that cognitive processing therapy is a manualized, empirically supported CBT developed for rape-related PTSD. It has been further modified for the treatment of PTSD in veterans and military personnel. According to the authors, men with histories of violence can benefit from participating in a competently facilitated emotion-focused group. The forming of attachments and experiencing feelings of belonging can be healing. The men participating in the group serve as a source of transformation for each other as they understand each other's genuineness and appreciate the nuances of their shared stories (Jansen, 2019). Results from the studies indicated that CBT PT showed significantly more improvement than CBT groups for treating men on measures of partner violence, interpersonal problems, and attachment at posttreatment. However, CBT showed significantly more improvement on psychological/behavioral functioning and general symptom and relationship problems. In a final difference, the groups combining CBT and psychodynamic therapy showed the lowest recidivism rates (Lawson, 2010).

The Relationship Between the Existing Literature and the Current Study

Seidler et al. (2018) reported that the men's health field lacks a clear summary of best practices, consensus, and key issues related to working with men in therapeutic settings. Communities and churches offer groups that teach, mentor, and rehabilitate men with specific needs and challenges. Clients with low social support have been reported to exit treatment at significantly higher rates than those with high social support. Further, men have been shown to

be less likely to drop out of group counseling than individual counseling. The social climate in the treatment environment plays an important role in outcomes, and this serves as a primary mechanism in group treatment (Csiernik & Arundel, 2013). Although there has been an increase in research on men, masculinity, and mental health in the past 30 years, very little of that scholarly work has been published in ACA sources, and few researchers focused specifically on providing counseling to men (Evans et al., 2013).

Seidler et al. (2016) shared that future research for men should focus on incorporating more robust methodologies designed to assess factors associated with men's access to and engagement with therapeutic interventions for depression. The authors added men seek assistance if it is accessible, appropriate, and engaging. It has been customary to target pathology and deficits in men's treatment to address their problems, but Seidler et al. encouraged acknowledging the positive aspects of being a man to advance male-centered healthcare. Research has shown that support groups help men cope with life stresses and overcome addictions to substances such as alcohol. Brown et al. (2011) found a correlation between the spiritual growth of an individual in a faith-based recovery program and recovery from substance abuse. Brown et al. (2011) proposed that future directions could include an examination of associations between changes in spirituality and changes in other variables such as self-efficacy, altruism, social support, and social stress. Consequently, a longitudinal study could further illuminate whether CR provides beneficial services to its members with substance use disorders.

Questions that should be answered before starting a therapeutic group for men include: How can men be encouraged to engage in group psychotherapy? How are support groups best structured? How can practitioners reach men who are constrained by time, family, and financial resources (Nahon & Lander, 2008)? Psychoeducational groups, sometimes known as guidance or

educational groups, serve a preventive and instructional function. Brown (2018) shared the three categories of support provided by psychoeducational groups: medical illness; psychiatric, psychological, and emotional disturbances; and recovery. Facilitators of psychoeducational groups aim to teach participants how to cope and address developmental life events, potential threats, or immediate crises. Some refer to counseling groups as interpersonal problem-solving groups. By either name, their purpose is to help group members resolve normal but also specific and difficult problems through interpersonal support and problem-solving (Brown, 2018). Additionally, counseling groups help members identify skills they already have so they can meet future challenges (Gladding, 2013). Furman et al. (2010) studied men's in vitro fertilization treatments and reported that men respond positively to group counseling. Group counseling helped them cope with the emotional impacts of infertility, especially when offered as an integral part of the reproductive treatment (Furman et al., 2010).

A reciprocal supportive relationship exists between hope and coping. Hope has peaks and valleys and is not a self-renewing or perpetual resource. It can also be absent altogether. The act of coping encourages hope when it is low, and hope supports coping over the long term during a crisis experience (Folkman, 2012). I believe that therapeutic groups can provide hope and tools for coping for men, but more research is needed on this invaluable and underutilized resource. The comradery men experience when helping each other can benefit them professionally and spiritually. Minority men of color, who, like me, lost their father from death at an early age and needed a positive male role in their lives, need friendship and mentoring. In my career as a teacher and school administrator, I needed to learn, watch, and be mentored by another African American male leader who could provide the insight and confidence I needed to grow into self-efficacy.

The gaps in research about effective therapeutic practices for men and what factors increase their engagement were apparent in the literature review. Nahon and Lander (2013) discussed the lack of research on men and their psychological health. They reported that men have met in social and community-based groups for a time; however, mental health services have not focused on men's need to be with other men. There were only eight studies in 2010 that addressed psychotherapeutic groups with men in clinical mental health settings. Therefore, little research exists to help describe how men enhance one another's psychological wellbeing. "There is something about a man's voice that reaches other men and that is far more effective than what theory or models can achieve" (Nahon & Lander, 2013, p. 173).

Seidler et al. (2018) reported the following:

Direction from leading organizations in the field for appropriate practices with male clients is largely absent. For example, although the American Psychological Association has established guidelines for psychologists working with girls and women, ethnic minorities, older adults, and sexually diverse clients, guidelines for psychologists working with men are still in the drafting stage, despite a long-identified need. Further, a synthesis of such recommendations, which could guide clinical practices and inform future research directions, is absent from the literature. Research questions that emerge from this are as follows: What is meaningful for men in treatment? What are the success rates of men participating in therapeutic groups? What coping mechanisms are enhanced by attending therapeutic groups for men? What are the "best practices" when working with men? (p. 1883)

Summary

Men get caught in a double bind when facing emotional difficulties. When they encounter a problem, they often feel reticent or opposed to seeking help, a reaction largely attributed to masculine cultural norms that dictate keeping a façade of strength and rejecting the need for support. This literature review was an exploration of men in the United States and the dimensions and theoretical approaches of coping as they pertain to men, self-efficacy, socioeconomic and cultural differences in men's coping, men's gender role conflict, and reluctance to seek counseling, the issues men face in therapy, men coming together and dealing with communal stressors, types of group therapy models for men, and the relationship between the existing literature and the study. The purpose of the current study was to address the limited research on men and coping, discuss how therapeutic men's groups can effectively meet men's needs, and explore best practices within group therapy for engaging and retaining men. The study addressed the three types of coping (i.e., problem-focused, emotional, and avoidance). An understanding and synthesis of these coping types can help therapists understand how men cope and which type they use to manage their anxieties and struggles.

The theoretical approaches discussed included Wade and Good's (2010) theory of learning about psychotherapy for men in clusters. These clusters derive from general information about masculine socialization and the psychology of men. They include specific information about issues men present in therapy, expectations and experiences of specific groups of men from diverse ethnic backgrounds or sexual orientations, men's reluctance to seek counseling, challenges to form therapeutic alliances with men, adjustments needed to treat men effectively, and the development and assessment of instruments to assess male norms, gender role conflict, and stressors experienced by men.

Also discussed was the theory of coping self-efficacy presented by Benight et al. (2015) and its connection to Bandura's (1997) SCT. According to Bandura, individuals use self-evaluation to self-regulate and meet challenges. Coping self-efficacy involves a person's confidence in their ability to manage stress and challenges. Lawson (2010) and Nesset et al. (2020) discussed the effectiveness of CBT in groups with men. CBT in groups helps men identify distorted patterns of thinking and emotional regulation problems and express these disruptive thoughts in the safety of a group where they can obtain encouragement, insight, and feedback on how to redirect thoughts. Yalom and Leszcz's (2021) 11 primary factors of human experience were also examined, and their relation to group therapy was described. These 11 primary factors include instilling hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors.

Researchers included in the literature review compared the socioeconomic and cultural differences in coping between male minority groups and White males in the United States. The groups explored were African American, Asian, and Latino. Studies on homosexual men and coping were compared to studies of heterosexual men. Each group presents unique struggles; however, all display forms of gender role conflict and resistance to therapy. An examination of issues arising for men in therapy was also presented. These issues included men's difficulty expressing intimacy, depression, alcohol abuse, suicide, intimate partner violence, and pornography or sexual addiction. Other research involved the effectiveness of men working together within groups to find support and comradery. High levels of cohesiveness through group therapy have been shown to improve self-efficacy to help men in isolation join a team or family.

Various types of group therapy for men were presented, demonstrating the variety of groups that can be formed to serve men in recovery, in college, or searching for the strength to face life's challenges and grow in their faith. The groups discussed included Celebrate Recovery, The Veteran's Transition Program, Adventure Therapy, The Integrity Model, Project Pride, The Strong Teens Curriculum, Cognitive Processing Therapy, and Man Alive. Many of these therapies rely on CBT, which has proven effective in treating men with a history of violence, PTSD, or interpersonal problems. Finally, the review concluded with a discussion of the relationship between the existing literature and the current study. The existing literature clearly showed a need for research on best practices for providing therapy to men and ways to engage men who feel reluctant about counseling.

CHAPTER THREE: METHODS

Overview

This study was an exploration of how faith-based men's group recovery programs help men develop self-efficacy and recover, specifically men who are addicted to pornography and sexual addiction, and chemical addition such as alcohol. The goal was to find what factors within the program engage men. This section provides information about the study's research design, the research questions that support the goal, the setting of the research, the participant criteria, the procedures, and the role of the researcher. Also covered are data collection, the interview process, data interpretation, and trustworthiness. Providing a true and unbiased report was the second goal of the study. Ethical considerations are provided along with the names of the professional organizations that developed the principles and guidelines. A summary is shared to recapitulate the methods used in this study. A qualitative instrumental case study was conducted to identify what factors implement positive changes in men when they participate in a faith-based recovery program. A limited amount of research has been conducted on this topic. The few relevant studies provided evidence that factors such as faith and spirituality may be factors to help men successfully recover and resist substance abuse. This research focused on how a faith-based group recovery program for men can help build the self-efficacy needed for coping and recovery.

Design

An instrumental case study is a strong fit for this study. A qualitative case study is a method of research that encourages the examination of a phenomenon within the context using a variety of data sources (Baxter & Jack, 2008). "A hallmark of a good qualitative case study is that it presents an in-depth understanding of the case" (Creswell & Poth, 2018, p. 98). The key

approaches that guide case study methodology are from Robert Stake (1995) and Robert Yin (2003) both sought to ensure that the topic of interest is well explored, and the essence of the phenomenon is revealed (Baxter & Jack, 2008). According to Yin (2003), a case study design should be considered when: (a) the focus of the study is to answer "how" and "why" questions, (b) when one cannot alter the behavior of those involved in the study, (c) to cover contextual conditions because there is a belief the conditions are relevant to the phenomenon under study, or (d) the boundaries are not clear between the phenomenon and context (Baxter & Jack, 2008).

Baxter and Jack (2008) posit that once the case has been determined and boundaries have been established, it is important to consider the additional components required for designing and implementing a rigorous case study (p. 550). These include: (a) propositions, which may or may not be present (b) the application of the conceptional framework, (c) the development of research questions, (d) the logic linking of data to propositions, and the criteria for interpreting findings (Baxter & Jack, 2008, pp. 550–551; Yin, 2003). Propositions can be found in literature, personal/professional experience, theories, and/or generalizations based on empirical data (Baxter & Jack, 2008). Yin (2003) further empathizes that one important practice during the analysis phase of any case is to revisit the propositions. The three reasons why this is important are to focus the researcher's analysis, to provide an alternative explanation of the phenomenon, and to build confidence in the findings as a researcher engages in this iterative process and the number of propositions and rival propositions is addressed, accepted, or rejected (Baxter & Jack, 2008, p. 555).

Yin categorizes case studies as explanatory; seeking to answer a question and exploring a situation with interventions with no clear outcome, and descriptive; describing a phenomenon and the real-life context (Baxter & Jack, 2008). Explanatory cases would be used when the

researcher is seeking to answer a question that can explain the presumed causal links in real-like interventions that are too complicated for experimental strategies or surveys (Baxter & Jack, 2008). An exploratory case study is used to explore the phenomenon in the data that is a point of interest to the researcher (Zainal, 2007). Zainal (2007) shared an example:

A researcher conducting an exploratory case study on individual's reading process may ask general questions such as, 'Does a student use any strategies when he reads a text?' and 'if so, how often?'. These general questions are meant to open the door for further examination of the phenomenon observed. (p. 3)

Zainal (2007) explained the descriptive study, "descriptive case studies set to describe the natural phenomena that is occurring in the data that is in question, for instance, what different strategies are used by the reader and how are the reader using these strategies" (p. 3).

Stake (1995) uses three terms to describe case studies: intrinsic, instrumental, and collective (Baxter & Jack, 2008; Creswell & Poth, 2018). An intrinsic case is unique and has unusual interest and detail (Creswell & Poth, 2018, p. 98). Instrumental case studies focus on specific issues, problems, or concerns (e.g., alcoholism) and a case or cases selected to best understand the problem (Creswell & Poth, 2018, p. 98). Collective case studies are likened to multiple case studies that enable the researcher to explore differences within and between cases (Baxter & Jack, 2008; Yin, 2003). Merriam and Tisdell (2017) provided a further description of case studies:

A case study is less of a methodological choice than a choice of what is to be studied. The 'what' is a bounded system, a single entity, a unit around which there are boundaries. Thus, the researcher can fence in what is to be studied such as a single person, program, group, or institution. A graphical presentation of a case can be pictured as a circle with a

heart shape in the center. The heart is the focus of the study, and the circle defines the edge of the case: what will not be studied.

Creswell and Poth (2018) share that a specific place where the case is located and the time frame is an example of parameters for building a case study, and on occasion, certain people involved can be defined as a parameter. Finally, Creswell & Poth (2018) stated, "a case study is defined not so much by the methods that are used to do the case study, but the edges placed around the case" (pp. 96). The goal of conducting this study was to provide greater empirical findings and specificity of the factors that keep men engaged in group therapy, identify factors that promote positive changes in men when participating in a faith-based recovery program, and determine how participation builds self-efficacy in participants. This study was an instrumental case study. It was instrumental because it focused on the specific issue of what the participants deem as meaningful for them to attend a therapeutic men's group and what is helping them to recover from their specific addiction or struggle. The CR program or Church Based Men's Group is the bounded system of this instrumental case study. The program provides the structure and protocols for treatment.

For the men in group therapy, their experience of recovery is a changing recursive phenomenon that is influenced by attendance, listening to stories, and forming relationships within the group, and each man heals in his own time within the boundary of the group (Evans, 2010; Nieman, 2007). For this reason, this study followed the methods and procedures of a qualitative case study. This definition of recovery is derived directly from the CR program standards by Baker (1998). Recovery would be the participant's feelings of positive progress in dealing with past hurts, habits, and hang-ups (Baker, 1998; Nieman, 2007, p. 44). Nieman (2007) explained:

Recovery is not necessarily measured by spoken participation in group but could be

evidenced by their continued attendance. A person may never speak in a group setting;

however, their regular attendance builds relationships, increasing cohesion and thus

increasing their degree of recovery.

However, in this study, the participant's verbal responses about how the program has

impacted them in dealing with hurts, habits, and hang-ups were a measure of success. This does

not imply that the participants do not relapse or have setbacks during their recovery, but the

participants stated that they feel their condition has improved because of their membership in the

program.

Tetley et al. (2011) suggest:

When using engagement as a measurement of success, measures of treatment engagement

should assess the following aspects of participation: (a) attendance at requisite sessions,

(b) completion of treatment within the expected time frame, (c) completion of expected

between-session task (homework), (d) expected contribution to therapy session (including

self-disclosure and/or other task or activities), (e) appropriate working alliance with the

therapist, and (f) supportive and helpful behavior towards other participants.

Qualitative methods focus on the importance of context in learning about a topic or

phenomenon of interest (Heppner et al., 2016). The weekly sessions of a faith-based recovery

program will be the context of this study. Participant interviews, the prescribed method for

qualitative research, will be the main method of data collection. Qualitative research is inquiry-

based, allowing the researcher to gain an in-depth understanding of participants' feelings,

behaviors, and motivations for behaviors. Qualitative methods were appropriate for this study of

participants' group program experiences because the aim was to learn their perceptions about

what helped them make crucial changes (Heppner et al., 2016). This information could only be gathered through participant interviews. The interview questions captured the participants' lived experiences and aided in gathering descriptions of the phenomena that brought about change (Heppner et al., 2016). Qualitative methods help researchers understand what participants are experiencing in complex social environments (Heppner et al., 2016). Living in poverty, suffering from racism, or coping with addiction are examples of the problems existing in complex social environments (Garland, 2012; Joseph, 2019). Further, the researcher was the primary data collection instrument because the goal was to encourage the participants to describe their experiences and discover the meaning of their stories. Additional qualitative research methods used in the study included journaling, observation, interviewing group leaders and staff, and cognitive mapping. These methods were implemented to answer research questions. The participants, as well as the group leader, were interviewed. Qualitative research methods are especially useful in discovering the meaning that people give to events they experience (Bogdan & Biklen, 2016; Denzin & Lincoln, 2003; Dodge, 2011). This made qualitative methods the most appropriate for this study.

Research Questions

To inform best practices in the future, the overarching research questions that guided the study and provided insight into how the participants react to treatment and achieve recovery were:

RQ1: What lived experiences from therapeutic groups support men's continuous improvement process?

RQ2: What experiences do men find difficult or easy when continuously engaging in therapeutic groups?

RQ3: What is the essence of the lived experiences of men who continuously engage in therapeutic groups? OR What is the lived experience of men who continuously engage in therapeutic groups like?

Participants and Setting

All participants were men in the Celebrate Recovery Program or a similar Church Based Men's group recovering from a chemical or process addiction (see Appendix A for recruitment flyer). Coordination occurred with the program director and group facilitators before recruitment. The purpose of the study was explained, and proper documents from the university and department were provided to ensure that legal and ethical processes were followed. All questions were shared, and protocols were followed according to guidelines provided by the church, the CR Program, and the university. The goal was to recruit 10–12 diverse male participants. Diversity reflected age, race, marital status, occupation, and socioeconomic background.

Facilitators of CR hold weekly meetings at a large nondenominational church in the city where I live and the surrounding area. The meetings take place on various days and times. The program starts with praise and worship followed by a teaching from one of the 12 steps of recovery or a testimony from a participant who has successfully recovered. Participants take notes on a handout and record what they find impactful or inspirational. Afterward, the leader distributes chips to anyone celebrating 1 month to 1 year of "good time, clean time" in recovery. During the second half of the meeting, participants break out into focus-specific groups. There are no coed groups, and each gender has a choice of joining two or three groups. The groups address managing emotions, addictions, or life issues. Emotional struggles consist of anger, sadness, depression, or dealing with anxiety. Addictions include pornography, alcoholism, and

illegal drug use such as cocaine, marijuana, or prescription drug abuse. Other life issues include

divorce, grief over the death of a loved one, loneliness, job stress, codependency, and

relationship problems. Within the groups, the participants share only their first names, their

struggle, and how they are doing in their recovery. The participants can decline if they do not

wish to discuss their reactions to the presentation. Each person has a turn to share. The facilitator

of each group begins by sharing the goals, rules, and norms of the meeting, and they end the

group in prayer. Leaders emphasize the need for anonymity and confidentiality.

Instrumentation

The research question will be the instrument used to capture participant data. The

following questions will be asked during the interview sessions:

1. What is your age, and where did you grow up?

2. Are you married, single, or divorced?

3. Do you have children?

4. What is your occupation?

5. How did you get introduced to CR?

6. What brings you to CR? What are you in recovery for?

7. How long have you struggled with _____?

8. How has _____ impacted your life?

9. How would you describe the word recovery?

10. If someone were to ask you about your first experiences in CR group, what would
    you tell them?

11. How would you describe the CR program to someone who is interested?

12. How does CR help you with hurts, habits and hang-ups?

13. Describe how the added incentives that make attending CR and group time attractive to you?

14. If you had three words to describe your **experience over time** in the CR group, what would those words be? Please explain each word.

15. What part(s) of the CR group has/have helped you return time and time again to the group? Can you tell me more about _____?

16. What part(s) of CR group has/have been difficult for you? Can you tell me more about _____?

17. If someone were to ask you why you continue to attend the CR group, what would you tell them?

18. Think of a leader(s) in CR. How are they an effective or ineffective leader?

19. Tell me about a time when an experience in the CR group encouraged you to keep coming back to the group?

20. Which activity in CR has been the most impactful to you and why?

21. What would you want others to know about the CR group and the support it provides to you to keep improving?

22. If you were asked to lead a small group in CR, what three elements would you consider to be most important and why?

Procedures

The interview process took place over several weeks. Appointments were made with participants and scheduled at their convenience. The interviews were conducted using a semistructured and lasted 40 min each. Data were collected by Zoom recording of the interview

or by recording the interview with a cell phone. The goal was to conduct two interviews each week, then analyze the data and determine the factors that motivate each person.

I used journaling before and after each interview, and I shared my thoughts and feelings before the interview to help me reflect and openly acknowledge any biases or preconceptions that will be identified. After the interview, I wrote about the interview experience and recorded the honest reactions and feelings expressed by the participants. Alterio (2004) shares that "recording aspects of one's experience in a journal helps to make sense of complex experiences and associated thoughts and feelings. Journal entries are revisited to provide opportunities to identify themes and patterns and make sense of fragmented events" (Alterio, 2004, p. 322).

The Researcher's Role

My role as the researcher was to respect each man, assure confidentiality, and be transparent about my desire to discover which factors of the treatment program appeal to the men. As I learned about each man's struggles, I reminded myself that everyone is there to find solutions and healing in particular areas of their lives. This idea that everyone needs support and must rely on God's grace for healing will help me avoid personal biases or judgments about each participant's situation. I learned about their struggles and avoided making assumptions about the seriousness of their situations. I did not know the participants, and they did not know me. This unfamiliarity aided in the elimination of biases.

Data Collection

The data collection methods used in this study were semistructured interviews with participants and group leaders, observation of meetings, and using cognitive mapping.

Semistructured Interviews

The data collected during interviews came from in-person interviews, zoom conference videos, or audio recordings by phone of 10 men of diverse backgrounds to discover what factors of the CR Program helped them cope with addictions and life issues and move toward recovery. The desire to learn about building faith and inner strength in a Bible-based 12-step program, forming relationships with others, and sharing life concerns prompted the choice to use a qualitative case study approach to the research. The researcher noted the demeanor of the interviewee and explored what significant factors of the program they imply or share. The recordings captured the participants' exact words during the interviews.

I intended to interview two participants a week. Each interview lasted approximately 40 min and took place where they could access a computer or in a private setting where I could meet with them one on one. I introduced myself and reminded them of the study's purpose. I assured them that their names would not be used to identify them, and confidentiality would be maintained. The interview questions are in Appendix B.

Observation

In recent years qualitative methods of data collection such as interviewing, observation, and data analysis have been included under the umbrella term of ethnographic methods (Kawulich, 2005). Observation methods are beneficial to researchers in many aspects. They help a researcher to view nonverbal expressions of feelings, determine who interacts with whom, aid in the understanding of how participants communicate with each other, and check how much time is spent on activities (Kawulich, 2005; Schmuck, 1997). Guest et al. (2013) described two types of observation methods: direct observation and participant observation.

Direct observation is primarily a quantitative technique in which the observer is explicitly counting the frequency and/or intensity of specific behaviors or events or mapping the

social composition and action of a particular scene. In contrast, participant observation is

inherently a qualitative and interactive experience and relatively unstructured. It is

generally associated with exploratory and explanatory research objectives—why

questions, causal explanations, and uncovering the cognitive elements, rules, and norms

that underlie the observed behaviors.

I used the qualitative method of participant observation. I attended two Celebrate

Recovery or Men's Group meetings to get a grasp of the environment, determine who the leaders

are, check the level of freedom to express oneself and understand the general structure of the

program. I documented the sessions in a journal and used the information as data for determining

themes and shared the journal with my dissertation coach to identify patterns and detect bias or

preconceptions to make a note if present.

Cognitive Mapping

The graphic visualizations of an understanding or perception of a phenomenon are

variously denominated in the research literature as mind maps (Buzan, 2011), cognitive maps

(Miles & Khattri, 1995), and concept maps (Novak, 1990; Scherp, 2013). A cognitive map can

be viewed as a visual representation of a person's conceptions or system of conceptions about a

given phenomenon (Scherp, 2013). Like geographical maps, it provides a simplified image of

something larger and more complex. A cognitive map creates an overview of the "mental

landscape" of an individual. It consists of concepts, linking lines, and arrows, which show and

describe how the different concepts are perceived to be related to each other in terms of

propositions about the phenomena (Scherp, 2013). When analyzing cognitive maps, the goal is to

define concept categories that enable the uncovering of the deep cognitive structures of

participants and to analyze reflective thinking (Santha, 2020; Scherp, 2013). Scherp (2013)

explains that it is necessary to differentiate between knowledge visualization and information visualization.

Information is seen as knowledge owned and generated by others, and knowledge is constructed and integrated into an individual's own understanding. Maps can be used to visualize new information that is complex and aims at making it more accessible to the learner.

According to Scherp (2013), there are three steps in the analysis of cognitive maps. In the first step, we use our informants' expressions about the phenomenon in focus. The next step was to find how the variation of concepts clustered. In the last step, we studied the relationship between different conceptions and clusters to other variables of interest (Scherp, 2013).

I provided each participant with a cognitive map. It had CR or Men's Group labeled in the middle of a circle and had branches stemming from it. During the interview, I asked each participant to write words in the branches or tell me the words that describe their thoughts, feeling, and experience in CR or men's group. The words described positive and negative reactions. For each word, the participant was asked to write any subthemes if they had any. My goal was to analyze each participant's cognitive map and identify major themes that impacted their participation in the group and what has helped or hindered their experience. The participants were informed that the information was confidential and that they would not be identified by their real names in the report. A blank map is included in Appendix C. When cognitive maps are constructed in an interview, the map is sensitive to the interplay between the interviewer and the participant (Scherp, 2013).

Interpreting the Data

Heppner et al. (2016) shared that "the goal of all qualitative analysis is to determine patterns, themes, relationships, and assumptions that will provide information about the participants' experience" (p.375). According to Heppner et al., coding helps themes and relationships emerge from the data. The authors asserted that coding is used in many qualitative paradigms to tease apart or "fracture" the data to discover patterns, themes, or categories in the participants' responses. I will follow this method of analysis by reading all responses from the 10 participants and looking for patterns. For example, if several participants named mentoring a helpful factor in their recovery, this would become a coded category. Heppner et al. (2016) explained that analysis begins as an inductive process as the researcher studies the data to understand the meaning. A deductive process follows when the researcher compares existing and emerging data. This cycle creates a recursive process for interpreting data and produces categories that can be measured from highest to lowest. After identifying all the patterns and categories, I returned to my research questions and answered them using the data I collected. The research data revealed what inspired the men to remain in the group. This case study has implications for future studies, filling the identified gap in the research.

Trustworthiness

Credibility

Credibility grows from the responsible reporting of participant stories. First, I removed preconceived biases when interviewing and reviewing the responses. I wanted to ensure the participants felt free to provide honest responses without feeling they must get my approval or inhibited from sharing openly. I reviewed the tenets of epoche and bracketing to help me set

aside bias and abstain from questions of reference to focus on the true meaning and gather what the participants mean and intend, not what I want to conclude (Balaban, 2002). Bracketing is used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process (Tufford & Newman, 2012). Tufford & Newman state that "the researcher is the instrument for analysis across all phases of a qualitative research project" (p. 81). Further examination demonstrates that bracketing is a method to protect the researcher from the cumulative effects of examining what may be emotionally challenging material and helps the researcher reach more profound levels of reflection throughout all stages of qualitative research: selecting a topic, choosing a population, designing the interview, collecting and interpreting the data, and reporting findings (Tufford & Newman, 2012).

According to Tufford and Newman (2012), there are two schools of thought about bracketing. Hesserl (1913/1931), who started the first school of thought about bracketing, believed the essence of understanding the lived experience entails direct seeing, which looks beyond constructions, preconceptions, and assumption (our natural attitude) to the essences of the phenomenon investigated (Gearing, 2004; Husserl, 2012); (Tufford & Newman, 2012). Hesserl helped phenomenology gain credence with these ideals, which became known by various interchangeable terms: phenomenological reduction, epoche, or bracketing (p. 82). Heidegger, a phenomenologist who worked under Husserl, went on to develop his ideas and approach (Tufford & Newman, 2012). Heidegger argued that fully comprehending the lived experience was an interpretative process and that bracketing out preconceptions was neither possible nor desirable (Cohen & Omery, 1994; Heidegger, 1962; LeVasseur, 2003; Tufford & Newman, 2012).

The debate between Husserlian and Heideggerian perspectives should continue and is integral as new research methodologies emerge and are adopted into the paradigm of qualitative research (Tufford & Newman, 2012, p. 83). I find merit in both perspectives and adopted what Tufford and Newman (2012) described as the grounded theory research tradition. Creswell and Miller (2000) state that within this tradition, the researcher must acknowledge their beliefs and biases early in the research process to allow readers to understand their positions and then bracket or suspend those research biases as the study proceeds.

I read the data back to the participants to ensure I accurately recorded their responses. At this time, I recorded additional information if the participants provided further input. This member check occurred with each participant. I also contacted my dissertation coach and university department for feedback. I felt it was vital to have a coach or university chair review my research to provide honest feedback on credibility and trustworthiness. Triangulation is an especially important element of credibility. Triangulation occurs when researchers use multiple and different sources, methods, investigators, and theories to provide corroborating evidence by comparing and cross-checking data collected at different times or different places or interview data collected from different people with different perspectives or from follow-up interviews with the same people (Creswell & Poth, 2018; Merriam & Tisdell, 2017). Heppner et al. (2016) explained that member checks and triangulation are methods used to maintain credibility and reduce researcher bias in the analysis and interpretation of data.

Dependability and Confirmability

Dependability and confirmability result from steps taken to ensure findings are true and shaped by the participants more than by the qualitative researcher (Statistics Solutions, 2020). Dependability is established when another researcher can follow the decisions and steps of the

researcher (Thomas & Magilvy, 2011). Special care was taken to record participant responses, with attention to the feelings expressed by each participant and their intended meanings. An audit trail was created to illuminate the processes of data collection, analysis, and interpretation (Statistics Solution, 2020).

Transferability

Thomas & Magivy (2011) share that "The ability to transfer research findings or methods from one group to another, or "how one determines the extent to which the findings of a particular inquiry have applicability in the other context or with other subjects/participants is called transferability" (p. 153). The self-efficacy, faith, and hope factors are researched and could be applicable in another context. The procedures used can be replicated by another researcher wanting to test for other factors. Malterud (2001) shared that the researcher aims to produce information that will be shared and applied beyond the study setting. No study can be universally transferable; however, the study's design displayed a thorough consideration of what an adequate degree of transferability would be when looking at the research question and presenting a relevant sampling strategy.

Investigator Biases

Extreme care was taken to avoid implicit and explicit biases about sex, race, ethnicity, sexual orientation, physical ability, or age (Heppner et al., 2016). I withheld judgmental or approving reactions to participant responses that might signal a political or orientation bias. All participants were asked the same questions in the same order. They were greeted and respected equitably and politely. A mono-method bias involves using a single exemplar to access a construct (Heppner et al., 2016). The mono-method bias was not an issue in this study.

Ethical Considerations

The interviews adhered to the ethical principles and guidelines developed by the ACA, the APA, and Liberty University. The five fundamental ethical principles of nonmaleficence, beneficence, autonomy, justice, and fidelity/veracity will be followed (Heppner et al., 2016). I obtained informed consent from each participant using the Liberty University process. The participants were informed about the purpose of the study. They were assured that their responses were used only for the research and would otherwise be used or shared (see Appendix D for the Institutional Review Board letter and Appendix E for the informed consent form). No information was shared about any participant with the program or church.

Summary

This research focused on identifying the factors men find helpful when attending a therapeutic faith-based men's group. The research literature on this topic was limited, but anecdotal evidence has suggested that this approach can benefit men of all backgrounds. The benefits and implications are numerous, with support for friendship, fellowship, marriage building, parenting skills, relationship skills, coping skills, and overall recovery. A case study design was chosen because the independent variable is the context or group meeting, and the dependent variables are the improvements in coping, self-efficacy, and recovery and the program boundaries for the study. The need to obtain the participants' points of view, opinions, and feelings as data made the qualitative method the most applicable. The program under study was designed to help participants develop self-efficacy and enter recovery. I hope this study prompts more studies to discover how more group experiences can be implemented to help men and boys better their lives.

CHAPTER FOUR: FINDINGS

Overview

This instrumental case study presented and analyzed data gathered while exploring the experiences of men who attend a Christian-based therapeutic recovery group. In this chapter, the 10 participants are introduced, including their relevant demographic and family information, their addiction or life issue, and their successes in their recovery journey. Next, results are presented according to the three major themes and associated subthemes that emerged from the semistructured interviews and cognitive maps. This chapter also addresses analysis procedures, including coding and evaluation, and concludes with a summary of the overall theme and results. Visual aids are included where appropriate.

Participants

This study addressed the lived experiences of nine men participating in and attending the CR Group and one man engaging in Hope Haven, a recovery group. Both groups are Christian based and use a 12-step program to help members recover from addictions and life issues. Of the 10 participants, eight were Caucasian, one was African American, and one was Pacific Islander. Alcoholism was the most common addiction in this sample, with four men focusing solely on alcoholism and three men focusing on alcoholism and another form of drug abuse. Only one person was in recovery from depression with codependency and people-pleasing. Of the other participants, two men were in recovery for process addictions of covetous thinking and addiction to pornography. As shown in Table 1, the participants represented a broad age range, recovery areas, and demographic backgrounds. A pseudonym was assigned to each participant to maintain confidentiality.

Table 1

Demographic Information of Participants

Participant pseudonym	Age	Ethnicity	Addiction
Alex	56	Caucasian	Alcoholism
Mike	36	Caucasian	Alcoholism
Ben	62	Caucasian	Alcoholism
Jack	38	Caucasian	Alcoholism
Doug	64	Caucasian	Alcoholism, drugs
Job	29	Samoan	Alcoholism, marijuana
Tim	59	African American	Alcoholism, cocaine
Sam	47	Caucasian	Anxiety, depression, codependency, people pleasing
Phillip	59	Caucasian	Covetous thinking
Dan	51	Caucasian	Sexual immorality, pornography

Mike

Mike is a 36-year-old white male who grew up in Baton Rouge, Louisiana. He is married and has three children. He is a veteran of the Marine Corps and Army National Guard and has a disabled status. Now, Mike works with his wife in her own business. Mike describes his upbringing as revolving around substance abuse. His father and mother both used alcohol and drugs. He has three older brothers, two of whom died of using fentanyl and opiate abuse, while the other brother is a recovering heroin addict. Mike began drinking as a teenager. He joined the Marine Corps at age 19 to distance himself from his family's abuse problems, but he continued to drink alcohol. Mike stated that "Alcohol was in complete control of his life." After 10 years of military service, he hit his peak with alcoholism. Alcoholism caused his health to deteriorate and put a strain on his close relationships.

In December 2017, Mike's other brother recovered from heroin. He gave Mike the AA Big Book, which is used to help drug and alcohol addicts. Mike began to read it and felt that Jesus was calling him, and he answered the call. This led Mike to seek help in a VA support group and to attend a church. Mike became a Christian and continued to learn about support

programs to develop his faith and aid his recovery. He learned about Celebrate Recovery and found the spiritual support in Celebrate Recovery that other groups lacked. Mike continues to participate in Celebrate Recovery and support other men who come to the program seeking help.

Tim

Tim is a 59-year-old African American male who grew up in Charleston, South Carolina. He is single but has two children, a son and a daughter. He has eight grandchildren. He works in sanitation and a food distribution company. Tim is in recovery from crack cocaine, marijuana, and alcohol. He has spent the last 20 years on his recovery and attended the Rebound program and Hope Haven for the previous two years to maintain sobriety. Hope Haven is a therapeutic program that provides a basis for recovery for families and individuals with substance use disorders. Treatment is based on a 12-step program.

Tim was in residential care for his addiction. His siblings encouraged him to move from Charleston, where his habits began and progressed, and he now lives in Charlotte, North Carolina. Tim credits his siblings for helping him make a turnaround. He calls his past environment a "playground" to which he continued to return and relapse. Tim admits that he did not want to be in the program initially and tried to start a fight to get kicked out.

On a particular Sunday, Tim was in a room reading his Bible. He heard a song that touched his heart. He began to cry and shared that God was delivering him from drugs and alcohol at that moment. From that moment, Tim wanted to be there and committed to his recovery. He has enjoyed meeting other people and attending meetings. Tim got a sponsor and acknowledged the support he has received from his sponsor and staff at Hope Haven. Early in his treatment, he stated that he received one-on-one attention and never left sight of the team and his sponsor. Reflecting on an experience he had walking through the city with his sponsor, Tim

thought about the harsh outcomes for homeless addicts whose lives were impacted by drug addiction. This experience was pivotal in Tim's recovery.

Tim advises others who seek recovery to be careful whom they associate with and stay clear of the "playgrounds." He recommended they stay in their Big Book, which guides recovering addicts daily. Tim's term for addicts who relapse while in treatment is "getting a haircut." He warns others not to stray from the treatment center, "get a haircut" and return to using drugs. Tim admits that he is still tempted to use or drink alcohol, but he continues to stay affiliated with Hope Haven's aftercare services and is active in his local church. His connection to positive people helps him enjoy life in recovery.

Sam

Sam is a 47-year-old White male. He grew up in upstate New York. Sam and his wife are currently separated. He has three sons and one daughter. He is a teacher and a coach. He is in recovery from depression, codependency, and people-pleasing. Depression has been his main issue to address in recovery. He has struggled with depression for 12 years. He stated that his anxiety comes from depression, people-pleasing, and codependency from early childhood. Sam and his wife started a ministry in an impoverished community in upstate New York. People in the congregation have problems with addictions. Sam and his wife researched and discovered the Celebrate Recovery Program. Sam became a participant in Celebrate Recovery and continued to be a participant after moving from New York to North Carolina. Sam describes recovery as "a lifelong journey where I can connect with God and seek him for healing, guidance, help, direction, and connection with others in recovery." Sam continues to attend Celebrate Recovery to work on depression, anxiety, people-pleasing, and codependency. The experiences in the

program that most impacted him were worship time, personal testimonies, and open sharing in small men's groups.

Ben

Ben is a 62-year-old White male who grew up in Vanya, a suburb of Detroit. He is married and has two children. Ben came to the Celebrate Recovery men's group as a recovering alcoholic. He has battled alcoholism his entire adult life. Due to his alcoholism, Ben has experienced job loss, incarceration, and vehicular accidents. He nearly caused a divorce from his wife, and he alienated his children. He has also spent much money on legal fees and personal injury-related matters because he struggled with alcohol. Ben shared that the program was unusual for him because his religious faith is Catholicism, but Celebrate Recovery is Christian and has different structures, particularly regarding the importance of music and singing in meetings. Despite such differences, Ben found hope and support in his recovery from alcoholism through Celebrate Recovery and the men's group. The eight principles with biblical underpinnings and the 12-step program resonated with Ben. They deepened his faith and reliance on God. Ben shared that personal testimonies and worship time at the beginning of the meetings impacted him. He also mentioned that leaders' compassion and caring outreach kept him returning and participating in the program. The other men in the group supported him by calling to check on how he was doing. This had a positive impact on Ben. Ben is active in several Celebrate Recovery Programs in the city, and he mentors other men in Celebrate Recovery.

Doug

Doug is a 64-year-old White male. He grew up outside of Detroit, Michigan. He has been married to the same woman for 31 years and has three sons and one daughter. He is a pastor and

the leader of Celebrate Recovery in his church. The senior pastor of the church told Doug about Celebrate Recovery. They attended conferences and started the Celebrate Recovery Ministry in the church on January 7, 2020. The ministry has recently celebrated its third anniversary. Doug stated that there were fewer participants after the COVID-19 pandemic, but it is slowly growing in membership. Doug also participates in recovery from drugs, alcohol, codependency, anxiety, and low self-esteem. The height of his addiction was in the early 1980s. Doug completed treatment for 90 days in 1985. The therapy helped him get clean, and he has not used it since then. However, drug and alcohol abuse contributed to his developing diabetes. He thanks God for giving him a second chance and allowing him to help others recover. The three words Doug shared that the Celebrate Recovery Program group provides were "hope, community, and restoration."

Phillip

Phillip is a 59-year-old White male who grew up in Long Island, New York. He is married and has three children. He works in telecommunications. He is in recovery for covetous thinking that negatively impacted relationships. Phillip has attended a Celebrate Recovery men's group since 2005. The group elements that help Phillip are the fellowship with other men going through similar struggles and the opportunity to listen and share. Phillip commented:

> It is a unique place where you get real, and you have the opportunity to talk; maybe where you once were and now what God is doing in you. Celebrate Recovery is a good program because people are invested in it. It is geared toward helping you be an overcomer and victorious.

Phillip is an active participant who is maintaining his recovery from covetous thinking.

Dan

Dan is a 51-year-old White male who grew up in North Carolina. He is married and has three daughters. He is a registered nurse. He is in recovery from sexual immorality, which includes an extramarital affair and a pornography addiction. His struggle with sexual immorality has lasted for 41 years. It has impacted his life in many ways, ranging from his ability to be a good husband to how to be a parent, make friends, and spend his time. Dan confided that his lifestyle once got him terminated and destroyed his career. He, fortunately, did not lose his nursing license, but his current job pays much less than his previous one. For Dan, the small group and accountability to others have helped him return time and time again. Dan shared: "It is a place to be real and be honest about problems. We know we are not alone. We all have issues, whatever they may be. We are all broken people, and we need each other. We need God." Dan serves as a sponsor and leads the Celebrate Recovery Program at his church.

Jack

Jack is a 38-year-old White male who grew up in North Carolina. He is married with two children. He works in sales. He is in recovery from alcoholism. He has struggled with alcohol abuse for 20 years. Alcoholism has strained his marriage and caused him to get several citations for driving while intoxicated (DWI) that have limited his ability to drive and connect with specific job opportunities legally. Jack is motivated to return to the program and men's group because he gets to collaborate with other men, serve as an accountability partner, and watch others transform. Jack explains, "I never really understood the power of true brotherhood until I shared that experience with an intimate group over an extended period." Jack serves as a sponsor and coleader of a Celebrate Recovery Program.

Alex

Alex is a 56-year-old White male who grew up in Pasadena, California. He is married

and has two children. He is a salesperson. Alex is in recovery from alcohol abuse. He has

struggled with alcoholism for 12 years. Alex shared that he crossed the line from being a casual

drinker to being physically addicted to alcohol between 10–12 years of drinking. He struggled

with drinking alcohol every single day after work. His wife separated from him while they lived

in Japan. Alex explained that the program helps improve coping skills. He believes that negative

coping skills caused him to avoid his pain and past hurts. The two elements that motivate Alex to

be in the men's group are friendships with other men and the richness of the program. He

disclosed that making friends has not been easy for him, and the program has introduced him to

his best friend on the planet Earth and helped him develop other meaningful relationships.

According to Alex, the program's richness includes the 12 steps and eight principles of recovery.

Job

Job is a 29-year-old Pacific Islander, Samoan, and he grew up in Southern California

Long Beach. He is separated from his wife and does not have children. He is a 7th-grade math

teacher. Job is in recovery from alcohol and marijuana abuse. He began experimenting with

drugs and alcohol in fourth grade and continued through his teenage years. He tried pills but

thought his life was in danger, so he discontinued using this drug. The impact of drugs and

alcohol on Job's life has been drastic. He got a DWI and attempted to suicide once by overdosing

on pain pills. He attributed his depression to drug and alcohol abuse. Job expressed that his faith

in God and the men's group through Celebrate Recovery brought him sobriety and gave him

hope for the future. He shared that it helps him to know that he is not alone, and that change is

possible. Job is now doing a step study and has a sponsor who allows him to apply the 12 steps

and eight principles of Celebrate Recovery more personally. He is working to reunite with his wife.

Results

This section focuses on the results of this instrumental case study to describe the experiences of men who attended and participated in a therapeutic group for men. Of the 10 participants, nine attended the CR Program, and one attended Hope Haven, a residential treatment center that hosts a therapeutic men's group. All the men live in North Carolina. The data for analysis were individual interviews. The Otter program was used to transcribe the 10 interviews, and MAXQDA was used for the qualitative data analysis to organize and code interview data (see Appendix F for code). Categories, themes, and subthemes are analyzed by codes under each of the three research questions. Vanover et al. (2022) stated:

> Coding qualitative data is a useful and important way to manage, sort, and bring structure to unstructured data. Coding allows for more than just categorization; it also helps researchers find new and unexpected categories and different ways to read qualitative data.

Results From RQ1

RQ1 asked, "What lived experiences from therapeutic group support men's continuous improvement process?" During the interviews, the men were asked questions that targeted their group experience and the activities and essential elements that helped them improve. The first central theme that emerged was the *12-step program and eight principles*; the second central theme was *fellowship and sharing* among the participants. Both themes emerged from the data to support what lived experience supports men's improvement (see Table 2).

Table 2

RQ1: Lived Experiences That Support Improvement

Theme	Subthemes

Major theme 1:
  The 12-step program and
  eight principles
	Sponsorship & accountability partner
	Resources & incentives
	Attendance and participation of group members

Major theme 2: Fellowship & sharing	Taking time to heal Finding freedom in sharing Honesty Nonjudgmental atmosphere Collegiality & friendships Having fun together

RQ1: Theme 1 (12-step program and eight principles)

The first central theme from RQ1 was the 12-step program and eight principles. "A vast body of research demonstrates that 12-step groups help adults recover by mobilizing therapeutic processes similar to professional treatment" (Nash, 2020, p. 2). The 12 recovery steps are adapted from AA and represent participants' recovery. The eight principles are beliefs to guide recovery in the Celebrate Recovery Program. The subthemes that emerged were *sponsorship and accountability partners*, *resources and incentives*, *attendance and participation of group members*, and *taking time to heal*. Sponsorship and accountability partners reflected the support persons for each participant and are a vital part of the recovery process. The team may even become lifetime friends of each man in the program. Resources and incentives were the extras offered to participants when they attended meetings, including refreshments, materials, and entertainment and social activities. Attendance and participation of group members captured attending meetings, returning week after week, and participating in open sharing and other program activities. Taking time to heal is the patient process for each participant to learn, receive and grow within the program.

All the participants shared their thoughts about the CR Program and the 12 steps to recovery. In this results section, the participants shared comments on how they perceived and described the 12-step program and eight principles. When discussing the overall aims of the program, Jack stated, "I would describe the Celebrate Recovery Program as a fellowship of men and women sharing their hurts, habits, and hang-ups with each other and growing together as a fellowship and keeping each other accountable." Alex reported, "The one word I would use to describe the program would be depth. I want to describe it as depth and richness of understanding the recovery principles." Dan said, "The program is structured to be what you need it to be. You get out of it what you put into it. If you give 1%, you get 1%. If you give 100%, you get 100% from the program."

Within these descriptions, the ideas of fellowship, buying into the program, and depth of the program emerged. The participants described the benefits of participating in the program.

Some participants described the 12 steps within the Celebrate Recovery Program and what it meant to them. Dan explained how the 12 steps help people come to know themselves:

> We have the 12 steps. It is a systematic way of examining ourselves, knowing who we are, what we do and what we do not do, and coming to understand how life impacts us and then how we choose to react.

For Jack, the importance of giving back was important: "You know, giving back is a big part of our 12-step program. And matter of fact, giving back and watching people transform, you know, over time has kept me coming back." Two participants highlighted the religious components of the steps. Ben connected the eight principles to the biblical meanings of the steps:

> It [CR] most importantly aligns these eight principles that allow you to understand the biblical underpinnings of the next six steps and the final three steps, they are clear where

they are moral. It is a moral code that is based around a God center. But in CR, you have

these eight principles that are basically taken from the Sermon on the Mount and applied

in a fashion that allows you to say, here is what is meant in the Bible in the Sermon on

the Mount as it applies to this step.

Phillip also spoke about the religious connection. He talked about how some Christians

may struggle more with their recovery process. He said, "In that people may have needed more

help through a process and that people don't just get healed spontaneously when they're a

Christian, or they may continue to struggle with certain hurts, habits, and hang-ups."

Overall, the participants identified various aspects of the program that were important to

them. The next section presents data to provide evidence of how participants valued sponsorship

and accountability partners in the program.

Sponsorship & Accountability Partner

The first subtheme under the theme of the 12-step program and eight principles was

sponsorship and accountability partners. Sponsorship and accountability were essential in

helping participants cope and recover from life issues and addictions. Sponsors are peers who

have completed the 12 steps and succeeded on the journey to sobriety or recovery from their

hurt, habit, or hang-up (Curtis, 2020). Several participants identified that having a sponsor and

accountability partner was vital to their recovery and made being in a therapeutic men's group

more meaningful.

Job and three other men share a heartfelt reflection about sponsorship:

It helps me to know that I am not alone, and that change is possible, you know, like,

miracles are possible, and I can recover, I can heal, I can overcome. I can build

relationships with other brothers, accountability partners, and sponsors. I have a sponsor now.

Tim reported, "It [the Program] done well. I meet other people, you know, and found a sponsor with alcohol and a sponsor with drugs. That is all you have to do. Taking their suggestions will move you forward. You just listen."

Phillip noted:

That's why Celebrate Recovery is a good program because there are people invested in it. It has people to be your sponsor. People are there in a small group to listen to you. So, it is just geared toward helping you be an overcomer and victorious.

The two site leaders shared the benefits of having a sponsor. The relationships continued in these leaders' lives after achieving recovery and as they lead programs.

Doug noted:

My sponsor is a pastor, and he is younger than me, but most people here are younger than me. But he has been in the Celebrate Recovery Program longer than me, and we have similar backgrounds. But I look up to him. He always loves me no matter what. He puts a thumb in my back or gives me a kick in the pants when I need it. If I get lazy, if I am not motivated, he is always there to encourage me, to pray for me and model Christ. He leads from the front. In other words, he models it for me.

For Dan, "the incentive for me is what grows out of the program, which is sponsorship and accountability partners through relationships."

Resources & Incentives

The second subtheme under the theme of the 12-step program and eight principles was resources and incentives. Resources and incentives are the added amenities provided to participants by the program leaders. These include refreshments, entertainment, building cleanliness, reference materials, comfortable and updated facilities, comfortable room temperature, and a warm and friendly environment. Resources and incentives are helpful in retaining attendance and supporting the recovery of men in therapeutic groups. Several men mentioned how refreshments added to the group experience. Tim said, "When you first come in, the tables are there with cookies, cakes, and drinks in the cooler. Then you sit down and get ready to listen to the meeting. The refreshments would bring in lots more people." Job likewise reported, "The celebration chips, food, and fellowship definitely keeps me and encourages me." Ben similarly noted, "CR groups pre-COVID had dinners every first Friday of the month. And that was an incentive to bring in more people for all the right reasons."

The other resource and incentive the men identified to support their recovery was teaching and devotional resources. These materials were important in their spiritual growth and served as encouragement in their daily struggles. Other resources were conferences, retreats, and summits. Mike said, "My brother, who was a heroin addict, reached recovery through the Big Book. He passed the book to me, and I read it."

Alex stated:

Every time I went to a summit at Saddleback, I walked out there on fire! So that was very impactful. When there is a newcomer, you see a glimmer of hope in their eyes. It kind of makes you want to come back. I also love the resources they provide, like teaching from the testimonies every other week and opportunities to get involved in leadership. You can

grow to be a group leader or take a step study class. Nothing is thrown at you. The CR

program is really laid out and planned so anyone can run a group.

The surprise resource and incentive that emerged was music and worship. The men

shared how music positively impacted them and supported their recovery experience. Jack

reported, "Oh, I say I enjoy the worship time at the beginning. Oftentimes we have had live

music." Phillip similarly stated, "I would say that for me, worship is good." Ben observed:

> I think they call it Worship Committee or Worship Group with a band. They are a live
>
> worship with talented musicians and singers as opposed to just playing a couple of videos
>
> on an overhead. They seem to draw a lot of people because they give a live performance.
>
> That is entertainment, so to speak. It is so good, so high, so talented it makes it easier for
>
> people to participate in worship.

Another participant identified the opportunity for fellowship as a motivator. Having time

for connection is important in therapeutic men's groups. Jack said, "However, in the end, they

call it Cookie Café. That is just a place after the meeting to sit in an unstructured environment

and fellowship and get to know people." Dan reported, "Its mind blowing! You cannot wrap

your head around the benefits and program has to offer."

The participants shared how they grew with the help of resources and incentives and by

regularly attending and participating in meetings. Attendance and participation were another

subtheme that emerged to help men's continued improvement.

Attendance & Participation of Group Members

The third subtheme under the theme of the 12-step program and eight principles was how

participants grew by attending the meetings and actively participating in activities. The more

meetings participants attend, the more likely they are to hear about others' experiences that

resonate with them. A familiar saying in CR is, "That's why we say, keep coming back!" Another is, "Get up, dress up, show up, and grow up." These sayings emphasize the importance of attending. The men shared their thoughts on attendance. Tim recommended "just keep going to meetings. Keep coming to meetings." Phillip emphasized that,

> You do not want to be the one that is going through the motions. You have a sin problem and need help with it. You need healing; need to keep coming. So, until I achieve what I think is a solid victory, I need to keep coming and make sure I get to the other side.

Doug likewise said:

> We are to admit our faults and make amends and strive to stay in God's will. And as an ongoing mission statement of working toward recovery, working toward what God wants, and to be helping and encouraging, and loving others in the process.

> With consistent attendance and active involvement, time becomes part of healing as the recovery process requires time for change.

Taking Time to Heal

The fourth subtheme under the theme of the 12-step program and eight principles was taking time to heal. Time was a lived experience for men in a therapeutic group to facilitate improvement. The men shared the belief that recovery takes time. About time, Sam observed, "I think the first thing would be time. Understanding that my recovery is going to take time." Likewise, Doug reflected that one needs to "Be committed to it for the long haul. This is not just, you know, I will do it for a few weeks to see if I like it and quit. Commit to it. It is a marathon."

The second central theme that emerged from RQ1 was fellowship and sharing in the small group. The fellowship of men builds trust with each other, and the sharing of experiences builds faith and hope for recovery.

RQ1: Theme 2 (fellowship and sharing)

The second central theme from RQ1 was fellowship and sharing. The subthemes that emerged were *finding freedom in sharing, honesty, nonjudgmental atmosphere, collegiality & friendships*, and *having fun together*. The time the men spend in therapeutic groups is impactful and life changing. The men share their struggles in the small group and form meaningful relationships with other men that often turn into friendships. The sharing of experiences was an important part of the improvement process. Several of the men provided insights about the small group time. Mike felt that "the small groups were most helpful because they were more interpersonal. You can talk among yourself instead of formally." Phillip added, "Well, once again, the group provides fellowship, and the small group provides opportunities to say your peace." Dan noted:

> The small group is where people can be real and get past the rhetoric of the program and be honest about their problems. We know we are not alone. We all have issues, whatever they may be. We are all broken people, and we need each other. We need God.

Doug observed:

> My favorite part, I think, is the open share or small groups at the very end. We share with each other gender-specific issues about what we are dealing with and then pray for each other and encourage each other. That is my favorite part.

The personal sharing of experiences and testimonies helped the sharer find freedom and release and imparted hope and encouragement to others. This communication is the essence of Proverbs 27:17, which says, "As iron sharpens iron, so one person sharpens another." The men provided a glimpse of themselves and how they found freedom in sharing.

Finding Freedom in Sharing

The first subtheme under the theme of fellowship and sharing was how the men found freedom in sharing. The men derived a feeling of freedom as they talked openly about their struggles to other men. The men received acceptance and realized they are not alone. Mike said, "It is more freedom. You know, in a group, you take a leap of faith because you put yourself out there, and in doing so, you find honesty with yourself and others and this is freedom." Phillip reported that "It is a unique place where you get real, and you have an opportunity to talk about where you once were and now what God is doing in you." Sam noted, "It is just an opportunity for me to openly share just some of the things I have been dealing with and going through, and I'm just learning." Similarly, Ben stated:

> But it is quite a bit different when someone is talking about being abused as a child or sexually abused or struggling with money or codependency. CR provides a service AA never could because they wouldn't want to hear about the problem. You can go here [Celebrate Recovery] and can find a group that allows you to share that and find some relief through that sharing, I am sure.

Honesty

The second subtheme under the theme of fellowship and sharing was honesty. When speaking about fellowship and sharing, five of the men discussed the importance of honesty as a component of finding freedom. Being honest and open is the crux of another saying in Celebrate Recovery: "You are as sick as your secrets." These four men shared how being honest brought them freedom. Mike said, "Being an addict, knowing that honesty is the medicine in a sense. It gives you a sense of personal commitment to stay honest with yourself. Right recovery can be a mechanism of doing so." Dan described his experience with honesty:

And then being an example of how to be honest even when you do not want to share.
You really wanted to take a night pass, or you wanted to not go somewhere in your
sharing, but you know that is where you are at, risking the ability to be open and honest
and just lay it all out on the table.

For Job:

There is a collection of different times where someone would be vulnerable and
transparent, and something that brother says will help me say I am not alone or I have
nothing to complain about. We are all on this journey.

Jack commented:

One of the most important words for me, I think, would be humility. When I walked into
CR, I did not have it. I had a lot of pride. But getting there and hearing other people
share, those walls have come down. Share open and honest with myself so that I can
properly move forward.

Wexler (2009) pointed out that men attend therapy less often than women due to the
negative attitudes they have toward all forms of counseling and treatment can be said to suffer
from counseling-o-phobia, and our job is the understand these roadblocks and do our best to alter
what we do and how we present what we have to offer. Providing a nonjudgmental atmosphere is
a starting point.

Nonjudgmental Atmosphere

The third subtheme under the theme of fellowship and sharing was a nonjudgmental
atmosphere. Along with honesty, being in a welcoming environment seemed to increase the
men's attendance and improvement in the group. For three participants, being in a
nonjudgmental, understanding environment was important. Doug commented that,

You do not have to put on a mask or pretend because there's people there that are like-minded and understand you, and it is a place for help. It is a place for restoration. It is a place where you can find love and support and a place to belong.

For Sam:

I think just to openly share is one of the things I have struggled with over the years. Just that willingness to be vulnerable and transparent, to share my hurts, hang-ups, and habits and not have those feelings of being judged or rejected, or at least not have fears I have had in my past.

Phillip noted:

The backstop of God's mercy is basically you may hit a low, but you can walk into CR and not get judged. Definitely God's mercy in the group, because there's other people struggling with you with various hurts, habits, and hang-ups.

Collegiality & Friendships

The fourth subtheme under the theme of fellowship and sharing was collegiality and friendships. Regarding collegiality and friendships, Job said, "There are a lot of other brothers and sisters in Christ that can walk with you through whatever you are going through. There is nothing in your past that makes you worse than anybody else." Alex added that "it is the relationships that I formed with other men, so genuine, you know, trusted relationships. The word friendship comes to mind for me. I struggled to develop meaningful relationships but found my best friend in CR." For Jack:

The second important word would be brotherhood. I have done that in a separate fellowship, but I never really understood the power of a true brotherhood until I shared that experience with an intimate group of people over an extended period.

Ben similarly felt:

> Celebrate Recovery provides collegiality, friendship, and the people there are more
>
> impactful than the content of the program. The guys in CR are fantastic guys. When I had
>
> a problem recently, they checked on me and asked how I was doing.

Having Fun Together

The fifth and final subtheme under the theme of fellowship and sharing was having fun

together. Jack enjoyed the fun fellowship in Celebrate Recovery, saying,

> There is a lot of fun fellowship we have in CR, such as service projects that we are able
>
> to do within the church and at someone's home and playing disc golf or pickleball. You
>
> have a lot of opportunities to get outside of yourself.

Results From RQ2

RQ2 asked, "What experiences do men find difficult or easy when continuously engaging

in therapeutic groups?" To learn what makes attending a therapeutic group meaningful to men,

the experiences that the men found easy and difficult were explored. As the men talked candidly

about their experiences, two major themes emerged. The first major theme was *positive*

experiences. The second major themes were *negative experiences*. These themes provide

information on what the men found difficult or easy while participating in a therapeutic group for

men (see Table 3).

Table 3

RQ2: Experiences Men Find Difficult or Easy in a Group

Major theme	Subthemes
1: Positive experiences	Positive group leadership
	Hospitality and atmosphere of the environment
	Compatibility of group for participant

2: Negative experiences   Program logistics
                                           Difficulties for the men
                                           Others' behavior or perceptions

---

RQ2: Theme 1 (positive experiences)

The first theme for RQ2 was positive experiences. This theme of positive experiences

emerged from several of the interview questions. Questions 13, 14, 15, 17, 18, 19, 20, and 21

asked the men to reflect on what was working for them and why. The subthemes that stood out

were *positive group leadership*, *hospitality and the atmosphere of the environment*, and

compatibility of group participants with the group and other members.

Positive Group Leadership

The first subtheme under the theme of positive experiences was positive group

leadership. The group leader for a therapeutic men's group is essential to participants' successful

healing and development. A major factor and consideration are how the group members relate to

the group leader (Brown, 2018). For three men, the care and compassion of their group leader

impacted them. Mike said that "And I praise him and would say he is a leader in that his entire

lifestyle is built around helping." Job described good leaders as "the ones that really show care

and compassion for people. The leaders in CR are very caring and reach out to me." Sam,

likewise, was impacted by leaders:

> For me, the leaders in CR have been a true encouragement. The first time I went, the
>
> leaders reached out to talk to me. They asked basic questions to make me feel at ease and
>
> welcome. Just to hear them share their story lets me know they are along the journey with
>
> me and others.

Leaders set a positive example for two men. The men explained why their leaders were

effective. Phillip noted that "there are several motivated people who have achieved victory in

their own lives. The leaders believe in the program, show up regularly, and have a heart for people." Dan felt:

> They are put in the positions that they are in because they have shown themselves to be
> strong in those areas. They are not the perfect leader, and everybody is doing the best that
> they can, and we all must give them grace when they do mess up.

Hospitality and Atmosphere of the Environment

The second subtheme under the theme of positive experiences was hospitality and the atmosphere of the environment. Complementary to having a positive and effective leader is showing hospitality and having a warm and inviting atmosphere. Jack and Mike shared their thoughts about these two elements. Jack said, "The leaders and staff were very hospitable and very welcoming. Everybody listened and understood. So, it was a very positive experience for me." Likewise, Mike's experience was that "It is like church when you want church. You expect open arms and hospitality to be on the up."

Compatibility of Group for Participant

The third subtheme under the theme of positive experiences was compatibility of group participants. When men are visiting a group for the first time, they look for other men to relate with or with whom they are compatible. Englar-Carlson et al. (2014) explained that men who come to a group are isolated. One of the main dimensions of the men's group experience is to gain a sense of companionship and respect from other men. Mike and Job provided insight into the importance of finding a group that is compatible with someone's needs and connecting with other men. Mike said:

> I would tell someone to try more than one group. Go on different nights to different
> groups that work best. Individuals in the group can control that atmosphere. So, finding

the right one is important, and don't get discouraged if your first experience is bad. Try a

different night or a different group. Make a friend and give it another shot.

RQ2: Theme 2 (negative experiences)

The second theme for RQ2 was negative experiences. This theme emerged from

interview question 16, which asked the men what parts of the group have been difficult for them

and why. The subthemes that emerged were *program logistics, difficulties for the men*, and

others' behavior or perceptions.

Program Logistics

The first subtheme under the theme of negative experiences was program logistics, which

included the methods of teaching and the location of meetings. Two men weighed in on

problems with logistics. Alex reported, "I have been there many times, but the necessity to have

an acrostic that does not relate to anything? I am trying to teach, and I just don't get this. So that

kind of bugged me." Mike observed:

> For me to keep improving through CR, I would say real estate and the need for more
>
> locations that are available. The location is 45 min from my home. So, you add traffic
>
> and travel, you are gone for three to four hours and there for two hours, and it turns into
>
> an all-day event.

Difficulties for the Men

The second subtheme under the theme of negative experiences was difficulties for the

men. This subtheme related to the men's own struggles, with three difficulties emerging: *stigma*

related to their type of addiction, *personal relapsing in recovery*, and *seeing other people*

struggle with their pain and addictions. Many men face many unique challenges with respect to

their recovery (Englar-Carlson et al., 2014). The first difficulty the men discussed was the stigma

related to their type of addiction. Many men are reluctant to seek counseling of any kind due to the stigma surrounding their type of addiction. Englar-Carlson et al. (2014) concluded that "violating gender-role expectations, feeling embarrassed about sharing personal information, and experiencing general vulnerabilities in relation to self-disclosing private information might be too much for a man to risk seeking help" (p. 11). Ben spoke openly about stigma and his concern about what fellow participants experience and feel:

> I think it makes it difficult to be seen walking into a CR meeting where everybody knows you are there because you are recovering from something. What are you recovering from? It starts the rumor mill because I find the most disingenuous people that I have met in life are church people. Hi, my name is Ben, and I struggle with pornography. That is an enormous burden. I want to be seen as a staunch, correct, upgrade follower of Christ, and those followers do not have those problems where in effect, all of Christ's followers are broken. In some way or another, we are all broken.

The second difficulty the men discussed was related to their own relapsing in recovery. They understood that the possibility of relapsing is part of the journey of anyone seeking recovery from addictions and life issues. In CR, the saying about relapse is that "a person does not start over but starts again." This has helped many who have relapsed in the program; however, the pain and shame are still evident. Englar-Carlson et al. (2014) share that relapse is a reality for many men who are addicted; however, group treatment is a powerful intervention that reduces relapse rates and teaches men new relational skills. Jack was open about his experience relapsing:

> I would say the most difficult part for me was having a couple of times of relapses early in my recovery. They say there is no shame in coming back, but it was a very shameful

and dark time coming back and starting over. So that was probably my most difficult

point.

The third difficulty the men discussed was related to seeing people struggle with their

pain and addictions and witnessing other men going through their recovery. Men in the program

found meaning as they supported each other and developed empathy when seeing fellow group

members struggle with their pain. Two men shared their struggles in their recovery journey. Tim

said, "You see a lot of people still using drugs and that was a struggle for me. I was clean, but

they were dirty. Some were trying, but they kept on going back into the same playground." Doug

noted that "It is difficult when you see people struggling. They relapse or fall back into their

addictions. Sometimes they disappear. You don't see them or know how they are doing, and that

is tough."

Others' Behavior or Perceptions

The third subtheme under the theme of negative experiences was others' behavior or

perceptions. There are times in a group when the actions of others or their perceptions become

challenging or disappointing. The participants mentioned four problems—*inappropriate actions

of a leader*, *differing views on higher power*, *group participant genuineness*, and *aggressive

behavior of fellow participant or leader*. The first problem had to do with the inappropriate

actions of a leader. In sharing about a leader who was ineffective, Tim explained an experience

with a leader who he discovered was buying drugs:

Well, same place CMG, A sponsor and I went to the bathroom. He was a leader because

he had more clean time than the rest of us. We were newcomers. God may have sent me

there to see this. I went to the bathroom and was coming out and dried my hands. I saw

this dude come in, and I felt he was there standing. And I know when I see things and I

see him do it this way. He passed the drug off to him inside the church! And that really

tore me up. I mean, I stayed away from everybody. I am serious. I just didn't trust

anybody. I had to really know you to talk to you. Because I mean, I could get up and go

back to my room at Hope Haven, but I am not. I am going to stay for the meeting. One of

the sponsors I have been dealing with used to hang with them. I cut him loose and went

to get Mr. Troy. He was an Indian, and he was good.

The second problem had to do with differing views on a higher power. Celebrate

Recovery is a Christian-based group. Other groups, such as AA, recognize a higher power as a

source of strength and help in recovery. At times, religious beliefs and different views on a

higher power can be a source of conflict in groups. Mike shared his experience related to

differing views on higher power:

> You have to respect each other's faith and religion. It is not difficult but can become
>
> complex. When a group is nonfaith-based, they may ask you to keep your faith in
>
> yourself. That is the difficult part not being able to say, well, let me tell you about God.

The third problem had to do with the genuineness of group participants. A few of the men

struggled with the commitment demonstrated by others, and they felt that some members were

not taking the program as seriously as they should or were not being as honest about their

recovery as they could. This presented a challenge for Dan and Ben. Dan said:

> I think the part I struggle with is seeing people caught up in playing the game of
>
> recovery. I guess the most frustrating part is, you know, for lack of better words, when
>
> people are playing recovery, it impacts everybody in the program.

Ben added:

To check in with people and they mostly say, I'm doing good. It's all just a lie. Because everybody's broke. Nobody's good all the time. They're good for that moment but probably had a crummy day, dreading something that is coming up, or somebody you know got cancer. It's always something in people's lives. That is the human condition.

The fourth problem had to do with aggressive behavior from fellow participants or leaders. The men discussed occasions when a participant became argumentative or displayed aggressive behaviors during a program or group time. Other times, the men observed a visitor acting out aggressively. Job spoke of a group experience when a fellow participant displayed aggressive behavior:

I guess one of the most typical things that I have seen here at times with newcomers is anger and bickering in the group. It happens a few times. We pray, and then they walk out and then do not come back. You can just see that spiritual warfare.

Results From RQ3

RQ3 addressed the essence of the lived experience of men in therapeutic groups. The essence of lived experiences are the impactful activities that gave each man motivation, encouragement, and meaning. The three subthemes that emerged from the interview data for RQ3 were *the group family*, *participant actions and breakthroughs*, and *finding hope and faith* (see Table 4).

Table 4

RQ3: Essence of Lived Experiences of Men in Therapeutic Groups

Major theme	Subtheme
1: The group family	Addictions-types of addictions
	Accountability-being accountable to others to help in recovery
	Safety in believing everyone has best interest & cares

2: Participant actions & breakthroughs	Testimonies-hurts, habits & hang-ups
	Celebration of success
	Service & giving back
3: Finding hope & faith	Hope-confidence & faith in recovery
	Faith in God
	Recovery-experiences of success, relapse & starting again

RQ3: Theme 1 (the group family)

The first theme for RQ3 was the group family, which reflected experiences within the small group. The subthemes for this theme included *disclosing their issues or addictions*, *being accountable to a partner(s) and the group*, and *feelings of safety within the group*.

Addictions-Types of Addictions

The first subtheme under the theme of the group family was disclosing their addictions. The men come to the group with a variety of life issues and addictions. Each man acknowledged that his life had become unmanageable, and he needed help to restore his equilibrium. The men voiced their struggle and pain. Sam had "depression for over 12 years. It is one of those things I really should have addressed, but I wasn't in that place to admit that I needed to get help." Mike recognized that "My health was deteriorating, and alcohol had complete control, but my whole life revolved around substance abuse." Tim reported that he was addicted to "Both drugs and alcohol for 20 years. I get clean. I keep on going back into the same playground. That did not go well. Yeah, so I had to move up here and get my life again." Phillip "struggled with covetous thinking for a long time. It has impacted life negatively, especially in relationships." Dan spoke of how "sexual immorality equates to pornography with having an affair and living a fantasy life is what brought me into the program." Alex stated, "You know, Jesus is a chain breaker, and alcoholism was a chain I was imprisoned." Ben said, "I am recovering from alcoholism. That is what brought me to Celebrate Recovery." Job added that "I did deal with like drugs and alcohol

addiction. It was marijuana and drinking alcohol. That was mainly. I tried pills one time, and then I just stopped because I thought I was going to die." Of his addictions, Doug reported:

So, I struggled with drugs and alcohol as a young adult and was in bondage and had low self-esteem and was codependent and just anxiety and all kinds of other issues and things, and so I bring all that into where I am recovering now.

Jack added:

Alcoholism for 20 years. Before I got sober, it put a strain on my marriage. I have had DWIs before, so that's affected my ability to drive legally and affected my ability to for specific jobs. So, alcohol has pretty much impacted every angle of my life.

Accountability-Being Accountable to Others to Help in Recovery

The second subtheme under the theme of the group family was accountability and being accountable to others to help in recovery. Celebrate Recovery encourages each participant to find a sponsor and an accountability partner(s) to be part of their recovery team. The participant can go to the sponsor and accountability partner when they are on the verge of relapse or need someone to confide in and listen to them. Cohesion is developed between the accountability team and the participant. Nieman (2007) argued that cohesion among participants is paramount to the recovery process. As the level of cohesion increases among participants, so does the level of recovery.

Tim, Job, and Dan shared their experiences with sponsors and accountability partners. Tim said, "The leaders took me to Urban Ministry. We walk all the way around, and they show me all the people and how they live." Job added, "Just having other brothers going through the same thing in the Open Share Group keeps me accountable. I can tell them my struggles to keep

me from acting out." Dan said: "I will be right back where I was and doing the same things without accountability. That is necessary to prevent relapse."

Safety in Believing Everyone Has Best Interest and Cares

The third subtheme under the theme of the group family was safety in believing everyone has everyone else's best interest and cares about them. A safe and caring environment is paramount to any influential therapeutic group. Each participant must feel that anything sharing is confidential, anonymity is the norm, and others in the group like and care about them. Self-disclosure is expressing one's feelings and thoughts without fear of rejection or criticism and is essential to recovery (Nieman, 2007). As the fear of rejection decreases, disclosure, and cohesion increase. The program environment can foster a sense of safety, helping participants engage in self-exploration that may not have occurred before attending CR.

Within the third subtheme of safety, participants discussed *anonymity and confidentiality* and *feelings experienced in the group*. First, maintaining anonymity and confidentiality is one of the main rules in Celebrate Recovery small groups. Participants are known only by their first names and do not share personal information. Participants only share personal information when there is a close, trusting relationship with their sponsor and accountability partners or friends. Five men shared their feelings and experiences concerning care, anonymity, and confidentiality. Tim said, "My siblings have been there for me." Jack discussed how "I confessed to my step study group when I relapsed. They mourned and comforted me. They all stood over and prayed for me. It was comforting and encouraging." Doug noted, "Our Celebrate Recovery family is our forever family. We love them through thick and thin unconditionally. Celebrate Recovery is a place for anybody. There's anonymity and confidentiality." Sam stated, "First and foremost, what is said in the group stays in the group. It is that level of confidentiality and willingness to be

vulnerable and transparent by sharing but respecting people with care and compassion for where they are." Finally, from Dan, he said:

> One of the participants came in, and I knew this gentleman well, and I could tell something was wrong. He admitted to us that he had had a relapse. The group asked me to lead a prayer for him. He had come to admit mistakes. And now God was free to accomplish in his life what he wanted.

Second, the participants' feelings conveyed their lived experiences in the group. Their words reflected the impact the group had on their recovery and lives. Seven men shared their heartfelt feelings about their experiences among the study participants.

For Philip, "Fear is a blocker. I do not really want to face all the people. That is the challenge with the meetings sometimes, getting over fear and resistance." Mike mentioned, "Awkwardness. Awkwardness when you first go the first time and share; this is how I felt." Sam noted that "For me, initially, I felt a little overwhelmed just because of the circumstances that I had recently been through." Job "felt welcomed. It was a place where I can truly walk through in my recovery with Christ." Of his feelings, Dan said, "I would say very positive. I was nervous, but I was ready." Ben noted, "It was unusual for me since my faith in religion is Catholic, and Celebrate Recovery is Christian. Their structure is quite different than Catholicism." Tim reported, "I had bad thoughts. I did not want to be there. I was homesick." Alex added:

> But when I went to my first recovery meeting, it was so scary because I do not know anybody. I do not know if I could trust them. I was just fearful to go in there because I might have to make a commitment and actually do something like giving up something I did not want to give up.

RQ3: Theme 2 (participant actions and breakthroughs)

The second theme for RQ3 was participant actions and breakthroughs. During small group meetings in CR, participants give their first names and discuss what brought them to the program. After participating in the program, each participant celebrates "Clean Time-Good Time" by coming up and getting a colored chip. Each chip corresponds to its recovery time. While making progress in the program, participants have opportunities to serve. This entails helping set up meetings, greeting members at the door, or doing outside projects with the church. Serving others is rewarding and supports Principle 8 of the eight principles of Celebrate Recovery: "I yield myself to God to be used to bring this Good News to others, both by my example and by my words." The subthemes that emerged were *testimonies of hurts, habits and hang-ups*, *celebration of success*, and *service and giving back.*

Testimonies of Hurts, Habits & Hang-ups

The first subtheme under the theme of participant actions and breakthroughs was testimonies of hurts, habits, and hang-ups. When participants reach recovery from their hurts, habits, and hang-ups and go through a one-step study, they can become sponsors and leaders in the program. The step study is a closer and more intensive examination of the 12 steps and eight principles. The participants can share their testimony before the large group as sponsors and leaders. The small group helps participants share their testimony before becoming a sponsor. Seven men discussed their origin stories and the events that led them to seek support from the program and group. Sam reported that "the anxiety comes from my depression. I think the people-pleasing and codependency are from early childhood, but people pleasing come from the environment where I teach and coach." Of his history, Phillip noted, "I would say I have a couple of hurts, habits, and hang-ups. I attended the life issues group, A-Z group. I do not have just one issue, but covetous thinking is a major one." Ben shared: "I lost my job, was incarcerated,

crashed vehicles, and nearly caused a divorce. I alienated my children and lost much money through legal fees, personal injury, and much more."

Other participants reported similar sentiments. Doug said:

When I went away to a Christian College in 1980, I was introduced to drugs. I was struggling and doing things I never thought I would do. I ended up in a treatment center for 90 days. That is when I was freed from the addiction of alcohol and drugs. I have been clean ever since.

Alex felt:

But in the end, the impact was that my wife left me in Japan, and I was leaving work and drinking every single day. I crossed the line between 10 and 12 years which the medical community defines as having a physical addiction in the body to alcohol.

Jack noted:

Alcohol has impacted my life in a variety of ways. Before I got sober, it put a strain on my marriage. I have had DWIs before that affected my ability to legally drive and my ability to get certain jobs.

Job stated:

Drugs gave me a numbing happy feeling temporarily, but overall, kept making me more depressed, darker, and deep into darkness. It ultimately led me to try to take my life in 2013. I almost committed suicide in 2013 by overdosing on pain pills.

Finally, Doug added:

Our lives and our bodies are a temple of the Lord. I brought a lot of trash into the temple, and I hurt myself physically. I know I am diabetic and believe alcoholism leads to diabetes. It also affects you mentally, emotionally, and spiritually.

Celebration of Success

The second subtheme under the participant actions and breakthrough's theme was celebrating success. CR's most moving and empowering part is when chips are awarded, and successes are celebrated. Tim and Doug expressed enthusiasm as they celebrated their own and others' successes. Tim said, "And I look at all those guys who got all those years drug-free, and I have nine. Those fellas have 10–15 years. Oh my God! I cannot wait to get there." Doug added, "So, the incentives are that you are loved, encouraged, and celebrated. We also use chips that are a kind of milestone or Ebenezer for us in our lives and our recovery."

Service & Giving Back

The third subtheme under the theme of participant actions and breakthroughs was service and giving back. The opportunity to serve and give back is a key component of recovery and experiencing a breakthrough in healing. Jack shared how serving and giving back had a positive effect on him:

> I would say service. We have had some local service projects, such as a single mother that needed help with items around the house. We all went out there for a weekend and did some service work. It was very impactful for me.

RQ3: Theme 3 (finding hope and faith)

The third theme for RQ3 was finding hope and faith. Each man finds new hope every time they attend a meeting. During the program, their faith in recovery and dependence on their higher power, God, grows. Finally, the essence of their experience revolved around success, relapse, and starting again. Curtis (2020) stated:

> Recovery is a journey more than a destination. In theological terms, recovery may be described as sanctification. It is an ongoing process of being transformed into the likeness

of Jesus Christ through the power of the Holy Spirit (2 Cor 3:18) and the instruction and

counsel of other Christians. (p.15)

The subthemes were *hope-confidence and faith in recovery*, *faith in God*, and *recovery*

experiences of success, relapse, and starting again.

Hope-Confidence & Faith in Recovery

The first subtheme under the theme of finding hope and faith was hope, confidence, and

faith in recovery. Hope helped six men get better and recover from their addictions. Their

confidence and faith in recovery grew from their hope. Sam said, "My hope is that I will find the

help I need through CR." Alex noted:

I view it in the same way as the parables in Luke 15. Something was lost, and you find it,

whether it is a coin, sheep or a son, and it's like getting your life back when you recover

it."

Tim stated, "You got to keep your head straight. Before you open your book on AA, you say

your prayer and you start reading. God's name is all throughout the book. So, it is like a big

Bible." Jack said, "Not only have I achieved long-term sobriety through CR, but I have also had

the pleasure of witnessing other people do the same and watching their transformation. In unison,

we celebrate."

Job discussed:

A husband was on drugs for 20 years, and his wife committed infidelity first and then he

did, and they have children, but the powerful redemption of Jesus freed him from drugs

and helped them repent for infidelity and forgive each other and their selves. That was

powerful because it gave me hope in my marriage. I do not know what's going to happen,

but I have hope for my future.

Doug added:

>On a Sunday, I believe—

There are people seeking the Lord, and this is a ministry. This is not just some program or some meeting. This is a ministry where life changes are made and where people's souls are at risk. It is a place where we can find hope to know that God loves us and that there is a future for us.

Faith in God

The second subtheme under the theme of finding hope and faith was faith in God. All the participants acknowledged that God was their higher power who could heal their addictions to bring about recovery. The participants identified the source of recovery as Jesus, the son of God and the Holy Spirit. Faith in God is the spiritual essence of the men's lived experience in the therapeutic group. Among the participants, seven men provided an expression of their faith in God. Tim gave his personal testimony:

On a Sunday, I believe that God has something available for me. A preacher visited and he had a band to provide music. After the service, I didn't have the desire to go home and do drugs. Later I went to work in the carpentry shop and a Christian song was playing while I was reading my Bible. I started crying, crying, and crying. You know God did not let anybody come through that door. And God was delivering me then.

Mike felt, "I know immediately that Jesus was calling, so I answered the call." Alex added, "I went to AA, and it taught me how not to drink one day at a time and pointed me toward God." Doug said:

It's an ongoing process. I have too much to lose. God blessed me. He has been too faithful to me to quit now. Jesus Christ is the higher power. Everything hinges on Jesus and His Power and his love for us.

Phillip felt that "God is there to help us all. You know that is why we have quiet time with him. Celebrate Recovery is unique." Sam noted that "Along the journey, I know that my serenity only comes from and through my relationship with God." Dan said, "Phenomenal! It is just incredible what God does."

Recovery-Experiences of Success, Relapse, and Starting Again

The third subtheme under the theme of finding hope and faith was recovery and experiences of success, relapse, and starting again. Recovery is a journey, not a destination. The essence of the lived experience for men is experiencing success, knowing, however, that there will be times of relapse and starting again. Curtis (2020) explains "relapse is the return to maladaptive behavior and abandonment of the recovery trajectory. Lapse differs from relapse. A lapse is a temporary slip and return to maladaptive behavior that results in a renewal effort to sustain recovery" (p. 15). The group is there for one another as they continue the journey until their success is permanent. Having hope and faith makes this possible. Eight men described their journey of success, relapse, and starting again. Ben started by saying that "it is an attempt to return to a state of normality, unfettered or impacted and undisturbed by the problems with aberrant behavior." Job noted, "That was the end. When I back slid it was just for 1 month. It was a lot less time, but still, it was dangerous. I started drinking and smoking with coworkers." Jack works on "finding a different way to live one day at a time." For Doug, "Recovery is like rebuilding. I think recovery is kind of rebuilding the temple, rebuilding our lives the way that God had first intended. It is that process of rebuilding and coming back to the Lord." Mike said that "Recovery is the freedom from those chains." About recovery, Sam added, "I would describe it as a lifelong journey where I am able to connect with God and seek him for healing, guidance, help, direction, and connection with others in recovery." Finally, Tim noted:

Recovery is a good thing. It was a real good thing. You have to stay focused and stay

away from bad company. There are still bad people out there. You get free time, you

have to be careful, or you will go back out there, and you are going to use drugs.

<div align="center">**Research Question Responses**</div>

The data collected from individual interviews, cognitive maps, and observations at the

CR site answered the central and three main research questions. Responses from participant

interviews yielded seven major themes: 12-step program, fellowship and sharing, positive

experiences, negative experiences, others' behavior or perceptions, group family, participant

actions and breakthroughs, and finding hope. The following sections address the connection

between the themes, the central question, and the three research questions.

Central Research Question

The central research question in this study was, "How do therapeutic men's groups

facilitate positive change in men?" The participants identified elements of the 12-step program—

having a sponsor and accountability partners, listening to other men's stories, sharing their own

(major theme), and being a part of the group family (major theme)—as facilitating positive

change in their recovery and lives. Sam provided a rich description of how these elements come

together to facilitate positive changes:

The first time I went to open the share, I had to get to that place of no more hiding and

bring it all to light. I then went to the next level and joined a step study that helped me

really see and understand that anything hidden in the darkness is just going to continue

the cycle. I now need to be open and willing to share. My sponsor has really helped me

through some of those tough and difficult times.

Sam's description exemplified how the 12-step program provided a process for him to understand his addictive behavior and provide steps to change. The step study and small group gave him a space to share, learn from other participants, and be a member of a group family. His sponsor provided accountability and support. Sam's experience was consistent with the other nine men's responses. These elements have facilitated positive change for them and could help more men if they joined a therapeutic men's group. The three main questions provided an in-depth examination of the experience of men in groups.

Research Question 1

RQ1 asked, "What lived experiences from therapeutic groups support men's continuous improvement process?" The themes that emerged from the interviews, cognitive map responses, and observations based on what the men shared were the 12-step program (major theme), which included having a sponsor and accountability partner, listening to other men share, and sharing their own experiences within their small group family. The 12-step program and the eight Beatitude principles of CR offered guidance and spiritual support to the men while they recovered from their hurts, habits, and hang-ups. During a large group meeting, a leader shared that the 12 steps are the actions to do, and the eight principles are the ways to think about recovery. Dan described how the 12 steps supported continual improvement for him:

> I came to Celebrate Recovery to deal with sexual immorality or the behaviors that are evidence of other things. The steps have allowed me to uncover the root causes of damage that have been done in my life and the damage that's been done to other people. It has given me direction and how to work through those things and allow Christ to bring the healing that he desires to do.

The 12 steps and eight Beatitude principles include the support of having sponsors and accountability partners. Participants can find their sponsor from the program leaders or have one assigned to them when they enroll in a step study. The sponsor must be the same gender, have undergone a step study, and have successfully recovered. The sponsor and accountability partners have two distinct roles. The sponsor serves as a mentor and immediate support to the participant. Sponsors meet with the participant one-on-one and talk by phone or text when the participant is in crisis or heading toward a relapse. The accountability partner is a fellow participant who struggles with the same problem and is an "encourager" who ask how things are going. The sponsor and accountability partners support men's improvement in therapeutic groups.

Doug is a leader in Celebrate Recovery. His relationship with his sponsor is an example of how the relationship helps someone improve:

> My sponsor is a pastor, and he is younger than me, but he has been in CR longer, and we have similar backgrounds. I look up to him and he always loves me, no matter what. He puts a thumb in my back or gives me a kick in the pants when I need it. He is always there to encourage me, to pray for me, and to model Christ. He leads from the front. In other words, he models it for me.

The other elements that emerged to support men's improvement were the resources and incentives for attending the group; these were unexpected. These included books, Bibles, devotions, information pamphlets, annual conferences, and music. Tim shared how a song moved him to tears and marked a turnaround as he accepted the need to stay in the program and heal. Jack and Phillip mentioned the worship time with music as something they looked forward to each meeting. Phillip shared, "I would say for me, live worship is a good incentive."

The group offers a 12-step program with sponsorship and incentives that support personal improvement. The individual participant's part is to attend regularly and allow time to heal. As shared by the men during interviews, the meetings and hearing testimonies of others with similar struggles help them. The men expressed that as they shared honestly, they found the freedom to improve and heal in a non-judgmental environment. As they listened and shared, the bonds between the men grew, developing collegiality and friendships. The men who lived without male friendships began to be a part of a group of brothers and make friends. The relationships supported the improvement of the participants. Alex explained, "Before I recovered, I really struggled to develop meaningful personal relationships, and now my best friend I have on planet Earth and other friends are guys I met in Celebrate Recovery."

Research Question 2

RQ2 asked, "What experiences do men find difficult or easy when continuously engaging in therapeutic groups?" The men discussed many areas they found difficult or easy when attending a program and participating in a small group. The data indicated that the men had positive and negative experiences; each theme had subthemes from the participants' experiences. The main theme of positive experiences included the subthemes of positive group leadership, hospitality and atmosphere of the environment, and group compatibility for participants. All the men mentioned positive group leaders as being impactful. They spoke of qualities such as enthusiasm for leading, availability, and compassion. Sam's description provides a model of how positive leadership impacted men and the group:

> For me, the leaders that I have experienced in CR really have been a true encouragement. The first time I went, the leaders reached out to me and made me feel at ease and welcome. When they share their journey and the lessons they learned, I know they are

right in the journey with me and others. They provide a sense of comfort and hope that

God will work in my heart and life to be a leader one day.

Another subtheme that emerged was hospitality and atmosphere. Hospitality was positive

for the men and provided them with an inviting atmosphere. A major benefit for them was the

welcoming and refreshments and the time for casual fellowship. The site leaders' efforts helped

create a warm and inviting climate. Mike shared, "You expect open arms and hospitality to be on

the up. Most definitely!"

The compatibility of the group was a data point presented by Mike. Although he was the

only participant who mentioned compatibility, he presented valuable information for

consideration. Mike spoke about visiting separate groups to find one that resonates and meets a

participant's needs. Mike shared, "Go to different nights to different groups and find the group

that works best.

Negative experiences emerged as a major theme when the men discussed experiences that

were difficult. The subthemes were program logistics, difficulties for the men, others' behavior

or perceptions, differing views on a higher power, group participant genuineness, and aggressive

behavior of fellow participants or leaders. Program logistics included the teaching methods,

program procedures, and policies that the men found problematic. Alex was very vocal about his

displeasure with the program for not allowing him to offer meetings via Zoom for his group

during the extenuating circumstances of the COVID-19 lockdown. He felt strongly that the men

needed the meetings to help them continue to connect and maintain their progress in recovery to

avoid relapse. Alex also had problems with the program for using acrostics in the large group

lessons. Each lesson used acrostics, and Alex strongly felt the method did not relate to the topics.

Mike presented the distance of locations. The closest group to Mike was 45 min away.

Mike commented, "Real estate! More locations need to be available. The VA is 45 min from my

house, adding traffic and travel and 2 hours for the meeting and it turns into an all-day event."

One of the most striking subthemes under negative experiences was the difficulties men

faced with their own struggles. All the men in the study discussed their addictions openly and the

negative impact their addictions had on their life. The men faced job loss, arrest, and

incarceration, DWIs, automobile accidents, financial problems, court costs, disruption of their

marriage and family relationships, infidelity, pornography addiction, depression, covetous

thinking, extreme drug and alcohol dependency, and one suicide attempt by overdosing of pain

medication. Ben presented data about dealing with the stigma connected to the different types of

addiction fellow participants were coping with. For example, Ben distinguished between the

stigma toward an alcoholic versus a sex addict. The sex addict carries a massive burden of

rejection, and alcoholism is accepted and institutionalized. Ben elaborated on his disappointment

with the church failing to be Christlike in accepting others who admit to their addictions and

giving the perception of perfection when everyone has brokenness. Stigma and shame are

reasons the men were reluctant to attend counseling or therapeutic groups. Ben stated, "I want to

be seen as a staunch, correct, upgrade follower of Christ. And those followers do not have those

problems where, in effect, all of Christ's followers are broken somehow. We are all broke."

Jack described his relapse as a negative experience. He mentioned feeling shame and

having difficulty admitting he failed. Admitting to relapse is difficult. More men admitted

relapse in small group meetings than in the interviews. Tim and Doug shared the pain they felt

when fellow participants returned to their addictions to worse levels. Doug shared, "It is difficult

when you know that people are struggling. If they have relapsed or fallen back into their

addictions. Sometimes people disappear for a while, and you do not know how they're doing. That is tough."

In others' behavior or perceptions, the men shared specific examples of behaviors and experiences they encountered in the groups. These negative or uncomfortable experiences impacted them and served as a caution for them and others about what could happen in any group. Tim witnessed a leader purchasing drugs in a church restroom. The leader was a sponsor to other men in recovery from drug addiction. Tim said he was "torn up" by what he witnessed. His disappointment and hurt were evident during the interview. It affected his ability to trust all but one leader at the treatment facility he was attending.

Mike, a military veteran, talked about his difficulty with differing views on a higher power. Mike attended groups for veterans before coming to Celebrate Recovery in his recovery from alcoholism. Many of these groups attempted to respect all faith beliefs and recognize each person's higher power. Mike said, "You must respect each other's faith and religion. It is not difficult, but it can become complex." Mike stated that being in faith-based groups can cause communication errors. These reflections indicate that differing views on higher power and differences in religious beliefs can be problematic.

Dan and Ben indicated that group participant genuineness was a difficulty for them. Dan shared his frustrations about people he thought were "playing the game of recovery." Dan felt that their behavior negatively impacted everyone in the program. Ben was annoyed by others who were not honest about what was happening to them or their feelings. Ben explained, "Everybody says, 'I am doing good.' It is all a lie. Nobody is good all the time."

Lastly, Job talked about the distressful experiences of newcomers coming off the streets and displaying angry and hostile behaviors. This happens from time to time in groups. Some

participants struggle with addictions, life issues, and mental illness. Their difficult or easy experiences may warrant further investigation and implementation.

Research Question 3

RQ3 asked, "What is the essence of the lived experiences of men who continuously engage in therapeutic groups?" or "What is the lived experience of men who continuously engage in therapeutic groups like? "The essence of the lived experiences of men in a therapeutic group encompasses everything that happens within the group and the impact on the participant's life outside the group. The men live out their experience in the group family, in their actions or participant actions-breakthrough, and in their life of faith or finding hope and faith. These themes emerged as the men responded to research questions centered around their experience in the therapeutic group.

The group family, the first theme in RQ3, included the subthemes of addictions-types of addictions, accountability-being accountable to others in recovery, and safety-believing everyone has their best interest and care. Safety further included the subthemes of anonymity, confidentiality, and feelings experienced in the group.

All the men were in the recovery group due to addictions or life issues. Of the 10 participants, seven men struggled with a chemical dependence on alcohol and drugs, two struggled with a process addiction, and one struggled with depression. Curtis (2020) explained:

Addictions typically fit into one or more of four categories: 1) addictions that stimulate, 2) addictions that tranquilize, 3) additions that serve some psychological need (e.g., codependency or workaholism), and 4) addictions that satisfy unique appetites (e.g., pornography and some fetishes).

The men's addictions or life issues are part of their lived experience; however, the support and care they experienced provided them with hope and the opportunity to reach out to help others going through similar struggles. Doug shared, "I struggled with drugs and alcohol as a young adult and was in bondage. I had low self-esteem and was codependent with anxiety and all kinds of issues. I bring all that into where I am recovering now."

Help and support came from sponsors, accountability partners, and group members. The men's lived experience included much-needed accountability, which they received from the group. According to clergymen, accountability is a gift of God. One must first recognize that we are first accountable to God for our actions and then to our parents as children, teachers, pastors, police, bosses at work, our spouse, family, and other people God places in our lives to answer to. A life without accountability is a life of lawlessness and reckless abandonment. Dan stated, "I will be right back where I was and doing the exact same thing without accountability."

Anonymity and confidentiality are essential in a therapeutic group to build feelings of safety and trust. It takes much courage for men to come into a group and share secrets, hurts, and mistakes. During the interviews, nine men admitted they felt fearful, nervous, overwhelmed, and scared when they first arrived at CR. Being assured that their identity and interview responses would remain anonymous mattered to them. A huge fear was that their problem would be leaked to family members and their place of employment, which could jeopardize their careers. Ben's point that having a drinking problem is accepted in society while being a sex addict is not accepted has merit. Thus, anonymity and confidentiality are vital in the lived experience of men in a group. Ben shared:

> Everybody knows somebody who is an alcoholic. Many of the stars are alcoholics and
> admit that they are going on an alcohol-free month or whatever they are doing because

they think alcohol is getting away from them. But not a lot of them are going out here saying I am a sexaholic, foodaholic, or spendaholic. So, I just do not think society is becoming acceptable or accepting of those kinds of diseases.

Participant actions and breakthrough was the second theme under the essence of the lived experience of men in therapeutic groups. The subthemes were testimonies-hurts, habits, and hang-ups, celebrating success, and service and giving back. This is the time in recovery where each participant accounts for their problem, acknowledges their mistakes, does the work to make amends, celebrates the changes in their lives, and serves others. Their struggle or addiction was the testimony that they shared. The men decided to move forward, and they enrolled in a CR step study and surrendered what had held them back to make a committed life change. This breakthrough is a new beginning in the essence of the lived experience of the men in the group. Doug explained the growth and celebration process:

At the very beginning, you get a blue chip where the journey begins. Then there are 30 days of sobriety; you get a red chip, 60 days a green chip, 90 days a white chip, up to multiple years. And those are just incentives for us to continue and push through with God's help when we encounter trouble.

Finding hope and faith was the third theme in the essence of the lived experience of the men in the group. This is the time in the men's experience when growth has occurred and recovery is in progress. The subthemes were hope-confidence and faith in recovery, faith in God, and recovery experiences of success, relapse, and starting again.

Finding hope and faith was the first subtheme that emerged. Among the participants, seven said they embraced hope and had faith in a new future. Job spoke of a leader who saved his marriage and life from infidelity and drug abuse. Tim joyfully recounted his story of going to

Hope Haven, a recovery treatment center, and finding God and recovering from a long addiction

to crack cocaine and alcohol. Alex shared, "It is like getting your life back. I feel thankful,

friendly, hopeful, loving, and safe.

Faith in God was the second subtheme. All the men stated they were faithful believers in

Jesus Christ and relied on God's help to recover and live a Christian life. The eight principles of

Celebrate Recovery are all from the Bible and Jesus's teaching in Matthew, Chapter 5, called the

Beatitudes. These are the spiritual principles the men live by in their lived experience in the

Celebrate Recovery men's group. Doug stated, "The big difference is that Jesus Christ is the

highest power. Everything hinges on Jesus and His power and love for us."

Recovery experiences of success, relapse, and starting again were the third subtheme.

This is where life is in the present for the men. Their comments were positive and full of hope.

Still, they grounded in humility as they recognized their weaknesses and proclivity to fall back if

their guard was down or they neglected to maintain discipline to avoid triggers that could cause

relapse. Jack said, "I'm finding a different way to live one day at a time." One meeting at a time,

one day at a time, being accountable, and pressing on with hope and faith in God is the essence

of the lived experience of men in therapeutic groups.

Summary

Chapter Four included the research findings of this instrumental case study. The purpose

was to analyze and present the data gathered while exploring the experiences of men who attend

a Christian-based therapeutic recovery group. The chapter began with a description of each of

the 10 participants. All participants were male, including eight Caucasian men, one African

American male, and one Pacific Islander male. Their ages ranged from 29 to 64 years. All the

men were from the Piedmont region of North Carolina. MAXQDA was the qualitative data

analysis program to input transcripts and conduct line-by-line coding. The codes under the three main research questions formed categories, themes, and subthemes. The results addressed each major theme through an analysis of the participants' comments, using examples to support the findings and provide answers to the three main research questions. The research was described to show an in-depth understanding of the topics discussed.

CHAPTER FIVE: CONCLUSION

Overview

This study addressed the factors that prompt men to engage in counseling and therapy. Researchers have concluded that more research on therapy and counseling for men needs to be done. Over the past 30 years, American Counseling Association has published few works on counseling men (Evans et al., 2013), and the health field lacks clear guidelines regarding best practices, key issues, and consensus about serving men in therapy (Seidler et al., 2018). This study filled a gap in research evidence by addressing whether therapeutic groups for men are an effective intervention to cope with addictions, life issues, and emotional struggles.

In this instrumental case study, the participants were ten men between the ages of 29 and 64 recovering from life issues and chemical and process addictions. Data were collected through semistructured interviews, meeting observations, and cognitive mapping. The interviews were conducted by phone, via Zoom conferencing, and in person. The interviews were recorded and transcribed using the Otter application (otter.ai), and MAXQDA was the qualitative data analysis program used to organize and code the data.

Chapter Five presents the study findings, which are interpreted in five subsections. The first section is a summary of findings obtained from the research questions. After the summary of findings, there is a discussion of the empirical and theoretical literature, followed by the study's theoretical, empirical, and practical implications. The delimitations and limitations are covered, and the chapter ends with recommendations for future research and a summary.

Summary of Findings

The data analysis drew on data gathered from individual interviews, participants' cognitive maps, and observation notes from the Celebrate Recovery Program meetings. Data analysis was conducted using line-by-line coding organized and sorted with the MAXQDA Qualitative Analysis Program. The participants provided detailed descriptions that were sorted into themes and subthemes. The three research questions guided the study.

Research Questions

The central question in this study was, "How does a therapeutic men's group facilitate positive change in men?" The data indicated that a therapeutic men's group led by a role model leader that provides a well-structured 12-step program in which participants, sponsors, accountability partners, and mentors share beliefs and principles in a safe, sharing, and friendly environment could facilitate positive change in men. The men in the study went into the CR Program to get help in coping and recovering from life-impacting addictions and issues. Some attended private counseling in addition to participating in the program. In the small group at the CR Program, men found connections and ongoing, immediate support. The data further indicated that the group leader was essential in supporting and guiding the men to make positive changes toward recovery. The most impactful leaders were dedicated to the program, available, and had experience success in their recovery and care. The leader was instrumental in fostering change

for the men, displaying concern to help them, and retaining them in the group. Based on

evidence from this study, men come and stay in a group if there is structure, support, safety,

empathy, and strong, caring leadership. Positive change occurs.

The first research subquestion asked, "What lived experiences from therapeutic groups

support men's continuous improvement process?" The group was a special place for the men. In

the group, the men found the safety to be vulnerable and learn from each other to grow and find

encouragement and strength. The lived experience in the group that supported their improvement

were the 12-step program and eight principles and fellowship and sharing. These were the two

major themes for the research subquestions. The 12-step program and eight principles emerged

as a "road map" or guide for the men as they sought improvement in their struggles or what the

program calls "hurt, habits, and hang-ups." CR uses the 12-step program from AA. The eight

principles are taken from Jesus's teachings, the Beatitudes, and the Bible (book of Matthew).

These steps and principles are taught to provide practical and spiritual understanding about

addictions, life issues, and recovery. They are a daily guide to each man's lived experience in

recovery and life. In addition to following the 12 steps and eight principles, the men were

supported by sponsors and accountability partners. Such support people become part of a man's

recovery team. Phillip shared that this is why Celebrate Recovery is a good program—it has

sponsors and others in the small group who listen and help a person become a victorious

overcomer.

The resources and incentives of Celebrate Recovery emerged as motivators to help the

men improve. Books, pamphlets, devotionals, and Bibles were available to help participants on

their journey. Refreshments and special events allowed fellowship and friendships to develop. As

the participants continued to attend meetings, they gained new insights to improve. Thus,

attendance becomes a part of their lived experience. The sayings in CR are "That is why we say, keep coming back" and "It works if you work it because you are worth it!" These sayings capture the value of attending and participating in the program to improve. Englar-Carlson et al. (2014) shared that AA and other 12-step programs provide support during treatment and aftercare. Attending meetings drastically reduced the odds of relapse, especially after participants attended 77 consecutive meetings.

The second theme that emerged under the lived experience in a group that supports men's improvement was fellowship and sharing. Within the group, participants can "open share" what they took from the large meeting presentation or what is going on in their recovery or life events. The men often talked about their challenges and how they were coping. Sharing strategies or faith in overcoming is how nuggets of wisdom are passed on from man to man. The subthemes were finding freedom in sharing, honesty, a nonjudgmental atmosphere, collegiality and friendship, and having fun together. The man found freedom when they shared because verbalizing their struggles brought their struggles into the open and released them from hiding in pain. Honesty about what was going on eliminated denial. Sharing built trust when the participants believed they were not judged but instead cared about and accepted. The result was healing and collegiality, and friendships to have fun together. Englar-Carlson et al. (2014) say, "The sharing of stories and framing each man's life as a "heroic journey" gave the men in the group a sense that their life mattered" (p. 57). Finally, Job explained that when someone is transparent and open, it helps them know they are not alone. Therefore, the conclusion is that following the 12-step and eight principles and sharing in the group is a lived experience for each man and supports improvement.

The second research question asked, "What experiences do men find difficult or easy when continuously engaging in therapeutic groups?" Data from the participants indicated that they had positive experiences and negative experiences. The men viewed their experiences with the program's leaders, the staff's hospitality, and the group's compatibility with participants as easy. Nine men reported that leadership was favorable for them, while one man reported a negative experience with leadership. The nine men held high esteem for their leaders. The leaders were dedicated, available, and compassionate about the program and the participants. The second subtheme, hospitality, provided data that the men enjoyed being greeted and welcomed by the program staff and other participants. The third subtheme was the compatibility of the group for participants. Mike explained the need for a man to seek and identify a group compatible with his needs. Mike encourages others to visit different meeting locations and times for the right fit, and once this has occurred, it is an appropriate match and positive experience.

The data indicated that the negative experiences were complex for the participants. The subthemes that emerged were program logistics, difficulties for the men, and others' behavior or perceptions. Concerns about program logistics led to a negative experience for three men. One participant was frustrated with the program not allowing virtual meetings during the extenuating circumstances of COVID-19 that prevented in-person meetings. He further expressed dissatisfaction with the teaching strategy used in the program. He felt that using acrostics did not relate to the presented topic and "bugged" him. The last logistical matter was the distance to travel to meetings. Mike felt more groups should be available to cut down on his travel time. The second subtheme was the personal difficulties of the men. The first subtheme within personal difficulties was struggling with addictions or life issues. Each participant named what brought him to recovery. Alcoholism was the most prevalent addiction among the participants. Two men

struggled with the process addictions of to pornography and covetous thinking, and one man was recovering from depression with people pleasing and codependency. All participants were at different stages in their recovery. Of the participants, four men were leaders in the program, each at different sites, and the other six were committed to moving forward in the program. Jack and Job shared that they have relapsed along the way but are now clean and making progress. Watching others struggle was a challenge for two participants. The data reflected that the men were concerned for themselves and their fellow participants' well-being.

The subtheme of others' behavior or perceptions provided data about what participants found difficult about each other. Tim openly recalled his disappointment when he witnessed a leader in his program make an illegal drug transaction in the church. Mike spoke about concerns with differing views on a higher power in the group and resolving complexities when men have different religions. Dan and Ben expressed frustration that some participants were not genuinely committed to the program and recovery. Ben struggled with others when they were not honest about what was happening and how they were coping. These matters are informative and reflect the true feelings of the participants.

The third research question asked, "What is the essence of the lived experience of men in therapeutic groups?" The essence of the lived experience of men in a therapeutic men's group is the hope that they will recover from their addictions and life issues through the support of the program and group. The three themes that emerged from RQ3 captured participants' progress toward growth and recovery. The group family was the first theme that emerged. The subthemes were coping with addiction, being accountable to others, safety in believing everyone in the group has their best interest and cares with outside support persons, knowing that the group upholds anonymity and confidentiality, and acknowledging feelings experienced in the group.

The group family data included the participants' stories about their addictions and the reality of their struggles, the elements helping change occur, and their feelings about their experiences. This theme marks a "settling in" stage for the participants where they start letting go of their defenses, their denial about not needing others' help, and their belief that they are in control of their problem.

Participant actions and breakthroughs, the second theme, reflected changes in participants where their addiction and life issues moved from a place of struggle to a story of victory. The subthemes were hurts, habits and hang-ups, testimonies, celebrating success and service, and giving back. At the time of the interviews, participants had either done a step study or were in the middle of one. The step study is the second type of small group in Celebrate Recovery. The step study group meets on a different weeknight from the large and small or open share groups. In a step study, participants delve deeper into their past and choices. Real and lasting change starts to happen (Baker, 2012). During or shortly after taking a step study, men come forth during large meetings to get chips for their days of success, and they move from the blue surrender chip to celebratory red chips. Red Chips celebrate 30 days of "clean time, good time"; participants receive a new chip every 30 days for a year. The men can become sponsors after completing a step study and being free from their addictions or hang-ups for a significant time.

The third subtheme was finding hope and faith. The data indicated that the men achieved sobriety and openly expressed their faith in God as the source of their healing and strength to stay the course and help other men. Jack shared that he has achieved long-term sobriety and now enjoys watching others transform and celebrating together. Doug said that he had gone too far to quit now, God has been faithful and blessed, and everything depends on Jesus and his power and love. The third subtheme was recovery experiences of success, relapse, and starting again. The

men were ready to lead and teach others and share their testimony in the large group. The men who shared in large groups spoke of their victories and setbacks and starting again. They shared that God was there when they relapsed and the unconditional love they experienced to get up and start again. They also reflected on how program elements have helped them continue to a place of true and lasting recovery.

Discussion

This section addresses the findings from this study with the empirical and theoretical literature reviewed in Chapter Two. This instrumental case study collected data from 10 male participants using semi-structured interviews and cognitive maps. There were three research questions from which six major themes and 31 subthemes emerged. This study contributes to the research on how therapeutic groups for men are an intervention to help them recover from addictions and cope with life issues.

Empirical Literature Comparison

There is a literature gap regarding the impact of therapeutic men's groups on men who attend and seek support from such groups. There is research on men and coping with self-efficacy. Attending a therapeutic support group is an intervention to support coping with life's problems, and the research on coping self-efficacy is relevant and connected. All ten men in the study expressed their need for the program and group to cope with their hurts, habits, and hang-ups. This study was aligned with the research of Fogarty et al. (2015), who identified four significant coping themes for men, including using strategies viewed as manly and challenging limited expectations and having the wisdom to share that could benefit other men. Dan shared that the men could come to the small group and be objective about their troubles and what they are going through. He described it as getting past the rhetoric of the program and talking openly

and honestly. He further explained that no one in the group is alone; they need each other and God. Doug said the small group time was his favorite part because it was when men could share gender-specific issues and pray for and encourage each other. A broad theme that emerged from the study by Fogarty et al. (2015) concerning wisdom that men obtained through experiences and sharing this advice with other men who may be struggling and finding peers is essential though joining a Men's Shed, for example.

This study reported each man's personal story and determined what specific elements in group therapy helped to improve coping self-efficacy and recovery from addiction and harmful habits. The themes shed light on how men improve and included the 12-step program, fellowship and sharing, positive experiences, the group family, participant actions and breakthroughs, and finding hope and faith. The themes reflect the "Hows" for helping men in group therapy.

A novel finding from this study was how music was a motivator in helping men cope, reframe, and find comfort in their struggles. Music emerged as a motivator to attract and retain men in the program.

Theoretical Literature Comparison

Social Cognitive Theory provides a framework for this study to understand how coping with life issues is processed and how group therapy enhances self-efficacy for participants. SCT emerged from Albert Bandura's earlier work on social learning theory and self-efficacy (Newman & Newman, 2016). As mentioned, Bandura (1991) argued that individuals use self-evaluation to self-regulate to meet challenges. Self-evaluation is a necessary action that participants must undertake in group therapy, followed by self-regulation to frame, and cope with problems. A self-inventory is done while in a step study in Celebrate Recovery as a form of self-evaluation. Newman and Newman (2016) explained that "people who can control or limit

thoughts that create intense anxiety or depression can better plan, revise, and adapt strategies to preserve flexibility and implement new directions to achieve goals" (p. 148). In addition to these aspects of coping self-efficacy, Bandura discussed the social and environmental components of agency. Bandura posited that humans are social, and their learning capacity is enhanced by observing and imitating others; Bandura named this collective agency (Newman & Newman, 2016). The findings from this study align with collective agency theory. The collective agency theory provides a framework for understanding how being part of a therapeutic group improves men's coping self-efficacy. The open sharing and using sponsors and accountability partners align with SCT constructs. Evans (2023) explained that SCT indicates that people are more likely to imitate the behavior of others they perceive as similar to themselves. Evans report, "Role modeling, then, becomes an essential function of peer support programs, especially those organized around shared lived experiences as a basis of support "(p. 33). However, SCT does not address how faith in a higher power, God, helps individuals cope with life issues and problems. In this study, however, faith in God did help individuals cope with life issues and problems. Responses to interview questions provided examples of how the participant's faith in God helped them cope and recover.

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Implications

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This instrumental case study has theoretical, empirical, and practical implications. The results of this study could inform group leaders, counselors, pastors, and researchers in providing effective services to men in therapeutic counseling. Men are reluctant to seek support and admit they are suffering. Others can use the conclusions of this study to implement strategies to draw and retain men in therapy settings.

Theoretical Implications

The theoretical orientation for this study was based on SCT. This study addressed how a therapeutic men's group helped men cope with their problems. The group uses a 12-step program and eight principles based on Jesus's teaching in Matthew, Chapter Five, to develop their faith in God and a support team with a sponsor and accountability partner. In the group setting, participants network with other participants. They share and listen to build positive self-efficacy, a form of faith in oneself to handle obstacles. Self-efficacy is a social cognition construct (social learning) that refers to a person's self-belief in their ability to perform a specific task (Appelbaum & Hare, 1996; Bandura, 1991).

Empirical Implications

This study provides evidence regarding men and their coping styles. Unfortunately, too many men turn to alcohol, drugs, pornography, people-pleasing, codependency, and other damaging alternatives to medicate themselves as a form of coping. This study, through the examples of participant successes, presented evidence supporting the effectiveness of group therapy in bringing hope and social and spiritual renewal to men in need of help and positive alternatives.

Practical Implications

Efforts to help men need to occur early in boyhood. More programs for males that teach coping skills and problem-solving could reduce some of the ills that plague a man's life. Sports and the Boy Scouts teach teamwork and executive and practical skills. Many boys have access to these opportunities, but some need other alternatives to meet their needs. Public and private schools provide programs through the school counseling and guidance department. Many focus on specific needs, such as "Banana Splits group" for children with divorcing parents or for helping with obesity. Private programs do exist that offer camps for boys. Hero's Pursuit by

Michelle Icard is a program for middle school boys that develops unique leadership styles and provides strategies for dealing with peer pressure while making friends and having fun. Healing Young People Through Empowerment is a curriculum for counselors to implement with African American teenage boys living in urban areas. The researcher of this study is passionate about providing more programs that reach men and boys. Celebrate Recovery is a ministry for men that can answer this call. The development of men's groups in churches will be of great support. However, many churches lack trained leaders to start a group. Fredrick Douglass said: "It is easier to build strong children than to repair broken men." This message is meaningful today.

Delimitations and Limitations

The researcher for this study decided to interview participants from the Celebrate Recovery Program because it is open to anyone seeking support and has therapeutic men's groups. There are no membership restrictions for CR. Churches host most sites, and CR participants are not required to be church members. CR is a Christian-based program; thus, participants recognize Christianity as their religious preference. However, anyone can attend, regardless of religious beliefs. The inclusion criteria for this study were that the men had to be 18 years or older, have participated in the CR program for three or more months, and working on recovering from addictions. This researcher wanted to interview participants who were committed to recovery, and in 3 months, they understood the program and decided to recover from their issues. This researcher decided to limit participants to men who were recovering from addictions. The rationale for focusing on recovery from addiction was to focus on one issue instead of being too broad in scope. The intention was to interview men with sexual addictions only. However, this population was reticent to participate, and the researcher adjusted the inclusion criteria to include chemical abuse to get more participants.

As with any study, this one had limitations. The diversity of the participants was limited. Eight participants were Caucasian, with one African American and one Pacific Islander. The limitation was due to the absence of diversity within the CR Program. Some ethnic groups are represented, but the numbers are low. Further, it was challenging to recruit men. For many, it was a huge step to attend a program for recovery or admit they needed help. Findings from the study suggested that men are reluctant to seek counseling services. Participating in a research project was out of their comfort or trust level. It was not uncommon for men to sign up and change their minds before the interview. The men in the study were the exception and were deeply committed to participating in efforts to help other men.

Recommendations for Future Research

The results of this study have several implications for future research. First, more diversity is needed to understand men's experiences from various ethnic groups and orientations. This study had only two men from minority populations (African American and Pacific Islander). The reason for the absence of diversity in the study is that few men attend CR, and many were reluctant to participate in the research. Research studies on men of color and their experience in counseling and therapeutic groups are lacking. Therefore, it is recommended to address this research gap and focus on minority men and men of color to explore the experiences of, for example, Asian, Hispanic, Native American, and African American men in therapeutic groups. Or the experiences of gay, bisexual, or transexual men. Or older men. It is worth exploring how culture and orientation impact the results. These essential questions can provide more significant insights into helping all men.

Second, there is a need to focus on specific men's issues in the group. A study on men with depression, loneliness, pornography addiction, suicidal ideation, military veterans with

PTSD, grieving widowers, men with life-threatening illnesses, or men who batter spouses or partners could provide data on how therapeutic groups help with these issues. Researchers could also focus on comorbid conditions to examine how depression contributes to low self-esteem and how therapeutic groups provide support. Men bring many areas of concern critical to research that needs discovering and understanding and practices to give support. A beginning challenge is discovering more strategies to help men become willing to trust counseling and counseling services.

Third, a longitudinal study would provide data to inform researchers of how therapeutic men groups impact men over time, such as 5–10 years or more. Quantitative studies could provide meaningful statistics on the long-term progress of men attending groups. These studies should include men of color and focus on the various issues that impact the lives of men.

Lastly, studying various men's groups could provide more data on the impact of group therapy. Many groups exist, and new ones are constantly emerging. AA is a long-standing group that could provide data from another group's perspective. Groups for college men, such as Men in Transition, would provide data for a specific population of men. The goal is to create more groups for males that can provide life-changing support.

Summary

This qualitative instrumental case study aimed to determine how therapeutic men's groups facilitated a positive change in men. The most impactful takeaway from the results was that men need men, and men can help men. Beginning early in life, boys need their father or a father figure to show them love, acceptance, and skills to cope with the vicissitudes of life. Along with fathers, men must enjoy fellowship and friendship with other men. The Bible provides examples of the benefits of men being friends with other men. Proverbs 18:24 reads, "A

man that hath friends must shew himself friendly: And there is a friend that sticketh closer than a brother" (KJV). David and Jonathan are an example of friendship in the Bible, where Jonathan protected David from his father Saul, and David looked after Jonathan's children after his death. Jesus had 12 apostles who were his close friends, but his inner circle was Peter, James, and John. If Jesus needed close friends while on earth, so do all men. Another point from the Bible, based on the example of Apostle Paul and his close friends Barnabas and Timothy, demonstrated that everyone needs a mentor, an associate, and an apprentice. Paul was Barnabas's mentor while he mentored Timothy but had other men in his life as his equal associates or friends. A second takeaway from this study was that men need support in learning positive coping methods. Alcohol, drugs, pornography addiction, domestic violence, and suicide are detrimental attempts to self-medicate or cope and work through more profound issues. Results from this study suggested that a therapeutic men's group does help men find their way to recovery and provide freedom to be the best sons, husbands, fathers, and all the roles the men serve.

I plan to research how therapeutic groups help African American teens and boys in future studies. I want to build programs that help youth deal with challenges such as peer pressure, obesity, fatherlessness, poverty, and losing a parent or significant other. As an African American man, I have faced many of these challenges and silently wished there was help for me to cope and receive mentorship growing up. My goal is to generate more research that could create more services for African American males who do not have the opportunity to go to camps or join the Boy Scouts or another organization that can support them as they transition into manhood. I also want to research how to help men with specific challenges, such as parenting and fatherhood, coping with job stress, and recovering from addictions. I learned a great deal during this experience as a researcher. My level of confidence grew with each interview. I learned how to

listen attentively and note the interview questions that were unclear and needed revision. The in-person interviews help hone the skills of observation of body language, facial expression, and gestures to gauge feelings about specific topics in questions. Currently, I am working with another leader in my church to revamp a men's fellowship group with the vision of giving men a place to develop relationships, obtain support and information on relevant topics, grow spiritually, and have fun with other men. As the results from my study suggested, men need men, and I want to start work now. This study was a launching pad to begin my scholarly journey as a community care and counseling practitioner. I endeavor to serve, counsel, and teach with God's guidance and follow his plan for me.

REFERENCES

Abreu, Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000). Ethnic belonging and traditional masculinity ideology among African Americans, European Americans, and Latinos. *Psychology of Men and Masculinity.*, *1*(2), 75–86. https://doi.org/10.1037/1524-9220.1.2.75

Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass, 4*(2), 107–118.

Alterio, M. (2004). Collaborative journaling as a professional development tool. *Journal of Further and Higher Education*, *28*(3), 321–332. https://doi.org/10.1080/0309877042000241788

Appelbaum, S. H., & Hare, A. (1996). Self-efficacy as a mediator of goal setting and performance. *Journal of Managerial Psychology*, *11*(3), 33–47. https://doi.org/10.1108/02683949610113584

Baker, J (1998) Celebrate recovery leader's guide. Grand Rapids, MI: Zondervan Publishing House.

Baker, J. (2012). *Your first step to celebrate recovery: How God can heal your life*. Zondervan.

Balaban, O. (2002) *Epoche*: *Meaning, object,* and *existence* in Husserl's phenomenology. In A. T. Tymieniecka (Ed.), *Phenomenology World-wide* (Vol. 80, pp.103-114). Springer. https://doi.org/10.1007/978-94-007-0473-2_10

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, *50*(2), 248–287. https://doi.org/10.1016/0749-5978(91)90022-l

Bates, E. A., & Taylor, J. C. (Eds.). (2019). *Intimate partner violence: New perspectives in research and practice* (1st ed.). Routledge.

Baxter, P., & Jack, S. (2008) Qualitative case study methodology: Study design and
implementation for novice researchers. *The Qualitative Report*, 13(4) 544-559.
tps://doi.org/10.46743/2160-3715/2008.1573

Benight, C. C., Harding-Taylor, A., Midboe, A. M., & Durham, R. (2004). Development and
psychometric validation of a domestic violence coping self-efficacy measure. *Journal of
Traumatic Stress*, *17*, 505–508. https://doi.org/10.1007/s10960-004-5799-3

Benight, C. C., Shoji, K., James, L. E., Waldrep, E. E., Delahanty, D. L., & Cieslak, R. (2015).
Trauma coping self-efficacy: A context-specific self-efficacy measure for traumatic
stress. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(6), 591–599.

Betty Ford Institute Consensus Panel. (2007). What is recovery? A working definition from the
Betty Ford Institute. *Journal of substance abuse treatment 33*, 221–228.

Bogdan, R., & Biklen, S. K. (2016). *Qualitative research for education: An introduction to
theories and methods*. Pearson India Education Services.

Bosmans, M. W., Hofland, H. W., Jong, A. E., & Loey, N. E. (2015). Coping with burns: The role
of coping self-efficacy in the recovery from traumatic stress following burn injuries.
Journal of Behavioral Medicine, 38(4), 642–651.

Breakwell, G. M. (2015) Coping with threatened identities. Psychology Press.

Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation,
and treatment*. Sage Publications.

Brown, A. E., Tonigan, J. S., Pavlik, V. N., Kosten, T. R., & Volk, R. J. (2011). Spirituality and
confidence to resist substance use among celebrate recovery participants. *Journal of
Religion and Health, 52*(1), 107–113.

Brown, N. W. (2018). *Psychoeducational groups process and practice*. Taylor & Francis Group.

Buitenbos, P. (2012). Good grief! It's a men's group, Charlie Brown. *Canadian Journal of Counselling and Psychotherapy*, 46(4), 335-343.

Buzan, & Harrison, J. (2011). Buzan's study skills: mind ma, s, memory techniques, speed reading (New ed.). BBC Active.

Caplan, L. J., & Schooler, C. (2007). Socioeconomic status and financial coping strategies: The mediating role of perceived control. *Social Psychology Quarterly*, *70*(1), 43–58. https://doi.org/10.1177/019027250707000106

Cohen, M. Z., & Omery, A. (1994). Schools of phenomenology: Implications for research. *Critical issues in qualitative research methods*, *2*, 136-153.

Cole, B. P., & Davidson, M. M. (2019). Exploring men's perceptions about male depression. *Psychology of Men & Masculinities*, *20*(4), 459–466. https://doi.org/10.1037/men0000176

Coleman, C. (2019). Let's celebrate recovery. Inclusive cities working together to support social cohesion. *Addiction Research & Theory*, *27*(1), 55–64. https://doi.org/10.1080/16066359.2018.1520223

Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology*, *61*(1), 679–704. https://doi.org/10.1146/annurev.psych.093008.100352

Coppens, C. M., DeBoer, S. F., & Koolhaas, J. M. (2010). Coping styles and behavioral flexibility: Towards underlying mechanisms. *Philosophical Transactions of the Royal Society B: Biological Sciences, 365*(1560), 4021–4028.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

Csiernik, R., & Arundel, M. K. (2013). Does counseling format play a role in client retention? *Journal of Groups in Addiction & Recovery*, *8(4)*, 262–269. https://doi.org/10.1080/1556035X.2013.836865

Curtis, S. F. (2020). Individual pastoral counseling in combination with experience. Liberty University ttps://liberty.alma.exlibrisgroup.com/discovery/openurl?institution=01LIBU_INST&rfr_id=info:sid%2Fsummon&rft_dat=ie%3D51210900040004916,language%3DEN&svc_dat=CTO&u.ignore_date_coverage=true&vid=01LIBU_INST:Services

Danzman, R. (2020, February 26). Why are college students feeling so lonely? *Psychology Today*. https://www.psychologytoday.com/us/blog/campus-crunch/202002/why-are-college-students-feeling-so-lonely

Denzin, N. K., & Lincoln, Y. S. (2003). *The landscape of qualitative research: Theories and issues*. Sage.

Diiorio, C., Steenland, K., Goodman, M., Butler, S., Liff, J., & Roberts, P. (2010). Differences in treatment-based beliefs and coping between African American and White men with prostate cancer. *Journal of Community Health, 36*(4), 505–512.

Dodge, P. R. (2011). Managing school behavior: A qualitative case study. ttps://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/dissertations-theses/managing-school-behavior-qualitative-case-study/docview/874973680/se-2

Dvorkin, K. (2015). Working with men in therapy. *Group, 39*(3), 241–250.

Ellis, K. R., Griffith, D. M., Allen, J. O., Thorpe, R. J., & Bruce, M. A. (2015). "If you do nothing about stress, the next thing you know, you're shattered": Perspectives on African American men's stress, coping and health from African American men and key women in their lives. *Social Science & Medicine, 139*, 107–114.

Englar-Carlson, M., Evans, M. P., & Duffey, T. (2014). *A counselor's guide to working with men*. American Counseling Association.

Englar-Carlson, M., & Stevens, M. A. (2006). *In the room with men: A casebook of therapeutic change*. American Psychological Association.

Evans, G. W., & Kim, P. (2012). Childhood poverty and young adults' allostatic load. *Psychological Science*, *23*(9), 979–983. https://doi.org/10.1177/0956797612441218

Evans, M. (2023). *Peer support services reaching people with schizophrenia: Considerations for research and practice*. Springer International.

Evans, M. P., Duffey, T., & Englar-Carlson, M. (2013). Introduction to the special issue: Men in counseling. *Journal of Counseling & Development*, *91*(4), 387–389. https://doi.org/10.1002/j.1556-6676.2013.00108.x

Evans, T. J. (2010). *Sober and alone: A phenomenological exploration of the loneliness experienced by recovering alcoholics*. [Unpublished doctoral dissertation]. Liberty University.

Falicov, C. J. (2010). Changing constructions of machismo for Latino men in therapy: "The devil never sleeps." *Family Process, 49*(3), 309–329.

Feinstein, B. A., Davila, J., & Dyar, C. (2017). A weekly diary study of minority stress, coping, and internalizing symptoms among gay men. *Journal of Consulting and Clinical Psychology, 85*(12), 1144–1157.

Fogarty, A. S., Proudfoot, J., Whittle, E. L., Player, M. J., Christensen, H., Hadzi-Pavlovic, D., &
Wilhelm, K. (2015). Men's use of positive strategies for preventing and managing
depression: A qualitative investigation. *Journal of Affective Disorders, 188*, 179–187.

Folkman, S. (2012). Stress, coping, and hope: a guide to emotional and p*sychological Aspects of
Cancer,* 119-127. Springer.

Furman, I., Parra, L., Fuentes, A., & Devoto, L. (2010). Men's participation in psychologic
counseling services offered during in vitro fertilization treatments. *Fertility and Sterility,
94*(4), 1460–1464. https://doi.org/10.1016/j.fertnstert.2009.06.043

Garfield, R. (2010). Male emotional intimacy: How therapeutic men's groups can enhance
couple's therapy. *Family Process, 49*(1), 109–122.

Garland, D. R. (2012). *Family ministry: A comprehensive guide* (2nd ed.). IVP Academic.

Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative health research*, *14*(10),
1429-1452.

Gladding, S. T. (2013). *Counseling a comprehensive profession*. Prentice Hall.

Goodwill, J. R., Watkins, D. C., Johnson, N. C., & Allen, J. O. (2018). An exploratory study of
stress and coping among Black college men. *American Journal of Orthopsychiatry*,
88(5), 538–549. https://doi.org/10.1037/ort0000313

Green, R., Smith, G., & Patel, I. (2010). Using family work to support an Asian man coping with
psychosis. *Mental Health Practice*, *13*(9), 30–36.
https://doi.org/10.7748/mhp2010.06.13.9.30.c7807

Guest, G., Namey, E., & Mitchell, M. (2013). Participant observation. *Collecting qualitative
data (*pp. 75–112). Sage Publications, Ltd. https://doi.org/10.4135/9781506374680

Haagen, J. F., Rijn, A. V., Knipscheer, J. W., Aa, N. V., & Kleber, R. J. (2018). The dissociative post-traumatic stress disorder (PTSD) subtype: A treatment outcome cohort study in veterans with PTSD. *British Journal of Clinical Psychology, 57*(2), 203–222.

Hart, C. L., Ray, O., & Ksir, C. (2013). *Drugs, society & human behavior*. McGraw-Hill.

Heidegger, M., Macquarrie, J., & Robinson, E. (1962). Being and time.

Hensen, B. A., & Koltz, R. L. (2018). Counseling aging men: Best practices for group counseling. *Adult Span Journal*17 (2), 97–108. https://doi.org/10.1002/adsp.12063

Heppner, P., Wampold, B., Owen, J., Wang, K., & Thompson, M. (2016). *Research design in counseling* (4th ed.). Cengage Learning.

Hernandez, C. A., Oliffe, J. L., Joyce, A. S., Sochting, I., & Ogrodniczuk, J. S. (2014). Treatment preferences among men attending outpatient psychiatric services. *Journal of Mental Health, 23*(2), 83–87.

Hines, E. M., Hines, M. R., Moore, J. L., Steen, S., Singleton, P., Cintron, D., Golden, M.N.,

Traverso, K., Wathen, B., Henderson, J. (2020). Preparing African American males for college: A group counseling approach. *The Journal for Specialists in Group Work*, *45*(2), 129–145. https://doi.org/10.1080/01933922.2020.1740846

Hudson, D. L., Eaton, J., Lewis, P., Grant, P., Sewell, W., & Gilbert, K. (2016). "Racism?!? . . . just look at our neighborhoods." *The Journal of Men's Studies, 24*(2), 130–150.

Husserl, E. (2012). *Ideas: General introduction to pure phenomenology*. Routledge.

Ingen, E. V., & Wright, K. B. (2016). Predictors of mobilizing online coping versus offline coping resources after negative life events. *Computers in Human Behavior, 59*, 31–439.

Iwamoto, D. K., Liao, L., & Liu, W. M. (2010). Masculine norms, avoidant coping, Asian values, and depression among Asian American men. *Psychology of Men & Masculinity*, *11*(1), 15–24. https://doi.org/10.1037/a0017874

Jansen S. Men are emotionally competent: considerations on group therapy with men. South African Journal of Psychology. 2020;50(2):154-157. doi:10.1177/0081246319854360

Johnson, B. W., & Hayes, D. N. (1997). An identity-focused counseling group for men. *Journal of Mental Health Counseling, 19*(3), 295.

Joseph, R. (2019). Poverty, welfare, and self-sufficiency: Implications for the social work profession. *Journal of Poverty, 23*(6), 505–520.

https://doi.org/10.1080/10875549.2019.1616037

Kalkbrenner, M. T., & Neukrug, E. S. (2018). Identifying barriers to attendance in counseling among adults in the United States: Confirming the factor structure of the revised fit, stigma, & value scale. *The Professional Counselor*, *8*(4), 299–313.

https://doi.org/10.15241/mtk.8.4.299

Kawulich, B. B. (2005). Participant observation as a data collection method. *Forum: Qualitative Social Research, 6(2).*

Kearney, L. K., Draper, M., & Baron, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity and Ethnic Minority Psychology*, *11*(3), 272–285.

https://doi.org/10.1037/1099-9809.11.3.272

Kent, G. (1987). Self-efficacious control over reported physiological cognitive and behavioral symptoms of dental anxiety. *Research and Therapy*, *25*, 341–347.

Kent, G., & Gibbons, R. (1987). Self-efficacy and the control of anxious cognitions. *Journal of Behavior Therapy and Experimental Psychiatry*, *18 (1)*, 33–40.

Keohane, A., & Richardson, N. (2018). Negotiating gender norms to support men in

   psychological distress. *American Journal of Men's Health, 12*(1), 160–171.

Kivari, C. A., Oliffe, J. L., Borgen, W. A., & Westwood, M. J. (2018). No man left behind:

   Effectively engaging male military veterans in counseling. *American Journal of Men's

   Health, 12*(2), 241–251. https://doi.org/10.1177/1557988316630538

Kleszczewska-Albinska, A., & Skudlarek, M. (2020). Motivation for participation in rehab

   therapy and stress-coping styles in alcohol dependent women and men. *Alcoholism and

   Drug Addiction*, *33*(3), 219–238. https://doi.org/10.5114/ain.2020.101799

Kocalevent, R., Zenger, M., Hinz, A., Klapp, B., & Brahler, E. (2017). Resilient coping in the

   general population: Standardization of the brief resilient coping scale (BRCS). *Health

   and Quality of Life Outcomes, 15*(1), 1–8.

Krapic, N., Hudek-Knezevic, J., & Kardum, I. (2015). *Stress in adolescence: Effects on

   development*. In International Encyclopedia of the Social & Behavioral Sciences, 22, pp.

   562-569. Elsevier. https://doi.org/10.1016/B978-0-08-097086-8.23031-6

Langenhof, M. R., & Komdeur, J. (2018). Why and how the early-life environment affects

   development of coping behaviors. *Behavioral Ecology and Sociobiology, 72*(3), 1-32.

Lawson, D. M. (2010). Comparing cognitive behavioral therapy and integrated cognitive

   behavioral therapy/psychodynamic therapy in group treatment for partner-violent men.

   Psychotherapy: Theory, Research, Practice, Training, 47(1), 122–133.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Lemieux, A. M., Saman, D. M., & Lutfiyya, M. N. (2014, April). Men and suicide in primary

   care. *Disease-a-month: DM*, *60*(4), 155–161.

   https://www.ncbi.nlm.nih.gov/pubmed/24726083

Leprince, C., D'Arripe-Longueville, F., & Doron, J. (2018). Coping in teams: Exploring athletes'

    communal coping strategies to deal with shared stressors. *Frontiers in Psychology, 9*.

LeVasseur, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative health

    research*, *13*(3), 408-420.

Li, C. E., DiGiuseppe, R., & Froh, J. (2006). The roles of sex, gender, and coping in adolescent

    depression. *Adolescence, 41 (163)*, 409–415.

Line, B. Y., & Cooper, A. (2002). Group therapy: Essential component for success with sexually

    acting out problems among men. *Sexual Addiction & Compulsivity*, *9*(1), 15–32.

    https://doi.org/10.1080/107201602317346610

Lu, A., & Wong, Y. J. (2013). Stressful Experiences of Masculinity Among U.S.-Born and

    Immigrant Asian American Men. Gender & Society, 27(3), 345–371.

    https://doi.org/10.1177/0891243213479446

Lynch, L., Long, M., & Moorhead, A. (2016). Young men, help-seeking, and mental health

    services: Exploring barriers and solutions. *American Journal of Men's Health, 12*(1),

    138–149. https://doi.org/10.1177/1557988315619469

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet*,

    358(9280), 483–488. https://doi.org/10.1016/s0140-6736(01)05627-6

McCarthy, B., & Wald Ross, L. (2018). Healthy male and couple sexuality: Integral components

    of the sexual compulsivity/addiction recovery process. *Sexual Addiction & Compulsivity*,

    25(2–3), 216–225. https://doi.org/10.1080/10720162.2018.1532363

McDonagh, L. K., Nielsen, E., McDermott, D. T., Davies, N., & Morrison, T. G. (2017). "I want

    to feel like a full man": Conceptualizing gay, bisexual, and heterosexual men's sexual

    difficulties. *The Journal of Sex Research, 55*(6), 783–801.

Merriam, S. B., & Tisdell, E. J. (2017). *Qualitative research: A guide to design and implementation*. Langara College.

Moritz, S., Ludtke, T., Westermann, S., Hermeneit, J., Watroba, J., & Lincoln, T. M. (2016). Dysfunctional coping with stress in psychosis: An investigation with the maladaptive and adaptive coping styles (MAX) questionnaire. *Schizophrenia Research, 175*(1–3), 129–135.

Mosciki, E. K. (1997). Identification of suicide risk factors using epidemiological studies. *Psychiatric Clinics of North America, 20*(3), 499–517.

Mullen, K., Holliday, R., Morris, E., Raja, A., & Surís, A. (2014). Cognitive processing therapy for male veterans with military sexual trauma-related posttraumatic stress disorder. *Journal of Anxiety Disorders*, *28*(8), 761–764. https://doi.org/10.1016/j.janxdis.2014.09.004

Murphy, C. M., & Shillingford, M. A. (2012). Supporting unemployed, middle-aged men: A psychoeducational group approach. *Journal of Employment Counseling*, *49(2)*, 85–96.

Nahon, D., & Lander, N. R. (2008). Recruitment and engagement in men's psychotherapy groups: An integrity model, value-based perspective. *International Journal of Men's Health*, *7*(3), 218–236. https://doi.org/10.3149/jmh.0703.218

Nahon, D., & Lander, N. R. (2013). Working with men in groups from an integrity model perspective. *The Journal of Men's Studies*, *21*(2), 162–177. https://doi.org/10.3149/jms.2102.162

Nash, A. J. (2020). The twelve steps and adolescent recovery: A concise review. *Substance Abuse, 3*(4), 1-6. https://doi.org/10.1177/1178221820904397

Nesset, M. B., Lara-Cabrera, M. L., Bjorngaard, J. H., Whittington, R., & Palmstierna, T. (2020). Cognitive behavioral group therapy versus mindfulness-based stress reduction group therapy for intimate partner violence: A randomized controlled trial. *BMC Psychiatry, 20*(1), 1–11. https://doi.org/10.1186/s12888-020-02582-4

Newman, B. M., & Newman, P. R. (2016). *Theories of human development* (2nd ed.). Psychology Press.

Nieman, K. T. (2007). *Cohesiveness and its effects on recovery among a celebrate recovery group: A hermeneutic interpretation* [Unpublished doctoral dissertation] The University of Louisiana at Monroe.

Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology, 100* (4), 569 –582. https://doi.org/10.1037/0021-843X.100.4.569

O'Leary, P. J. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child Abuse & Neglect, 33*(7), 471–479.

Oliffe, J. L., Broom, A., Popa, M., Jenkins, E. K., Rice, S. M., Ferlatte, O., & Rossnagel, E. (2018). Unpacking social isolation in men's suicidality. *Qualitative Health Research*, *29*(3), 315–327. https://doi.org/10.1177/1049732318800003

O'Neil, J. M. (1981). Male sex role conflicts, sexism, and masculinity: Psychological implications for men, women, and the counseling psychologist. *The Counseling Psychologist*, *9*(2), 1–80.

Orzack, M. H., Voluse, A. C., Wolf, D., & Hennen, J. (2006). An ongoing study of group treatment for men involved in problematic internet-enabled sexual behavior. *CyberPsychology & Behavior*, *9*(3), 348–360. https://doi.org/10.1089/cpb.2006.9.348

Papp, L. M., & Witt, N. L. (2010). Romantic partners' individual coping strategies and dyadic coping: Implications for relationship functioning. *Journal of Family Psychology*, *24*(5), 551–559. https://doi.org/10.1037/a0020836

Park, I. J., Wang, L., Williams, D. R., & Alegria, M. (2017). Coping with racism: Moderators of the discrimination-adjustment link among Mexican-origin adolescents. *Child Development, 89*(3), 293–310.

Philip, E. J., Merluzzi, T. V., Zhang, Z., & Heitzmann, C. A. (2012). Depression and cancer survivorship: Importance of coping self-efficacy in post-treatment survivors. *Psycho-Oncology, 22*(5), 987–994.

Price, C. A., Bush, K. R., & Price, S. J. (2017). *Families and change coping with stressful events and transitions*. Sage.

Rabinwitz, F. E. (2019). *Deepening group psychotherapy with men*. American Psychological Association.

Ralston, K. M. (2019). "If I was a 'real man'": The role of gender stereotypes in the recovery process for men who experience sexual victimization. *The Journal of Men's Studies*, *28*(2), 127–148. https://doi.org/10.1177/1060826519864475

Ramirez, J. L., & Badger, T. A. (2014). Men navigating inward and outward through depression. *Archives of Psychiatric Nursing*, *28*(1), 21–28. https://doi.org/10.1016/j.apnu.2013.10.001

Riva, M. T., Wachtel, M., & Lasky, G. B. (2004). *Effective leadership in group counseling and psychotherapy: Research and practice*. Sage Publications.

Roberg, L., Nilsen, L., & Rossberg, J. I. (2018). How do men with severe sexual and physical childhood traumatization experience trauma-stabilizing group treatment? A qualitative

study. *European Journal of Psychotraumatology*, *9*(1), 1-11.

https://doi.org/10.1080/20008198.2018.1541697

Santha, K. (2020). Using unstructured cognitive maps to analyze the reflective thinking of

teachers: Results of qualitative research. *The New Educational Review, 60* (2), 51–164.

Schaub, M., & Williams, C. (2007). Examining the relations between masculine gender role

conflict and men's expectations about counseling. *Psychology of Men & Masculinity*,

8(1), 40–52. https://doi.org/10.1037/1524-9220.8.1.40

Schmuck, Richard (1997). Practical action research for change. Arlington Heights, IL:

IRI/Skylight

Scheinfeld, D. E., & Buser, S. J. (2012). Adventure therapy: A supplementary group therapy

approach for men. *Psychology of men and masculinity,* 12(2*),* 88–194.

https://doi.org/10.1037/e630802012-001

Scher, M. (n.d.). On Counseling Men. *The Personnel and Guidance Journal, 57*, 252–254.

https://doi.org/https://doi.org/10.1002/j.2164-4918.1979.tb05157.x

Scherp, H.-A. (2013). Quantifying qualitative data using cognitive maps. *International Journal

of Research & Method in Education*, *36*(1), 67–81.

https://doi.org/10.1080/1743727x.2012.696244

Schoenmarkers, E. C., van Tilbury, T. G., & Fokkema, T. (2015). Problem-focused and

emotional-focused coping options and loneliness: How are they related? *European

Journal of Ageing, 12*(2), 153–161. https://doi.org/10.1007/s10433-015-0336-1

Schunk, D. H. (2012). Social cognitive theory. In K. R. Harris, S. Graham, T. Urdan, C. B.

McCormick, G. M. Sinatra, & J. Sweller (Eds.), *APA handbooks in psychology. APA*

educational psychology handbook (Vol. 1, pp. 101–123). American Psychological Association. https://doi.org/10.1037/13273-005

Seager, M., & Thummel, U. (2009). "Chocolates and flowers? You must be joking!" Of men and tenderness in group therapy. *Group Analysis, 42*(3), 250–271. https://doi.org/10.1177/0533316409341335

Segrest, S. L., Romero, E. J., & Domke-Damonte, D. J. (2003). Exploring the role of machismo in gender discrimination: A comparison of Mexico and the US. *Equal Opportunities International*, 22(1), 13–31. https://doi.org/10.1108/02610150310787298

Seidler, Z. E., Rice, S. M., Ogrodniczuk, J. S., Oliffe, J. L., & Dhillon, H. M. (2018). Engaging men in psychological treatment: A scoping review. *American Journal of Men's Health, 12*(6), 1882–1900. https://doi.org/10.1177/1557988318792157

Seidler, Z. E., Rice, S. M., Oliffe, J. L., Fogarty, A. S., & Dhillon, H. M. (2017). Men in and out of treatment for depression: Strategies for improved engagement. *Australian Psychologist, 53*(5), 405–415. https://doi.org/10.1111/ap.12331

Seiffge-Krenke, I. (2015a). *Adolescents' health: A developmental perspective*. Routledge.

Seiffge-Krenke, I. (2015b). *Stress, coping, and relationships in adolescence*. Psychology Press.

Skovholt, T. M. (1978). Feminism and men's lives. *The Counseling Psychologist* 7(4*)*, 3–10.

Smith, N. G., Hart, T. A., Moody, C., Willis, A. C., Andersen, M. F., Blais, M., & Adam, B. (2015). Project PRIDE: A cognitive-behavioral group intervention to reduce HIV risk behaviors among HIV-negative young gay and bisexual men. *Cognitive and Behavioral Practice, 23*(3), 398–411. https://www.sciencedirect.com/science/article/pii/S1077722915000796

Spandler, H., Roy, A., & McKeown, M. (2013). Using football metaphor to engage men in therapeutic support. *Journal of Social Work Practice*, *28*(2), 229–245. https://doi.org/10.1080/02650533.2013.853286

Spekman, M. L., Konijn, E. A., & Hoorn, J. F. (2018). Perceptions of healthcare robots as a function of emotion-based coping: The importance of coping appraisals and coping strategies. *Computers in Human Behavior, 85*, 308–318.

Stake, R. E. (1995). *The art of case study research.* Sage.

Tetley, A., Jinks, M., Huband, N., & Howells, K. (2011). A systematic review of measures of therapeutic engagement in psychosocial and psychological treatment. *Journal of Clinical Psychology*, *67*(9), 927–941. https://doi.org/10.1002/jclp.20811

Thomas, A., Hammond, W. P., & Kohn-Wood, L. P. (2015). Chill, be cool man: African American men, identity, coping, and aggressive ideation. *Cultural Diversity and Ethnic Minority Psychology*, *21*(3), 369–379. https://doi.org/10.1037/a0037545

Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing, 16*(2), 151–155.

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80–96. https://doi.org/10.1177/1473325010368316

Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007). Structural models of the relations of assault severity, social support, avoidance coping, self-blame, and PTSD among sexual assault survivors. *Psychology of Women Quarterly*, *31*(1), 23–37. https://doi.org/10.1111/j.1471-6402.2007.00328.x

Vanover, C., Mihas, P., & Saldana, J. (2022). *Analyzing and interpreting qualitative research.* Sage.

Vareldzis, B. P., & Andronico, M. J. (2000). Developing a college men's growth group. *Journal of American College Health, 49*(2), 93–96. https://doi.org/10.1080/07448480009596289

Verhaagen, D. A. (2011). *Therapy with young men 16–24 year olds in treatment*. Brunner-Routledge.

Wade, J. C., & Good, G. E. (2010). Moving toward mainstream: Perspectives on enhancing therapy with men. *Psychotherapy: Theory, Research, Practice, Training, 47*(3), 273–275.

Wexler, D. (2009). *Men in therapy: New approaches for effective treatment*. W.W. Norton & Company.

Statistics Solutions. (2020, April 27). *What is confirmability in qualitative research and how do we establish it?* https://www.statisticssolutions.com/what-is-confirmability-in-qualitative-research-and-how-do-we-establish-it/

Winokur, G. (1997). All roads lead to depression: Clinically homogeneous, etiologically heterogeneous. *Journal of Affective Disorders, 45*(1), 97–108.

White, N. J., & Rayle, A. D. (2007) Strong teens: A school-based small group experience for African American males. *The Journal for Specialists in Group Work, 32*(2), 178–189. https://doi.org/10.1080/01933920701227224

Williams. (2012). *A phenomenological study: African American males in the educational profession.* [Unpublished doctoral dissertation] Liberty University.

Wilson, I. M., & Graham, K. (2017, January). *Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence. Drug and Alcohol Review.* 36(1), pp.115-124. https://doi.org/10.1111/dar.12405

Yalom, I. D., & Leszcz, M. (2021). *The theory and practice of group psychotherapy*. Basic Books.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Sage.

Zainal, Z. (2007). Case study as a research method. *Jurnal Kemanusiaan*, *9*, 1–6.

   https://doi.org/core.ac.uk/download/pdf/11784113.pdf

APPENDICES

APPENDIX A

RECRUITMENT FLYER

Research Participants Needed

Iron Sharpens Iron: How Therapeutic Men's Groups Facilitate Positive Change in Men

- Are you 18 years of age or older?
- Have you participated in the Celebrate Recovery Program or Men's group for 3 months or more?
- Are you struggling with addiction?

_____

If you answered **yes** to either of these questions, you may be eligible to participate in a research study.

The purpose of this research study is to identify the factors that are successful in attracting and retaining men in a therapeutic men's group and the factors that are meaningful to men. Participants will be asked to participate in an interview lasting 45 minutes. I will also observe 2 Celebrate Recovery meetings and small groups.

The study will be conducted via teleconference or in person.

A $20 gift card will be given to participants. Andrew Lightsey, a doctoral candidate in the Community Care and Counseling program in the School of Behavioral Sciences at Liberty University, is conducting this study. Please contact Andrew Lightsey.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515
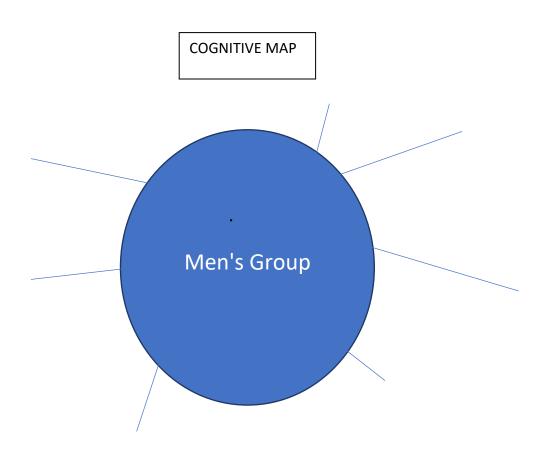
APPENDIX B

INTERVIEW QUESTIONS

1. What is your age, and where did you grow up?

2. Are you married, single or divorced?

3. Do you have children?

4. What is your occupation?

5. How did you get introduced to CR?

6. What brings you to CR? What are you in recovery for?

7. How long have you struggled with _____?

8. How has _____ impacted your life?

9. How would you describe the word recovery?

10. If someone were to ask you about your first experiences in Celebrate Recovery group, what would you tell them?

11. How would you describe the CR program to someone who is interested?

12. How does CR help you with hurts, habits and hang-ups?

13. Describe how the added incentives that make attending CR and group time attractive to you?

14. If you had three words to describe your **experience over time** in the CR group, what would those words be? Please explain each word.

15. What part(s) of the Celebrate Recovery group has/have helped you return time and time again to the group? Can you tell me more about _____?

16. What part(s) of CR group has/have been difficult for you? Can you tell me more about _____?

17. If someone were to ask you why you continue to attend the CR group, what would you tell them?

18. Think of a leader(s) in CR. How are they an effective or ineffective leader?

19. Tell me about a time when an experience in the CR group encouraged you to keep coming back to the group?

20. Which activity in CR has been the most impactful to you and why?

21. What would you want others to know about the CR group and the support it provides to you to keep improving?

22. If you were asked to lead a small group in CR, what three elements would you consider to be most important and why?

APPENDIX C

COGNITVE MAP

COGNITIVE MAP

Men's Group

APPENDIX D

IRB APPROVAL LETTER

IRB #: IRB-FY21-22-228

Title: Iron Sharpens Iron: How Therapeutic Men's Group's Facilitate Positive Change in Men Creation Date: 9-10-2021 End Date:

Status: Approved

Principal Investigator: Andrew Lightsey

Review Board: Research Ethics Office Sponsor:

Study History

Submission Type Initial	Review Type Limited	Decision Exempt - Limited IRB

Submission Type Modification	Review Type Limited	Decision Exempt - Limited IRB

Key Study Contacts

Member Andrew Lightsey	Role Principal Investigator	Contact

Member Timothy Evans	Role Primary Contact	Contact

Member Penny Boone	Role Co-Principal Investigator	Contact

APPENDIX E

INFORMED CONSENT FORM

Consent

Title of the Project: Iron Sharpens Iron: How Therapeutic Men's Group's Facilitate Positive Change in Men
Principal Investigator: Andrew Lightsey, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 or older, male, struggling with addiction, and have been a participant in the Celebrate Recovery Program for 3 months or more. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to identify factors that are successful in attracting and retaining men in a therapeutic men's group and factors that are meaningful to men. The information will help in training and informing group leader and counselors so they can develop and implement effective groups to help men in recovery.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:
1. Participate in a semi-structured interview that will last for 45 minutes. The interview will be conducted either in person or online via Zoom. The interview will be audio and video recorded.
2. During the interview, you will be given a cognitive map and asked to brainstorm your thoughts about Celebrate Recovery.
3. Interview transcripts will be sent to participants for review of accuracy.
4. The researcher will observe two Celebrate Recovery meetings and small groups to learn about the structure of the program and observe how men in groups engage with each other.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include contributing to the work of counseling and support in helping men grow, heal, and recover from life struggles and addictions. The information from this study will

help men become successful as individuals, husbands and fathers and lead a health and happier life.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Electronic data will be stored on a password-locked computer and may be used in future presentations. Paper copies will be stored in a locked filing cabinet. After three years, all electronic records will be deleted, and all paper files will be shredded.
- Interviews will be audio and video recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty. If you decide to participate, you are free to not answer any questions or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Andrew Lightsey. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him. You may also contact the researcher's faculty sponsor, Dr. Penny Boone.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the researcher using the information provided.
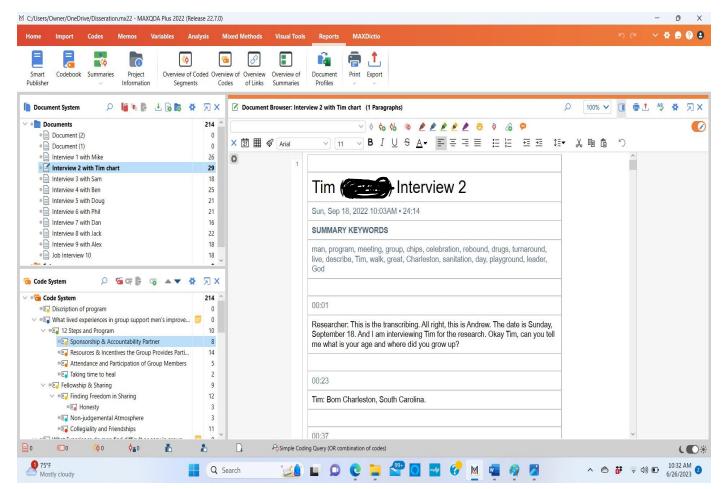
☐ The researcher has my permission to audio-record and video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

APPENDIX F

MAXQDA CODE SYSTEM EXAMPLE

APPENDIX G

STEPS IN ANALYSIS

Removed to comply with copyright.

Williams. (2012). *A phenomenological study: African American males in the educational profession.* [Unpublished doctoral dissertation] Liberty University.