

Wright, H. P. (1960). *Physical disability—A psychological approach*. New York: Harper & Row. (Child Study Association of America Book Award, 1960; acknowledgment by professionals in field as reported in *Rehabilitation Counseling Bulletin*, 1960, 308-311) (Cohen translation, 1964; Dutch translation, 1965).

Wright, B. A. (1985). *Physical disability—A psychosocial approach*. New York: Harper & Row. (Extensive addition and revision of earlier book).

Wright, M. E., & Wright, B. A. (1987). *Clinical practice of physiotherapy*. New York: Guilford Press.

Monographs

Dembo, T., Ladue-Larson, G., & Wright, B. A. (1956). Adjustment to misfortune: A problem of social psychological rehabilitation. *Artificial Limbs*, 4(2), 4-62. Reprinted in *Rehabilitation Psychology* 22, 1975, 4-100. (This research received the 1959 *Research Award* of the Division of Rehabilitation Counseling of the American Personnel and Guidance Association.)

Articles

Wright, B. A. (1959). A new look at overprotection and dependency. *Exceptional Children*, 26, 115-122.

Wright, B. A. (1968). Strengthening the self-concept. *State Annual Digest of Southern California*, 24-38.

Wright, B. A. (1968). The question stands: Should a person be realistic? *Rehabilitation Counseling Bulletin*, 11, 291-297.

Wright, B. A., & Shontz, F. C. (1968). Process and tasks in hoping. *Rehabilitation Literature*, 29, 522-531.

Wright, B. A. (1972). Psychological snares in the investigative enterprise.

In E. P. Tang & P. Hanelstein (Eds.), *Readings on the exceptional child* (rev. ed., pp. 31-44). New York: Appleton-Century-Crofts.

Wright, B. A. (1972). A personal perspective on navigating suffering. *Proceedings of the Pacific World Congress of Rehabilitation International*, pp. 781-788. Sydney, Australia.

Wright, B. A. (1973). Social-psychological leads to enhance rehabilitation effectiveness. *Rehabilitation Counseling Bulletin*, 16, 219-223.

Wright, B. A. (1975). Sensitizing outsiders to the position of the insider. *Rehabilitation Psychology*, 22, 125-135.

Wright, B. A. (1977). *Desealing myths about disability* (rev. ed.). Chicago: National Easter Seal Society.

Wright, B. A. (1978). Atypical physique and the appraisal of persons. *Commercial Medicine*, 42(2), 109-114.

Wright, B. A. (1978). The coping framework and attitude change: A guide to constructive role-playing. *Rehabilitation Psychology*, 4, 177-183.

Wright, B. A. (1980). Person and situation. Adjusting the rehabilitation focus. *Archives of Physical Medicine and Rehabilitation*, 61, 59-64.

Wright, B. A. (1980). Developing constructive views of life with a disability. *Rehabilitation Literature*, 42, 274-279.

Wright, B. A., & Flecker, B. (1982). Uncovering hidden resources: A challenge in assessment. *Professional Psychology*, 13, 226-235.

Wright, B. A. (1988). Attitudes and the fundamental negative bias: Conditions and corrections. In H. E. Yuker (Ed.), *Attitudes toward persons with disabilities* (pp. 3-21). New York: Springer.

Daniel K. Hollingsworth is a member of the faculty of rehabilitation psychology at Southern University, Baton Rouge, and in private practice in Metairie, Louisiana. Walter Cal Johnson, Jr., and Stephen Cook are graduate students in counseling psychology at the University of Missouri-Columbia. The authors thank P. Paul Henggeler and two anonymous reviewers for their helpful comments in preparing this article.

# Keeper of the Fire:

## A Profile of Carolyn Atneave

TERESA D. LAFROMBOISE and CANDACE FLEMING

**D**r. Carolyn Atneave, undoubtedly the best-known American-Indian psychologist, is internationally renowned for her expertise in cross-cultural issues in counseling and for her pioneering work to extend family therapy to include the social network of the identified client. Her work is frequently quoted in major textbooks that deal with family therapy as related to ethnic and social issues. Her book *Family Networks: Rebirth and Healing* (with Ross Speck)—considered the most comprehensive and significant presentation of social network therapy for family intervention—has been translated into Spanish, Japanese, Swedish, Dutch, and German.

Carolyn served in 1976 on the Special Panel on Access and Barriers to Mental Health Services and the Special Panel on American Indian Mental Health for the President's Commission on Mental Health. Later she was an invited delegate to the White House Conference on Families during both President Jimmy Carter's and Ronald Reagan's administrations. Carolyn participated in two conferences—the Vail Conference on Alternative Patterns of Training and the Dulles Conference on Minority Psychology—which significantly altered and strengthened doctoral training in psychology. Carolyn served on the board of the American Family Therapy Association and the Massachusetts Board of Registration for Psychologists and has chaired other boards and committees on minority issues in psychology, including work for the Education Testing Service.

Carolyn Lewis Atneave was born July 2, 1920, in El Paso, Texas. She was descended from the Delaware Indian tribe from her mother's side. Carolyn's maternal grandfather, after serving as tribal chairman until 1911, left Oklahoma to earn a living as a rancher and contractor for highway and irrigation projects throughout the Southwest and Mexico. In order for Carolyn not to feel detached from the Indian community (as her mother had) she was sent to spend summers with her Indian grandparents.

Her father was similarly detached from his Scandinavian background. Carolyn's paternal grandmother emigrated from Sweden in her teens; her paternal grandfather was "one of those Texans whose ancestors were neither revealed nor questioned" (Speck & Atneave, 1973, p. xv). As children, Carolyn and her only sibling James moved with their parents throughout the West, seldom staying in one place more than 2 years. Their father's work eventually progressed from roasting to executive marketing trainer for Standard Oil.

Carolyn graduated from Grady Union High (California) in 1936. After earning a bachelor's in English and theater from California's Chico State College in 1940, she immediately began pursuing her second baccalaureate, this time in elementary education.

Her first position, as a sixth grade teacher in the San Carlos

(California) Public Schools, carried additional responsibilities working in therapeutic-dramatics with troubled children. In 1942, lured by the "community school concept" advanced by professors Paul Hannah, Paul Leonard, Ernest Hilgard, and I. J. Quillen, Carolyn began graduate work in education at Stanford University. During her graduate school years Carolyn's interest began to focus on working with children within the larger context of family and community. In the early years of World War II, she assisted Stanford faculty in investigating the educational needs of Japanese Americans interned at relocation centers.

Carolyn interrupted graduate work during World War II for active duty in SPARS, the first class of women officers of the U.S. Coast Guard Reserve. Her duties included training enlisted personnel and acting as senior research officer in the Air-Sea Rescue Agency, which was under the aegis of the Joint Chiefs of Staff, and whose constituents were from U.S.-allied countries. She conducted research on submarine sinkings and wrote air-sea rescue and survival manuals. Carolyn's interest in psychology developed through participation in SPARS mental health training course taught by Commander Robert Relix, who later became a director of the National Institute of Mental Health (NIMH).

Carolyn returned to Stanford in 1947 to begin doctoral work in counseling psychology. She also enrolled in child development courses through the Department of Psychology. H. B. McDaniel, her dissertation chair, supported her "out of the ordinary" study program, which combined elementary education, rehabilitation courses, and secondary school counseling. She also worked with Lois Stolz, who had moved to Stanford from the Berkeley Child Development Study.

In 1949 she married Fred Atneave III, a fellow graduate student. They moved to Oxford, Mississippi, when Fred was offered a position at the University of Mississippi. Their first child, Dorothy, was born a year later. Carolyn completed requirements for the PhD in 1952, the same year a second child, Phillip, was born.

Divorced in 1956, Carolyn accepted a position as the director of student personnel at Texas Women's University, Denton. The following year she moved to Lubbock, Texas, to teach courses in child development and rehabilitation counseling at Texas Technological College. At Texas Tech she trained specialists to work with blind, deaf, and physically disabled children and adults before leaving in 1962 to establish a private consulting practice.

In 1963 Carolyn moved to Oklahoma and assumed responsibilities as the coordinator of community guidance services for Region V, an area of four counties, for the Oklahoma State Department of Health. The population of Region V included seven American-Indian tribes, in addition to other ethnic groups.

For the next 6 years she collaborated with physicians, civic organizations, tribal and federal agencies, tribal leaders, and medicine men in providing mental health services to this vast population.

In 1968 Carolyn met Salvador Minuchin at an American Orthopsychiatric Association meeting. Minuchin invited her to come to the Philadelphia Child Guidance Clinic. Here she worked with Jay Haley and Ross Speck. Carolyn helped Speck refine rehospitalization concepts in his work on network therapy as an alternative to hospitalization for schizophrenic patients.

Carolyn moved to Boston in 1969 to assist Fred Duhl in coordinating the Massachusetts Department of Mental Health Public Service Career Program. Here she trained personnel at five mental hospitals, three state schools for the retarded, and three new community mental health centers; she later worked as clinical director of the family intervention unit at Boston State Hospital. While in Boston, Carolyn became a founding member of the Boston Indian Council, one of the largest Indian centers in the country. In 1970 she began writing and editing *Networks of Indian Psychologists*, a newsletter created to exchange information about services available to the American-Indian community. People who now receive the newsletter number about 400. The newsletter's readership eventually evolved into a formal organization, the Society of Indian Psychologists, which is dedicated to the advancement of psychology in Indian communities.

In 1973 Carolyn joined Morton Beiser and Alexander Leighton as a research associate and lecturer in the Department of Behavioral Sciences at the Harvard School of Public Health. She and Beiser conducted a baseline study of the mental health needs, service networks, and patterns of utilization in the eight catchment areas of the Indian Health Service. This work resulted in a nine-volume document (Athneave & Beiser, 1975, 1976) and ultimately led to Carolyn's directorship of a NIMH-sponsored project to compile an annotated, computerized, and continually updated bibliography of American-Indian mental health research (see Keelso & Athneave, 1981) housed at the National Center for American Indian and Alaska Native Mental Health Research at the University of Colorado in Denver.

Carolyn accepted a position at the University of Washington as a professor of psychology and director of the American Indian Studies Program in 1975. As a full-time faculty member in the Department of Psychology and as an adjunct professor of psychiatry and behavioral sciences, she taught courses in child development, family therapy, and community issues until her retirement.

Terry Toloyn, a faculty member at Evergreen State College in Olympia, Washington, and co-founder of the National Native American AIDS Prevention Center in Oakland, California, is only one of several outstanding Indian professionals who earned an advanced degree while working with Carolyn. Terry describes her authority:

Virginia Saitz had power in her work, generated by a lot of frenetic activity. Carolyn has the power of stones—a power of stillness and secured energy that suddenly carries the force of an earthquake. When she moves and carries everything else with it, the experience is quite phenomenal.

Carolyn spent 1983 as a visiting professor at St. Vincent's College in Latrobe, Pennsylvania, a liberal arts institution operated by the Benedictine order of St. Vincent Archabbey. In 1987, due in part to a recently acquired physical disability, she retired from the University of Washington. (See Athneave, in

press, for a more detailed and autobiographical account of her career.)

Physical therapy and surgery have enabled Carolyn to resume an extensive lecture schedule that permits her to circle the globe. During a recent visit to Sweden, she was able to pursue genealogical research on her father's family. She is a favored guest and respected elder among various American-Indian and family therapy communities.

A midlife convert to Roman Catholicism, Carolyn is a permanent member of the St. Vincent Archabbey as a Benedictine Oblate, that is, a layperson who strives to apply the Rule of St. Benedict to life outside the monastery. Her home parish, St. Bridget's in Seattle, is the focus of her church-related activities, where she serves in many roles open to women in the Roman Catholic Church: bringing Communion to the sick, leading small-group faith-sharing meetings, and instructing interested adults in Catholicism. When thinking of Carolyn's ability to perceive the important things in life, Reverend Nowicki, O.S.B., former professor of psychology at St. Vincent's and director of education for the Diocese of Pittsburgh, tells us that he often thinks of the line from *The Little Prince*, "The essential is invisible to the human eye" (Saint Exupery, 1943).

#### CULTURE BROKER

*T.L.: Carolyn, how has your identity as an American Indian influenced your professional life?*

C.A.: I never had any problem being an American Indian as far as I personally was concerned. I almost never was an issue when I was growing up, because we were not in an area where there was a visible Indian population. Northern California does have some American Indians, but not in the parts where I was living. The minority groups there were Japanese or Basque. As far back as I can remember, the family was aware of that identity. When I'd go back to Texas, I certainly had it reinforced by my grandparents. I think Grandfather's idea was always that if you knew both worlds (the Indian world and the White world), you could probably survive in either of them. He taught us that when you bring elements of experience from several worlds to bear on a problem, the solutions become creative solutions because no one set pattern includes all the elements.

*"... when you bring elements of experience from several worlds to bear on a problem, the solutions become creative solutions because no one set pattern includes all the elements."*

It wasn't until I worked in Oklahoma that I had an opportunity to live with many Indian people. I suspect I was gradually accepted by the local tribes because I didn't pretend to be anything I wasn't. Every time I wrote up a case for presentation, I'd ask Indians to read it over to see whether it was fair, whether they felt that, even with changed names, it was too personal or embarrassing. Usually they were amused but still supportive. Their endorsement gave me the confidence to go ahead and make oral presentations. They took me across the state to meet my own people—the Delaware. I was later able to take my mother there to find her childhood friends. But my real validation came when my daughter spent a summer at the Tama Reservation in Iowa. The tribe there recognized and accepted both of us.

Even now people will ask me to identify an Indian component in my work and then be disappointed in my answer. I know that

my own thought and work are much more effective when I forget about being or not being Indian, when I seek to understand and to do what seems right to be in the context of the moment, of the experience, of the task at hand. Telling me, "Now be an American Indian" is like the problem of trying to induce another to be relaxed and be themselves by commanding: "be spontaneous!" (Athneave, 1979).

*"... my own thought and work are much more effective when I forget about being or not being Indian, when I seek to understand and to do what seems right to be in the context of the moment, of the experience, of the task at hand."*

*[Interweaver's note: Carolyn's statements about the influence of her Indian identity on her work may also be tied to her reluctance to speak for other Indians (Albin, 1980). The majority of her publications, however, focus on Indian psychology and her memorable address "Some Thoughts on Creativity and the Experiences of the American Indian Child" speaks of her Delaware identity in eloquent detail (see Athneave, 1979).]*

*T.L.: How has your knowledge of tribal life influenced your views on counseling?*

C.A.: To look at problems as a minority person, as a particular tribal person, or as a woman requires one to look at the rest of the culture and see what's going on. Very often there's an important contribution within each culture to be found. What seems to be creative in the way of a solution in one world is really the skills from another world applied to that one without distorting the integrity of either.

You have to realize that a clinical priority for me is the process of looking not just at a client's problem but at the context in which it arises. It is just as important for a non-Indian person to realize, for example, that she or he is from a farm family, from a railroad family, from roughnecks or townabouts, or from sophisticated professionals such as doctors or towspesple running stores. It is as important for me to know the backgrounds of my clientele and to work within those frameworks as it is for me to work within the Indian framework.

Because of my own Indian heritage, perhaps, I had an advantage of learning the importance of knowing and respecting diversity very early in life. It always surprised me that other people seemed not to be aware of these differences—or, if they were lawlward, tried to ignore them.

*"Because of my own Indian heritage, perhaps, I had an advantage of learning the importance of knowing and respecting diversity very early in life."*

For instance, most people are only negatively aware of things like "Indian time." This always amused me, because it can work for you as much as against you. I remember one morning I went from my office on the second floor to the waiting area. There was an Indian family there that didn't have an appointment until 2 o'clock. They looked comfortable, the kids were enjoying their comic books, and the parents had a cup of coffee. Nobody objected to them being there. I stopped and said, "Hello," and went back to my office. Eventually, it dawned on me that the family

who was scheduled to see me had not arrived. They were more than half an hour late. I decided since the other family was there, we might as well wait. So I asked them if they'd like to take their appointment then. They grinned and said, "Sure." So we went ahead with their session. When they were ready to leave, they said, "Oh, by the way, if so-and-so's car gets fixed, they'll come in and take our two o'clock time. We figured maybe you might not want to waste the time and could have us in early. On the other hand, we didn't want to say anything because you might have had something else you wanted to do."

I think that was fairly typical. The people involved in that missed appointment were from another county, but the "moo-casin grapevine" had been at work. They came in and were there just in case I wanted to go ahead and see them in the morning. If not, they were perfectly willing to wait. Working on the children's problems, apparently, was the important thing for them to do that day, so they felt they could be early as well as late.

My grandfather taught me that Indian time meant not putting off what could only be done now. As the Indian population gained an appreciation of our help and an understanding that scheduling and schedules were necessary, "Indian time" was seldom a problem. There was also an understanding on my part that they were not careless, incompetent, or intentionally rude. When they were late, it might be because the car didn't work or because something else came up that had to be tended to. This, incidentally, is true of many people, not just Indians. All people need to feel free to accommodate the realities of their lives, and professionals need to share their realities with equal openness.

*"All people need to feel free to accommodate the realities of their lives, and professionals need to share their realities with equal openness."*

*C.F.: How, for the most part, have Indian people reacted to your premises?*

C.A.: There are many ways we have learned to knock one another down through petty fighting, power struggles, tribal rivalry, urban/reservation splits, or saying that a successful Indian isn't Indian anymore. This rejection by other Indian people hurts. It's especially hurtful, I think, when you expect emotional acceptance and understanding but don't receive it. I've experienced some of that—and in the mainstream, non-Indian society as well. Perhaps I was buffered a bit by not feeling as though I belonged by experience to a large tribal group.

#### ADVANCING TRIBAL NETWORK THERAPY

*T.L.: Carolyn, interdependency is a major theme in network therapy. Your work insisted on the necessity of including persons outside the family who were related by friendship, neighboring residence, or work associations in therapy. How did you begin to break away from reliance on the family as a unit of analysis to the identification of natural intimacy within social relationships?*

C.A.: Much of my early "networking" was with professionals of other disciplines, not just with families, clans, and tribes. I worked with the BIA (Bureau of Indian Affairs), the welfare department, the courts, and the clergy, as well as with schools, health departments, and family doctors. I would usually get the family's permission to talk with whomever they felt could be helpful. I would bring in consul-

ants: people whom I believed were important to the family's needs. Obviously, as the only full-time mental health professional in an area of a hundred square miles—in the beginning at least—I couldn't do everything for everybody.

*Interviewer's note:* Network therapy, as developed by Speck and Atneave (1971) has as its goal enabling people to cope and to share their strengths in coping and to restore their supportive potentials so that they will be ready to handle the next crisis of living. This involves convening a group as large as 40 people who are related to the identified client by blood, friendship, need, or physical proximity. The intervention centers on the spiraling effect of retotalization designed to enable the group to renew itself and thus be more helpful to the client. The phases within the cycle of renewal include retotalization (group consensus), polarization (activating conflicting positions within the system), mobilization (channeling energy constructively), depression (resistance, breakthrough, and finally exhaustion/relief). A detailed transcription of an actual network assembly session is provided in Speck and Atneave (1973, pp. 84-139).

A number of studies have suggested that clients who participated in network therapy had significantly less contact with mental health service agencies following the intervention than they did prior to their involvement in this form of therapy (Greenblatt, Becker, & Senaitendades, 1982; Schoenfeld, Haley-Martin, Henley-Van der Velden, & Ruhl, 1985). When appropriate, network interventions offer distinct advantages over more conventional family therapy interventions: a clearer understanding of the problem within the wider context of relationships, the opportunity to include personnel from other agencies, multiple intervention points, open and creative problem solving, more effective deployment of community resources, decreased social distance, revitalization of extant social relationships, validation for the network and its members, and an increased likelihood that benefits will be experienced by more than the identified client (Muehler & Macoolven-Holton, 1979).

Network therapy, now nearing its third decade, has had a far-reaching impact on family therapy and mental health (Turk, 1980). After reviewing more than 200 studies describing and verifying how social ties act as natural support systems, the President's Commission on Mental Health in 1978 concluded that the primary goal of the community mental health movement would be to recognize and strengthen the natural networks people depend on. A recent policy statement in Great Britain recommended that the entirety of government-based social work be converted to a network-based approach (Barclay, 1982). Scandinavia has already put this into practice (C. Atneave, personal communication, August 23, 1988).

*C.F.: How did you go about formalizing the techniques you used in rural community work in Oklahoma into what we now know as tribal network therapy?*

*C.A.:* Around this time two outside personalities came into my life. The first was Jay Haley, then editor of *Family Process*. As a promotional effort, Jay sent copies of the journal to a number of mental health clinics across the country. A copy landed on my desk. I looked at it and said, "Well for Pete's sake, this is what I've been doing all the time!" Until then my contact had been with clinicians and therapists who were traditionally oriented, and what I was doing seemed pretty strange to them. Here were people writing about working with families—and they had a journal and they called it *Family Process*—a special area. I thought that I was just doing what was common sense and not "really professional" as from a clinical psychologist's point of view. I also learned about Minuchin's *Families of the Slings* (1967) and Haley's book of transcriptions of family interviews (see Haley, 1971, for

a related reference). I went to the ORTHO (American Orthopsychiatric Association) meetings in Chicago and met both of them. I realized that there were techniques and a special language I could learn and that Haley was going to be in Philadelphia. They eventually offered me a position at the Philadelphia Child Guidance Clinic; I accepted and made the move.

*C.F.: What was it like working with urban families and agencies in Philadelphia?*

*C.A.:* It was very interesting. For one thing, I found that the lack of understanding between the Black and White communities was (essentially) due to the same problems that existed between Indian and White communities in Oklahoma. Minuchin had made some progress and some good links were established, but many of the professionals really had no understanding of what it was like to live in the Black community. In order to help and understand our clientele, I felt I needed to do that. In fact, I think I was the only staff member who did. I knew that I didn't know, for example, why (some) parents worried and kept their 13-year-old son indoors all the time (realistic or not, they were afraid of city street gangs). I knew it wasn't good to confine any 13 year old that much. The natural tendency toward rebelliousness and "acting out" makes parents tense. I had to live in the middle of the neighborhood to learn what was sensible, what was dangerous, what kinds of community structures could be tapped for healthy growth. This, it seemed to me, was as important as testing or other traditional ways of learning what disturbed individuals. Both methods were needed in order to decide what kinds of family therapy and problem solving could be done.

*T.L.: Can you tell us something of your impressions?*

*C.A.:* Most of the cases I dealt with were pretty typical. I remember, though, walking around a ten-block square in the center of Philadelphia and realizing that as many people lived in that small area as lived in a hundred-mile area in Oklahoma. Looking at that compact mass of humanity, I realized that one of the big differences between urban and rural populations was that there were no subdivided organizations for those ten blocks. By contrast, in Oklahoma I worked in four counties with about sixteen school districts, four or five cities, dozens of small communities, seven tribes, two political parties, local garage halls, junior and senior chambers of commerce, Rotary Clubs, Lions Clubs, churches, the American Legion, auxiliaries, and many other ways in which people were organized. There were all kinds of ways of getting at problem solving within the community itself. In that ten-block area people were all squished together. While some efforts were made at increasing and empowering organizations, none of them were really adequate or strong enough to be able to say, "This is our turf, we'll solve the problem this way and then negotiate with our neighbors." There wasn't any way to get a handle on it. That's where I started "putting labels" on what I had been doing in practice in Oklahoma.

I recall organizing one whole small community as a resource for a teenage schizophrenic girl. It was a good example of milieu therapy outside an institution that sustained itself for several years past the initial precipitating crisis. One case example of network therapy with an Indian family described in *Family Process* actually emerged into print out of an exchange Jay Haley had stimulated between me and Ross Speck (Atneave, 1969). Jay had had him bringing Ross in for a colloquium, telling me I should be sure and come and listen to him, and then sitting back to watch the fireworks. Jay had the idea that our ideas were compatible. Ross was spouting off, trying to find roots for his ideas in terms of tribal and clan relationships. As I listened to him, I thought, "You've never really met a tribe." (Daughter!) I thought his ideas were good, but I had a feeling that he was latching onto some

tribal metaphors without having really quite understood what tribal life was really like. I wrote him a letter, and out of our correspondence came a pair of articles for that issue (Atneave, 1969; Speck, 1969) and another article on the ecological roots of therapy by Edgar Auerwald (1968), whom I learned to know much later. Ross and I enjoyed working and thinking together, and we set about writing the *Family Networks* book.

*T.L.: How would you like to see the work you've done in network therapy advanced?*

*C.A.:* Well, one of the things I'm excited about is the internal interest and application of these ideas. I've just come back from an all-Nordic conference in Oslo and from follow-up consultations on networks and social supports in Stockholm. A wide spectrum of people were involved, including not only persons from the mental health disciplines like psychiatry, social work, and psychology, but politicians, anthropologists, and city planners. People working with the elderly, the chronically ill, the physically disabled, and refugees also attended.

In those Scandinavian countries at least, the awareness of network theory has really percolated at all levels of society without becoming the gimmicky definition network means in the United States. All too often here the strength and importance of a wide variety of social ties and mutual exchanges of support go neglected and unappreciated by people in pursuit of "freedom," "privacy," and "independence."

**"All too often here the strength and importance of a wide variety of social ties and mutual exchanges of support go neglected and unappreciated by people in pursuit of 'freedom,' 'privacy,' and 'independence.'"**

I feel a genuine disappointment that, when networks are mentioned here, people immediately think of a telephone chain, a political action group, or a personal link to people with power and status. Certainly, those are network structures, but there is a whole series of concepts and applications that are much broader. I'm particularly concerned that people not see this field as a few manipulative techniques.

Early on I was interested to discover that the Chinese used this kind of community organization as a means of political control. Before I became disabled, I had hoped to have a chance to see how it worked. I was asked to bring an American group of family therapists to consult with people who were doing this kind of family consultation at the community level in China. I was interested to see if their methods were really therapeutic or mainly politically manipulative. When a network becomes formally organized and becomes politically manipulative, you've got another institution. You no longer have a "network," then.

*C.F.: What is the biggest misconception that professionals have about network therapy?*

*C.A.:* Their direct association of network therapy with crisis intervention. Ross Speck's concept of utilizing the family net-work in times of crisis I thought—and still think—is only one application. My feeling is that the concepts of the invisible, unorganized, unpoliticized network exist almost everywhere and that people who don't have such [network] ties are really in trouble. I've outlined other applications of these ideas in presentations, but it's only now that I've realized that I'm finding time to write them down.

**"My feeling is that the concepts of the invisible, unorganized, unpoliticized network exist almost everywhere . . . people who don't have such ties are really in trouble."**

*T.L.: It sounds, then, that what is left for you to do is to further illustrate the normative characteristics and uses of networks.*

*C.A.:* Yes, to move these concepts toward a more healthy focus by showing the many ways people are very important to one another.

#### STORYTELLER

*T.L.: Carolyn, you have been invited to study in a number of outstanding departments at the forefront of cross-cultural training nationally and internationally. However, there are a number of students interested in cross-cultural study who, because of family obligations or financial constraints, may not be able to take advantage of such programs. How would you suggest that they develop research and counseling skills for work in culturally diverse settings?*

*C.A.:* Regardless of what students want to do or how they want to go about it, they need the "union cards" and the skills. They should take advantage of the programs that are available to them in their area. A student can get the fundamental credentials that permit entrance into the field at any state university. Workshop and conference participation will provide additional and wider opportunities. And, of course, students must read widely. The unique applications of basic viewpoints and skills to cross-cultural situations have to be developed specifically anyway. I believe that knowing local culture well and having the required psychological training skills can be a real advantage in practical situations. The problem (students' limitations regarding finances and mobility) you pose is a real one for many students who have visions of what kind of world they would like but don't yet realize that their goals have to be accomplished a step at a time.

This situation reminds me of a consultation I once did with traditional tribal leaders (see Atneave, 1974). The tribe had received a grant for incorporating the work of traditional medicine people with a staff of hospital professionals. They were faced with nonrenewal or discontinuance of funds because they refused to submit records accounting for their use of the money. After several hours it became clear that the non-Indian funding agency had a cultural expectation (and "need") for numerical data to meet their concepts of "accountability." The tribal leaders, on the other hand, viewed the grant as generosity on the part of those more fortunate. To be expected to render an "accounting" was like asking people what they had done with gifts they had received at a "give away."

Then a new metaphor emerged. The tribe still depended on hunting for much of its subsistence. The best hunters in the tribe were not merely good marksmen nor did they exploit the game or its habitat. Instead, the hunters took time to learn how deer, rabbits, even buffalo and fish experienced the world—how the hunted animals thought, what was important to them, as well as what the animals needed. Mutual respect (between hunter and the hunted) evolved. The question was then raised: "Suppose the dollars of the grant are what you are hunting?" Now the tribal leaders could understand the processes of funding and understand accountability in a very different way. Members of both cultures developed a new and mutual respect, cooperation was now possible.

Perhaps students who find that the ideal situation isn't available should look at their academic and in-service training experience the same way. This would develop creativity and practical skills that can be useful later on. The problems of family, personal loyalties to culture, and even economic hardship are part of the context in which they hope to be helpful and useful—and so are educational opportunities and difficulties. We will need to learn to think and act like good hunters or fishermen! That metaphor has other aspects. Fishers often need to leave home for a while to follow game—so do gatherers of berries, roots, herbs—but there is a rhythm to hunting—it's not forever.

**SYNTHESIZER IN AN AGE OF SPECIALIZATION**

*C.A.: What strengths and weaknesses do you find in our profession?*  
*C.A.:* In every place I've worked, there's always been involvement in a variety of disciplines and background that required integration skills. There are times in the academic world when the idea of working together and learning from one another is a vision. There are times like now when academic competition is so cutthroat that the vision is distorted. When that happens, too much energy is spent on who's going to get the credit for what, who has the most power, the most grant money, or the most space. Those who participate in that arena simply have to learn to ride along with it. In spite of this, there are always some who are good teachers, and many who offer and share their skills. Occasionally, there are people in universities who learn from one another. Then it can be exciting.

*T.L.: You see the lack of collaboration and the competition then as major weaknesses of the field?*

*C.A.:* That's how I see it.

*T.L.: But what, then, do you see to be positive aspects of our field?*

*C.A.:* I guess probably that things still happen (laughs). Actually, students are a great source of strength. As I think about the variety of students I've had, I am struck by their individuality and their variety. At one time there were five state directors (of services) of the blind who had been, at one time or another, my students. Many of my students were ethnic minority students or physically disabled students or older women returning to school after raising families. My students became people who taught: people teaching in nursing, people teaching in social work, people in education, people in speech therapy and in the arts and humanities. If we could get 'em all together, we'd have a whole university, but (laughs) the number (of students) in any one department would seldom have been enough to establish a critical mass within a setting.

I resisted the idea of setting up a little shop of my own, in which everybody who had the same interest and the same ideas would try to expand or complete the work I started. I was much more interested in helping people find their own paths, discover what they wanted to work on in their own way. So that in some ways my influence, if you want to call it that, has been diffused over a very wide area, rather than through a whole formal sequence of progressive studies in just one line of research. Maybe, in the long run, my widely divergent activities and those of my students have created better chances for survival—like dandelions, not little cultivated plants in a garden.

*C.F.: How do you think others would answer the question of Carolyn Altman's contribution to the field?*

*C.A.:* Frankly, I sometimes wonder (laughs). I suspect it would depend on where and how they are. Ideas intersected with mine, because the people who are interested in the social network applications have very few ideas of the cross-cultural interests. The people who are interested in family counseling sometimes have some idea of the cross-cultural emphases, but most of the

time they look at it in different ways as they compare them to their own systems and ideas. And few of either are interested in changes in women's education or in the study of value orientation. We haven't even touched on medicine, men and women, priests and clergy from several denominations, journalists, and anthropologists like Gregory Bateson and Margaret Mead. It's hard to know who is influencing whom when one works with, learns from, and disagrees with, so many different people in so many different contexts. There's a creative potential in being a broker between specialists that I enjoy, but perhaps it's most successful when other people incorporate what they need from my work into their own.

*"It's hard to know who is influencing whom when one works with, learns from, and disagrees with, so many different people in so many different contexts."*

**WISE MOTHER OF THE TRIBE**

*Interviewers' note:* In a telephone interview with Dr. Stanley Schneider of the National Institute of Mental Health, who has worked with Carolyn over a period of years, he aptly described her as a "wise mother of the tribe." He continued, "Her qualities of assurance, caring, and sound judgment stand out. In my view, and I realize this isn't possible, all American-Indian young people, college students especially, should seek her out for guidance in learning about their cultural identity. Carolyn's caring quality would most certainly help guide them, not only in helping them survive their academic work, but later in life. Her self-assurance would surely rub off on them!"

*T.L.: What would you most like to be remembered for?*

*C.A.:* I don't know (laughs). I really don't have any idea. I haven't quit doing things just because I've retired. Making the basic concepts of network theory and its broad application more explicit needs to be done. I'm working on publishing things in that line. Now, too, I have a golden opportunity to be on the other side of the fence and let people, who are almost totally unaware of my professional status, know of some of the problems and their solutions that can be accomplished by an ordinary member of the community. I don't think about how I'll be remembered. I think about what I have to do next, and when I'm going to have time to do it (laughs).

*T.L.: Besides the professional activities you're still involved with, what more leisurely activities do you engage in during your day-to-day life?*

*C.A.:* I like folk songs and folk music. You know, I did dance at somebody's 80th birthday party last month. After all, if she's 80 years old, could dance the Hora, I certainly couldn't be left out. (Laughs) Folk music is my daughter Dorothy's music specialization. She gives workshops and concerts in that area, as well as teaching music theory courses at times for the Music Department at the University of Oregon. Her official position at the university, however, is as a reserve librarian.

And I enjoy, oh, just visiting with people, to know their stories and who they are and where they've been. My son Phillip lives in the area. He is an electrical engineer for the district inside and surrounding Seattle. I consult with him more frequently now as I learn to use the computer he set me up with.

Slowly I'm getting acquainted with young people again. I have been largely cut off from them (children) because my professional work these past 15 or 20 years has been at the adult level.

*Interviewers' note:* As our interview was coming to a close, Carolyn sat back and looked out intently behind her house from the picture windows that line her breakfast nook.

*C.A.:* One of the things I enjoy is the "natural history relationship" with plants and animals. That wild meadow down there—most people would tear their hair out because they would think that's no way to keep a backyard, but it's really fascinating to watch the ebb and flow, the rhythm of nature, really, that occurs.

I appreciate the church community, too. It's interesting to shed the responsibilities of teaching, pastoral counseling and be just a layperson in the parish. Perhaps there will be more to do there, or maybe it's just a centering connection that will help keep a balance in life. One thing is certain: I won't just fade out of life, but retirement is a new context for me to explore.

*Interviewers' note:* Carolyn is more than "just a layperson in the parish." Among the Hopi, women like Carolyn have been chosen as "keepers of the fire" in honor of their wisdom, sensitivity, and concern for the specialized aspects of religious ceremony. In her personal and spiritual life, as in the rethicalization concepts she advanced, Carolyn continues to carefully "tend the fire," rendering and illuminating the dynamic unity essential in healing.

**REFERENCES**

Albin, R. (1980, January). Snapshot: Carolyn Altman. *American Psychological Association Meeting*, 11.

Altman, C. (1969). Therapy in rural settings and urban network interventions. *Psychiatric Annals*, 4, 192-210.

Altman, C. (1974). Medicine and psychiatrists in the Indian Health Services. *Psychiatric Annals*, 4, 49-53.

Altman, C. (1979). *Some thoughts on creativity and the experiences of the American Indian child*. Symposium on Creativity and Childhood. St. Vincent's College, Lenoir, VA.

Altman, C. (in press). A manevra finds an identity. In F. Kaslow (Ed.), *Voices of family psychology*. Newbury Park, CA: Sage.

Altman, C., & Becker, M. (1973). *Service networks and patterns of utilization: Mental health programs*. Indian Health Service (HSI) VO's, 1-80. Kockville, MD: Indian Health Service.

Altman, C., & Becker, M. (1976). *Service networks and patterns of utilization of mental health services: Summary and recommendations*. Kockville, MD: Indian Health Service.

Auerwald, E. H. (1968). Interdisciplinary vs. ecological approach. *Family Process*, 7, 202-215.

Barley, P. (1982). *Social workers: Their role and tasks*. London: National Institute for Social Work.

Greenhill, M., Becerra, R., & Serafinides, E. (1982). Social networks and mental health: An overview. *The American Journal of Psychiatry*, 139, 977-984.

Haley, J. (1971). *Changing families: A family therapy reader*. New York: Grune and Stratton.

Kelso, D., & Serfaty, C. (1981). *Bibliography of North American Indian mental health*. Westport, CT: Greenwood Press.

Minuchin, S. (1967). *Families of the Slings*. New York: Basic Books.

Muller, B., & Meeceven-Hoehn, P. (1979). The use of network concepts in an educational model. *Group Psychotherapy, Psychodrama, and Secularity*, 32, 165-172.

Saint Exupery, A. (1931). *The little prince*. San Diego, CA: Harcourt Brace Jovanovich.

Schoenfeld, P., Haley-Kantini, J., Henley-Van der Velden, E., & Rubin, L. (1985). Network therapy: An outcome study of twelve social networks. *Journal of Community Psychology*, 13, 281-287.

Speck, R. (1969). Network therapy: A developing concept. *Family Process*, 8, 182-191.

Speck, R., & Altman, C. (1971). Social network intervention. In J. Haley (Ed.), *Changing families: A family therapy reader* (pp. 312-332). New York: Grune and Stratton.

Speck, R., & Altman, C. (1973). *Family networks: Retribalization and healing*. New York: Random House.

Turtak, D. (1980). Social networks: Theory and practice. *Journal of Community Psychology*, 8, 99-109.

Teresa D. LaFromboise is an assistant professor, School of Education, Stanford University, Stanford, California. Candace Fleming is an assistant professor, National Center for American Indian/Alaskan Native Mental Health Research, Department of Psychiatry, University of Colorado Health Sciences Center, Denver. Preparation of this article was supported in part by the National Center for American Indian/Alaskan Native Mental Health Research. We gratefully acknowledge the photographic work of Lynn M. Mitchell, the literature transcription and editorial assistance of Gilbert D. Stoen, and the research assistance of Annette, Ferng, and Sarah Erickson. Interviewers, Teresa LaFromboise and Candace Fleming, were both presidents of the Society of Indian Psychologists, an organization founded by Carolyn Altman. For Teresa LaFromboise, conducting the interview and writing the article allowed her to gain further insight into the ways Indian women accept challenges throughout their professionalization. For Candace Fleming, the process was a personal way to acknowledge Altman's support of her during her graduate training and early career years and to celebrate her continued role as mentor and pioneer in transcultural and family psychology.