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 commonalities as well as differences among ethnic groups, there are even variations in lifestyles including health behaviors within *each* ethnic group among its members. To concede that this *one* model at its theoretical stage of development can be *the* model to serve as the framework for the development of curricula from a multiethnic perspective to provide the knowledge and skills to all students is difficult.

Demonstration projects using the framework and other strategies identified by Abbott would permit researchers to examine the process and outcome for students and faculty who participate in curricula which uses the empowerment model as compared to those in the traditional programs. Positive results would increase the validity of calling for the widespread use of the empowerment model to improve the psychology programs and ultimately produce professionals with the ability to provide quality services to multiethnic populations.

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Critique

The United States has a poor record in meeting the mental health needs of its minority populations. By focusing on individual pathology and relying on the white male as norm, practitioners have provided an ethnocentric and ineffective means of treating their culturally diverse clients. No longer can mental health problems be regarded only in terms of disabling mental illnesses and identified psychiatric disorders. They must also embody harm to mental health linked with perpetual poverty and unemployment and the institutionalized discrimination that happens on the basis of race or ethnicity, age, sex, social class, and mental or physical handicap. In its report, the President's Commission on Mental Health indicated that mental health services and programs must focus on the diversity of groups in U.S. society and satisfy the groups in terms of their special needs.¹

Traditionally, and from an assimilationist position, ethnic minorities have been viewed as espousing an external (vis-d-vis internal) focus of control (i.e., a fatalistic orientation), unable to delay gratification, and as immoral, unintelligent, and uneducable. The failure of traditional psychology in treating minority clients has resulted in the development of psychologies exclusive to particular ethnic minorities