
hearing our elders

Following Inspiration: A Conversation With Former First Lady Rosalynn Carter

William D. Parham and Caroline S. Clauss-Ehlers

Our distinguished guest for the 3rd installment in this inaugural Hearing our Elders series is former First Lady Rosalynn Carter. Mrs. Carter is arguably among the most active former First Ladies since she and her husband, the 39th President of the United States, James Earl "Jimmy" Carter, left the White House in 1981. The zeitgeist of the mid-1950s through the 1970s provides the context that frames Mrs. Carter's responses to questions about her involvement in the mental health movement that continues to the present day. The historical as well as contemporary social and political environments relative to understanding and appreciating mental health and wellness in the United States, then and now, are explored and illuminated in portions of the interview with Mrs. Carter. The interview revealed 6 critical themes: really listening with an empathic ear, resilience/persistence, commitment across time, thinking like a global citizen, a quiet-storm leadership style, and self-discovery in service to others.

Keywords: Rosalynn Carter, Hearing Our Elders series, quiet storm, resilience, globalization

Nuestra distinguida invitada en la 3ª entrega de esta serie inaugural de Escuchar a Nuestros Mayores es la ex Primera Dama Rosalynn Carter. La señora Carter es sin duda una de las ex primeras damas más activas desde que en 1981 dejó la Casa Blanca junto con su marido, el 39° Presidente de los Estados Unidos James Earl "Jimmy" Carter. El espíritu cultural del periodo entre la mitad de la década de los años 50 hasta los 70 proporciona el contexto en el que se enmarcan las respuestas de la señora Carter a preguntas sobre su implicación en el movimiento para la salud mental que continúa hasta hoy. Los entornos social y político de ayer y hoy, tanto en su perspectiva histórica como contemporánea, y cómo estos se relacionan con la comprensión y valoración de la salud y bienestar mental en los Estados Unidos se exploran e ilustran en varios segmentos de la entrevista con la señora Carter. Esta entrevista reveló 6 temas críticos: la escucha con atención y empatía, la resiliencia/persistencia, el compromiso a lo largo del tiempo, el pensamiento como ciudadanos globales, un estilo de liderazgo firme pero calmado, y el autodescubrimiento a través del servicio a otros.

Palabras clave: Rosalynn Carter, serie Escuchar a Nuestros Mayores, liderazgo, resiliencia, globalización

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The compassion and commitment of former First Lady Rosalynn Carter was evident throughout our interview. Her words of reflection complemented our first two guests—the Honorable Congressman John Lewis (Parham & Clauss-Ehlers, 2016) and Dr. Terrence Roberts (Clauss-Ehlers & Parham, 2016) in the *Journal of Multicultural Counseling and Development's* newly launched Hearing Our Elders series. Seemingly by happenstance, an impromptu conversation during a 1960s 4:00 a.m. work-shift change with an exhausted female employee at a cotton factory about having to go home and care for her daughter with mental health issues resonated poignantly with Mrs. Carter. It launched what became a lifelong quest to advocate for the needs of those with mental illnesses. Mrs. Carter took us back to that day, 50 years ago, which jettisoned her into a social justice pursuit that continues even now despite myriad evolutionary and revolutionary social, political, economic, technological, and global changes.

Dr. Clauss-Ehlers: We just wanted to start by asking the question, how did you get involved in mental health advocacy?

Mrs. Carter: I got involved campaigning for Jimmy when he ran for governor of Georgia. It was 1966, and the Community Mental Health Act [1963] had been passed. Of course, I knew nothing about that. I was not interested or didn't know much about mental health issues. But what was happening when I was campaigning was that every day somebody asked me what I would do for a loved one or friend at our big central state hospital. There had been a big story in the paper about it, an exposé about several thousand people kept in a place that was not built for nearly that many. This was happening all over the country in the big psychiatric hospitals. They were moving people out before the community services were established. And some of the people had been there almost all of their lives. It was just a really bad situation. And I heard about it every day. Then one morning I was campaigning. It was 4 o'clock in the morning, and I was standing at a cotton factory here in Atlanta for the shift change, which was a great time to campaign because people were coming in and out of work. I was standing at the gate and there was a pretty long path to where I was and this woman came out. She had on dark clothes with lint all over her. And you could tell she was really weary from working all night long. I said, "I hope you're going home and get some rest." She said, "Well, Mrs. Carter, I hope I can too. Because we have a [daughter with a mental illness] at home and my husband's salary doesn't afford us to have good help for her." She said, "We do the best we can. But I work at night while he's at home, and I stay home with her then in the daytime and am here at night."

Well, it haunted me. And I went on to my next campaign stop and found out that Jimmy was coming that night. So I stayed and

got in his reception line—nobody knew I was there. And when he got to me, he took my hand before he looked at me and then he said, “What are you doing here?” I said, “I came to see what you’re going to do for people with mental illness when you’re governor of Georgia.” He said, “We’re going to have the best program in the country, and I’m going to put you in charge of it.” Well, we lost that time, but 4 years later, I had done a lot of studying on mental health issues. And 4 years later, the first month he was governor, he established the Governors’ Commission for Mental Health Issues.

To put this into perspective, major shifts in the mental health movement in the United States during the 1960s figured prominently as the context within which Mrs. Carter’s advocacy regarding mental health issues unfolded. Although a complete exposé of the birth and evolution of the mental health movement in America is beyond the scope of this article, suffice it to say that the deinstitutionalization of the mental health system and the birth of the community mental health system are two parallel events that triggered much controversy and conversation (de Young, 2010; Torrey, 2014; Whitaker, 2010), the vestiges of which are still apparent today. The impact of deinstitutionalization of the U.S. mental health system (with an identical transition also occurring in Europe) on disenfranchised communities juxtaposed to the turbulent backdrop of the civil rights movement remains especially noteworthy. In fact, the connection between mental health advocacy and the civil rights movement underscores the critical notion that mental health is a civil right. It is largely due to Mrs. Carter’s efforts that the federal Mental Health Systems Act was signed into law in 1980, 14 years after Mrs. Carter’s encounter with the woman who had been working all night at the cotton factory. Upon signing the Mental Health Systems Act, President Carter said,

Despite advances in research, increases in the number of mental health personnel, and the dramatic shift from inpatient to community-based care, many of our citizens still do not have access to high-quality mental health care at a reasonable cost. This act is specifically aimed at addressing the problems of underserved groups—minorities, people who live in rural areas, the poor—and it targets new funds for services to severely disturbed children, to adolescents, and to the elderly. (as cited in Peters & Woolley, 2016, para. 13)

At the event, Senator Edward Kennedy acknowledged Mrs. Carter’s steadfast dedication:

This Mental Health Systems Act emerged from the recommendations of the President’s Commission on Mental Health. In a large measure the effectiveness of that Commission, indeed its very existence, [is] due to the energy and skill, the dedication and compassion of its Honorary Chairperson, Mrs. Carter.

As the First Lady of Georgia, she volunteered 1 day a week to work with patients and families at the State Mental Health Hospital. She participated in the International Special Olympic Games . . . an active member of the Georgia Mental

Health Association, she helped Governor Carter develop and implement the state health programs.

Now, as the First Lady of the United States, she's been instrumental in helping President Carter focus the national attention. . . . Her commitment is deeply felt and personal. The legislation President Carter signs today is a living monument to her commitment and to her concern, and I'm proud that all of us—Jimmy Carter, Henry Waxman, Dick Schweiker, Tim Lee Carter, and I—helped you, Mrs. Carter, to pass this bill. Thank you. (as cited in Peters & Woolley, 2016, paras. 31–33)

The decision by Mrs. Carter to listen and feel the pain of the woman working at the cotton factory in the context of the volatile and racially charged segregated South also needs to be brought into play. The 1960s decade was a hotbed of social, political, and economic unrest throughout the United States (Dierenfield, 2013; Lewis, 1998; Williams, 2013). The South was especially treacherous and unforgiving. Pent-up strife and turmoil from decades of socially constructed and legally sanctioned abuse, mistreatment, and discrimination largely against non-White citizenry fueled multiple civil disobedience eruptions. Led largely by African Americans and followed by other cultural, social, and political groups, the civil rights movement represented a large-scale platform for addressing long unattended major concerns and issues of disenfranchised communities surviving within a hierarchical system of privilege and power (Romano & Raiford, 2006).

The movement also represented a time for citizens to demand and claim their rights as U.S. citizens; to define their lived experiences in accordance with their customs, traditions, and values; and to invite America to live out the true meaning of its creed—that all persons are created equal (Chomsky, 2003, 2011; Zinn, 2014). To achieve these goals, major campaigns of civil resistance were enacted that included boycotts, sit-ins, marches, and even riots (Bullard, 1993), as well as innumerable individual acts of courage to stand tall and firm in the face of substantially contentious, calamitous, and cataclysmic circumstances.

Federal, state, and local legislative achievements, tucked in with tremendous tragedy, also were a part of this period of social ideological transformation. A nonexhaustive list of critical achievements during those turbulent and emotionally churning times came in the forms of the *Brown v. Board of Education* (1954) case argued before the Supreme Court; the Montgomery bus boycott led by Rosa Parks (1955); the Little Rock High School desegregation under federal order (Executive Order 10730, 1957); the March on Washington (1963); the Civil Rights Act of 1964; and the Selma, Alabama, Voting Rights Movement (1965). Tremendous tragedies during those years that reverberated nationally as well as globally included the assassination of President John Fitzgerald Kennedy (1963), assassination of Dr. Martin Luther King Jr. (1968), and the assassination of U.S. Senator Robert F. Kennedy (1968) while he was campaigning to become president of the United States. The connection between the historical events of mental health advocacy and civil rights is the backdrop for key themes that emerged from our conversation with Mrs. Carter.

procedure

Through communication with Ms. Melissa Montgomery, special assistant to Rosalynn Carter, permission was given to conduct a 30-minute, videotaped interview. A set of nine interview questions were sent to Ms. Montgomery that formed the basis of the interview (see the following section for the list of questions). The interview was conducted at The Carter Center on December 3, 2015. Dr. Caroline Clauss-Ehlers and Dr. William Parham were present with Mrs. Carter for the videotaped interview. In addition to the videotape, a separate audio file was made. This file was sent to a transcription service and independently analyzed by the coauthors to identify key interview themes. The coauthors then compared themes for interrater reliability and found consistent identification.

INTERVIEW QUESTIONS:

A CONVERSATION WITH FORMER FIRST LADY ROSALYNN CARTER

1. For decades, you have been a strong and up-front advocate for mental health. How did you become involved in mental health advocacy?
2. Your outreach efforts have been directed domestically as well as internationally. How did you decide to pursue these dual foci?
3. What changes have you seen since you began your mental health advocacy work?
4. What are changes that you would hope to see with regard to mental health advocacy in the 21st century?
5. In many Black and Brown communities, you are seen as a White ally. How have you managed [to maintain] your support for marginalized ethnic communities despite [encountering] those who might oppose such support or are not committed to the provision of mental health services?
6. It has been said that the best way to find yourself is to lose yourself in the service of others. What have you learned about yourself and others on whose behalf you have provided services and support?
7. As you reflect on your life and simultaneously look at this current generation and the challenges they do and will face, what advice would you give them to consider?
8. What advice would you give young people who are interested in getting involved in mental health advocacy and promotion?
9. Your program, the Rosalynn Carter Fellowships for Mental Health Journalism, is a pioneering model to help journalists report accurately on issues related to mental health. What encouraged you to start this program? How has it changed the way mental health is reported today? How can journalists continue to be thoughtful about the reporting of mental health?

thematic categories

Although Mrs. Carter's conversation reflects a decades-long commitment to mental health advocacy, it is fascinating to note that the identified themes reflect contemporary innovations and considerations in our present-day discussion about mental health promotion. It is as though Mrs. Carter embodies a timeless message—one that can perpetuate across eras and generations. Mrs. Carter's message encourages readers to reflect upon their commitment and dedication. The question here is how does Mrs. Carter's life example inspire and encourage us to represent the well-being of others. Hence, this narrative doubles as an invitation to the reader to consider responding assiduously to a social concern over the long term (see Table 1 for implications connected to each theme). Identified themes include (a) really listening with an empathic ear, (b) commitment across time, (c) resilience and persistence, (d) thinking like a global citizen, (e) a quiet-storm leadership style, and (f) self-discovery in service to others. Each theme is discussed below and is followed by a discussion about how each provides inspiration to be responsive to an area of social concern.

REALLY LISTENING WITH AN EMPATHIC EAR

If shifted around, the letters used to spell the word *listen* reconfigure into the key to listening to a speaker with intent and focus. A key to listening well and absorbing both overt and covert messages is to develop the art of being *silent*. Evident in the interaction between Mrs. Carter and the woman leaving work at the cotton factory is Mrs. Carter's decision to be truly present and available to receive the message from her communication partner. This silence positioned Mrs. Carter to hear and feel the emotional exasperation, physical exhaustion, and heartfelt concern expressed by the woman whose work-related, tag-team approach with her spouse to parent their daughter was stretching her emotional and physical limits. By virtue of her commitment to translate what she heard and felt into learning all she could about mental illnesses and then parlay these lessons-learned into social and political action, Mrs. Carter set the stage for both domestic and global conversations and policy changes regarding this equal opportunity social issue. The interview with Mrs. Carter characterizes a person who continues to have the audacity to hope; the courage to speak across communities and political audiences, some of whom were antagonistic to her cause; and the fortitude and resilience to go the distance to effect change. As a listener open to hearing the genuine experiences of others, Mrs. Carter shared how her own life changed that early morning.

Dr. Clauss-Ehlers: That's wonderful. It's so wonderful.

Dr. Parham: So it sounds like that one moment in time you were very sensitive and really heard. . . . Relived the experience of that

TABLE 1
**How Thematic Categories Inspire Commitment
to an Area of Social Concern**

Thematic Category	Commitment to an Area of Social Concern
Really listening with an empathic ear	An active listener is available to truly hear the story being presented Being comfortable with silence promotes an ability to absorb the story Understand that genuine listening inspires trust and the sharing of personal experience from the storyteller Be open to the possibility of reciprocal communication—an active listener absorbs a story’s emotional content that promotes empathy and can effect change
Commitment across time	Maintain a sustained approach across time Identify one piece of the bigger picture on which to focus and take a stand Trust that once you focus on this aspect of the bigger picture, other elements begin to fall into place
Resilience and persistence	Make a personal decision to stay committed Understand the concept of learned courage when managing frustration Develop an alternative perspective to navigate challenge Note that inner strength complements other skills
Thinking like a global citizen	Collaborative/participant leadership promotes empowerment and outcomes Learn how to “act simultaneously on multiple fronts” (Minas, 2012, p. 37) Integrate genuine listening, resilience, and persistence in your approach to being a global citizen
A quiet-storm leadership style	Recognize that transformational leaders promote knowledge sharing and innovation through an interest in all team members Support innovation through your support of the team
Self-discovery in service to others	Empathy and altruism are important aspects of self in efforts to help others Teachers and supervisors can support students and trainees in efforts to maintain empathy Training program curricula can incorporate empathy as an important construct in the helping professions Health care programs can address/avoid burnout by supporting empathic professionals in efforts to provide quality care

person that it really stayed with you. And I’m impressed that it stayed with you and it has really launched what has essentially become a life’s work.
Mrs. Carter: It changed my life, I think.

Listening is more than just hearing words. Early scholarship on listening comprehension (Carroll, 1963; Smith, 1970) promoted the belief in the audiolingual method, an approach rooted in structuralism and B. F. Skinner’s (1957) behavioral theory, which claimed that a person’s listening and language learning abilities would develop and mature simply by repeated exposure and experiences of listening to others talk. Abundant scholarship since that time (Byrnes, 1984; Call, 1985; Gilbert, 2004; Hooper, 2007; Lynch,

1998; Mendelsohn, 1994; Morley, 2001; Osada, 2004) squashed the old-school thinking and asserted premises that listening and listening comprehension are complex problem-solving tasks fostered by the intricate interaction of neural (Feng & Ratnam, 2000), cognitive, phonetic, prosodic, semantic, syntactic, and other processes (Hogan, Adlof, & Alonzo, 2014; Osada, 2004). Furthermore, these aforementioned processes are influenced by variables including country of origin, culture, race, ethnicity, gender, traditions, and customs (Seeley, 2005).

Active listening demands focused attention that involves asking questions, seeking clarification, and confirming hypotheses. When done well, active listening increases information flow, fosters trust between listeners, and increases the likelihood of each party benefiting from the interaction (Fitzgerald & Leudar, 2010). Listening has been found to be associated with increased levels of psychological well-being (Fenniman, 2010; Tangirala & Ramanujam, 2012). A lack of such focused in-the-moment attention may result in not being able to fully hear the content of the messages being shared, misinterpreting motives, and misreading emotions—all of which may make matters worse by increasing tensions and conflicts (Bolton, 1986).

The scholarship of Cohen and Wolvin (2011) and Itzchakov, Castro, and Kluger (2015) offers premises that may help explain why Mrs. Carter was so moved by the woman leaving work to coparent a child with a mental illness. The image of the woman's steadfast and stalwart efforts to balance work and home becoming arduous and emotionally draining was conveyed in a story. Listening to stories, as it turns out, is a key feature in really hearing what a speaker is sharing. According to their research, hearing stories places listeners on a path to improved listening and overall comprehension (Cohen & Wolvin, 2011; Itzchakov et al., 2015). Relatedly, listeners are believed to positively influence the quality of the story being shared by the speaker. Thus, engaged active listening encourages the storyteller to disclose both the content as well as the affective components of his or her narrative, which, in turn, allows the listener to absorb the wholeness of the story being shared.

Arguably, the mother leaving work at the cotton factory to take care of her daughter is an unsung hero in the story of Mrs. Carter's advocacy for mental health and wellness in America. Her decision to trust Mrs. Carter's outreach to her stirred an emotional response that helped ignite and fuel the drive to make a difference in the lives of many whose voices related to mental illness were not being heard. True listening creates empathy. Bearing witness to someone else's experience means the listener can internalize it. When a pebble is dropped into a pond of still water, it creates ripples far beyond its initial point of impact. So too, the mother leaving work at 4:00 a.m. created ripples that kindled waves of advocacy still seen today and of which she, the mother, is probably unaware.

COMMITMENT ACROSS TIME

The importance of committing to a program of action despite predicted and off-the-radar challenges is represented in the sustained approach Mrs. Carter embodied in her advocacy for those with mental illnesses. From the early 4:00 a.m. interaction with the mother leaving work at the cotton factory 50 years ago, through two campaigns supporting her husband for senator, two campaigns for governor of Georgia, and two campaigns for president of the United States, Mrs. Carter dedicated, and continues to dedicate herself, to champion on behalf of those less fortunate. She talked about her longevity in the fight for a cause she deeply cares about.

Mrs. Carter: I've been working on it ever since. And that was almost 45 years ago.

Dr. Clauss-Ehlers: Wow!

Dr. Parham: Wow! What a tradition.

Mrs. Carter: I had a president's commission and now I have a really good program here at The Carter Center.

In consonance with the invitation to be committed to a social issue, as modeled by Mrs. Carter's example, she shows us that a secret to staying committed over the long term is to identify one piece of the bigger picture on which to focus and take a stand. Once the journey has started, her life story shows us that other pieces of the bigger picture puzzle begin to fall in place. For Mrs. Carter, engaging the fight to combat stigma represented one such starting point.

Mrs. Carter: One day, we were brainstorming about what else we could do about stigma. Stigma is the greatest barrier to services. People don't seek treatment because they don't want to be labeled . . . and the services are not available anyway. So the best thing that could happen in the mental health field is to get rid of stigma. I've been working on that forever. We're brainstorming to see what else we can do. Somebody said, "Well, since the media has such an impact on how people feel about mental illnesses, why don't we bring some here and train them on how to report accurately and in depth about mental health issues?" And so we did that, and this year was our 19th year that we've been doing that.

RESILIENCE AND PERSISTENCE

Mrs. Carter reminds us that resilience and persistence are, at their core, personal decisions to stay committed over the long haul. *Resilience*, the capacity to recover from setbacks, and *persistence*, the determination to

continue despite the obstacles and roadblocks, both demand locking onto a “North Star” goal (short- and long-range achievement targets) and executing the strength of one’s conviction. Mrs. Carter made a choice, irrespective of existing opportunities and threats, to serve others with a “more of thee and less of me” mentality that has sustained her throughout the twists and turns of the advocacy road on which she continues to travel (Jones, 2007).

The scholarship of many, including, but not limited to, Bandura (1997, 2001), Daniels, Billingsley, Billingsley, Long, and Young (2015), Flach (2004), and Wong (1995), offers a sneak peek into variables that account for resilience and persistence. For example, Wong examined the concept of frustration and concluded that overcoming frustrations set in motion a concept labeled as *learned courage*. Learned courage positions a person to be ready to respond adaptively to the next frustrating situation using the courage that has already been experienced (Biswas-Diener, 2012; Pury & Lopez, 2010).

Flach (2004) identified three traits that define resilient people: creativity, the ability to tolerate emotional and physical pain, and the ability to discover new ways to approach life. In short, resilient people learn to develop new perspectives and alternative interpretations regarding negative events, thus assigning new meaning to an event that, at first encounter, did not feel good. Daniels et al. (2015) suggested that service-learning opportunities influence resilience in that they offer exposure to issues that involve some measure of civic responsibility and social justice.

These qualities (e.g., resilience, persistence, self-efficacy, felt sense of competence, learned courage, care, and compassion) collectively point to the value of developing inner strength as a complement to more open and observable skills (e.g., communication, problem-solving, reasoning, consensus-building, crisis management) along with having resources and opportunities. The interview with Mrs. Carter positioned us to learn first-hand about her tremendous successes across time and to witness the integration and use of her observable skills, inner strength, and resources. Mrs. Carter spoke about her decision not to give up despite the challenges with which she had to contend. Her domestic work, in fact, laid the groundwork for her global outreach:

Dr. Clauss-Ehlers: Your work has also reduced the stigma but really promoted access and utilization of mental health services for diverse communities. I guess our question around that was how, if you could share with us something about your strength in doing that and advocating, even though we’re assuming that maybe at times there wasn’t support for that. How did you stay with the advocacy role?

Mrs. Carter: Well, you have to be persistent. When we left the White House, I was doing so many things and working very hard in mental

health. And I didn't want to give it up. I remember when we came home trying to decide what we wanted to do, and I said, "I'm going to continue the mental health work." And we've developed this great program here at The Carter Center. We also have an overseas program. We decided a few years ago to . . . well one reason is because we travel so much, and we did when Jimmy was president, and we have with our programs at The Carter Center. And everywhere I've been I've talked about mental health. If I met the spouse of a governor, the spouse of a president, I tried to learn about other countries' mental health systems. And it just seemed that the issue is the same everywhere. In the U.S., insurance parity is good now compared to a lot of places. And so, I don't know, you just have to be persistent. We decided that we would work on [posttraumatic stress] in a postconflict country. We had programs in Liberia. We had an access to information program helping. . . . We were mostly working with women in Liberia who have no idea about what is available to them. We had staff there already, a core set . . . of people there already. And we decided that would be a really good country to go into.

THINKING LIKE A GLOBAL CITIZEN

The ability to extrapolate key concepts and insights from current work and to use that wisdom as seeds for planting in global soils of opportunity demonstrates any number of qualities, not the least of which are boldness, courage, commitment, fearlessness, fortitude, intrepidity, unquestioned resolve, and vision-driven determination. Mrs. Carter mirrors this constellation of qualities and transported these collective strengths to overseas destinations for results that paralleled those delivered in the United States. Evident in Mrs. Carter's approach to promoting, developing, managing, and evaluating global outreach programs is her focus on the similarities vs. differences among people situated thousands of miles apart. People all over the world feel physical and emotional pain and endure ostracism. People all over the world contend with systemic and legal-sanctions mechanisms (e.g., policies, procedures, protocols, laws, regulations) that support discrimination and hierarchal privilege and contribute to uneven social, political, economic, and educational playing fields. Mrs. Carter reflected on her involvement with global citizens and as a global citizen as she continued the conversation about her program in Liberia.

Mrs. Carter: It's the first time, other than our mental health fellowships, that our mental health program had expanded overseas. And this country [Liberia] had one psychiatrist that was the only mental health professional in the country. So we decided to train nurses to be mental health clinicians.

Dr. Parham: Oh, sure.

Mrs. Carter: We have [trained] 166. We have 166 mental health clinicians in the country. And they're in every single "county," as they call them. What we call states, they call counties. It was really interesting because when the Ebola situation developed, we were in the middle of our last class. They stopped the class; our Access to Information and Access to Justice programs stopped doing what they do, and all our staff, using their established networks and contacts, joined the effort to educate the people about how to stop Ebola. And sure enough, our work was very effective. And it was so good we had those nurses, because everybody was traumatized by that outbreak. And they already had lived with conflict for 15 or 17 years, or something like that.

Dr. Clauss-Ehlers: It just occurred to me that through that program, you created a whole national infrastructure of support.

Mrs. Carter: That's right. We did. We helped them, the government, develop a very good mental health program. And we're still there. We've been asked by, I think the World Bank, to work with the mental health of children. And so we're beginning that too.

Although it's beyond the parameters of this article to discuss program implementation from a global perspective, key aspects of Mrs. Carter's work inspire us to think about successful engagement in the international realm. Leadership is one such quality. Collaborative/participative leadership characterizes Mrs. Carter's work to expand mental health advocacy across countries and continents. *Collaborative/participative leadership* is defined as leadership that engages a range of participants in decision making (Koopman & Wierdsma, 1998). Participants are empowered as they recognize that their ideas are valued. Knowledge is then shared and cocreated collaboratively within the context of the community. This approach differs from having an outside person, organization, or country say how things should be done. In contrast to a directive leadership approach, collaborative/participative leadership inspires participants to invest in decisions made and take full ownership of resulting processes and outcomes (Killion, 2007).

A collaborative/participative approach builds on the aforementioned themes of really listening and resilience and persistence. If we are really listening, we have an opportunity to truly take in the culture or community with whom we are collaborating. Understanding social organization, customs, and values is critical to thinking of oneself as a global citizen (Killion, 2007). Resilience and persistence are relevant to the collaborative/participative leadership style given that multiple perspectives are heard and negotiated. The collaborative/participative leader shepherds through multiple perspectives to reach outcomes. This ability is recognized in the global mental health system literature that talks about the need to "act simultaneously on multiple fronts" (Minas, 2012, p. 37) to manage barriers and create systems of care.

A QUIET-STORM LEADERSHIP STYLE

Leadership is defined as “a process of social influence in which one person is able to enlist the aid and support of others in the accomplishment of a common task” (Bessent & Fleming, 2003, p. 256). Bearing witness to Mrs. Carter’s stories of domestic and global success amidst both foreseen and unforeseen circumstances leaves the indelible impression of Mrs. Carter as a quiet storm whose gentle, determined, and graceful style is a tool to make a difference in the lives of many, both known and mostly unknown to her. These qualities support an approach that is “sensitive to anticipatory action” (p. 107) and have been found to “maximize outcomes” (Gunasekara, Pentland, Rodgers, & Patterson, 2014, p. 107) in service delivery systems. Mrs. Carter commented on using her quiet-storm approach to fight stigma and expand her program overseas.

Mrs. Carter: The director of our mental health program . . . had a friend in New Zealand running the mental health program at a university there. Just in talking about what we were doing, this professor became interested in my mental health program and wanted to bring the journalism program to his campus. And so we decided that it would be a good thing. They decided together and asked me if that would be good. And I thought it was really wonderful. And so, since then, we’ve had our mental health journalism fellowship program . . . [in] New Zealand, South Africa, Romania, and Colombia in Latin America.

Dr. Parham: Wow!

Mrs. Carter: We do 5 years, and then they are on their own. Sometimes, it takes a year or two longer because we want to be sure the program sustains. We help them sustain the program before we leave that country. Colombia is one of the best ones we ever had. They’ve done a great job. They reach a lot of people.

Dr. Clauss-Ehlers: That’s wonderful.

Mrs. Carter: And so we are now thinking about going to Calcutta and Dubai. I think it would be great if we could get an Al Jazeera mental health journalist . . .

Dr. Parham: Absolutely.

Mrs. Carter: . . . because that organization has such a wide, wide reach. And the mental health stigma in that area of the world is as bad as it was when I first started when nobody would mention mental illness. Nobody wanted to talk, nobody would come to my meetings when Jimmy was governor because they didn’t want to be identified with the issue. So it would be a good place to go. We’re not certain yet, but we’re looking at that.

Innovation is defined as “a vital factor in the ability of organizations to deal with the complexity of new technologies and information” (Jiang, Gu, & Wang,

2015, p. 677). Research indicates that transformational leadership promotes innovation (Jiang et al., 2015). Such research suggests specific ways in which leaders can support the kind of innovation Mrs. Carter describes. For instance, recent findings suggest that transformational leaders should “show a keen interest in all team members to stimulate team knowledge sharing and team innovation” (Jiang et al., 2015, pp. 687–688). By being inclusive of all team members, the transformational leader supports a knowledge sharing process, just as Mrs. Carter has done through her many programs. In fact, it is suggested that the opposite occurs when the leader does not show an interest in all members: “Otherwise, team members who are ignored by the leader may undermine the knowledge sharing and innovative performance of the team as a whole” (Jiang et al., 2015, p. 688).

SELF-DISCOVERY IN SERVICE TO OTHERS

Mohandas Karamchand Gandhi, the preeminent Hindu visionary whose determination using nonviolent civil disobedience and passive resistance to show British-ruled Indians a way out of their situation, is credited with saying: “The best way to find yourself is to lose yourself in the service of others” (Gandhi, n.d.-a). This mantra best captures our visit with Mrs. Carter. Listening to her many and varied stories about making a difference just because it was the right thing to do and connecting with her sense of excitement for the work she has done, and continues to do, left us feeling like we were welcomed guests in her personal space. One could feel the hope Mrs. Carter expressed when she shared reflections of the smiling faces of persons she helped or receiving written and verbal acknowledgments for her untiring and unwavering efforts to stand tall in the face of adversity.

Mrs. Carter’s sharing of her experience transcended discussion about the support she gave to all who entered her circle of influence. She talked about the blessing she feels being able to help others.

Dr. Parham: We’re also picking up the excitement that you have experienced over the years for really being the lead in a very important movement. It’s been said that the best way to find yourself is to lose yourself in the service of others [Gandhi, n.d.-a]. Over the years, what have you learned about yourself and others as a result of your mental health advocacy?

Mrs. Carter: I think when I’m helping others, it’s a blessing for me. Even if I’m scheduled to do something I don’t particularly want to do, if I can help somebody, it turns out to be wonderful. I tell young people that if they help someone else, they’ll have a better life. I also tell them that one of the most important times, I think, in their lives is when they get through college and through universities and through their schooling and go out into the world. They are as free as they’ll ever be. And I encourage them to do . . . well, I encourage them always to volunteer

in the communities, but to do something for other people, like work for Habitat for Humanity. My main thing that I would like for young people to do is join the Peace Corps. Jimmy's mother was in the Peace Corps. Our grandson was in the Peace Corps. Something like that will change their lives forever in a very positive way.

The social psychology literature defines *altruism* as “a motivational state, altruism sometimes propagates prosocial, helping, or altruistic behaviors, that focus on the welfare of other people” (Burks, Youll, & Durtschi, 2012, p. 395). The role of altruism and empathy as applicable to the helping professions has examined the relationship between reduced altruism/empathy and decreased quality of care (Batson, 2002). In fact, some research indicates that empathy and altruism decline among students and trainees as they pursue their education (Hojat et al., 2004).

The empathy–altruism hypothesis contends that when a benevolent motivation is driven by empathy, the desired outcome is to help an individual in need (Burks et al., 2012). Support for the empathy–altruism hypothesis has implications for being responsive to an area of social concern. Burks et al. (2012) stated that it is imperative that trainees and helping professionals sustain empathy in their motivations to help others. They encourage those who develop training program curricula to consider empathy in the provision of quality care.

Supporting helping professionals in their work appears important for longevity. Burnout has been found to occur when empathic helping professionals do not feel they can provide adequate care (Burks et al., 2012). In his discussion of the separation challenge–attachment solution process, Fricchione (2011) discussed how “evolutionary heritage” (p. 7) leads patients with serious illnesses to seek out attachment solutions when faced with separation. From this understanding, Fricchione (n.d.) promoted altruism by providing “whole person integrated care as [an] attachment solution” (Slide 97). He stated, “Perhaps modern medicine would do well to base its patient care approach on our evolutionary heritage—the need to find attachment solutions that provide solace and healing” (Fricchione, n.d.).

final thoughts

Given 24–7 access to news in all the ways it is delivered (e.g., written, visual, auditory) and the in-your-face, very direct manner in which it is presented, there is no shortage of reminders of the considerable challenges facing 21st-century domestic and global citizenry. Nuclear threats, homegrown and international terrorism, climate change, variable economic stability, political tensions, social unrest, failing educational systems, increased evidence of compromised integrity in organizations, inadequate access to health and

mental health care, inadequate access to higher education, issues related to immigration, the concerns of the Black Lives Matter movement, issues surrounding gun control, human trafficking, challenges of foster care, the needs of those who suffer from medical and mental illnesses and their caregivers, and homelessness represent only a sample of the abundant, considerable, even overwhelming challenges demanding immediate and sustained attention. Hidden in the aforementioned calamities and instability are tremendous opportunities to take ownership for contributing to making a real difference in the circles over which one has influence.

Mrs. Carter is an example of how efforts to make a difference may transcend the immediate environment and touch persons whose lives will be forever altered for the better by one's quiet-storm actions. Reflecting one last time on the words of Gandhi, he invites us to consider that "You may never know what results come of your actions, but if you do nothing, there will be no results" (Gandhi, n.d.-b). Mrs. Carter's words encourage young people to live this approach.

Dr. Clauss-Ehlers: What message would you give young people to encourage them to go into mental health advocacy and really follow in your footsteps?

Mrs. Carter: I would tell them it would be the most challenging and interesting field they could go into. Particularly right now, when so much good has [been] happening. You know, we're going into the communities . . . and people can recover. There's another thing that has happened that is really wonderful, and that is the consumer movement, the peer-support program. Peers are those who have recovered from mental illness working with those who have not recovered or who are not yet in recovery. And it is amazing, I mean it's really wonderful to see what happens because that peer can say, "Look at me. You know, I know what you're going through. I was just exactly like you are and now I'm recovered and you can do the same thing!" That started here in Georgia. A young man that I worked with for years and two of my people who are on the Mental Health Task Force are now in a movement with others like the late Judi Chamberlin, a woman who got upset about her care and wrote a book called *On Our Own* [1988] and testified before my Mental Health Committee in the White House. She thought that people with mental illnesses ought to have something to say about their treatment.

sneak peek

Our next stop along our journey is a visit with an amazing activist whose life and attitudinal transformation is as impressive as the social justice

work in which he continues to engage. From observing the civil rights movement to becoming an active and ongoing participant in it, his story, rooted in the segregated South, is both compelling and thought provoking. His life's journey represents a template for advancing a 21st-century social justice agenda. Until next time.

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