

The Intersection of Latinx Masculinity, Criminal Institutionalization, and Recuperation Macho Identity Re-defined

- **Presented By:** Rogelio Serrano, PsyD, LMFT
- Federal Bureau of Prisons, US DOJ
- Pepperdine University
- California State University





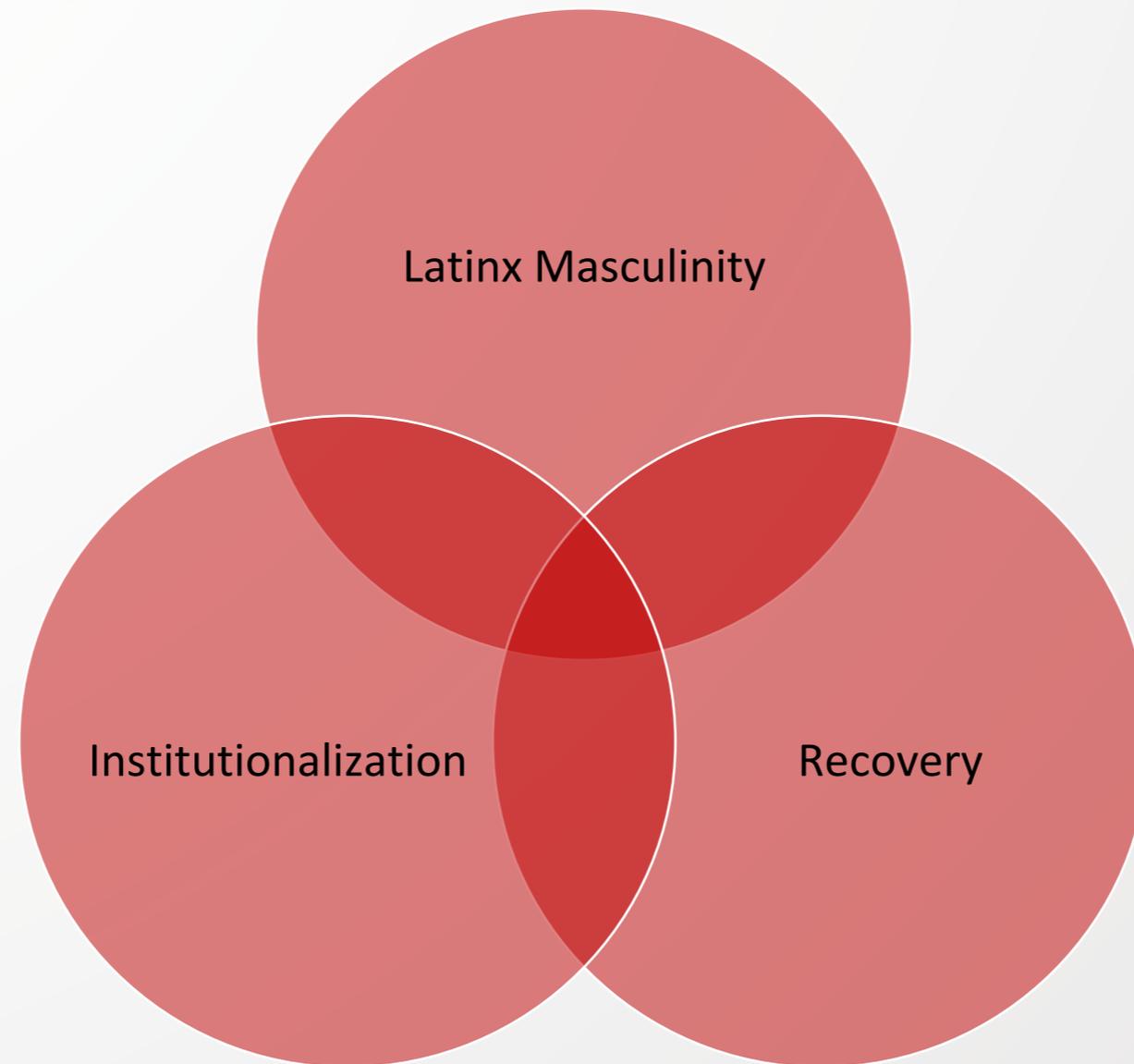
The degree of civilization in a society can be
judged by entering its prisons.

(Fyodor Dostoevsky)

Objectives

- Understand the influence of generational oppression in the development of specific masculine identity traits
- Identify how masculine identity constructs, such as restrictive emotionality, present differently in the clinical treatment of Latinx males
- Understand the intersection of Machismo and Institutionalization in the progression of recovery from mental health symptoms with Latinx males
- Learn to adapt evidence-based practices to facilitate change in treatment with Latinx males
- Develop strategies for providers to evaluate, identify, and treat symptom clusters within the Latinx male population
- Clinical Roundtable

Interaction of psychosocial constructs



What does it mean to be a “real man” today?

Masculine socialization expectations: Los hombres son...

- Good providers
- Strong but silent
- Don't show feelings (especially around women)
- Avoid feminine behaviors
- Problems solvers
- Take risks without regard for consequences
- Power via aggression

Crisis in masculinity

Boys and men are disproportionately represented among the following problem populations:

- School children with LD, behavior/impulse control disorders, ADHD
- Homeless
- Substance abuse
- Perpetrators of violence (community, interpersonal, institutional)
- Sex addicts and sex offenders
- Victims of homicide, suicide, and life-style related illness

Influence of community violence on males

Last decade U.S. & California homicide rates/100,000

- US: 5.5 per 100,000
- California: 6.8 per 100,000
- L.A. County: 11.7 per 100,000
- Compton: 70.0 per 100,000
- L.A. Gang: 400-500 per 100,000

Office of Attorney General, California 2003

Gender defined

- Gender: socially constructed attributions and expectations assigned to individuals on the basis of their biological sex (Unger, 1979)
- Gender Role Strain Paradigm (GRSP): position that views gender roles as not biologically determined, but rather as psycho-social constructs that bring certain advantages and disadvantages (Pleck, 1995)
- Research has shown that gender roles are social constructs that can vary significantly across time, context, and culture (Levant, 2017)

Male identity development

- *Masculinity* and *Femininity* are not constructed biologically, gender roles are modified to serve particular social functions, and each context influences gender socialization (Pleck, 1995)
- Gender Role Conflict (GRC): A psychological state in which socialized gender roles have negative consequence for the person or others (Oneil, 2008)
- Masculine identity and GRC significantly and positively predicted aggressive behavior in men (Cohn & Zeichner, 2006)
- Men's fear of emotional expression has been found to be a significant predictor of overt hostility, anger, expression, and diminished anger control (Jakupcak, Tull, & Roemer, 2005)

Restrictive emotionality

- Alexithymia: ‘without words for emotions’; A personality construct originally used for psychiatric patients with extreme difficulties in identifying and describing feelings (Sifneos, 1967; Levant et al. 2014)
- Men and masculinity research has promoted the idea that traditional masculine gender scripts lead to restrictive emotionality and alexithymia (Levant, 1992)
- As reviewed in the literature on men and masculinity, restrictive emotionality in men is considered a product of socialization and not biologically determined as previously thought (Levant & Powell, 2017)
- Recent research with Latinx men has found contradictory evidence for the theory that traditional masculinity leads to restrictive emotionality (Davis & Liang, 2015)
- Torres et al. (2002) also found that Latinx masculinity can be multidimensional and include contradictory dimensions such as restrictive emotionality and empathy concurrently.

Forms of institutional oppression

- Educational (NCLB, linguistic education, access to higher education)
- Social (stigmatization, scapegoating, racism, micro-aggressions)
- Bureaucratic (discriminatory policies, political marginalization)
- Judicial (sentencing laws, conviction disparities, rates of incarceration)
- Economic (vocational training, gentrification, taxation policies)

Effects of discrimination on mental health

- Research shows that perceived discrimination (particularly in youth and childhood) is strongly linked to negative health effects and that these effects are stronger for more disadvantaged populations (Schmitt, et al., 2014)
- Latinx communities with high level of racial/ethnic identities are particularly susceptible to the psychological effects of discrimination (Woo et al., 2019)
- Racism in various forms (social stigma, internalized racism, provider biases, institutionalized racism) effects physical and psychological health in communities of color (Williams, 2008)
- African-American and Latinx populations may tend to experience overall lower rates of lifetime psychiatric disorders (Miranda et al. 2008). But when disorders are present these populations tend to experience debilitating levels of illness (Breslau et al. 2005)

Exposure to correctional institutions

- Correctional environments tend to promote aggression and hypermasculine behaviors that influence provision of mental health services (Kupers, 2005)
- Walter (2003) found that for novice inmates (< 6 months of incarceration) entering a medium security facility, exposure to prison increases criminal thinking and criminal identity
- A study of 2158 male inmates found that violent misconduct in prison is correlated with younger age and gang affiliation (Griffin & Hepburn, 2006)
- Incarceration of a father is positively associated with poor school performance and problem behavioral outcomes (Wildeman et al. 2018)
- Mass incarceration has increased racial inequities in children's behavioral and mental health problems by 15-20% for externalizing problems and 24-46% for internalizing problems (Wildeman et al. 2018)

What happens after centuries of discrimination ?

Over time the effects of ethnic discrimination and institutionalized oppression can lead to establishing socio-behavioral mechanisms to:

- Establish kinship networks based on cultural behaviors and strong family ties
- For men, reduced overt displays of emotional expressiveness
- Utilization of hostile and aggressive responses to protect from threats
- Establish small social and familial bonds for outlet of emotions
- Utilize *behaviors* to indicate support, love, encouragement and protection

Is machismo a coping strategy for institutional oppression?

Despite long standing awareness that racism and oppression result in negative health effects, why is it that some research indicates that communities of color have better health relative to Whites? i.e. the “*Hispanic Paradox*” (Gallo, et al., 2009; Keyes, 2009; Stone et al., 2016)?

- Reduced emotional expressiveness leads to decreased risk of subjective misattributions of neutral behaviors in oppressive social environment (i.e. the less emotion I show, the less likely people interpret me as hostile/threatening)
- Restricting emotions can reduce arousal states of ANS which in turn leads to decreased stress response
- Modeling emotional stoicism leads to reduced transmission of emotional reactivity in children (if I’m not emotional, my children won’t pick up the habit)
- Maintaining a small network of peers for emotional expression leads to increased social bonding in secure relationships

Restrictive emotionality and Latinx masculinity

Can a new view of multidimensional masculinity help us understand machismo in a new light? Some things we know in the state of the field on Machismo:

1. Gender is not solely defined by biology
2. Socialization plays a role in the way we express our masculine and feminine characteristics
3. Binary methods of defining social behavior (e.g. gay vs. straight; black vs. white; dominant vs. passive) restrict our ability to understand the full spectrum of symptom presentation
4. Latinx culture is a factor which has been traditionally underrepresented in psychological research

No que eres hombre?

How are Latinx men socialized to be macho:

- Los hombres no lloran (boys don't cry)
- El hombre sin familia no es hombre (a man without a family is not a man)
- Tu trabajo es tu deber (your job is your duty)
- Tienes que cumplir (you must commit)
- No te degúes (don't tread on me!)
- Te tienes que aguantar (you must endure)

Latinx males

There is an intersection of GRC and other factors particular to the Latinx male community which include:

- Language brokering
- Migration adjustment
- Access to education
- Racial discrimination
- Acculturation stressors

- Bicultural stressors
- Socio-economic stressors
- Institutionalization
- Sanctioned marginalization
- Marginalized social identity

Latinx machismo

- Historical conceptualization of the ***Macho*** construct emanates from psychoanalytic and social theories with a negative bias towards male aggression and sexual dominance stemming from Spanish conquest of Mexico (Aramoni, 1961; Diaz-Guerrero, 1955; Paz, 1950)
- Later research has demonstrated that the Macho construct is perhaps more bimodal than previously conceptualized and includes both positive and negative dimensions of beliefs, expectations, and behaviors (Mirande, 1997; Neff, 2001; Arciniega et al., 2008)
- Research which has utilized both quantitative and qualitative lines of inquiry has facilitated the development of the bi-modal concept of Machismo

Latinx machismo (cont.)

- More recently, literature in this area has expanded the concept of machismo to incorporate positive characteristics such as honor, duty to others, self-sacrifice, and nurturance (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008; Torres, Solberg, & Carlstrom, 2002; Welland & Ribner, 2008; Hurtado & Sinha, 2016).
- Culturalist definitions of machismo integrate social and political with psychological theories to define machismo traits as methods to avoid shame, gain respect and dignity in the face of socio-political marginalization (De La Cacula, 1986)
- Some evidence is starting to reflect that for Latinx men, the relationship between machismo ideology and gender role conflict is moderated by perceived racism in work, academic, and community settings (Liang et al. 2011)

MACHO DEFINED

- Macho as a **multidimensional** gender construct, ranging from positive to negative traits, most often associated with men of Latinx descent.

Latinx men and intimate partner violence (IPV)

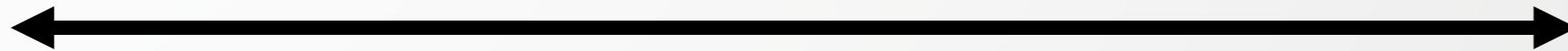
(Serrano, 2011)

Qualitative interviews with Latino men in batterers intervention treatment program revealed following beliefs about machismo

- Macho is a constellation of negative behaviors
- Manliness (hombre/caballero) is a positive construct (antithetical to machismo)
- Initial guardedness in treatment is protective demeanor stemming from mistrust of outsider(s) (i.e. not trusting outside investigator joining the group)
- Some external stressors which influence intimate partner violence behaviors are culturally bound
 - Immigration circumstances, cultural pressure to masculinize, transnational economics, racism

Bi-dimensional theory of machismo

Spectrum of behaviors



Macho

Caballero

El macho malo

- Aggressive
- Violent
- Domineering
- Sexualized
- Misogynistic
- Sexist

- Chauvinistic
- Impulsive

El macho bueno

- Responsible
 - Humble
 - Honest
 - Courageous
 - Protective
 - Nurturing
-
- Proud
 - Amorous

Basic techniques of Client Centered Therapy (CCT)

- Active Listening
- Reflection of content and feelings
- Genuineness and self- disclosure
- Receptivity to non-verbal communication
- Matching voice tones
- Open ended questions
- Paraphrasing
- Summarizing
- Tracking emotional content

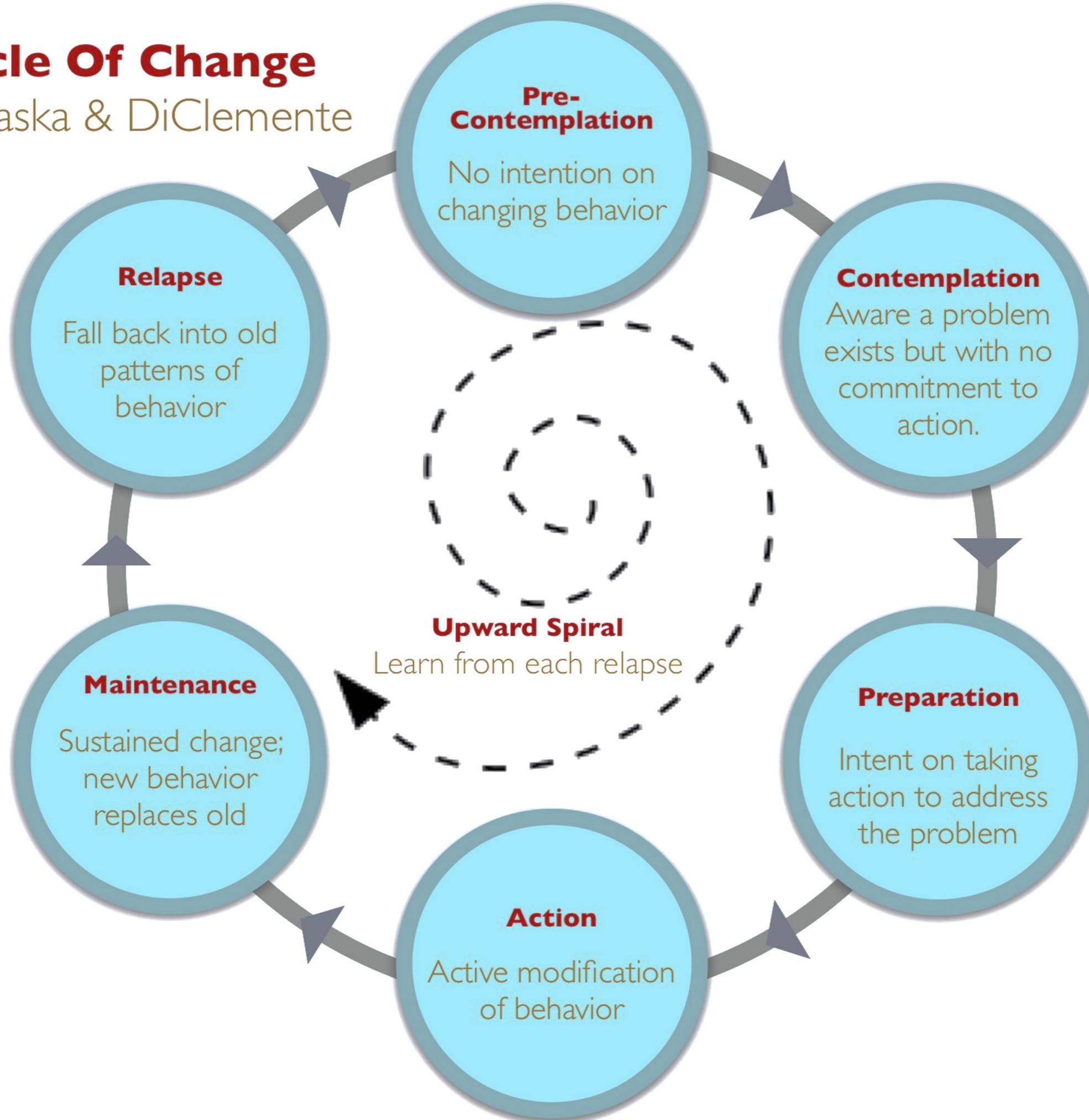
CBT treatment protocols

Standardized treatment protocols (Beck)

- Psycho-education (2 sessions)
- Cognitive Strategies Training (2-3 sessions)
- Exposure (2-4 sessions)
- Increasing Coping Skills (3-5 sessions)
- Social Skills Training (2-4 sessions)
- Relapse Prevention (2 sessions)

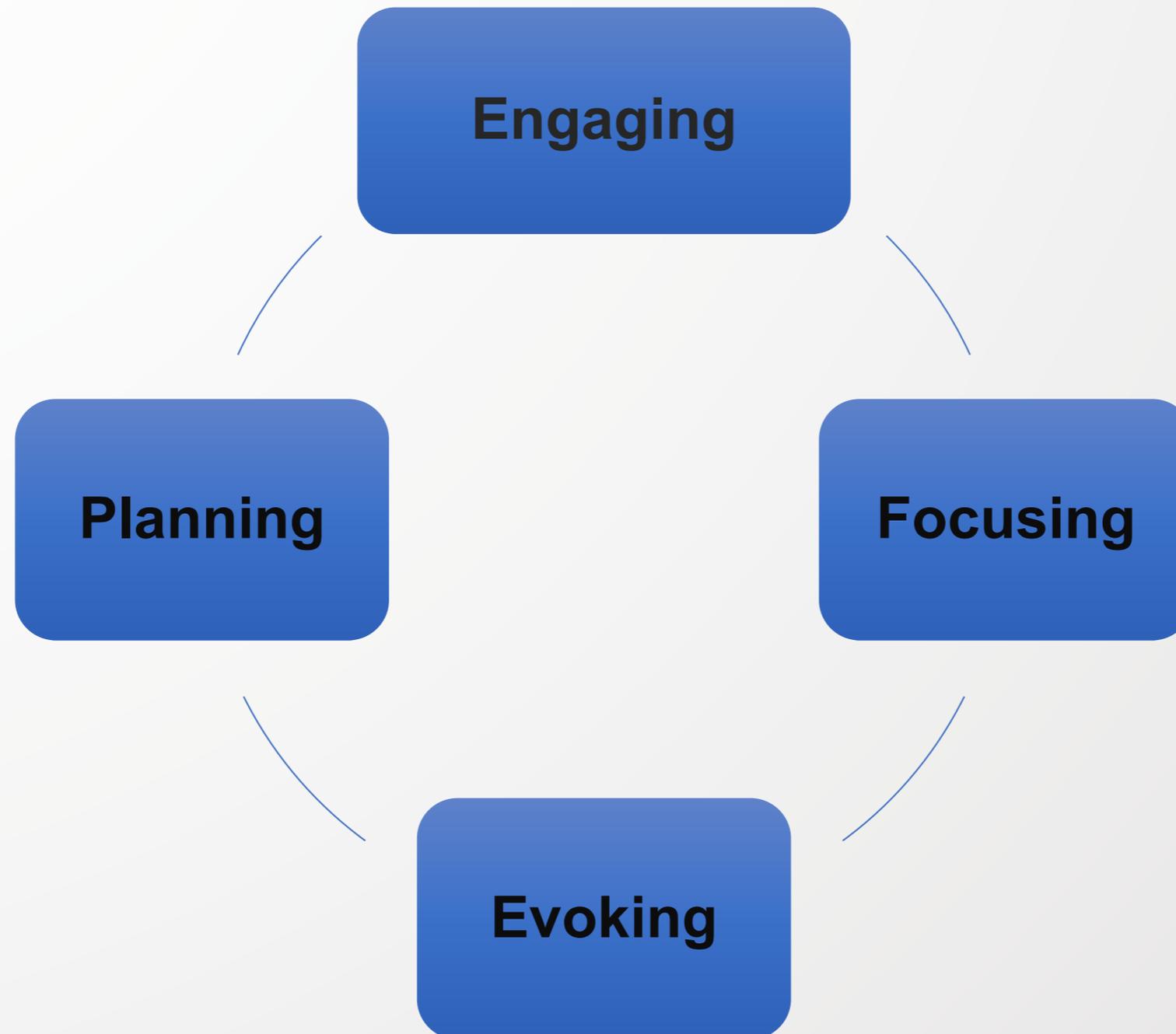
Cycle Of Change

Prochaska & DiClemente



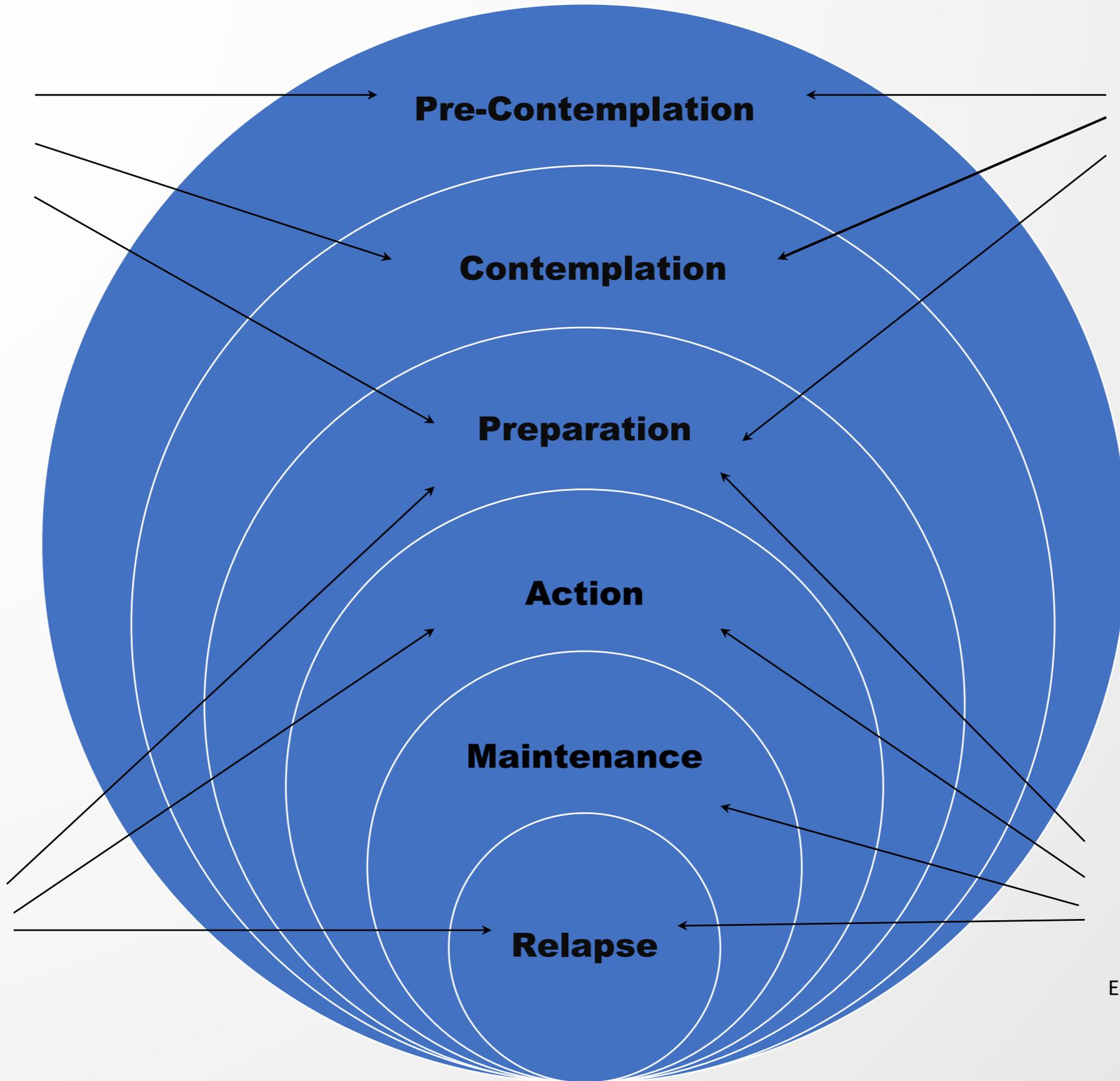
Motivational interviewing

(Miller & Rolnick, 2012)



Engaging

Consciousness Raising
Social Liberation



Pre-Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Focusing

Consciousness Raising
Social Liberation
Self Liberation

Evoking

Consciousness Raising
Environmental Controls

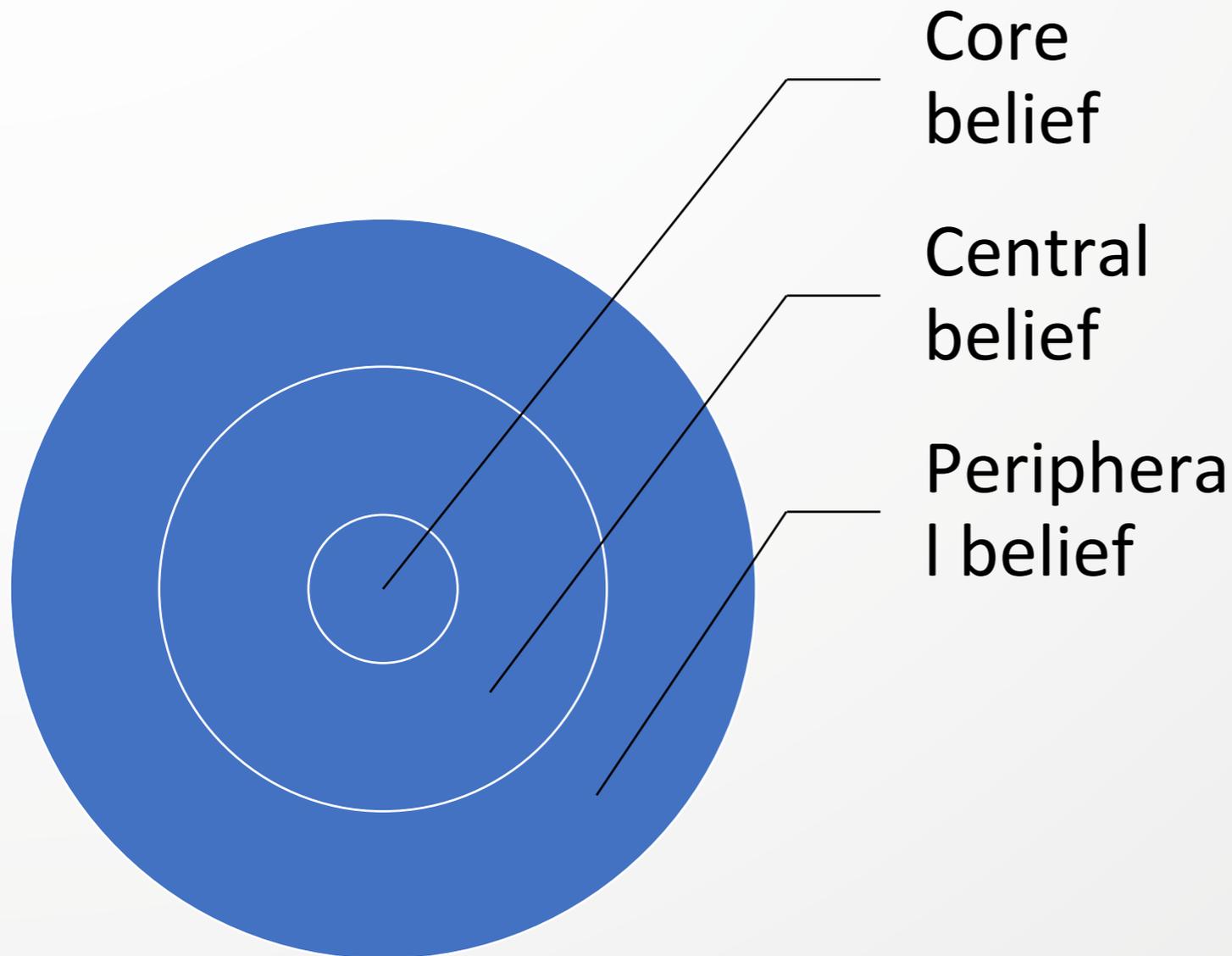
Planning

Helping Relationships
Environmental Controls
Self Liberation

CBT and CCT with Latinx populations

- Education and validation is most important in early phases of treatment:
 - Clear guidance on theory behind questions, interventions, and goals
 - Importance of stressing collaborative, non-confrontational, methods
 - Acceptance of current belief patterns free of cultural/clinical judgments
- Establish firm grasp of cultural norms, beliefs, references, and roles
- Explore differences between family of origin and current living situation/standards
- Clarify one specific belief pattern (preferable lower level symptoms) to begin process of treatment
- Challenging firmly held beliefs early in treatment may be damaging to establishment of therapeutic trust and cultural sensitivity
- Beliefs to avoid early in treatment: religion, sexuality (sexual trauma), significant

CBT approach with Latinx males



- Core beliefs have engrained psychological mechanism which resists change/modification. Change is met with resistance for self preservation and psychic integrity (e.g. people hurt me, I'm unwanted, emotion is death)
- Central beliefs are more engrained and have ideological foundation for maintenance as well as biological influences (e.g. substance abuse, sexual practices, fears, reward/punishments, personality habits)
- Peripheral belief patterns can be modified easily with consistent efforts on the part of the patient (e.g. study habits, exercising, attendance, work habits)

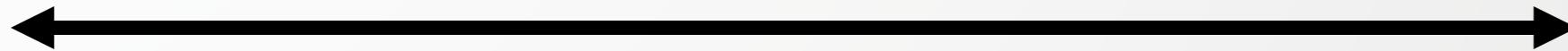
Sequential lines of inquiry

Initial questions should be more broad in scope and on surface level topics with open ended questions. Clinical discourse should lead from most salient issue at initial interview (e.g. “presenting problem”) and work inwards towards deeper emotional content.

- Topics of inquiry should focus on major areas of life
- Salient themes should be noted from the interview (work, parenting, violence, life transition, loss)
- As interview progresses, steps toward deeper level inquiry should be taken
- Noting strengths (morally decontextualized) key in gaining trust

Bi-dimensional theory of machismo

Spectrum of behaviors



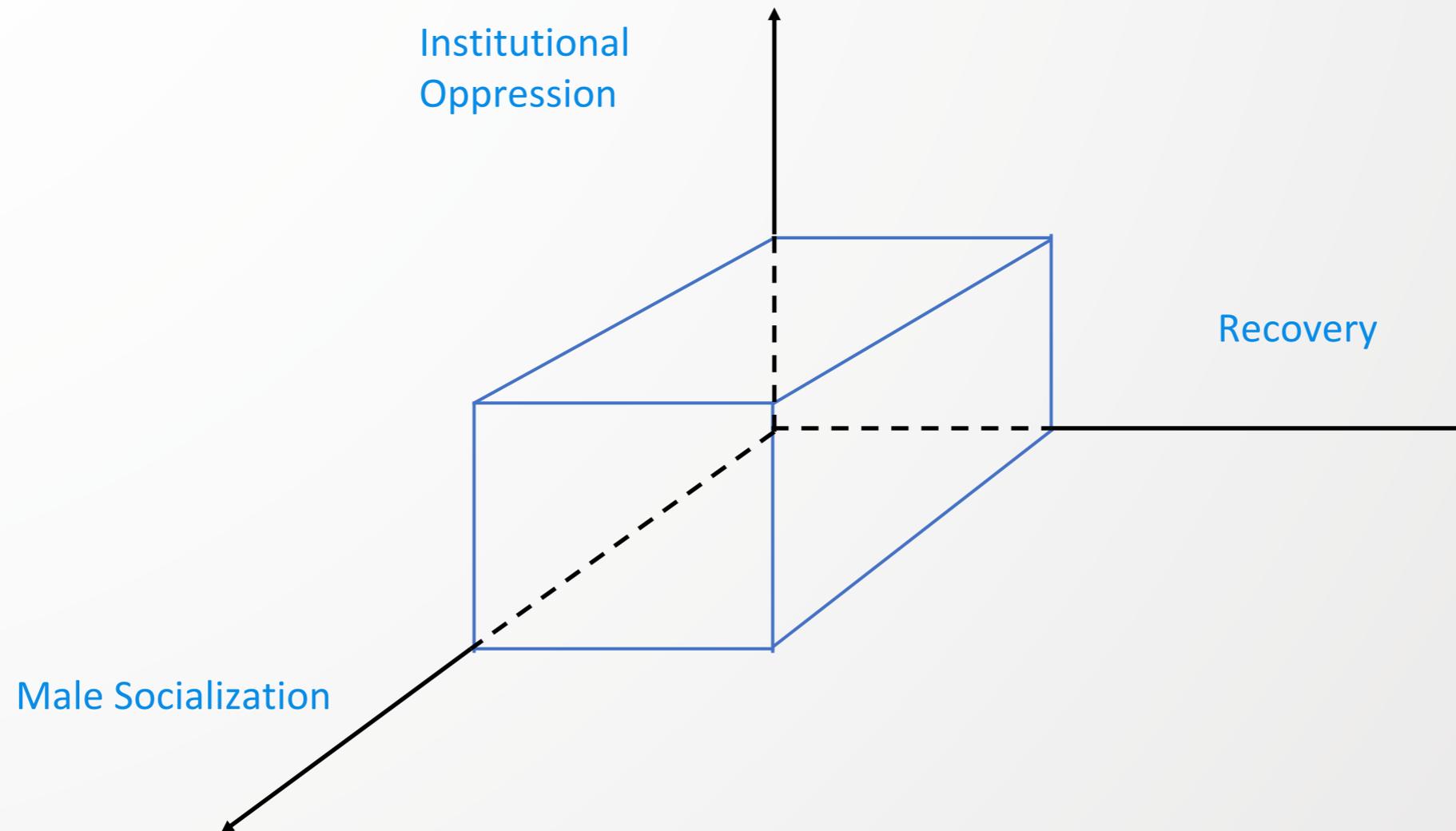
Macho

Caballero

Interaction of psychosocial constructs

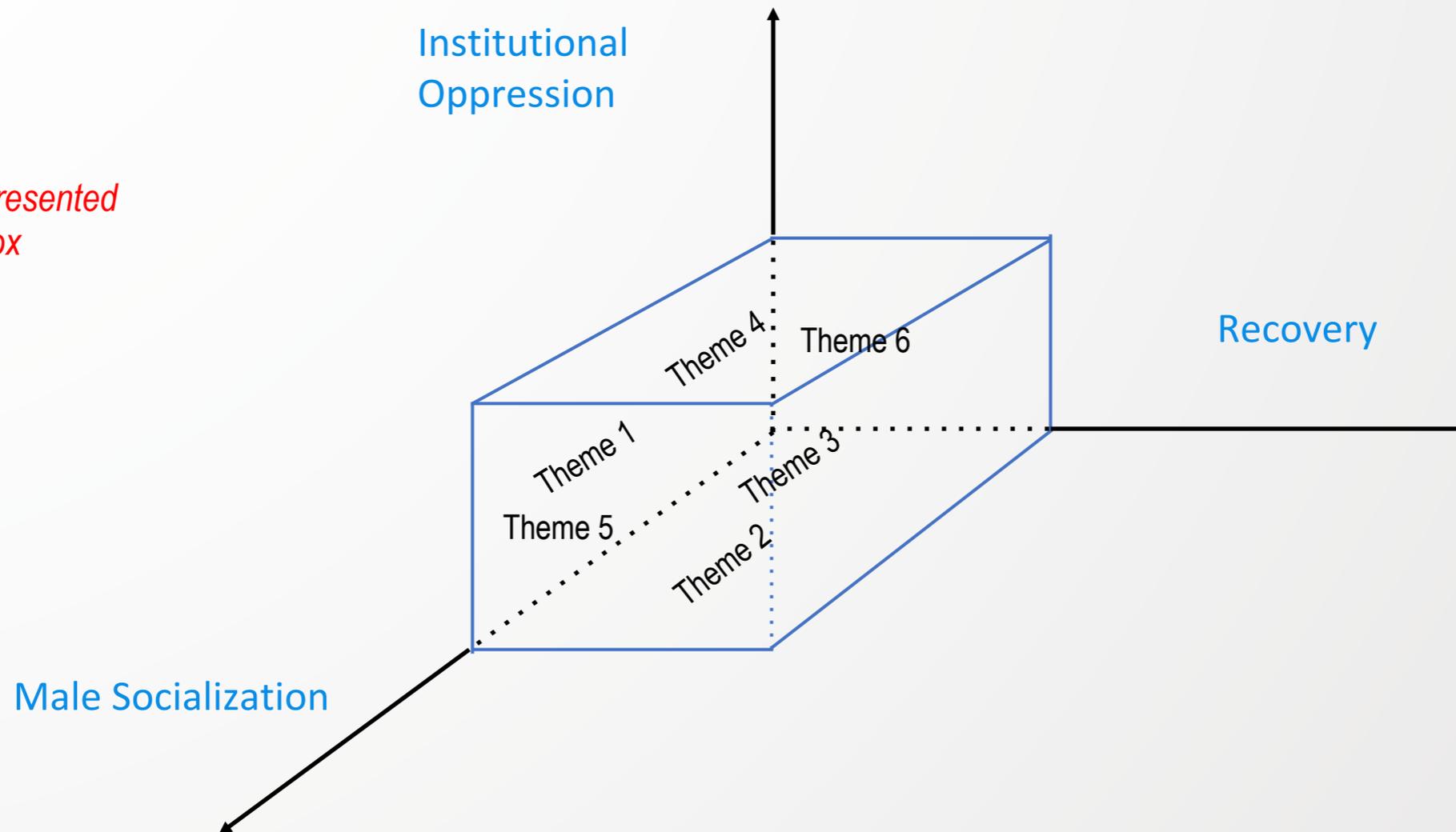


Multidimensional theory of machismo



Multidimensional theory of machismo

*Client represented
by blue box*



Case Vignette 1

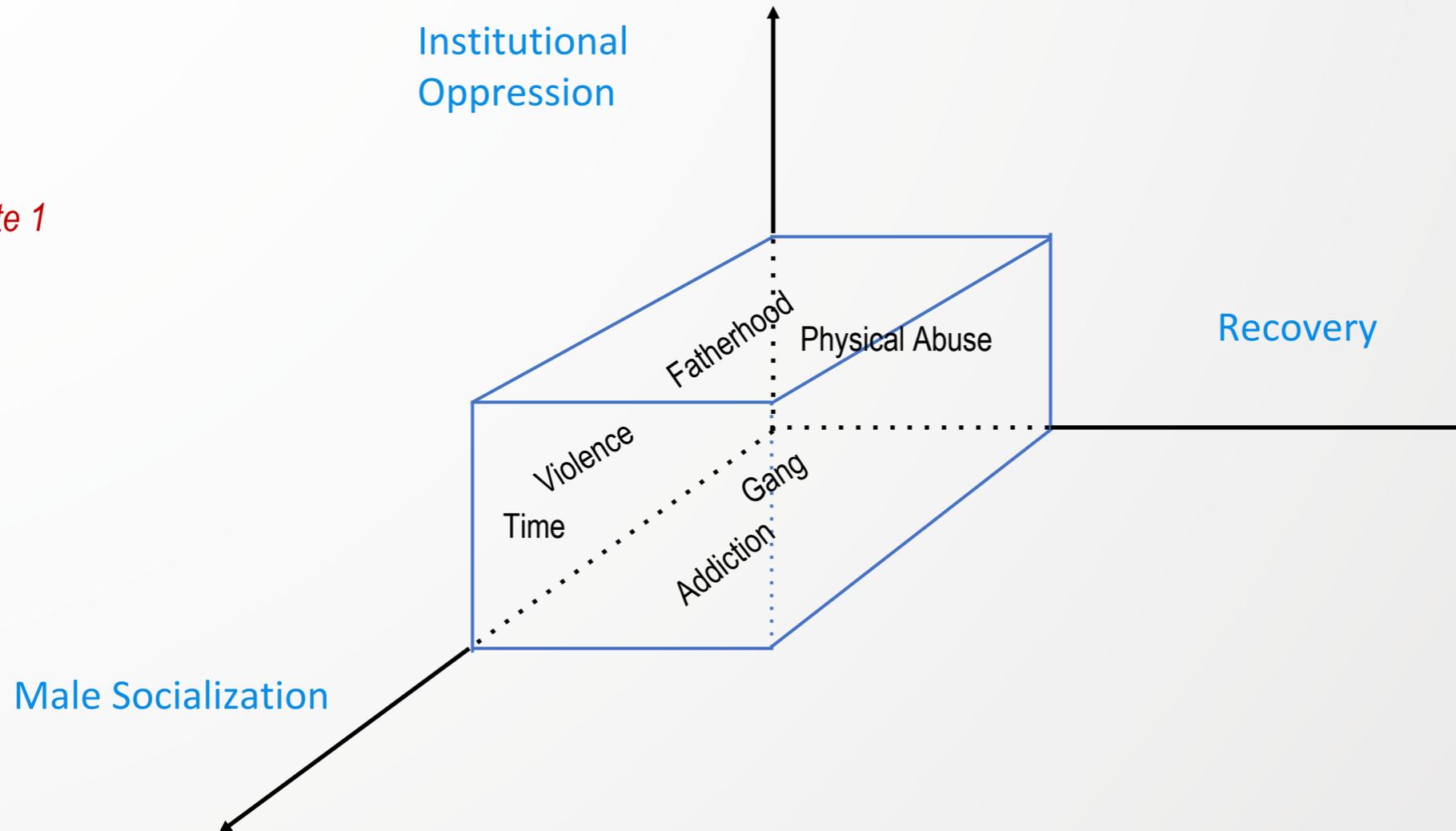
The client is a 45 year old Mexican-American male who is struggling with symptoms of agitation, homicidal ideation, nightmares, and difficulty managing impulsivity. He is currently incarcerated for drug trafficking and will be released in three years. He has previously served a sentence of seven years for similar drug charges. He has a long history of substance abuse, violence, and drug trafficking. He was “recommended” to engage in psychological treatment for substance abuse and anger management following another recent altercation with a fellow inmate. Initially he is extremely guarded in therapy and appears to have limited ability to demonstrate emotional empathy, remorse, or connect with internal states. He reports very little willingness to engage in therapy and reports that his only motivation is to be able to regain access to visitation and phone calls.

Case Vignette 1 (cont.)

Following a couple months of treatment the client reports that his main struggle is worry over his eldest daughter's health. He recently found out that her leukemia has resurfaced after many years of being in remission. He appears to demonstrate significant anger and agitation when discussing his inability to visit with his daughter due to his conditions of confinement. Both his parents are alive and living in Mexico. While he maintains a loyal relationship to his parents and family, he begins to discuss the significant anger towards his father for years of physical abuse. His abuse was consistent and extremely brutal leading to frequent hospitalizations in childhood. As therapy progresses his feelings of anger begin to diminish and he increasingly reports feelings of depression, anxiety, and increasing nightmares.

Intersectional treatment for Latinx males

Case vignette 1



Sequence of treatment vignette

Primary stages were structured to provide immediate symptoms relief and gain internalized control of impulsive behaviors: Validating current states, recognizing desire to remain free of conflicts, relating to status as father, and reinforcing control over anger exhibited in session.

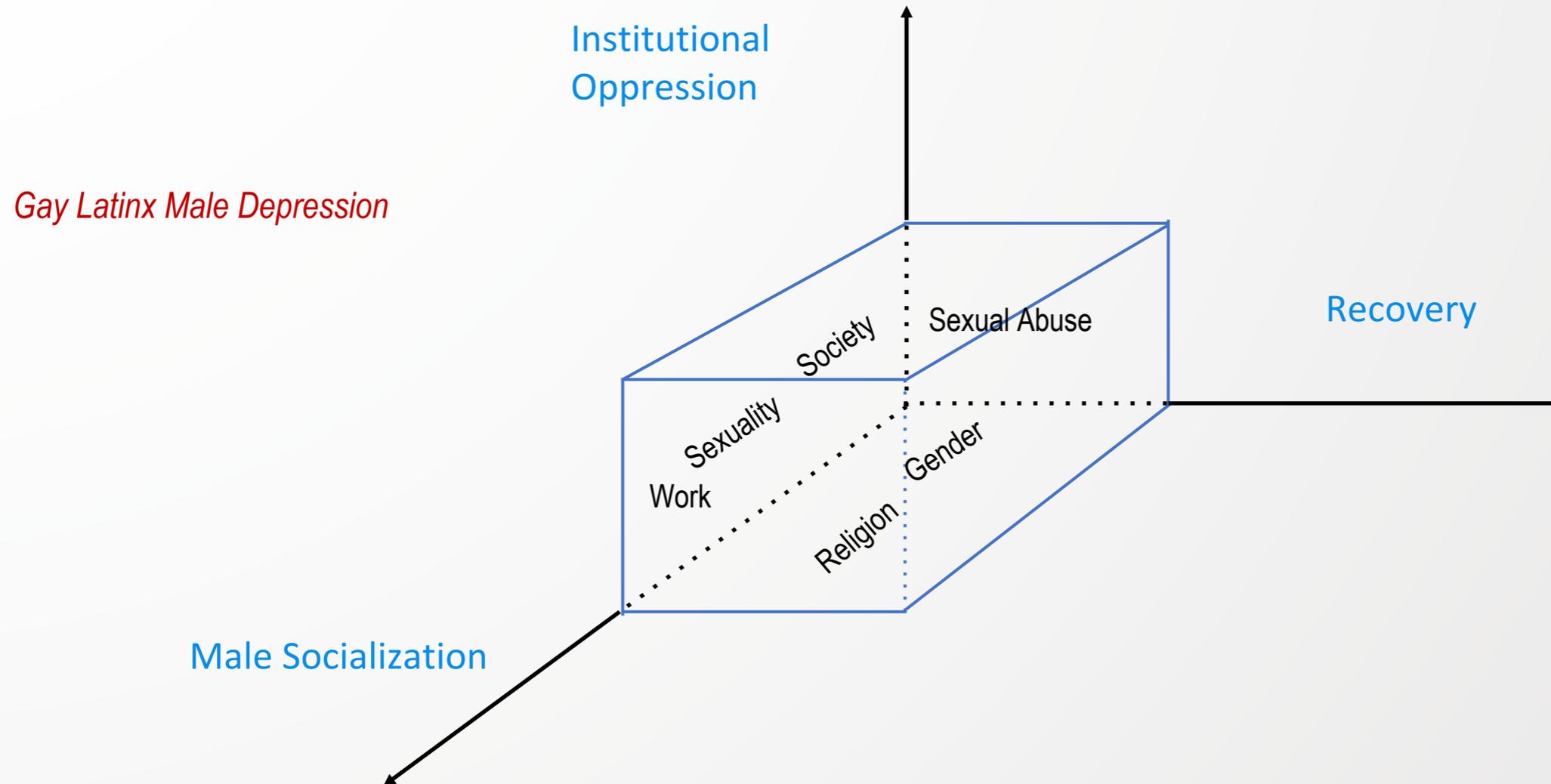
Noting themes 1-3

Secondary stages were utilized to build in emotional connection via music, discussion of central beliefs (gang, violence, work, fatherhood) and increase therapeutic trust via self disclosure

Noting themes 4-6

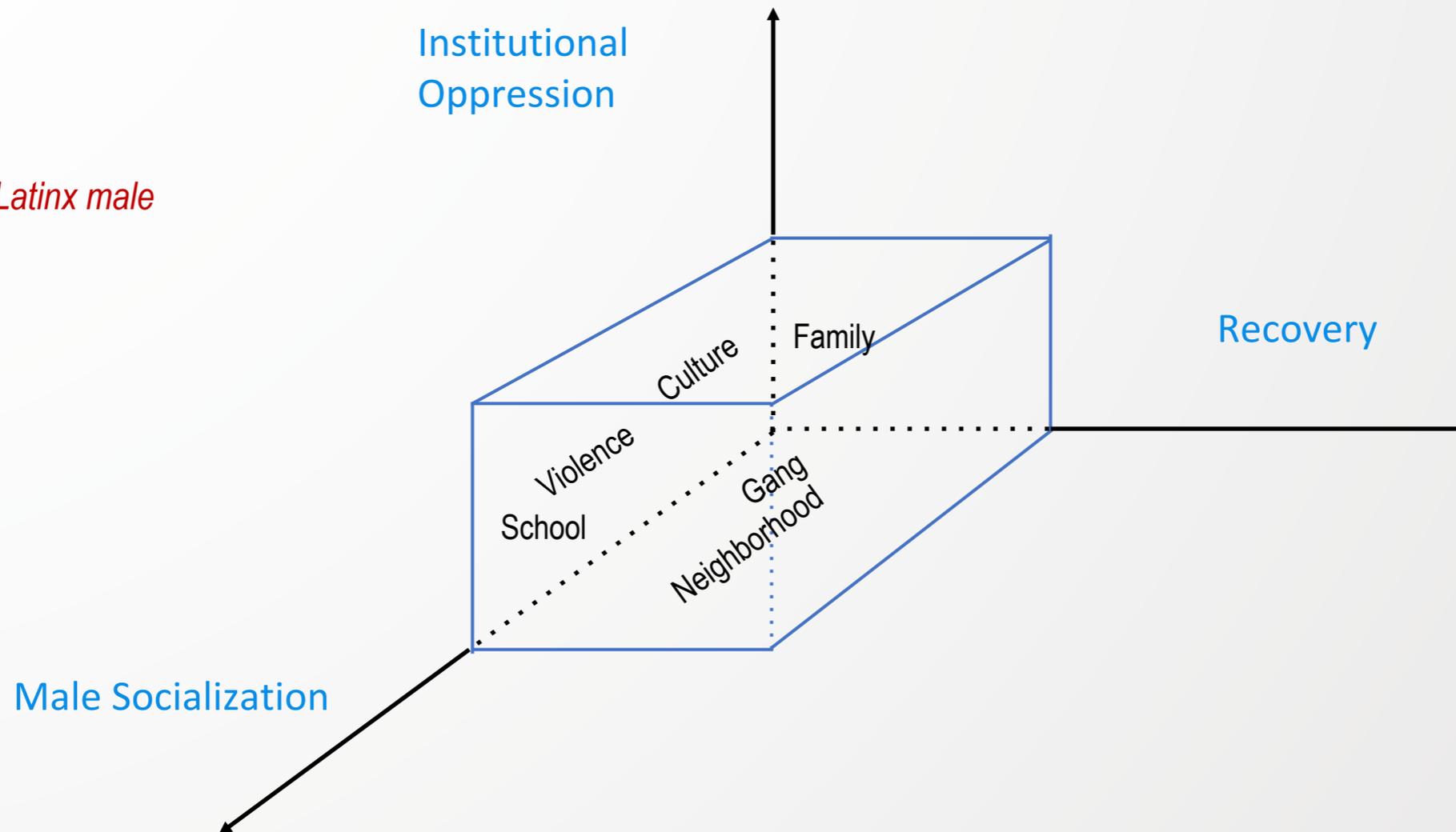
Later stages were utilized to explore themes set out in treatment and then explore meaning behind those noted roles, rules, and responsibilities in the context of oppression, machismo, and male socialization (e.g. “how does being macho help you be a better father?”; “when you are discriminated does it remind you of being hit as a kid?”; Can you leave the gang and still be a man?”

Intersectional treatment for Latinx males



Intersectional treatment for Latinx males

*Adolescent Latinx male
in Gang*



GRACIAS

“Entre los individuos como entre las naciones, el respeto al derecho ajeno es la paz”



Rogelio Serrano, Psy.D., LMFT
rogelio.serrano@pepperdine.edu