

# OBJECT RELATIONS AS A THEORETICAL MODEL IN THE WORK WITH LOW ACCULTURATED LATINO MEN WHO BATTER

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## Abstract

*The notion of applying psychological theories to the issue of domestic violence is controversial. The field of domestic violence has struggled to hold societal beliefs and structures accountable for individual behaviors that are abusive. However, it is equally important for mental health professionals who work with the Latino man who batters to have a theoretical basis for practice that considers the psychological contributions that influence their behavior. This paper explores the application of object relations theory to Latino men who batter. A case example using the group modality is presented to apply object relations theory to work with this population.*

## Introduction

As the field of domestic violence continues to evolve, so does the need to continue expanding theory in order to provide a better understanding of abusive behavior with all its complexities. There has been some resistance to utilizing psychological theory as a source of direction for professionals who work with men who batter due to the political origins. A complicating factor is the perception that by focusing on psychological theories, we are in some way viewing abusive behavior as a mental health issue, when advocates believe it is a learned behavior maintained by societal attitudes and institutions (Almeida & Durkin, 1999; Almeida & Bograd, 1991; Berry, 1996; Pence, & Paymar, 1993; Schechter, 1983).

While the social components of violence against women cannot be ignored, it is also critical to examine how societal factors impacts people differently at a psychological level. In order to continue addressing the latter, clinicians must consider ways to augment theory in order to have a better understanding of effective interventions. A limited review of the literature on heterosexual groups for men who batter revealed that the focus is on either discussing the advantages of a certain theory or approach (Russell, 1995; Edleson & Tolman, 1992; Pence & Paymar, 1993; Kesner, Julian, & McKenry, 1998; Sonkin, 1988; Trimble, 1997; Foster & Gondolf, 1989; Kivel, 1992; Murphy & Baxter, 1997; Schechter, 1983) or discussions on whether or not programs for men who batter are effective (Edleson, 1990; Tolman & Edleson, 1995; Bennett & Vincent, 2001; Brandl, 1990; Gondolf, 1997; Shepard, 1992). A common problem in evaluating programs for men who batter has been how to define success (Bennett & Vincent, 2001; Bennett &

Williams, 2001; Edleson, 1995; Edleson, 1990; Gondolf, 2004; Gondolf, 1997; Robertson, 1999). A criticism has been that studies that see ending physical violence as the criteria for success (Neidig, 1986) do not measure whether there have been changes in emotional abuse and power and control issues (Brandl, 1990; Gondolf, 1987; Hendricks, Werner, Shipway, & Turinetti, 2006; Tolman & Edleson, 1995). Other critiques relate to using outcomes in reductions of recidivism, drop out rates and re-arrest rates, which do not capture an aggressor's ability to switch to other forms of abuse, and the use of measures such as the Conflict Tactics Scale, which is not meant to measure before and after changes (Bennett, Call, Flett, & Stoops, 2005; Brandl, 1990; Edleson, 1995; Gondolf, 1987; Jackson, Forde, Davis, Maxwell, & Taylor, 2003; Straus, Hamby, Boney-McCoy, & Sugarman, 1996).

As societal beliefs about domestic violence have been changing, so have the ways this issue has been approached therapeutically. There have been a number of approaches used that reflected the process of understanding the dynamics of domestic violence in the clinical field itself. From behavioral interventions to confrontation, there still is widespread debate about the best way to approach men who batter. Central to the educational process with men who batter is the challenge of long-held beliefs as being neither truth nor right but a culturally constructed justification to exploit others (Pence & Paymar, 1993). In other words, the therapeutic interventions with men who batter have been changing from the prevailing male deficit model to a focus on belief systems. This means that the emphasis in treatment has changed from concentrating on negative sanctions to the belief systems that maintain men's abusive behaviors (Pence & Paymar, 1993; Russell, 1995) and the systems that sustain them (Edleson & Tolman, 1992).

In the field of domestic violence, research on treatment methods using various modalities has increased. Despite this, or perhaps because of the history of certain modalities with increasing victim risk, groups have been the preferred method of education/treatment for men who batter. An important distinction, though, is that this modality is preferred among programs that tend to serve mandated clients, which includes men who have been arrested for domestic violence. There remains a considerable gap of information related to men who have battered and not been arrested (often referred to as "voluntary clients") and preferred methods of treatment with them.

There is a dearth of studies that focus on the

Latino man who batters using attachment theories as their theoretical orientation. The few writings that relate attachment theories to the man who batters use an individual approach (Worley, Walsh, & Lewis, 2004; Sonkin & Dutton, 2003; Kesner, Julian, & McKenry, 1998) or have related attachment styles to partner violence (Bartholomew, Henderson, & Dutton, 2001; Dutton, Saunders, Starzomski, & Bartholomew, 1994). This information, paired with information that addresses attachment theories as a way to look at relationship issues, (Bartholomew, 1994; Sperling & Berman, 1994; Bartholomew & Horowitz, 1991; Bartholomew, 1990) can be useful. Part of the concern from advocates has been that by using this type of orientation one might possibly attribute domestic violence to a mental health issue, reducing partner violence to pathology, and ignoring societal influences on promoting and sustaining certain behaviors, particularly in the context of relationships. Yet as the knowledge of interventions for men who batter continues to evolve, it will be helpful to look at how both internal psychological dynamics and external social influences (including cultural variables such as class, race, gender socialization, and sexual orientation) result in partner violence. Toward this aim, it seems appropriate from a clinical perspective to look at all of this information and then consider its cross-cultural applicability to the Latino man who batters.

As one can appreciate from the foregoing discussion, there is considerable controversy about batterer intervention. The political implications of batterer intervention have influenced the field to consider abusive behaviors as a result of social beliefs or cognitions that have been supported by a society that has traditionally oppressed certain groups, including women. Nonetheless, while these are aspects of domestic violence that still continue to merit advocacy and political involvement, there is also still the need to address the issue of domestic violence from a theoretical perspective that can explain and address abusive behaviors from a psychological viewpoint. Many of the theories currently being used are more cognitive-behavioral, perhaps because these are theories that lend themselves more easily to concrete ways of proving change of behavior.

The focus of this article is the use of object-relation theories with a population of heterosexual Latino men with low acculturation who batter. Object relations theories are those which examine the search for relationship as the primary motivator of human behavior and from the nature of those relationships the creator of personality structure. First, a review of the contributions of object relations theory is explored and related to group psychotherapy. The particular issues that need to be taken into consideration when using the group modality with

Latino men with low acculturation are also identified. A case example using the group modality is provided to demonstrate an application of object relation theory to this population. Finally, recommendations for further inquiry are made to add to the limited body of clinical knowledge on group interventions with Latino men who batter.

## Review of object relations theories

Object relations theories can be discussed as if on a continuum, where on one end of the continuum some of the theorists examine relationships and personality structure emerging out of the sexual and aggressive drives, while on the other end of the continuum theorists argue that the search for relationships is the primary motivator of human behavior and the nature of those relationships create personality structure. Object relations theorists observe that people live simultaneously in an external and internal world and that the relationship between the two ranges from the most fluid intermingling to the most rigid separation. Thus, these theories explore the relationship between the real, external people, the internal images and residues of relations with them, as well as the possible significance of these residues for psychic functioning (Ganzarain, 1989).

Freud (1905) initiated the notion of object relations when he stated that there was a "reciprocal relationship between the ego and the object as processes whereby the ego modifies the object through identification and introjection and in turn is modified in its dynamics and structure" (Ashbach & Schermer, 1987, p. 36). According to Rice (1992), Freud also hypothesized that through identification with parents, the child internalizes them within the superego subsystem, which then is the carrier of social values and proscriptions. By cathecting the mental representations and the objects themselves, the emphasis had moved from external to internal object relations, which later laid the foundation for future interest in inner object relations (Rice, 1992).

Klein (1935) enlarged on Freud's drive theory and incorporated the object within the drive. She stressed the importance of very early internalized object relations, and their influence on intrapsychic conflicts and personality structure (Kibel, 1992). As infants interact with the environment, they attempt to match their outer object relations with their existing inner object relations through the processes of projection, identification, and introjection. While the infant projects aggression to the mother, the mother's nurturing responses can then be identified with and then internalized or introjected. In normal development this process of integration is called projective identification (Rice, 1992). However, this interaction

does not reflect the ways the mother may behave nor focused on the mother as a person who also brings her own character structure. For Klein, the earliest developmental stage or position of the ego is called the “paranoid-schizoid” position, where initially the infant relates to the mother in a state of hallucinatory fusion, which is the schizoid side of the position, and then as they separate, they view the world in terms of bad and good, or loved and hated, which is the paranoid side of the position (Rice, 1992). The concepts of splitting, and its relationship to projection are important in the paranoid-schizoid position. When the integration of the good and bad objects does not occur, it is due to splitting and part-object relations. While one may observe these behaviors in clients with schizophrenia and paranoid psychosis, Kibel (1992) states that this position can also be applied to social situations that are conflict-laden, such as in the group setting. The second position in Klein’s theory was the depressive position, in which good and bad objects are integrated and people are perceived as whole and not part objects.

Fairbairn (1952) developed his theory incorporating ideas from Freud and Klein. He believed that the expression of the drives was not the goal, but that the drives were a means toward the goal of establishing relationships. Fairbairn believed that at birth a “pristine whole ego existed...and that it was object-seeking, as opposed to satisfaction-seeking” (Kibel, 1992, p. 142). He claimed that inner objects were derived from external relationships and that the infants themselves had no hostile, aggressive impulses, because the interaction with the mother elicited those responses. In his model the inner objects are used as substitutes for satisfactory interpersonal relationships (Rice, 1992). Development in Fairbairn’s view is achieved through two stages: infantile dependency and mature dependency. Infantile dependency, characterized by primary identification, does not acknowledge a separate self from the other and experiences the other as unconditional and absolute. Mature dependency, on the other hand, is the ability to establish interdependent relationships with the other, which can occur when the self is differentiated from the object (Rubens, 1994). “This process of development is characterized (a) by the gradual abandonment of an original object-relationship based upon identification, and (b) by the gradual adoption of an object-relationship based upon differentiation of the object.” (Fairbairn, 1952, p. 34)

Winnicott (1960) followed Fairbairn’s interpersonal views but then focused more on the mother/infant interaction and the process the infant goes through in order to develop from that relationship. The notion of synchrony was important to Winnicott’s theory. Based on this view, infants could develop normally insofar as the

mother related in a synchronous manner to the child’s developmental needs, while she provided a “holding environment” that is conducive to such growth. As the mother became preoccupied with other concerns, the child learned to separate and in this maturational process used a “transitional object.” Through the use of this object, the child can separate and learn to distinguish between the objective and subjective worlds. A significant contribution by Winnicott is the distinction of infant development in terms of “good enough maternal care” and “maternal care that is not good enough” (Winnicott, 1960, p. 252) and he calls attention to how this experience can play out in the transference within the therapeutic relationship.

Bowlby (1969) contributed to object relations theory with his writing and research on attachment and loss. However, Bowlby did not focus on the subjective experience and instead, concentrated on “actual experiences, not fantasized ones, on parental losses and not on parental attitudes or projections” (Rice, 1992, p. 35). He believed that loss and grief could result in scars that could cause difficulty later in life.

Viewing object relations theory from a social context, one must take into consideration the historical circumstances in which it developed, and that its proponents were largely white, Jewish or Christian, middle- to upper-class clinicians who treated clients mostly from their same socio-economic backgrounds (Melano-Flanagan, 1996). Hence, one limitation of this theory is that they were not conceived in the work with the poor, disadvantaged, or with ethnic or racial minorities, or non-Western cultures, which has implications for clinicians who work with these populations. One has to consider these limitations when attempting to explain behavior from other groups that occur within a social or cultural environment.

Finally, applying these theoretical views at a macrolevel, it is relevant to think in transcultural terms about the social and cultural determinants of psychopathology. For example, one can view racism as a social issue embedded in economic oppression and imperialism, which become expressed in behaviors both at the social organizational and individual levels (Frosh, 1987, as cited by Innis, 1998), or as an alienated or unacceptable aspect of the self that is projected onto others (Fanon, 1952, as cited by Innis, 1998). When one reflects on the self structure in terms of internalized experiences of relationship, it makes sense to include a context in which these relationships are formed and shaped in order to link the impact of external factors with the internal processes of a person. The latter seems particularly significant when the understanding sought relates to disenfranchised and oppressed populations.

## Object relation applied in group psychotherapy

Bion (1961) was the creative mind who began applying object relations theory to groups. He incorporated concepts from other theorists, including Klein and Winnicott. From Klein he used the concepts of the paranoid-schizoid and depressive positions and projective identification, drawing parallels between her descriptions of these stages and the processes in the group. From Winnicott he used the notions of “transitional object” and “holding environment.”

Bion drew an analogy between the relationship between the mother and her child, and the relationship between the group and the group leader. He “...used the concept of projective identification in his description of unacceptable impulses or wishes being disowned and poured into the therapist or group, like the infant pours unwanted feelings into the mother” (Klein, 1992, p. 91). It was Bion’s belief that groups were part of being human and for this reason a person could not help but interact. He called this quality “valency,” which in turn activates primitive defense mechanisms in group members that seem to mimic the interactions that occur in early ego development (Kibel, 1992). Moreover, Bion (1961) stated there were two levels that developed in the group process: the work group and the basic assumption. The work group refers to the group process that concentrates on the primary tasks, such as keeping the group focus, leadership, and staying reality- and goal-directed. The basic assumption is that the emotional aspects of groups that are unconscious and collective are the factors which usually hinder productive group process. Bion believed that the basic assumptions reflected,

primitive object relations, [that] originate within the individual as powerful emotions associated with a specific cluster of ideas that compel the individual to react in particular ways in groups and also to be attracted to individuals imbued with similar or complementary attitudes” (Sutherland, 1985, cited in Kibel, 1992, p. 144).

In Bion’s integration of object relations principles he viewed the group as a place where the interaction of part-objects can occur. These part-objects are reenacted because of splitting, projective identification, and playing out roles that contribute to complement their inner needs. Through valency, the members set in motion dynamic processes where they can reenact transference patterns that are based on their mutual identifications with each other, the attachment to the leader, and even a

shared identification with the group. Transference in the group can occur between and among members, but the group as a whole is also a transference object (Rice, 1992). The group can represent a mother or even a family-of-origin and then elicit responses that repeat those interactions. Group members in subgroups can also become transference objects, and of course, the group leader can become a transference object as well.

Object relations from a relational perspective would regard the leader as an active participant in the interaction, versus a passive recipient of the transference of the group. For this reason, group leaders would consider their own countertransference issues in their relationship with the group and its members. The leader’s countertransference can be a source of much understanding about the group that can result in interventions that are attuned, or using Winnicott’s term, “synchronous” to the needs of the group. Collusion with the group can result if the projections are not contained, which can be detrimental to the group process.

In short, change in the group from an object relations perspective would occur because new self representations would be incorporated through interactions in the group. As the group progresses, new introjects of the self are internalized and become new identifications that influence each member’s behavior. As behavior is reinforced by the group and outside the group, there are internal and external motivators that promote the maintenance of change (Kibel, 1992). Therefore, feedback by the group members and the leader can have a constructive, growth-promoting effect.

## Using the group modality with Latino men who batter

As with any diverse group, when speaking about general characteristics or traits one has to take into consideration that generalizations allow for a presentation of information, while it also tends to exclude individual differences. Some elements are racism, segregation, unequal opportunities for education, unequal accessibility to health and social services, unfair employment (or unemployment) practices, and political disenfranchisement (Casas & Vasquez, 1989). Finally, socioeconomic status, religion, country of origin, level of acculturation, and immigration status add to the body of important information about an individual’s particular experience. Differences of education, socioeconomic status, religion, country of origin, and level of acculturation may also apply if a Latino(a) worker is providing the services. For this reason, clinicians should keep in mind that to “start where the client is” may mean a general understanding of the dynamics that impinge upon a Latino family, but it is

best not to have a preconceived notion of what a particular Latino family is like before they share their own view of their problem.

Perhaps the single most important factor to keep in mind as a discussion on the particularities of Latino men who batter unfolds is that there is as much diversity within the Latino culture as there is in the general population of the United States. While Spanish is the prevalent language, there are still many native languages used by a number of groups throughout Latin America. These groups are cultures within larger cultures that maintain their traditions and worldview. In terms of religion, there is also a variety of belief systems influenced by Christian worldviews which resulted in syncretism, as native cultures during the Spanish conquest incorporated other beliefs into their own. This can be important as practices related to spirituality and religion will reflect belief systems that are deeply cultural and can manifest themselves in particular indigenous healing customs. Considering these practices when working with communities of color can assist in promoting psychological, physical, and spiritual well-being (Constantine, Myers, Kindaichi, & Moore, 2004). Because Latinos are not a homogenous group, even though they may share a broad set of cultural expectations, as they are brought together in the context of a group one has to consider the factors listed above and even differences in language.

Acculturation is not unidirectional; for example, a person can act "Americanized" in one setting, while maintaining traditional Latino values at home. Three major dimensions reflect acculturation: (1) language proficiency, preference, and use; (2) socioeconomic status; and (3) culture specific attitudes and value orientations (Casas & Vasquez, 1989). The issue of acculturation is extremely important in addressing Latino issues because the differences in acculturation account for another source of diversity within the group.

It is the author's experience that male Latinos, particularly those who have low levels of acculturation, tend to be more reserved and formal in dealing with authority figures, and be very aware of the differences in hierarchy between people who are in their closer circle and those who are not. It is expected that one should be polite and usually defer to authority. A traditional Latino person would not generally be confrontational and blunt, as it may be considered impolite to do so. Instead, comments might be made indirectly, or in a "half-jest, half-serious" way. As one can see, in general, a traditional Latino man would have respect for authority, formal and often indirect communication, be defensive about his family, particularly his role as its leader, but also tend to conform to the group. Due to feelings of suspicion of outside influence into what is their realm, Latino men may

seem to accommodate to what is asked of them rather than challenge or question.

Arcaya (1996) contributed many helpful observations about the Latino man. While some have been incorporated in the discussion thus far, others are particular to the therapeutic encounter. In his writings Arcaya (1996) states that the Latino man is "deeply private" and for this reason it is difficult to engage him in the group. For this reason, Arcaya continues, the Latino man must be emotionally invested in his treatment by realizing that he is who determines the therapeutic agenda in order for the intervention to be transformative. By the process of appealing to his pride and sense of honor and duty, one can discuss the notion of choices and thus, the fact that he is an active participant in the consequences of his decisions. It can also be helpful to recognize the burdens and unrealistic expectations that come from society's definitions of what it means to be a man. As Arcaya (1996) so eloquently expresses it:

Nevertheless, however true the Hispanic male's shortcomings may be, interventions highlighting only negative characteristics are, in the bulk of effect, would likely make these individuals more proud and rigid than might otherwise be the case. Instead of encouraging openness about their role confusion or difficulties adapting to the norms of the new culture, this type of commentary would serve only to close them down further. The Hispanic male is more likely to reorganize his thinking around culturally relevant lines if he is coaxed into awareness about the social contradictions in which he finds himself, thereby giving him an opportunity to integrate old ideals with new realities of U.S. society. (p. 160)

## Case example

Mr. M is a married Latino in his early thirties. He has three children from his ten-year-old marriage. He was convicted of domestic battery after an incident with his wife that resulted in his arrest. The courts mandated him to a program for men who batter. He chose a program where group services were offered in his native language, Spanish. After an orientation session, the two hour open groups run weekly for 26 weeks. They are composed of 10-15 Latino men from a variety of different backgrounds, ages and generations, although they are predominantly from Mexico with low acculturation, low literacy, and low socioeconomic status.

When Mr. M first came to the batterer group he

appeared angry, defiant, and “cocky.” He sat rigidly and held a “tough” stance by speaking with a firm tone, lifting his head sustaining a hard gaze, and looking around to other group members as if for support for his views. At one point he addressed the female co-facilitator in an abrupt, aggressive manner, questioning her abilities and possible motivation for being in the group. The facilitator tried to not react defensively and get into a power struggle. She attempted to address and validate the apparent underlying concerns in Mr. M’s behavior and encouraged him to bring up again any other thoughts that she may be able to clarify.

The way Mr. M often interacted with the group seemed immature. He would at times giggle with the member next to him, make jokes related to the discussion, and in general have a bravado attitude. However, Mr. M could also appear engaged, invested in group discussion, mature, and attentive. His interaction with other group members was respectful, however. He seemed to know how far to go with his jokes or comments.

One group session focused on the family dynamics that often occur in both violent and alcoholic families. The group was asked to divide into smaller groups in order to role-play vignettes. After, the smaller groups reported to the larger group what it was like for each person and the larger group also made observations about the “family.” After Mr. M’s group finished their role-play, he seemed to become thoughtful and withdrawn. With some hesitation, Mr. M disclosed how the role-play had reminded him of his childhood. He described his father’s general tyrannical attitude, his alcoholic behavior and how he and his family feared him. He shared how he had often had to intervene when his father physically abused his mother. He disclosed how difficult it was for him to receive the loving attention that he needed as there was constant tension in the household. He often felt alone, afraid, and unwanted. Mr. M’s body language and affect changed. He seemed exposed and fragile. His head hung low as his voice cracked.

The group became silent. The female co-facilitator felt touched by the man’s apparent display of emotion and vulnerability. She softened the tone of her voice and approached Mr. M in a nurturing manner, stating that it must have been painful for him to be in that situation. She further added that children in those situations act as protectors but are also caught in a loyalty conflict. Mr. M seemed to be filled with emotion as if reliving a moment. The group seemed attentive and interested in the interaction. Mr. M expressed discomfort about the disclosure. The facilitator invited the group to provide support for Mr. M. The group responded immediately, validating his feelings. Some could appreciate the difficulty of disclosing such an event. Another member disclosed his experi-

ence as a child who witnessed violence between his parents. Mr. M’s body straightened up, he lifted his face, and seemed to listen attentively.

Mr. M’s demeanor changed in subsequent group sessions. While he still appeared immature in his behavior at times, more often than not he made valuable contributions to the group discussion. His body language appeared less tense and less defiant. On the contrary, it appeared relaxed and his gaze softened. On one occasion he stayed until the end of the group session and assisted the facilitators on cleaning up the room after the group ended. His experience of feeling a wider range of emotions with the group would be repeated with increased intensity in several sessions that followed and became extremely beneficial to the group process.

In the above case example it seemed Mr. M had introjected a negative object, as a result of witnessing violence as a child and the experience of neglect, which he then projected in his relationships with others. Eventually we learned that he engaged in violent behavior often, getting into fights with both family members and others. He reenacted this behavior within the group, projecting his feelings. However, due to the boundaries and the “containment” (using Klein’s term) offered by the group, as well as an awareness of this dynamic by the facilitator, new introjects of the self developed as he experienced different relationships within the group. It is possible that in the instances with the female co-facilitator described above the client engaged in projective identification where he used splitting to ward off his aggressive feelings toward the female leader. In other words, it is possible that Mr. M’s negative introjections from living in a household full of fear and chaos were projected onto the female worker. In such a household it is likely that his emotional needs could not be met and that the anxiety he felt as a child resulted in splitting in order to cope. The group process seemed to elicit unwanted feelings that Mr. M projected onto the worker and then treated the worker as if she had those feelings. It was difficult at times for the female facilitator not to act on the projections that made her feel angry and defiant. By interpreting his behavior and providing feedback Mr. M could own split-off aspects of himself in a safe, accepting, or “holding” environment. When the group provided support and nurturing, the object relations aspects were enhanced because it created additional interactions that were more complex, which helped him incorporate both negative and positive parts of his self. He gradually became ready to experience problematic parts of his self without having to take psychological distance. Mr. M eventually became more integrated experiencing his sense of self with a fuller range of emotions. This became evident in the changes in his behavior. He showed more mature and thoughtful interac-

tions within the group and with the group facilitators, while also making relevant contributions to group process.

When using object relation theories, the role of the worker is to create the conditions for safety in the group so that exploration and play can occur. The following are some areas that should be taken into consideration when working in groups with heterosexual Latino men who batter with low acculturation:

**Mandated or voluntary status:** This is important because the source of motivation toward change will be different although in general he can appear compliant and cooperative, particularly if he is undocumented. On the other hand, one cannot assume that the person is not receptive to change because they are mandated. However, the mandated Latino man might be more receptive to feedback individually due to the shame they usually feel.

**Level of education.** The ability to understand more abstract language and level of literacy will impact how interventions are chosen. For example, many Latino men cannot read or write in neither English nor Spanish. Their low level of education often makes understanding abstract concepts difficult. Using homework, role plays and audiovisuals in creative ways can assist in making abstract concepts more concrete.

**Gender of the facilitator.** Gender relations can be complicated with many groups that are not Latino. With Latino men who feel threatened by the process of receiving services that by definition challenge aspects of their gender identity, having a woman facilitator presents different challenges than for a male facilitator. Often women who facilitate these groups must avoid personalizing attacks based on gender, while male facilitators must be aware of the potential for gender effects on collusion.

**Leadership style.** A style that is more relaxed and has flexible boundaries works best. Fostering cohesiveness can occur by pointing out common group concerns or resistances (Kibel, 1992). As the clients act out their ways of relating, the practitioner facilitates the "holding environment" to which Winnicott refers. It is also important to be self-aware of one's own assumptions and biases in terms of the intersections between acculturation, experiences with immigration, the fluidity of culture, socio-economic status, and education, to name a few.

**The need for a flexible structure** in which there is room for exploration of feelings, memories, etc., while at the same time there is a focus and direction. By providing feedback on the mental representations they have and their impact on behavior, they can increase awareness on their patterned forms of relating.

**Using group dynamics** to point out resistance, or allowing group participants to do so with each other since in general the group process helps participants work

through resistance very effectively. Here we must include the use of values that guide the worldviews of participants. Making them aware of how their values might be in conflict or challenging interpretations of values that perpetuate violence can be helpful in establishing a validating therapeutic relationship that works toward synchrony between beliefs and behaviors. A more concrete example is that to many Latino men who batter the notion of equity makes more sense than the idea of equality. One reason may be because it is less threatening to his sense of manhood, but also because in translation equality gains a meaning of "sameness" that is not culturally sound, since men and women "are not the same."

**Awareness of the politics of oppression and marginalization** of groups, which often are unquestioned and play out in the ways psychosocial processes are interpreted and explained. This includes how information is sought and gathered about groups and using the perspectives of those who are in power. Said differently, the mental health professional can become "an alternative solution to social conflicts: it tries [*sic*] to change the individual while preserving the social order, or, in the best of cases, generating the illusion that, perhaps, as the individual changes, so will the social order—as if society were a summation of individuals" (Deleule, 1972, cited by Martin-Baró, 1994, p.37).

## Conclusion

In exploring theoretical orientations in the service provision to men who batter in the field of domestic violence, there is paucity in the body of clinical knowledge that can guide clinicians in their work with men who batter. There is even more of a lack of clinical information on working with Latino men who batter. Even though there may be some similarities in how the services are implemented, there are also clear differences.

While a number of studies have explored abuser intervention in groups from a cognitive-behavioral perspective, there is no information about using object relations theory in groups for Latino men who batter. Much of the data using this theory has focused on groups other than men who batter. For this reason, it is important to consider how the contributions that object relations theory can be useful in working with men who batter who are Latino.

It is relevant to turn to the particular issues of Latino men within groups, as it is at this time the preferred modality of treatment. Cultural issues need to be considered as Latinos engage with the group before they are able to explore changing their behavior. Some of the issues are the pride and sense of duty these men feel in protecting their private affairs and their role as providers.

Their external locus of control and their need to “save face” to preserve the appearance of harmony are critical factors in understanding behaviors that may be perceived as resistant, although these behaviors could also be interpreted as the beliefs about inequality and power of high power distances cultures, which have a worldview where everyone has his place and inequality is accepted (Hofstede, 1980). Also, because there is much diversity within Latino communities, when one is working with immigrant populations with low acculturation one cannot disregard the impact of environmental factors such as immigration, racism, and the process of acculturation with individuals and families who are adapting to the value systems of American society, but also of the Latino workers themselves. On the other hand, Latino families who have lived in the U.S. for generations, who may have higher acculturation will present with unique factors of their own to consider; for example, feeling identified with the values and practices of familial and group ancestry at the same time they participate with the values and practices of their country of birth.

There are still many areas of inquiry that need to be researched further in working with Latino men who batter. Areas for further research include: what are the differences between ethnic/racial groups in terms of how abuser services are delivered? By observing and talking with other clinicians we may be able to articulate into theoretical terms what is helpful. Can we integrate theories that have a different value orientation with the values of a particular cultural group? As we learn more about what is helpful and with whom, it will be more possible to expand theory based on practice. A complicating issue is that programs often are not viewed as being helpful because they have a therapeutic/educational role but also are viewed as extensions of the criminal justice system because client progress, including disclosures of re-offenses, is reported back to the courts. The dual roles of therapists and reporters to the courts that facilitators of men who batter groups have present an added challenge in the process of engagement. What are helpful strategies to keep in mind? Furthermore, there is a need for more research on the female/male co-facilitation team that works with groups for men who batter. Are there gender differences in terms of how each facilitator experiences the group process? When the workers are Latino, does their own level of acculturation impact their interactions with the group? What are the countertransference issues that commonly arise in Latina co-facilitators? How can female co-facilitators be additionally supported in their function as role models for how the men who batter can experience a male/female relationship? Independent observations could be made in order to document further the way men who batter and the co-facilitation team

interact with each other. All of these questions could assist in expanding our understanding of how object relations theory can be utilized with this population. Outcome studies that measure the effectiveness of different theories on particular issues and populations also continues to be an important area for research that should be pursued.

Finally, are there other ways to gain new perspectives about interventions with Latino men who batter which incorporate their views? In other words, what does mental health look like from the perspective of marginalized populations? Should we be using definitions that reflect the realities of oppressed communities? Or as Martin-Baró (1994) reflects, is it time to “involve ourselves in a new praxis, an activity of transforming reality that will let us know not only about what is but also about what is not, and by which we may try to orient ourselves toward what ought to be” (p.29), through participatory research? As researchers we must also feel the responsibility to include the impact from the political, social, historical, economic, and religious domains in our understanding of human behavior (Perilla, 1999).

Even though the domestic violence field began as a grassroots movement, there seems to be a variety of levels of intervention in order to address this issue. Hence, there is still a need to continue working together, each advocate making contributions that can augment an understanding that reflects the complexity of the dynamics of domestic violence. From a clinical standpoint, there is still a lot to be done to learn what is effective and with whom. As the attitudes and beliefs of society continue to evolve, we must expand theories that can be useful in our interventions with men who batter. Theories and what they look like in practice may vary depending on the population being served. As the case example demonstrates, some theoretical concepts may need to be reframed, such as the notion of equity, in order to make interventions more culturally sound while not losing focus of behavior change.

Our charge as clinicians and advocates for a domestic violence-free society is to provide the information to support our principles so we can continue advocating at the therapeutic level by using contextual frameworks. Or as Martin-Baró (1994) puts it, recalling one of his professors from the University of Chicago, “the healing power of any psychotherapeutic method depends on the dosage of break with the dominant culture” (p. 120). In this spirit it is our collective responsibility as a society to recognize and be aware of the attitudes, beliefs, and social structures that create the conditions in which partner violence is maintained, justified, and kept silent.

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