

# The Men's Center Approach to Addressing the Health Crisis of College Men

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College men's health is in crisis, yet men are reluctant to seek mental health services. How can psychologists provide interventions to engage and empower college men to address their health needs? What are the components of culturally-tailored interventions for college men? We describe the origins and operations of a university-based Men's Center devoted to helping college men lead healthy lives. The Men's Center has evolved into a therapeutic and training approach that guides campus psychologists toward unique roles to intervene effectively with college men. Key components of the Men's Center Approach (MCA) include acceptance, nonjudgment and unconditional positive regard, respect for diversity, working from the inside-out, power sharing, strategic use of the planning process, therapeutic experiences in nontherapy settings, and fostering and strengthening commitments to social justice and activism. Central to these components is our notion of *possible masculinity*, in which we focus on men's aspirations and future goals for their identities and behaviors based on what men need to become healthy, responsible, and nurturing in their families and communities. Practical applications of these components are presented through examples of two Men's Center interventions. We conclude by discussing how psychologists can implement the MCA in their clinical practice with men to increase cultural competence with men while working across various settings.

*Keywords:* psychology of men, possible masculinity, training, men's health, men's center

College men are in the midst of a health crisis. Compared to college women, they complete suicide 4–12 times more frequently, engage in more risky and violent sexual behavior, have higher rates of drug and alcohol use, have more referrals to the campus conduct office, and commit more sexual assaults and

campus shootings (Courtenay, 1998, 2000; Douglas & Collins, 1997; Harper, Harris, & Mmeje, 2005; U.S. Department of Justice, 2008). Almost 75% of deaths among young adults aged 15–24 years occur among males (U.S. Department of Health and Human Services, 2009). Although many of these problems are preventable, men's resistance to help-seeking compounds this health crisis and presents challenges to university-based psychologists (Pederson & Vogel, 2007).

On college campuses, psychologists and university staff (e.g., advisors, student affairs professionals, residence directors) deliver interventions to enhance men's wellness and health. However, a lack of training in the psychology of men may contribute to the problems noted above, as many professionals lack the training to design interventions congruent with college men's cultural norms (Davis & Laker, 2004; Robertson, 2001). Student affairs professionals who encounter men's defensive or hostile reactions may have difficulty recognizing those reactions as responses to unmet developmental needs and/or outcomes of male socialization (Loschiavo, Miller, & Davies, 2007; Harper et al., 2005). Similarly, clinical supervisors often lack training in the psychology of men, which can negatively affect their work with male supervisees and subsequently with male clients (Wester, Vogel, & Archer, 2004). From a more general training perspective, most counseling psychology programs lack practice and training opportunities for students to learn about the psychology of men (Mellinger & Liu, 2006).

We join a list of scholars (e.g., Brooks, 1998; Liu, 2005; O'Neil, 2008; Wester, 2008) in articulating the importance of culture specific interventions for men. We provide a theoretical frame-

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work that describes socialization and developmental processes that contribute to men's physical and emotional health needs. Next, we describe the Men's Center Approach (MCA), which integrates this framework into a set of key components that guide interventions for college men and training programs for psychologists, university staff, and students. We present two examples of interventions that demonstrate the application of the MCA, and conclude by discussing the implications and challenges associated with enacting the MCA.

### Theoretical Framework: Conceptualizing the Crisis of College Men

Some scholars of the psychology of men (e.g., Courtenay, 2000; Levant, 1996; Pleck, 1995) have used social constructionist approaches (e.g., gender role socialization, gender role strain) to conceptualize men's adverse health behaviors and outcomes. We approach our work with college men from this perspective, which posits that masculinity and femininity are not automatic outcomes of biological difference between males and females. From this perspective, masculinity is seen as a construct that is constantly negotiated within physical, psychological, and social interactions that include modeling, reinforcement, and punishment (Levant, 1996; O'Neil, Helms, Gable, David, & Wrightsman, 1986). In the United States, men typically experience pressure to conform to norms of being independent, fearless, tough, invulnerable, self-reliant, stoic, and nonfeminine (Mahalik, Good, & Englar-Carlson, 2003; O'Neil, 2008). Gender role strain theorists assume that inevitable contradictions between these expectations and those of daily life lead to internal and external psychic conflict and distress. For more than 25 years and across many populations, researchers (see O'Neil, 2008, for an excellent review) have identified correlations between masculinity norms and men's diminished help seeking, psychological distress, and unhealthy behaviors (Blazina, Settle, & Eddins, 2008; Blazina & Watkins, 1996; Capraro, 2000).

Some authors have conceptualized these maladaptive health behaviors as men's misguided attempts to meet developmental needs too shameful or painful to acknowledge (Pollack, 1995; Rabinowitz & Cochran, 2002; Thompkins & Rando, 2003). Amid the excitement of entering college, many students experience a deep sense of loss when separating from family and friends and pressures to perform academically, become self-sufficient, discover a career, and develop and maintain relationships (Chickering & Reisser, 1993). Although male and female students both face these challenges, men's socialization to be stoic and self-sufficient may cause them to experience these transitions as particularly difficult and conclude that they negotiate these transitions without help from others (Davis & Laker, 2004; Harper et al., 2004).

Although some college men utilize traditional services at college counseling centers, researchers have found that many avoid traditional counseling due to fears of being perceived as weak and/or feeling vulnerable or incompetent in the counseling environment (Brooks, 1998; Robertson, 2001). As a result, many authors (Rabinowitz & Cochran, 2002; Rochlen, 2005) have identified the cultures of masculinity and psychotherapy as incongruent, stressing the need to develop gender-sensitive interventions to circumvent men's discomfort with seeking help.

Recommendations for male-sensitive counseling include creating approaches that are more closely aligned with men's cultural norms (Brooks, 2010; Liu, 2005). However, such approaches often work within the framework of traditional counseling, including a predominant focus on individual and group counseling. Some authors have introduced "male friendly" and/or positive psychology approaches to working with men (e.g., Brooks, 1998, 2010; Kiselica, 2003; Kiselica, Englar-Carlson, Horne, & Fisher, 2008; Pollack & Levant, 1998). Such approaches avoid a deficit model, focusing instead on enhancing men's and boy's strengths in therapy. Although these approaches have advanced service delivery to men, none have specifically targeted working with college men. There continues to be a need for alternate interventions that can be therapeutic without feeling and looking like traditional counseling.

### The Men's Center Approach

In 1998, a group of staff, faculty and students met to discuss the health concerns and lack of help seeking of male students at the University of Oregon. The group conducted focus groups with a cross-section of male students to (a) assess their perceptions of men's health issues and (b) barriers to seeking help, and (c) seek their suggestions for helping men lead healthy lifestyles (Davies et al., 2000). One suggestion was to create a Men's Center to legitimize men's health concerns and provide accessible and less threatening ways for men to learn about health issues. Since 2002, the Men's Center has been a recognized, funded student organization at the University of Oregon.

### Possible Masculinity

**Clinical roots.** The mission of the Men's Center is to promote *possible masculinity* to help men lead healthy lives. We define possible masculinity as an aspirational and future-oriented goal for men's identities and behaviors based on (a) what men want to be in the future, (b) what men require to meet their developmental needs, and (c) what we, as a community, need from men to foster community safety and health. Possible masculinity encompasses what men need to become healthy, responsible, tolerant, civil, and nurturing in their families and communities. Possible masculinity includes those attitudes, characteristics, behaviors, skills, and coping strategies that are required for men to lead positive, healthy lives.

Clinically, we observed that many interventions unsuccessfully approached masculinity from a deficit model (Kiselica et al., 2008; Levant, 1996). These interventions urged men what *not to do* but did not teach men healthy behaviors, attitudes and goals. In our clinical work, we sensed a lack of purpose in the lives of men who were experiencing difficulties. Feeling unsuccessful at challenging their current behavior, we began to consider possible masculinity as a new way to engage men by asking them about their future goals. This future-focus adds a dimension not overtly addressed in other models of positive masculinity. When the men focused on their future goals, they were able to identify barriers to reaching those goals, assume responsibility, and engage in problem solving about addressing barriers. The Men's Center needed to give men a sense of direction, stressing strengths and the acquisition of positive skills.

At the same time, we were aware of frustration and anger towards men by members of the campus community who had been negatively affected by some men's behavior. We needed to address those legitimate emotions and find ways to communicate those concerns to men effectively and productively. As such, we believe that our approach differs from positive masculinity approaches (Kiselica et al., 2008; Riggle et al., 2008), in that we blend holding men accountable for their actions as we emphasize the development of new norms for men. Our emphasis on the importance of men's contributions to their community provides another dimension to men's health not currently discussed in other approaches to working with men.

**Theoretical roots.** Possible masculinity includes concepts of positive masculinity, positive psychology, person-centered therapy, and *possible selves* (i.e., what one hopes to be in the future; Markus & Nurius, 1986). Possible masculinity considers incongruence between men's real and ideal selves. Although men's real selves may be marked by negative health behaviors, relationship disruptions, feelings of shame and guilt, and adherence to restrictive masculine norms, their ideal selves are often much more positive (e.g., courageous, reliable; Levant, 1996; Mahalik et al., 2003). Despite previous researchers' limited success at using discrepancies between men's "ideal" and "real" selves to investigate gender role strain (c.f., Pleck, 1995), our experience is that when men engage in discussion about these differences a lot can be accomplished. A difference between our approach and the Rog-erian view of this conflict is that possible masculinity looks at the incongruence between real self versus ideal *future* self; we consider men capable of making lasting change towards congruence between their real and ideal future selves, including appropriate expression of emotion, positive health behaviors, power sharing in relationships, and flexibility in gender roles.

**Integration of clinical and theoretical roots.** Given the negative behavior of some college men, how are we able to maintain a positive view of college men and their potential? Men's Center staff and volunteers are not immune to strong, negative reactions to the racist, sexist, homophobic or otherwise traumatizing comments and behavior of some college men. Providing staff with opportunities to share negative or counter-transference feelings is a necessary step to develop and maintain empathy for men. Men's Center leaders listen to and validate negative reactions, and help staff and volunteers consider men's behavior in light of socialization. This reminds staff and volunteers of their own socialization and provides a framework for understanding differences between men's intentions and their behaviors. Third, by creating a safe climate for college men to share their concerns, we are more apt to hear about the issues that underlie their negative behavior. Witnessing this vulnerability provides insight, empathy and hope for men's future. Adding to our optimism is our belief that a positive attitude is essential to facilitating nondefensive, productive dialogues with men and increasing the likelihood for an effective intervention.

By promoting possible masculinity, we are attempting to redefine masculine ideals to become ideals that promote the health of men and society. Our goals for working with men are that they begin to integrate the following characteristics, attitudes, and ideals into their identities and behaviors: (a) Respect for diversity, (b) awareness of the power and privilege inherent in being male, (c) engagement in nonviolent conflict resolution, (d) awareness of

gendered socialization processes and men's interdependency needs, (e) openness to seeking help, (f) holding a true sense of competence, (g) ability to express a wide range of feelings, (h) ability to foster healthy, equal, intimate relationships, (i) ability and persistence to achieve academic and career success, (j) ability to find and create meaning and purpose in one's life, and (k) excitement about the positive qualities that men possess and contributions they can make to society. We conceptualize these goals for possible masculinity as evolving, dynamic aspirations.

### Training in the Men's Center

Training is one of the most important functions of the Men's Center. We use *trainee* as an overarching term to describe individual(s) who gain knowledge, skills, and self-awareness about working with men through various levels of involvement in the Men's Center. Trainees include male and female undergraduate and graduate students completing internships through the Men's Center, attendees at Men's Center workshops or seminars (e.g., resident assistants, student affairs staff, university center psychologists), and predoctoral psychology interns and graduate students in human services programs who develop and implement interventions. Many trainees are also trainers within the Men's Center. The Center's core training team of advisor, director, and a rotating team of ad hoc trainers (e.g., predoctoral interns, graduate and undergraduate students) provides most of the training. Training activities include individual and group supervision, guest lectures, informal group discussion, conference presentations, mentoring, and consultation. The amount and type of training one receives depends on the trainee's role and purpose. For example, professionals who attend a workshop at a national conference might receive two hours of small group instruction on strategies to involve college men, whereas predoctoral interns from our university counseling center might receive ongoing individual supervision and mentoring.

We apply the MCA key components (described below) to training and interventions. Trainees develop competencies related to working with men (Sue, Arredondo, & McDavis, 1992), focusing on developing (a) knowledge of men's gender socialization norms and expectations, (b) awareness of one's own gender socialization and feelings about men and men's health, and (c) skills to intervene effectively with college men in culturally appropriate ways. This approach helps ameliorate the effects of gender socialization on their performance as interventionists and/or psychologists, including consulting, seeking help, and/or level of comfort with men's expressions of emotion or dependency (Wester et al., 2004). Trainers' self-disclosure on these issues helps normalize trainees' feelings and facilitates further reflection.

### Key Components of the MCA

The key components of the MCA reflect overarching principles that guide strategies to overcome men's reluctance to seek help, engage them, and promote possible masculinity. These principles are based on our understanding of college men's development from our clinical experiences and our reading of the literature of the psychology of men. These principles describe ways we feel are productive in developing therapeutic relationships with college men. They include: acceptance, nonjudgment and unconditional

positive regard, respect for diversity, working from the inside-out, power sharing, strategic using of the planning process, therapeutic experiences in nontherapy settings, and committing to social justice and activism. These key components are overlapping and nonlinear, and owe a strong debt to feminist psychology (Brown, 2004) in their attention to a gendered perspective to interventions. We approach our work from a feminist perspective in which we prioritize attention to the ways in which power and hierarchical relations shape men's experiences and behaviors.

**Acceptance, nonjudgment, unconditional positive regard.** Accepting environments are key to having difficult dialogues with men. We use conditions of unconditional positive regard and genuineness to create a safe atmosphere for men to move towards self-directed responsible action and healthy change (Weaver, 2008). Acceptance and nonjudgment decrease feelings of shame that men may experience when asking for help (Bergman, 1995). Creating a nonjudgmental environment allows us to create space to sit with men's resistance to help-seeking as we challenge them. The accepting environment also serves as the foundation for trainees' self-exploration and self-disclosure during intervention planning and implementation.

**Respect for diversity.** The MCA conceptualizes men as a specific cultural group, composed of subgroups (e.g., men of color, gay/bisexual men). Socialization messages and experiences vary based on individual differences, as well as ethnic and cultural background, socioeconomic status, age, sexual orientation, nationality, physical and mental ability, and many other identities. Because college students are immersed in identity development across multiple dimensions (Chickering & Reisser, 1993), some college men experience messages about masculinity that intersect and may conflict with other aspects of their identity (e.g., race/ethnicity, sexual orientation). The potential for uneven levels of development heightens the need for cultural sensitivity when engaging men.

Our emphasis on respect for diversity contributes to a welcoming, safe environment for all trainees to enter and engage in the activities of the Men's Center. Trainees are encouraged to reflect on and explore the diversity of how masculinity is expressed within subgroups of men and interface with the multiple identities of college men.

**Working from the inside-out.** Becoming aware of our gender socialization and beliefs about men is an essential prequalification for delivering interventions with college men. Self-awareness helps create empathy for college men, especially when their behaviors challenge interventionists' values. Reflecting on their own socialization can legitimize trainees' personal gender-role related concerns, increase their willingness to seek help, and facilitate increased awareness of their own health behaviors. Drawing on their own socialization history enables trainees to connect more authentically with college men during interventions and avoid the "expert" role. Trainees are encouraged to explore their stereotypes or assumptions about men, while receiving mentoring from trainers who also reflect on their own gender socialization.

Providing training requires honest and critical analyses of our own power. Trainers need to be aware of their tendencies toward sexist or unhealthy behavior in order to avoid projecting those feelings and attitudes onto other men and stand in judgment of them. When judgment becomes a predominant tone of the work, it is difficult to genuinely assist other men.

**Power sharing.** The MCA includes feminist counseling values of transparency, power sharing, and collaboration (Brown, 2004). In order to be transparent, the Men's Center staff and trainers acknowledge that we have had struggles similar to those of college men. This facilitates power-sharing during interventions and role modeling for trainees. Interventionists must be able to be vulnerable to create reciprocal relationships and model collaboration. College men often carry experiences of authority conflict and feelings of powerlessness (Mankowski & Maton, 2010). College men are often surprised by power-sharing and appreciate the opportunity to explore past authority conflicts while engaging in new, corrective power dynamics with others in the Men's Center. Equalizing and sharing power requires mindfulness and accountability for times that we may unconsciously enact our power and privilege in unhealthy ways.

**Strategic use of the planning process.** Interventions start with the planning process, beginning with the choice of intervention and topic. The planning process provides opportunities to partner with key collaborators within the university community and involve college men as much as possible in the intervention. Our planning process involves identifying, recruiting, and involving key collaborators (i.e., members of the target audience) and developing strategic alliances, followed by collaborative decision-making about how to address a particular topic (Kitzrow, 2003; Smith et al., 2007). Deepening these collaborative relationships with staff, students, and faculty extends the reach of the intervention, utilizes the expertise of other professionals on campus who share commitments to improving men's health, and strengthens a campus network that can support college men's health needs and well being.

Involving college men in the planning and service delivery process enables a genuine understanding of their worldview, which sets a tone of respect, models power-sharing, creates "buy-in," and communicates commitment to addressing their needs. Involving college men also provides us with valuable information about effective strategies to reach the target audience. Many students appreciate opportunities to reciprocate and help other men on campus.

Trainees are also encouraged to become involved in the planning process to develop intervention skills. Trainees are acknowledged for their unique contributions and receive recognition and praise, which increases their self-efficacy around service delivery with college men. Planning with psychologists and other professionals with expertise in college men's concerns provides trainees with valuable mentoring experience, shared power, and a sense of purpose, involvement, and ownership in the intervention.

**Therapeutic environments in nontherapeutic settings.** The MCA reaches out to college men through nontraditional therapy settings. One of the most remarkable findings from the focus group study (Davies et al., 2000) was that participants provided strategies for subverting their own resistance to help-seeking by locating interventions in existing academic and social structures of campus life, such as for-credit classes, internships, course assignments, or fraternity social credit requirements. These strategies have legitimized men's attendance at many of our programs. Help seeking does not need to look (or feel) like help seeking; rather, it is part of university life. Creating therapeutic environments in nontherapy settings allows us to reach men who would not normally seek help, and is an important competency for psychologists-in-training to

develop—especially those whose primary training has focused on providing traditional therapy.

Creating therapeutic environments in nontherapy settings is not uniquely our idea, and in fact has been suggested by other scholars (e.g., Brooks, 2010; Kiselica et al., 2008). Brooks described *proactive outreach*, in which therapists step outside their offices to create “a common empathetic bond” (p. 49) with men with varying levels of gender role related distress. Brooks argued that stepping out of the office may be more palatable to male clients because it does not involve psychotherapy and in fact may prevent the need for ever having to seek it.

**Commitment to social justice and activism.** The MCA is respectful of different values but is not value-free (Sue et al., 1998). The MCA creates space for men committed to social justice, equality, and respect for all people to meet with like-minded individuals for support, creative inspiration, activism opportunities, and promote possible masculinity. The MCA fosters a community of people dedicated to consciousness-raising about sexism and other injustices.

Social activism activities such as volunteering or community service have been identified as important endeavors for identity development, enhancing a sense of achievement, providing meaning and direction to daily life, and promoting feelings of belonging and connectedness (McIntosh, Metz, & Youniss, 2005). Social activism also helps men develop responsibility and “give back” to the community; many men want to help others and are more likely to accept help when there is a chance to reciprocate (Addis & Mahalik, 2003). Engaging in social activism can create cognitive dissonance between one’s goals and personal behavior (e.g., engaging in an event to reduce interpersonal violence can create dissonance for acting violently). Thus, engaging in social activism also promotes possible masculinity. Many trainees and members have become involved with social activism on campus and in the community; such events provide opportunities to integrate knowledge of men’s health with social activism.

### MCA-Informed Interventions

Below, we describe two MCA programs: “Madskills” and “Fraternity Leadership Class.” These examples highlight how we implement the MCA key components.

**Madskills.** Men are overrepresented among conduct violators on college campuses (Harper et al., 2005). In 2004, our university’s conduct office asked us to develop an intervention for those men. The ensuing program, “Madskills,” is unique because it challenges men to (a) understand how masculinity influences their conduct, (b) reflect on the kind of man they want to be in the future, and (c) know when to seek help.

Madskills is a 5-week alternative intervention for men who violate the campus conduct code (Loschaivo et al., 2007). Strategic use of the planning process (Key Component) for this program included collaboration among the Men’s Center, the University Counseling Center, and the Office of Judicial Affairs. Program goals are to increase awareness of links between male socialization and participants’ conduct, help-seeking behavior, and relationships, and enhance participants’ emotional regulation and anger management skills. Men are referred to Madskills from the Office of Judicial Affairs when a Student Affairs professional assesses that male gender role socialization played a part in the conduct

violation that occurred. The screening interview and the first class provide opportunities to acknowledge participants’ anger for being mandated to attend, and communicate an accepting, nonjudgmental atmosphere (Key Component).

Classes explore links between aggressive behavior, conduct problems, and masculine norms. Participants are encouraged to understand how their conduct incident might be related to maintaining images of manliness, and are urged to reflect on their definitions of “being a man” and the kind of men they want to be in the future. We ask what hinders and helps them in moving towards their future identities as men. We have found that participants’ future goals are often very positive, which provides opportunities to contrast those goals with their current unhealthy behavior. Facilitators note discrepancies between present and future identities, and encourage men to reflect on how to become more congruent with their ideal identities as men.

Small classes (5–7 members) allow for in depth interaction, as well as flexibility to tailor the agenda to the issues that members bring to the group each particular class (Key Component). Some students responded more openly and described a greater sense of responsibility for the outcome of the class when we utilized a less structured approach and allowed more opportunities to process the material. When a less structured, process-oriented group evolved, we noticed that participants developed closer bonds with each other and shared more in-depth feelings and issues. In addition, the less structured, process-oriented approach provided opportunities for the facilitators to share power (Key Component) by responding to participants needs in the moment and modeling self-disclosure (Key Component). Although a 5-week class cannot resolve the issues that participants may face, it appears to be effective in increasing participants’ awareness of their gender role socialization and their reflection on the type of man they ideally want to be.

**Fraternity leadership class.** Greek-affiliated college students are more likely to engage in risky behaviors, such as excessive alcohol and substance use, risky sexual behavior, and other destructive behaviors than the general student population (Scott-Sheldon et al., 2008; Trockel, Wall, Williams, & Reis, 2008). Fraternity men have been found to hold more stereotypical gender attitudes compared to sorority members and nonfraternity men (Robinson, Gibson, Beverly, & Schwartz, 2004). Taken together, those two strands of research indicated a need for a gendered intervention to improve the health of fraternity men and the campus community. In our planning process (Key Component) for a potential intervention with fraternity men to address these concerns and those on our campus, we conducted a focus group with fraternity men. The overwhelming theme from focus group participants was that we develop a strength-based intervention focused on leadership rather than an intervention “that told us what not to do” (i.e., deficit model approach).

The program that emerged is a one term, two-credit course: “Leadership Development in Fraternal Organizations.” The course is designed to promote positive leadership skills in fraternity men and ultimately reduce high-risk behaviors among fraternity members by helping fraternity leaders develop skills to confront and reduce high risk behavior, encourage help seeking, and help their chapters actualize their altruistic missions. This class offers participants many opportunities to develop personal awareness of their strengths, growing edges, and emerging leadership style while also reflecting on how socialization as men affects leader-

ship styles and conflict resolution. The class focused on possible masculinity by asking the men to reflect on what kind of leaders they want to be in the future and what kind of fraternity they wanted their organizations to be in the future. Participants collaborated in intrafraternity groups to develop and implement projects that promoted men's health in the campus community.

The intervention grew out of collaboration among the Men's Center, the Office for Greek Life, the Holden Leadership Center, the University Counseling Center, and multiple fraternities (Key Component). To create therapeutic experiences in nontherapy settings (Key Component) for fraternity leaders, we designed the intervention as an academic course. To provide a nonjudgmental and supportive atmosphere (Key Component), we focused on positive leadership skills that men can develop, rather than on negative behaviors that men should avoid. To foster power sharing (Key Component), we solicited fraternity leaders' input and expertise on the most effective approaches to engage fraternity men and invited them to help us design the class.

### Implications, Challenges, and Future Directions

We believe that the MCA offers unique and effective methods to address the needs of college men. Despite the origins of our approach, we believe that it is not necessary to have a Men's Center to enact the key components and promote possible masculinity. Implementing the MCA requires psychologists to assume new roles in developing and implementing multi-faceted, nontraditional interventions. Culturally appropriate interventions for men may entail outreach, prevention workshops, and intracampus collaborations. The Men's Center has collaborated with many departments to develop and implement interventions; these links are helping to build a campus community dedicated to engaging men. Interprofessional collaboration and offering interventions embedded in the community represent two competencies worth developing for psychologists who strive to intervene effectively with college men. To do this, psychologists must leave our offices and enter the communities where male students live their lives.

As psychologists enact the components of the MCA, ethical considerations are warranted. Psychologists should be mindful that they may find themselves in multiple roles with college men as the MCA requires psychologists to be presenters, teachers, consultants, supervisors, and mentors. Confidentiality may be more difficult to ensure depending on the context and flexibility across relationships and assumed roles. An open discussion with college men about boundaries and multiple roles as well as consultation and reflection may be important for transparency and to ensure that all parties understand and agree on the nature of the relationship.

Some of the most salient challenges include finding support for a men's center within the campus community, addressing concerns about what a "men's center" means for the campus, and managing the tension of engaging men positively while holding them accountable. Despite the profusion of data on men's health needs, some university administrators, staff, faculty, and students remain unconvinced that men are in the midst of a health crisis. Most programs and interventionists likely face a lack of institutional support relative to the needs of college men. At our own universities, we would like to see more integration of information on men's socialization into other related programming on campus (e.g., drug/alcohol education, safety planning).

We address the challenge of finding support for the Men's Center through providing trainings, building relationships, establishing an Advisory Board of people from stakeholder organizations (e.g., Women's Center, Multicultural Affairs, Student Affairs, LGBTQ office), and integrating into our university's infrastructure. Some benefits of these efforts include learning more about potential needs for Center programming, connecting with the wisdom and experience of other professionals across the university, and accessing multiple student populations.

Another challenge is that college men may be reluctant to get involved with a Center due to unfamiliarity with the organization. Reaching the "men in the middle," for example, often requires time, appropriate education, or other motivators to become more socially-minded and engage in men's health programming. We believe that this challenge is best met by adhering to the MCA as outlined above, so we spend little time on this concern here. Other organizations may be cautious or suspicious about the intents of a Men's Center. We heard concerns at our university and at others where we have consulted that a Men's Center would focus on "reclaiming men's power." Other concerns included beliefs that we might provide support for men without holding them accountable for their actions, which we also struggle with during interventions. We have managed this tension through regular self-dialogue and consultation. We consider this to be one of the central, ongoing dialogues within the Center, something that is a regular part of our planning and evaluation processes.

Although the Center has had strong racial/ethnic and gender diversity within its membership, most programs have been directed at men in general, without specific attention to multiple populations of men (e.g., men of color, gay/bisexual men). Several authors have discussed the importance of addressing cultural realities and cultural differences as these intersect with men's socialization in therapeutic work with men (e.g., McCarthy & Holliday, 2004; O'Neil, 2008; Wester, 2008), and have proposed methods for working with men from specific populations (e.g., Caldwell & White, 2005; Herring, 1999). In line with these recommendations, the key components of the MCA need to be explored in terms of their workability and flexibility to be used with different populations. Outcome research is needed. Despite anecdotal evidence, no one has conducted systematic research on the MCA or any of our programs. For ethical practice, a sound research base from which to continue developing the Center and the MCA is essential.

### References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 5-14.
- Bergman, S. J. (1995). Male development and the transformation of shame. In R. Levant, & W. Pollack (Eds.), *A new psychology of men* (pp. 90-126). New York: Basic Books.
- Blazina, C., Settle, A. G., & Eddins, R. (2008). Gender role conflict and separation-individuation difficulties: Their impact on college men's loneliness. *Journal of Men's Studies, 16*, 69-81.
- Blazina, C., & Watkins Jr., C. E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes towards help-seeking. *Journal of Counseling Psychology, 43*, 461-465.
- Brooks, G. R. (1998). *A new psychology for traditional men*. San Francisco: Jossey-Bass.

- Brooks, G. R. (2010). *Beyond the crisis of masculinity: A transtheoretical model for male-friendly therapy*. Washington, D. C.: American Psychological Association.
- Brown, L. S. (2004). *Subversive dialogues: Theory in feminist therapy*. New York: Basic Books.
- Caldwell, L. D., & White, J. L. (2005). African-centered therapeutic and counseling interventions for African American males. In G. E. Good & G. R. Brooks (Eds.), *A new handbook of counseling and psychotherapy with men* (pp. 323–336). San Francisco, CA: Jossey Bass.
- Capraro, R. L. (2000). Why college men drink: Alcohol, adventure, and the paradox of masculinity. *Journal of American College Health, 48*, 307–315.
- Chickering, A., & Reisser, L. (1993). *Education and identity*. San Francisco: Jossey-Bass.
- Courtenay, W. H. (1998). College men's health: A call to action. *American Journal of College Health, 46*, 279–288.
- Courtenay, W. H. (2000). Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. *Journal of Men's Studies, 9*, 81–142.
- Davies, J., McCrae, B., Frank, J., Dochnahl, A., Pickering, T., Harrison, B., . . . Wilson, K. (2000). Identifying male college students' perceived health needs, barriers to seeking help and recommendations to help men adopt healthier lifestyles. *Journal of American College Health, 48*, 259–267.
- Davis, T., & Laker, J. A. (2004). Connecting men to academic and student affairs programs and services. In G. E. Kellom (Ed.), *Developing effective programs and services for college men: New directions for student services* (pp. 47–58). San Francisco: Jossey Bass.
- Douglas, K. A., & Collins, J. L. (1997). Results from the 1995 national college health risk behavior survey. *Journal of American College Health, 46*, 55–76.
- Harper, S. R., Harris III, F., & Mmeje, K. C. (2005). A theoretical model to explain the overrepresentation of college men among campus judicial offenders: Implications for campus administrators. *NASPA Journal, 42*, 565–588.
- Herring, R. D. (1999). *Counseling with Native American Indians and Alaskan natives*. Thousand Oaks, CA: Sage.
- Kiselica, M. S. (2003). Transforming psychotherapy in order to succeed with adolescent boys: Male-friendly practices. *Journal of Clinical Psychology, 61*, 1225–1236.
- Kiselica, M. S., Englar-Carlson, M., Horne, A. M., & Fisher, M. (2008). A positive psychology perspective on helping boys. In M. Kiselica, M. Englar-Carlson, & A. Horne (Eds.), *Counseling troubled boys: A guidebook for professionals* (pp. 31–48). New York: Routledge.
- Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal, 41*, 165–179.
- Levant, R. F. (1996). The new psychology of men. *Professional Psychology: Research and Practice, 27*, 259–265.
- Liu, W. M. (2005). The study of men and masculinity as an important multicultural consideration. *Journal of Clinical Psychology, 61*, 685–697.
- Loschiavo, C., Miller, D. S., & Davies, J. (2007). Engaging men in difficult dialogues about power. *College Student Affairs Journal, 26*, 193–200.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications of practice and training. *Professional Psychology: Research and Practice, 34*, 123–131.
- Mankowski, E. S., & Maton, K. I. (2010). A community psychology of men and masculinity: Historical and conceptual review. *American Journal of Community Psychology, 45*, 73–86.
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist, 41*, 954–969.
- McCarthy, J., & Holliday, E. L. (2004). Help seeking and counseling within a traditional male gender role: An examination from a multicultural perspective. *Journal of Counseling and Development, 82*, 25–30.
- McIntosh, H., Metz, E., & Youniss, J. (2005). Community service and identity formation in adolescents. In J. L. Mahoney, R. W. Larson, & J. S. Eccles (Eds.), *Organized activities as contexts of development: Extracurricular activities, after-school and community programs* (pp. 331–352). Mahwah, NJ: Lawrence Erlbaum Associates.
- Mellinger, T. N., & Liu, W. M. (2006). Men's issues in doctoral training: A survey of counseling psychology programs. *Professional Psychology: Research and Practice, 37*, 196–204.
- O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist, 26*, 358–445.
- O'Neil, J. M., Helms, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender role conflict scale (GRCS): College men's fear of femininity. *Sex Roles, 14*, 335–350.
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology, 54*, 373–384.
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11–32). New York: Basic Books.
- Pollack, W. S. (1995). Deconstructing disidentification: Rethinking psychoanalytic concepts of male development. *Psychoanalysis and Psychotherapy, 12*, 30–45.
- Pollack, W. S., & Levant, R. F. (1998). *New psychotherapy for men*. New York: Wiley.
- Rabinowitz, F. E., & Cochran, S. V. (2002). *Deepening psychotherapy with men*. Washington, D. C.: American Psychological Association.
- Riggle, E. D. B., Whitman, J. S., Olson, A., Strong, S., & Rostosky, S. (2008). The positive aspects of being a lesbian or gay man. *Professional Psychology: Research and Practice, 39*, 210–217.
- Robertson, J. M. (2001). Counseling men in college settings. In G. R. Brooks & G. E. Good (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (pp. 146–169). San Francisco, CA: Jossey-Bass.
- Robinson, D. T., Gibson-Beverly, G., & Schwartz, J. P. (2004). Sorority and fraternity membership and religious behaviors: Relation to gender attitudes. *Sex Roles, 50*, 871–877.
- Rochlen, A. B. (2005). Men in (and out) of therapy: Central concepts, emerging directions, and remaining challenges. *Journal of Clinical Psychology, 61*, 627–631.
- Scott-Sheldon, L. A., Carey, K. B., & Carey, M. P. (2008). Health behavior and college students: Does Greek affiliation matter? *Journal of Behavior Medicine, 31*, 61–70.
- Smith, T. B., Dean, B., Floyd, S., Silva, C., Yamashita, M., Durtschi, J., & Heaps, R. A. (2007). Pressing issues in college counseling: A survey of American College Counseling Association members. *Journal of College Counseling, 10*, 64–78.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477–486.
- Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., . . . Vasquez-Nuttall, E. (1998). *Multicultural counseling competencies: Individual and organizational development*. Thousand Oaks: Sage.
- Thompkins, C. D., & Rando, R. A. (2003). Gender role conflict and shame in college men. *Psychology of Men and Masculinity, 4*, 79–81.
- Trockel, M., Wall, A., Williams, S., & Reis, J. (2008). When the party for some become a problem for others: The effect of perceived second hand consequences of drinking behavior on drinking norms. *The Journal of Psychology, 142*, 57–69.
- U.S. Department of Health and Human Services. (2008). Deaths: Final data for 2005. *National vital statistics reports, 56*. Retrieved from: [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf)

- U.S. Department of Justice. (2008). *Sexual assault on campus: Measuring frequency*. Retrieved from <http://www.ojp.usdoj.gov/nij/topics/crime/rape-sexual-violence/campus/measuring.htm>
- Weaver, L. (2008). Facilitating change in men who are violent towards women: Considering the ethics and efficacy of a person-centered approach. *Journal of the World Association for Person-Centered and Experiential Psychotherapy and Counseling*, 7, 173–184.
- Wester, S. R. (2008). Male gender role conflict and multiculturalism: Implications for counseling psychology. *The Counseling Psychologist*, 36, 294–324.
- Wester, S. R., Vogel, D. L., & Archer, J. A. (2004). Male restricted emotionality and counseling supervision. *Journal of Counseling and Development*, 82, 91–98.

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