

Ethnicity and Empowerment: Implications for Psychological Training in the 1980s

Linda M.C. Abbott

Psychological services, as a part of the health-care system, have been "embedded in specific configurations of cultural meanings and social relationships,"¹ and the role of patients and healers cannot be understood apart from that context. This article explores the failure of psychology to effectively address the inhibiting impact of racism on human development, and it suggests a corrective agenda for the training of socially responsive and responsible psychologists, an agenda derived from the literacy education model of Paulo Freire.

Literacy enables people to participate in the political culture, while illiteracy ensures their marginality. The Brazilian educator Paulo Freire conceived the problem of adult illiteracy as a political phenomenon. His experience in adult education and his insight into the political dimension of the acts of reading and writing led him to develop a process through which adults gained the ability to read in just thirty to forty hours of training.² Fundamental to this success is the development of an awareness within the learner that he or she is a subject capable of acting in history, not just an object of inevitable historical forces and processes. Freire's instruction to a coordinator of a "cultural circle," the learning group, exemplifies this understanding:

In order to be able to be a good coordinator for a "cultural circle," you need, above all, to have faith in man, to believe in his possibility to create, to change things. You need to love. You must be convinced that the fundamental effort of education is the liberation of man, and never his "domestication." You must be convinced that this liberation takes place to the extent that a

man reflects upon himself and his relationship to the world in which, and with which, he lives. And that it takes place to the extent that, in "conscientizing" himself, he inserts himself in history as a subject.³

The role of the coordinator, then, is to facilitate the psychological transformation of the learner. In the process of learning to read, students learn to act, to exercise a new degree of control over the circumstances of their lives.

Freire's conceptualization of the self emerging as an actor in history, with newly realized individual goals and aims, is an apt characterization of the process of emerging self-determination among ethnic groups in America in recent years. In 1967, Carmichael and Hamilton described this psychological process as basic to the Black Revolution.

Throughout the country, vast segments of the black communities are beginning to reclaim their history, their culture; to create their own sense of community and togetherness... When we begin to define our own image... the Black community will have a positive image of itself that it has created.⁴

No individual or ethnic group can proceed along the developmental path of growth in self-esteem without some degree of cultural support. In Freire's scheme, the coordinator provides guidance and reinforcement to the learner as the struggle for mastery, and its corollary, self-esteem, takes place. In contemporary American culture, the task of engendering individual growth in self-awareness and self-esteem is guided by the collective wisdom of psychology. However, the record of psychological practice in assisting, supporting, and enabling minority clients to achieve this positive identity has been less than impressive. In the traditional psychological orientation, as in the traditional educational system Freire attacked so effectively, individuals were led to believe in the inevitability of current social reality. They were then molded to conform to that reality, manipulated as objects toward the fulfillment of their predetermined role. As Freire's analysis of education showed that it could not be neutral, but must be either oppressing or liberating, so it is with psychological services. Either the client becomes "adjusted" to the oppressive society in which the problems arose, or that client is enabled to transform social reality in a new, more liberating direction.

The psychological profession's liberal self-image has served to camouflage its dismal record in alleviating human suffering among significant portions of the population. Psychologists believe themselves to be participants in a universally applicable process, relating to the essential humanity in each client. However, despite the mental health profession's firm public avowal of the dignity and worth of all human beings, these professionals have taken a back seat in the cause of improving social reality and mental health for multiethnic populations. From within the field a few voices have protested this failure: "social scientists have played little or no role in disclosing the truth about the plight of minorities in the United States,"⁵ and, in a more general comment on this issue, "psychologists have not been the pacesetters of history."⁶

The chorus of criticism has grown since the 1960s to include socially conscious observers of the field, along with a fair number of dissatisfied consumers who join the continued critiques from within. Traditional counseling practices have been condemned as being "demeaning, irrelevant, and oppressive toward the culturally different. Admonitions to develop new methods, concepts, and services more appropriate to the life experiences of minority clients have been plentiful."⁷ S.J. Korchin also finds that "psychology has not been sufficiently concerned with racism and mental health, whether in theory or research, in clinical practice, or in graduate education."⁸ Korchin's analysis indicates that minority mental health needs are largely unmet, and where intervention does take place, its quality is below that which is available to whites. Dissatisfaction with these second-rate services is shown by several indicators, including a high nonreturn rate for clients who are ethnically different from their counselors. Other, more radical critics condemn all psychological intervention for minority clients as ill-conceived "rescue" attempts predicated on racist assumptions about the clients' inadequacies for participating in their own problem-solving.

Although factors contributing to this insensitivity and blindness are numerous and subtle, probably the major blame can be appropriately attributed to the educational system which produced culture bound psychologists. That guilt is found both in what is taught and in what is not taught. As products of a racist educational system, psychologists are frequently simply ignorant of the effect of institutional racism in differently structuring the life style and motivational patterns of different ethnic groups.

Ethnocentrism is part of the explanation as well as ignorance, for in

a profession where ninety-eight percent of the practitioners are white the multicultural question rarely even arises. When it does, it is likely to be from the "psychology of race differences" perspective, where all others are compared, usually unfavorably, to the white male, who is taken as the norm. Because of the conceptual limitations imposed by ignorance and ethnocentrism, the value differences inhibiting the effectiveness of psychological intervention are rarely even recognized: "It is the conceit of most mental health professionals that their theories and techniques are equally applicable across cultures."⁹

Training orientations further limit the conceptual flexibility essential to serving clients of diverse ethnic backgrounds. In a discussion of the avoidance of sociocultural factors in research on client-counselor interaction patterns where minority clients are involved, W. Banks indicates that "the individualistic orientation of most therapists and counselors . . . in effect minimizes the importance of very real psychosocial factors operating on the Black client."¹⁰ Other reviewers find a similar limitation in the record of therapeutic work with Hispanic clients; the focus on intrapsychic factors diverts attention from environmental factors contributing to the problem.¹¹ In his review of Ramon Salcido's paper documenting social workers' ineffectiveness in meeting needs of Mexican Americans, Cliff Hooper underlines the role of the educational system in predetermining that failure. In a comment on the absence of culturally relevant materials in social work curricula, a comment as readily applied to training models for psychologists, Hooper asks "Where would the American social worker receive [this needed] kind of training?"¹² The focus in training is clearly on an internal, rather than external, causation of problems in living. Not only is the training orientation of most psychologists skewed toward an emphasis on intrapsychic factors but it is focused on pathology. This professional training model, dominant from Freud's time, is analogous to the medical model in that the client (now referred to as a patient) is seen as suffering from a disorder which can best be remedied through passive compliance with the treatment prescribed by the therapist. External social reality is largely irrelevant in such a conceptualization.

The theoretical orientation creates for the patient a situation Freire would consider colonial, oppressive in the extreme. Like the oppressive educational structures he set out to replace, the psychological enterprise appears to exist to integrate the oppressed into the *status quo*; to foster, in other words, adjustment.

The advocacy of adjustment as a solution to problems supports the

status quo and discourages any real questioning of society's entrenched institutions. It perpetuates inequity and creates a situation where "the oppressed have been alienated from their own decision making and have been convinced of their intrinsic inferiority."¹³ The effect of this mode of psychological intervention is to solidify unconscious restricting shackles instead of facilitating their removal.

Rather than play a role in the perpetuation of oppression, psychologists could select the alternative role posed by Freire for educators, that of an agent of liberation. By espousing the belief that people are "basically free to alter the present and structure the future,"¹⁴ psychologists can enter into a dialogue with clients about the reality of their lives. The goal would become empowerment, rather than adjustment; clients would develop confidence in their ability to act in history, to alter the circumstances of their lives. Political scientists refer to the notion of control over one's fate as *political efficacy*;¹⁵ psychologists refer to it as *mastery*, and it is a hallmark of the healthy individual.

A movement for developing alternative professional models that include among their goals the empowerment of clients would be evidence of rejection of the oppressive assumptions of the traditional training model. Twice in recent history trends in American psychology have demonstrated the existence of a liberating intent. In the 1960s the Radical Therapy movement emerged with the motto "therapy is change, not adjustment."¹⁶ Radical therapists trained a number of paraprofessionals in the art of soul-healing, conceived as a political activity. In this understanding, "therapy is social learning; the awakening of political consciousness . . . it is not an intra-psychic exploration."¹⁷

By rejecting altogether the techniques and theoretical basis of traditional psychological practice, Radical Therapy alienated numerous psychologists. Although it brought to general awareness issues of social relevance, it did not succeed in transforming American psychology. Like other Leftist movements, Radical Therapy suffered from political infighting and from fragmentation into competing splinter groups. Its eager expectation of massive social change left persons with immediate and urgent mental health problems devoid of appropriate treatment and comfort. Political action was substituted for therapeutic intervention. The strident criticism of "the system" by Radical Therapists did serve as an effective spur to new research which documented the relationship between social conditions and mental illness, bringing attention to the importance of economic factors in stress. This information led to a more compassionate understanding of

the situation of clients in lower socioeconomic brackets and the impact of the data aroused a number of psychologists to a position of advocacy.

Some of the advocates became leaders in the second liberating trend, that of the Community Mental Health Movement initiated by legislation in 1973. Ethnic activists had demanded a more decentralized, responsive, and proactive mental health delivery system. Although still viable and the focus of much expectation, the movement's impact has been restricted by several factors. There is often an impression of a second-rate service, providing less expertise and demonstrating less concern for the comfort of the client than more traditional settings."¹⁸ Often the medical model is prevalent in these settings, leading to an emphasis on pathology, rather than on support and extension of the client's natural strengths and coping skills. Even more inhibiting to the effectiveness of the Community Mental Health Movement, however, is the excessively rigid bureaucratization with which it has been plagued since its inception. Its impersonal, complex structures have notoriously little relevance to the cultural lifestyle of the people the agencies are designed to serve.

A re-evaluation of individual agencies by their surrounding client communities may correct some of these deficits in order to promote the development of more responsive and locally determined strategies for service. J. Giordano and others suggest that such strategies are most effective when developed by multiethnic coalitions in recognition of a multi-group reality.

The two historical trends in psychological services, the politically radical advocacy strategy of the 1960s and the agency centered coalitional strategy of the 1970s, have been partly effective in increasing the awareness of and responsiveness to the interests of client from diverse ethnic groups and to concerns of the culturally aware mental health professional. The educational model of Paulo Freire suggests a third strategy, one of empowerment, which would extend the effectiveness and impact of these strategies in a manner consistent with the needs of the contemporary situation.

As in the "cultural circles" developed by Freire, psychologists in a therapeutic setting designed to empower the client would adopt the role of resource coordinator, rather than that of teacher or doctor. Clients are assumed to be more knowledgeable about their cultural heritage and life circumstances, while the therapist is assumed to be more knowledgeable regarding models of mental health and strategies for attaining full functioning. Together the therapist and client engage in a discussion of what would constitute a helpful intervention, agree upon

mutual goals, and engage in a contractual relationship. Provision is made for involving others in the process as desired by both parties, and evaluation is regular and mutual. At all times, the paramount objective is for clients to gain a greater sense of mastery over their fate. "Homework" exercises are designed to test and expand the growing sense of self.

The empowerment model varies in significant aspects from that in which therapists are currently trained. It presupposes the availability of information regarding mental health needs of society's component racial, gender, religious, and cultural groups. In recent years, information of that nature has been forthcoming from a variety of credible sources. The early caution against racial bias in psychological training and practice raised by such authors as L.H. Gardner²⁰ has been followed by a flood of information regarding the importance of cultural differences in the area of mental health.²¹ High quality materials presently exist with which to supplement reading lists in every course in psychological training programs with materials relevant to a multicultural client population.

Supplemental bibliographies are currently available for use in core training curricula. One of the better lists focuses on the Hispanic population: Amado Padilla and Paul Aranda's *Latino Mental Health*²² is amply annotated and provides a subject index. Affirmative action officers and ethnic studies faculty can bring these resources to the attention of the appropriate department faculty.

Realistically, however, not all faculty are motivated to use these resources. For students, the most practical supplemental training for service to a multicultural population is probably in the form of brief seminars, institutes, and conferences. Several campuses of the California School of Professional Psychology have been relying on these brief training experiences while awaiting the institution-wide adoption of supplemental bibliographies in all required courses. At Fresno, recent conferences have gathered experienced mental health workers and students to consider "Issues in Hispanic Mental Health," and "Issues in Asian Mental Health." In San Diego, a 1983 conference explored "Ethnic Issues in Psychotherapy" with a blue-ribbon panel. Conference Proceedings are made available and media coverage is encouraged as a further extension of the impact of these gatherings. On-going evaluation gathers student perspectives on the preparation they are receiving for work with multiethnic populations. As crucial as it is to acquire knowledge of the history, culture, and understanding of mental health of diverse groups, it is insufficient to simply add

information to the existing training program. Major changes in the curriculum are required if therapists are to be able to implement that new knowledge with understanding and skill.²³

Curricular changes must be supplemented with practica and internship opportunities which will enable students to apply knowledge of the dynamics of cultural factors within a context of shared authority and mutual respect. Faculty will need to abandon its hierarchical source of authority in order to model the democratic decision process of the empowerment model. Alternative styles of explanation of mental health and illness must be explored drawing upon the rich metaphysical heritage of a panoply of cultural groups. The test of all curricular materials would become their contribution to a panhuman understanding of psychological health and illness which recognizes the variation introduced by significant cultural factors.

In such a training program, the empowerment model would require that all participants' potential contributions to the educational experience be recognized. The experience and information brought to the encounter by students serves as a valid context for continual refinement and updating of the knowledge base of the faculty. As recruitment efforts bring more representatives of various cultures to the training program as both students and faculty, the educational interchange becomes immeasurably enriched. Outreach programs such as continuing education seminars and panels for alumni and community professionals would multiply the effect of the curriculum change.

Entrenched faculty have little motivation, other than on moral grounds, for introducing such a restructuring of graduate training programs. Those who maintain private practices are well aware that current reward systems encourage continued emphasis on providing psychological services to the affluent, largely white sector.

Along with continual visibility of the moral rationale for the development of services which empower those whom social structures now exploit, pressure for curricular restructuring and for intensive recruitment of Afroamerican, Amerasian, American Indian, and Hispanic faculty and students must come from accrediting agencies, both regional and professional, and from institutional governing boards. Staff and site visitors of regional accrediting associations should be supplied with information designed to assist them in evaluating programs on grounds of cultural relevance. For example, a checklist by which dissertation research can be reviewed for racism or sexist bias might be included in such an information packet. Similarly, the American Psychological Association can be encouraged to remind

programs it accredits of the Vail Conference's recommendation to psychological service agencies that they "employ competent persons, or . . . provide continuing education for the present staff to meet the service needs of the culturally diverse population it serves."²⁴ Educational institutions are remarkably responsive to the viewpoint of professional accrediting associations. Organizations and individuals concerned with the cultural relevance of psychological practice would do well to mount a systematic lobbying effort within the association.

A third recommended point of pressure is that of public governing and advisory boards. A well orchestrated effort to bring multi-cultural concerns to the attention of these public members would pay dividends in the inclusion of those concerns in institutional planning. Trustees, overseers, and community advisory board members, when properly informed, can be influential advocates as the institution seeks funding for programs focused on multiethnic issues. Their presence at site visits, for example, can emphasize the level of community support for the institution's proposed multicultural training program or service provision. Funding agencies are highly responsive to this evidence of broad, unselfish backing.

Finally, third party payment structures for psychological services are yet another point at which to address the proficiency of current practitioners in working with culturally diverse clients. Insurers and other third parties often require an evaluation of the service; interested parties could encourage practitioner evaluation along culturally relevant empowerment dimensions.

The strategies enumerated here, taken together, could measurably impact the training of new psychologists. The empowerment model, in conjunction with advocacy for clients and coalition strategies used with current practitioner agencies, would be useful in enabling psychology to fulfill its promise of facilitating full human development. The current accomplishment, of enabling a partial development of an ethnically defined part of the population, has been accepted for too long as the most that could be done. Freire's education for efficacy and its psychological corollary, the empowerment model, reveals the cultural source of that limited vision, and so enables concerned individuals and organizations to act for change.

Notes

- ¹A. Kleinmen. *Patients and Healers in the Context of Culture*. (Berkeley: University of California Press, 1980) 25.
- ²C. Brown. "Literacy in 30 Hours: Paulo Freire's Process in Northeast Brazil." *Social Policy*. Vol. 5, No. 2 (July, 1974) 25.
- ³P. Freire. "To the Coordinator of a Cultural Circle." *Convergence*. Vol. 4, No. 1 (1st quarter, 1971) 61-61.
- ⁴S. Carmichael and C.V. Hamilton. *Black Power, the Politics of Liberation in America*. (New York: Vintage Books, 1967) 37.
- ⁵D.W. Sue. *Counseling the Culturally Different: Theory and Practice*. (New York: John Wiley and Sons, 1981) 141.
- ⁶C.W. Thomas. "Psychologists, Psychology, and the Black Community." *Black Psychology*. R.I. Jones, ed. (New York: Harper & Row, 1972) 376.
- ⁷Sue, xi.
- ⁸S.J. Korchin. "Clinical Psychology and Minority Problems." *American Psychology*. Vol. 35, No. 3 (March, 1980) 262.
- ⁹J. Giordano and G.P. Giordano. *The Ethno-Cultural Factor in Mental Health: A Literature Review and Bibliography*. (New York: Institute on Plural and Group Identity of the American Jewish Committee, 1977) 10.
- ¹⁰W. Banks, "The Black Client and the Helping Professionals." *Black Psychology*. R.I. Jones, ed. (New York: Harper & Row, 1972) 205.
- ¹¹S.E. Keefe and J.M. Casas. "Mexican Americans and Mental Health, A Selected Review and Recommendation for Mental Health Service Delivery." *American Journal of Community Psychology*. Vol. 8, No. 3 (June, 1980) 303-325.
- ¹²C.I. Hooper. "Critique of 'A Proposed Model for Advocacy Services for Mexican Undocumented Aliens with Mental Health Needs.'" *Explorations in Ethnic Studies*. Vol. 4, No. 2 (July, 1981) 66.
- ¹³G.J. Conti. "Rebels with a Cause: Jules Horton and Paulo Freire." *Community College Review*. Vol. 5, No. 1 (Summer, 1977) 39.
- ¹⁴T.M. Bringham. "Liberation in Social Work Education: Applications from Paulo Freire." *Journal of Education for Social Work*. Vol. 13, No. 3 (Fall, 1977) 6.
- ¹⁵B.C. Freeman. "Power, Patriarchy, and 'Political Primitives.'" *Beyond Intellectual Sexism: A New Woman, A New Reality*. J.L. Roberts, ed. (New York: D. McKay Co. Inc., 1966) 243.
- ¹⁶N. Hurvitz. "The Status and Tasks of Radical Therapy." *Psychotherapy Theory, Research, and Practice*. Vol. 14, No. 1 (Spring, 1977) 65-73.
- ¹⁷J. Sayre. "Radical Therapy: A Challenge to Psychiatry." *Perspectives in Psychiatric Care*. Vol. 12, No. 1 (Jan-Feb, 1974) 27-28.
- ¹⁸W.D. Pierce. "The Comprehensive Community Mental Health Programs and the Black Community." *Black Psychology*. R.I. Jones, ed. (New York: Harper & Row, 1972) 398-405; See also: R.H. Weaver and H.H. Goldstein, "Interracial and Cross-Cultural Relationships." *Journal of Intergroup Relations*. Vol. 8, No. 3 (3rd quarter, 1980) 31-40.
- ¹⁹J. Giordano, ed. *International Journal of Mental Health: Group Identity and Mental Health*. Vol. 5, No. 2 (Summer, 1976); E.S. Levine and A.M. Padilla. *Crossing Cultures in Therapy: Pluralistic Counseling for the Hispanic*. (Monterey: Brooks/Cole Publishing Co., 1980); and D. Finks. *The Dynamics of Citizen Coalitions*. Working Paper Number 18. (New York: Institute of Pluralism and Group Identity, 1976).

²⁰L.H. Gardner. "The Therapeutic Relationship Under Varying Conditions of Race." *Psychotherapy: Theory, Research, and Practice*. Vol. 8, No. 1 (Spring, 1971) 78-87.

²¹D.R. Atkinson, G. Morton, and D.W. Sue, *Counseling American Minorities: A Cross-Cultural Perspective*. (Dubuque, IA: W.C. Brown Co., 1979); A. Kleinman, note 1, Levine and Padilla, note 19; and D.W. Sue, note 5.

²²A.M. Padilla and P. Aranda. *Latino Mental Health: Bibliography and Abstracts*. (Rockville, MD: Alcohol, Drug Abuse, and Mental Health Administration, 1974).

²³M. Korman, ed. *National Conference on Levels and Patterns of Professional Training in Psychology*. Vail, Colorado, 1973. (Washington, D.C.: American Psychological Association, 1976) 105.

Critique

Abbott's presentation should be of critical concern for educators and practitioners who prepare others to deliver psychological services to ethnic minority clients. A strong point of the article is the description of a serious problem in many educational programs which fail to adequately prepare psychologists to work among a variety of ethnic groups. Equally significant, the author provides pragmatic recommendations and strategies for addressing the concerns which emerge from a theoretical framework.

Institutional racism in educational systems for psychologists is a major factor in the failure of educational programs to create and develop curricula to teach and sensitize students to its negative effects on the life experiences of different ethnic groups. Traditional graduates do not have knowledge and skills to administer quality psychological services to multiethnic populations.

Abbott recommends curricula and related strategies for improving the education of students of psychology which uses the empowerment model. She makes a good case for the merit of the empowerment model. However, there are three observations which may be limitations to the scenario. First, the empowerment model conveys political overtones which may or may not be relevant to the life circumstances of each individual client or family. Second, it is unclear if the author is expounding a model for psychological training, a model for psychotherapy, or a model for community development or a combination of all of these. It is certainly conceivable that the basic formulation of the empowerment model may be applicable to all of them. However, one cannot be confident that the model would work as envisioned by Abbott, because the model recommended as the framework for the development of curricula from a multiethnic perspective may not cover the numerous, diverse ethnic groups. Finally, although there are