

FINDING A PLACE TO STAND

Developing Self-Reflective
Institutions, Leaders
and Citizens

Edward R. Shapiro



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*For
Donna Elmendorf*

How are they right?

“Very shortly, you will be going onto your assigned wards. Within those wards, you will see over fifty of the sickest, craziest, most bizarre people you will ever encounter. They will be hallucinating, gesticulating, and delusional in the most grotesque ways. Every cell in your body will rebel and want to block out the experience. But here is the thing you must remember. Every one of those symptoms, as strange as they may seem to you, makes perfect sense to those people. Every single one, has been evolved and carefully crafted, to try to deal with some impossible family situation. Every symptom represents an attempt by that person to adapt to the hand that fate has dealt him. You are to regard each one as an artistic, creative endeavor to survive. Your job, and your only job, is to appreciate, and admire that effort!”

—Elvin Semrad, MD, welcoming new psychiatric residents to
Massachusetts Mental Health Center, circa 1968

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mornings. Denis' passion for democracy and his management of this group of undergraduate and graduate students under intense and dangerous circumstances in a foreign context taught me about joining a mission and the risky commitment involved in standing up for what matters.

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About the author

Edward R. Shapiro, MD, was the medical director/CEO of the Austen Riggs Center from 1991 to 2011. A board-certified psychiatrist, psychoanalyst, family researcher, and organizational consultant, he is also clinical professor of psychiatry at Yale University School of Medicine and principal of the Boswell Group. He is on the boards of the A. K. Rice Institute and the International Dialogue Initiative, and on the advisory board of Partners Confronting Collective Atrocities. A founding member of the Psychoanalytic Society and Institute of the Berkshires, Dr. Shapiro is a training and supervising analyst. An organizational consultant for over forty years, Dr. Shapiro has consulted with hospitals, mental health clinics, law firms, and family businesses. He has published more than fifty articles and book chapters on human and organizational development, family functioning, and personality disorders, presenting papers in the United States and abroad. His book (with A. W. Carr), *Lost in Familiar Places: Creating New Connections between the Individual and Society*, was published by Yale University Press as was his edited book, *The Inner World in the Outer World: Psychoanalytic Perspectives*. A Distinguished Life Fellow of the American Psychiatric Association, he is also a Fellow of the A. K. Rice Institute and the American College of Psychoanalysis. Dr. Shapiro has received the Felix

and Helene Deutsch Scientific Award from the Boston Psychoanalytic Society, the Research Prize from the Society for Family Therapy and Research, and the Philip Isenberg Teaching Award from McLean Hospital. In 2007, he was named Outstanding Psychiatrist for Advancement of the Profession by the Massachusetts Psychiatric Association and since 2011 has been on US News & World Report's list of "Top Doctors."

FOREWORD

The Evolution of an Idea

This book traces a psychological pathway from family membership to joining society as a citizen. I have written it because of the unusual opportunities I have had to learn that our institutions, our access to society, have untapped capacities to help us develop our citizen voices. Using my experience in a range of roles and settings from psychoanalysis to family treatment, from group relations to studying voters, from institutional membership to the leadership of a unique psychodynamic hospital, I will attempt to demonstrate how focused attention on our experiences in roles, an understanding of systems psychodynamics, and a reorientation of our institutional leaders can help bring us out into the world with clearer perspectives as citizens.

Facing the swirl of global, technological, and political transformation and the correspondingly weakened citizen voice, I have been struck by the difficulty of finding a place to stand with others and speak with any clarity about things that actually matter. Society is too vast for any of us as individuals to see much more than our projections into it. Can we perceive more if we find a way to look at society collaboratively? Is there any way to clarify the psychological steps toward becoming a citizen? And if so, what is the appropriate context?

The family is the organizational context within which we develop. The family contains and represents certain standards and carries out on behalf of

the larger society the task of producing mature adults. Family membership is our first involvement in an organization and becomes the model for our engagement in the myriad organizations which constitute the world. Once we leave the family as adults, there is psychological work involved in joining groups and organizations as members, but the framework of roles and tasks is similar. Claiming the citizen role, however—determining who the other members are of such a system, discovering links with them, and discerning and joining the tasks of the larger society—stretches our capacities.

In the last century, our increasing ability to communicate with one another has meant that negotiating a social role that begins in the family, moves to various organizations, and reaches into the larger society has required us to begin to conceptualize something called “the global citizen.” We have yet to define the particulars of this role—what it entails morally, politically, and personally—in part because the context of our global tasks is so vast as to be almost incomprehensible. However, in the absence of our finding a place to stand and speak with authority as citizens about things that matter, we run the risk of abandoning society to authoritarian leaders who fragment humanity into nationalistic subgroups or escalate the irrationalities inherent in large groups. How can we begin to understand the internal and external pressures that might mold us into developing citizens who can take the risk of having a social voice?

I have been working for most of my career on the study of the individual in context, focusing on the confluence of internal psychological pressures with external social demands, and the way that managing these pressures can move people toward engagement with the larger society. I have had unusual opportunities to study the unconscious functioning of individuals, families, and organizations as a psychoanalyst, a family and group dynamics researcher, and an organizational leader. In 1991, I coauthored a book with the late Dean of Westminster, Wesley Carr, outlining an approach to the study of collective irrationality (E. R. Shapiro & Carr, 1991). Focusing on families and on institutions such as Westminster Abbey and the Harvard-affiliated psychiatric institution, McLean Hospital, we formulated an interpretive stance where individuals can begin to make sense of their experience through a recognition of differentiated roles within a shared context. This book takes the argument a step further, focusing on the psychology of citizenship, the potential for discovering a voice, and a model for our developing society.

Psychoanalytic training and family process

In my early years of psychiatric training, I was appointed to the Public Health Service during the Vietnam War and assigned to the Adult Psychiatry Branch of the National Institute of Mental Health (NIMH). At the time, Roger Shapiro (no relation) and John Zinner were studying the relationship between family experience and personality development in adolescents (Scharff, 1989; R. L. Shapiro, 1966; R. L. Shapiro & Zinner, 1976; Zinner & R. L. Shapiro, 1972, 1974). Roger and John were both psychoanalysts working in an unusual clinical research setting where families fully participated in their adolescent's treatment and agreed to have their intensive psychodynamic treatment studied. In their writings about this work, Shapiro and Zinner illuminated a way to hold onto psychoanalytic theory and an interpretive tradition while moving outside of the boundaries of the individual. They amended the concept of projective identification, first introduced by Melanie Klein (1946) and further developed by Otto Kernberg (1966, 1975, 1976), as an internal psychological mechanism shaping how individuals manage relationships in their minds. They recognized that projective identification is an interpersonal defense in families where individuals identify aspects of themselves as "good" and project what they consider "bad" onto others while maintaining an unconscious link to those projections (Zinner & R. L. Shapiro, 1972). They could demonstrate how the entire family group participates in this defense; it shapes family members' developmental course (Zinner & R. L. Shapiro, 1974). This formulation allowed a deeper examination of the feelings that develop in all group relationships in relation to particular tasks.

Roger and John used the work of Erik Erikson (1950, 1956, 1958a, 1968) and Wilfred Bion (1961, 1977) in developing their ideas. Through my work with them, I became a student of Erikson's writing on adolescent identity and Bion's work on group dynamics. Erikson had articulated the concept of mutuality, underlining the crucial coordination between the developing individual and his human (social) environment. He recognized that identity represents the increasing confluence of the individual's views of the self and the views of that self, coming from others. Erikson defined integrity as our obligation to the most mature meaning available to us, illuminating how we are inextricably bound to sociocultural and historical forces. He suggested that integrity required the discovery of larger social tasks to which the individual can become committed (E. R. Shapiro & Fromm, 1999).

Bion, too, recognized social connectedness; his initial work focused on the small work group. He appreciated that we are always embedded in groups and articulated the links between our conscious commitment to a group's task and other less conscious behavior that can take us over in these settings. His recognition of the shared unconscious forces that can sway group functioning opened a new way to consider some of the problems of social engagement.

One aspect of the research at NIMH was clinical, treating troubled adolescents in intensive individual and family therapy in front of a one-way mirror in order to study the relationship between family experience and individual disturbance. At one point, I was working with a young girl in a family where the father's fragile self-esteem was maintained by an unconscious family agreement to see him as only good, generous, and responsive. This is a classic example of an irrational perception and it carried with it the consequent projection of all that was "bad" onto another family member, in this case my adolescent patient. Neither the girl nor her father could be perceived by the family in all their human complexity.

In one family meeting, the parents and siblings insisted that my patient's perceptions about her father's unavailability could not possibly be true. She was experiencing him as insensitive, but the family could not conceive of him as ever being bad in that way. My patient had a choice. She could agree with her family and give up her experience, allowing her to join with and be accepted in this little organization thereby affirming and adopting these irrational roles (the "good (sensitive) father" and the "bad (blaming) adolescent"). Or, she could insist on her own perspective and suffer rejection.

In an individual therapy meeting after the family meeting I found myself replicating the family dynamic in astonishing detail by challenging my patient's experience. She had angrily accused me of excluding her visitors and I had responded defensively by accusing her of distorting reality. Her explosive reaction stunned me. Unwittingly, I was asking her to preserve an idealized view of me just as her family had done with her father. Remembering the earlier family session allowed me to gain perspective on the repetition, my patient's powerful reaction, and my unwitting contribution.

The day I grasped this uncanny repetition, I realized what I wanted to do with my career. I needed to learn something about human systems. For reasons I could not understand, I had suddenly joined an irrational system that carried and had enacted a developmental past. The extended group

irrationality we all had entered into required an additional perspective. I was learning how a family could function as an irrational group and hinder the development of family members. I saw how unconscious collusion could fit the developmental dynamics of each individual and contribute to a group regression that turned out to be characteristic of earlier periods in the family's life.

Working with the NIMH group, I began to conceptualize the family's task as helping each individual (parent and child) master the relevant developmental stage. I could see how easy it was for the family as a social organization to lose touch with its task when it gets caught in the immediate pressures of individual experience. I recognized the value to the struggling family of an observer who could manage to hold and articulate an outside perspective, allowing the family group and each member to grasp their regression and join with other family members in more task-related work. But I also came to understand how an outsider could get caught up in this shared irrationality. I began to discern how the unconscious pressures that were pulling family members away from the family's developmental task came both from inside (parental histories, or transgenerational conflict) and outside (the pressures from living in the world) of the family organization (Berkowitz et al., 1974a, 1974b; E. R. Shapiro et al., 1975; E. R. Shapiro et al., 1977; Zinner & E. R. Shapiro, 1975).

McLean Hospital and Tavistock Group Relations

When the psychodynamic research unit at NIMH closed in 1974, I returned to Boston and founded the Adolescent and Family Treatment and Study Center at McLean Hospital, a program that I directed for fifteen years. While I completed my psychoanalytic training, my program developed a psychodynamic clinical approach for severely disturbed adolescents and families in an open setting, derived from my NIMH research (E. R. Shapiro, 1978a, 1978b, 1982a, 1982b; E. R. Shapiro & Carr, 1987; E. R. Shapiro & Freedman, 1987; E. R. Shapiro & Kolb, 1979).

McLean gave me my first experience of being an administrator. I was the program director and was therefore faced with the difficulties of managing a multidisciplinary group in relation to the larger organization. My NIMH mentor, Roger Shapiro, had for years been directing experiential conferences in what is known as the Tavistock tradition. In this method, a group

of diverse individuals gathers over several days in a residential setting to create an organization in order to study its dynamics (see Chapter Seven). I signed up as a member of a conference and began a second period of intense learning.

In the relatively unstructured atmosphere of an experiential conference on leadership and authority, I found myself unwittingly constructing a group with the same dynamics as the one I was developing at McLean. I could see the ways in which my own personality contributed to the group's difficulties. My perfectionism in the leadership role had stifled the group's creativity and my narcissism had obscured the contributions of outside groups. As in my learning at NIMH, I was again stunned by the way in which the dynamics of projective identification recreated and illuminated group, individual, and system-wide phenomena. I saw how my own character evoked projections from others in my group that shaped the ways we were all able to work. My speaking with what looked like certainty led others to depend on me so that they hesitated to bring in their own ideas. I began to recognize the links between my family role and my organizational role and found the experience as stimulating and powerful as my own psychoanalysis.

Over the next four decades, I served both as staff member and director of more than forty experiential group relations conferences in the United States and Europe. I also began to develop a private practice as an organizational consultant, working with hospitals, law firms, and family businesses. I was deepening my recognition that the boundary around the individual was more permeable than I had been taught. The inner world and the outer world were in dynamic interaction; I began to understand Bion's recognition that we are always embedded in groups (E. R. Shapiro, 1985, 1997a, 1997b).

In 1980, I served on the staff at one of the group relations conferences with Wesley Carr, then a young English cleric. He had developed an understanding of organizations through the Tavistock Institute for Human Relations in London. We struck up a friendship and found a connection between his understanding of the larger social meaning of institutions (through his work in the Church of England) and my grasp of the individual's development in the family. Our book, *Lost in Familiar Places* (E. R. Shapiro & Carr, 1991), began to articulate a methodology for interpreting irrationality in organizational life, recognizing the effect of the social context on individual development and functioning. We formulated an approach for grasping the dynamics of an institution through listening for how the other is right

and trying to make sense of the connections. The contribution of Wesley's thinking is evident throughout this book, particularly in Chapters Three, Four, Five, Seven, Twelve, and Fourteen, which are adaptations of work we developed together prior to his death.

The Austen Riggs Center

The Austen Riggs Center is a psychodynamic hospital and residential treatment center in Stockbridge, Massachusetts. I became interested in the center in 1985 while I was still at work in Boston doing intensive treatment with troubled adolescents and families. Looking for other institutions committed to a depth psychological approach with inpatients, I learned about Riggs' long and venerated psychoanalytic past and its traditions of providing intensive psychotherapy in a completely open setting. Austen Riggs Center had been the professional home for Erik Erikson; he had written *Young Man Luther*, using the case of a patient at Riggs as a stimulus for his ideas of social connection and commitment (Erikson, 1958a, 1958b; E. R. Shapiro & Fromm, 1999). In 1991, while looking for an opportunity to apply my developing ideas from the top down in an organization, I was lucky enough to become the next medical director and CEO of the center.

The open setting at Riggs is central to its treatment philosophy. The center gives the most troubled patients, some coming from locked wards and seclusion rooms, the freedom to come and go, bringing them face to face with their ultimate responsibility for their own lives—in a therapeutic community of examined living. At Riggs, patients take up many roles: patient, student, and citizen of the Riggs community. Their struggles to find their active citizenship in this setting in relation to their own psychological development and treatment are illuminating (see Chapter Ten).

In my twenty years as medical director/CEO at Riggs, we brought families fully into the center's treatment design and developed a contextual focus for the treatment (E. R. Shapiro, 1997a, 1997b, 2004, 2005, 2009). Our mission became "the study and treatment of the individual in context." During this time, I strove to combine Riggs' focus on patient authority with my growing sense of social connectivity. Not only was I responsible for how the organization was working but I began to consider what responsibility this organization had to the larger political world. Were we engaged in work that mattered beyond our institution? With the tumultuous events of the early twenty-first century, I found myself increasingly compelled to turn my

clinical approach outward and focus my attention on a study of citizenship and the social dynamics of the larger society.

Initially convinced that a relatively neutral analyst could deeply grasp some of the secrets of the individual's unconscious, I had gradually learned how the personality of the observer influenced the data. From there, it became easier to examine the next series of bounded contexts: the couple, the family, the group, the organization, and society. Now, when I see individuals in treatment, particularly the more disturbed and traumatized ones, I also see the impact of the outside world. Understanding the context does not replace understanding the individual; broadening the focus allows a more comprehensive understanding of both. For example, when I see a patient who is dissociating, unable to integrate herself and communicating her distress through her behavior, I frequently see more than her internal conflicts. I begin to hear about the divorced, angry parental marriage that she internalized, the generations of conflict and trauma behind those parents, the treatment systems that worked with the patient, parents, and resources without talking to each other, and the pressures of rapid social change and resulting lack of reflective spaces.

In 1996, I was invited to participate in a nationwide study of unaffiliated voters by the Center for National Policy in Washington, DC. The opportunity for extended individual interviews with a diverse group of citizens in combination with my group relations work and the intense involvement with citizen-patients at Riggs gave me the chance to combine my clinical work with a deeper consideration of the role of the citizen (E. R. Shapiro, 2000a, 2000b, 2003). I began to consider how—through our roles as members of groups and institutions—we might gain a useful perspective on the seemingly irrational forces that impact our lives. This book suggests that with this perspective we might be better able to engage with our world as citizens in order more effectively to take charge of what is happening to us.