

READER'S FORUM

Joining a Group's Task: The Discovery of Hope and Respect

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ABSTRACT

When engaged with others in tension-filled dialogue, the temptation is for us to treat the other disrespectfully by unconsciously choosing an exclusive subgroup in our minds to belong to, and assigning the other to a devalued group. Unconsciously asserted exclusive membership allows us to deny the ways in which, by disconnecting the other, we are also alienating parts of ourselves. Using three stories, the author explores the notion of unconscious group membership and raises the possibility of discovering a shared membership in the midst of conflict. Internalized shared group membership can constitute a mediating "third" to a dyad in apparent opposition. The shared internal context both contains and defines the pair within a task and set of values that can be used to transcend apparent conflict.

I am very grateful for the opportunity to talk with you today, for you work in a critically important arena. We live in a rapidly changing global society, where individuals and groups can find themselves too isolated, failing to find creative ways to relate to others. It is in this context that you have chosen, as a theme for your meeting, the potential of groups to generate hope and respect. This theme may well reflect your collective awareness that our capacity

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for generating respectful group and intergroup connections may be all that will allow us to survive as a civilized society. The news indicates that we are currently not doing too well at it.

When I was invited to give this plenary address on hope, I found myself thinking about hopelessness, an affect that somehow springs more readily to mind. Given my work with treatment-resistant patients, I link the experience of hopelessness to isolation. In my presentation today, I will focus on the transformation of isolation and despair through joining. My thesis is a simple one. I will suggest that in any dialogue characterized by isolation, hopelessness and mutual projection, the way out is through struggling to hear how the other is right, and searching creatively for a larger context in which differing perspectives can be linked. I will suggest that this method, actively used in group work of all kinds, affirms the other's perspective as a respectful way to begin a dialogue. The subsequent collaborative search for a larger context that joins, offers a hopeful possibility of making sense of some of the tensions we currently live with.

As you know, I work at the Austen Riggs Center. On the front page of the *New York Times* some months ago, feature writer Erica Goode said, "There is only one psychiatric hospital in America still providing psychoanalytic treatment: The Austen Riggs Center in Stockbridge, Massachusetts." On the one hand, it was affirming to be recognized in the *New York Times*; on the other, it placed us out in public as a potential outlier, a target for those with an ax to grind about psychoanalysis. These confusing possibilities are not just the dilemmas of my small institution; feeling like the isolated "only one" is a significant human problem that we all work with in our efforts to provide individuals with the possibility of joining creative and hopeful group interaction.

In certain ways, each of us feels like the only one. This can lead to a sense of insufficiency, inadequacy, vulnerability and hopelessness, or be sustaining, energizing and inspiring. For example, from an institutional perspective, does the Austen Riggs Center see itself as the dying remnant of a once-great psychoanalytic tradition or as a vital symbol of the power of engaging disturbed pa-

tients in deepening dialogue? To move towards the second possibility requires Riggs to see itself as working on behalf of others and reaching out to them, with some expectation of being joined. But what if others don't want to be reached? What if some insist on seeing Riggs as a treatment anachronism in an otherwise biological and behavioral health care world? To join others and be joined by them requires a creative search for linking contexts, an important focus of our ongoing work at Riggs.

Clinical experience teaches us that the dilemma of feeling like the only one is treatable, with the primary treatment being engagement. But, engagement with whom and around what? In exploring these questions, I will offer you three stories. Each describes an individual's discovery. And, each discovery offers an opportunity for overcoming isolation through discovering a shared and larger context. Through these stories, I will explore with you the significance of negotiating, both internally and externally, membership among a range of what I will call "internalized groups," the result of which can offer the possibility of hopeful and respectful relatedness.

The First Story

The first story comes from a recent visit my colleagues and I made to a reception for the Austen Riggs Center in Philadelphia, where we met with clinicians to talk about our work. These senior clinicians attended this gathering because of a wish to hear more about Riggs and think through the implications for their practices of our work with treatment-resistant patients. As are many clinicians who work with difficult patients in outpatient treatment, they were grateful for Riggs' survival in the current managed care climate, feeling that the survival of their work was linked to us and greatly appreciating our commitment to an intensive psychotherapeutic approach. After a brief presentation of the institution and an outline of our clinical approach, people began describing their practices and the struggles they were having with hard-to-treat patients. After

several had spoken, a very senior clinician said, "I've always thought my practice was stimulating until a year ago when I had an epiphany." He then described how he was sitting at a dinner party and, looking across the table, he saw a spoon begin to curl up in front of him. He then saw other items in the room begin to move by themselves, some out through the door to the outside garden. He detailed his unfolding excitement about people's ability to do miraculous things if they only believed, describing how one person could levitate a heavier person with just two fingers under the arms, if they believed deeply enough!

The room was hushed and tense as he elaborated this. My colleagues and I were stunned, thinking about how to manage this unexpected presentation of the supernatural in the context of this elegant reception. Some of the clinicians, trying to be supportive and contain their skepticism and concern, spoke of their knowledge about parapsychology and experiments with mind control of inanimate objects. Their comments spurred the speaker on to more extravagant descriptions about the power of belief. The discussion was being shaped in an unpredicted way that appeared to be taking us far away from the problems of treatment-resistant patients. Worried about bringing the conversation back to the group discussion we had engaged in, I intervened. "I know just what you mean about the power of belief," I said. "Many clinicians have told me that they just could not believe that any institution devoted to psychodynamic treatment could survive in this health care world." This oblique but task-related comment brought relieved laughter from the group, and the discussion easily turned back to the shared focus around treatment.

As I thought about this later, I recognized that this elderly man's comments were stimulated by anxiety, quite possibly mobilized by facing his own death and the imagined annihilation of his valued approach to clinical work. With this perspective, I realized that his seemingly irrational and divergent comments about the power of belief were made on behalf of the group's anxiety about our evening's theme. In this context, my effort to link his comments to the survival of Riggs allowed the group to place the shared anxiety in

perspective, rejoin the issue and bring the elderly clinician back into the conversation.

This is a simple, and possibly trivial story about bringing in a shared context to reintegrate an isolating and isolated group member. But the question it raises for me is about what it takes to listen respectfully to the most manifestly irrational and seemingly off-base comment, in terms of how it might be right and connected. It would have been easy to listen to this man's comments as idiosyncratic and irrational. But that kind of judgmental and disrespectful listening would inevitably further his isolation and our despair, while reassuring us that at least we weren't irrational! Finding a way to join a shared context was difficult, but not impossible (Carr & Shapiro, 1989).

The Second Story

My second story is a bit more complex. It occurred at Riggs over a decade ago, when I was coming in as the new medical director. As you probably know, the Austen Riggs Center is a completely open setting, offering a spectrum of care for treatment-resistant patients. In an effort to maximally authorize patients' competence, the Center authorizes patients' complete freedom to come and go, with no restrictions or privilege systems. In addition to intensive psychotherapy, psychopharmacology and family work, patients participate in an active therapeutic community where, through elected office, they govern themselves and participate in the management of the Center's community life.

In negotiating the details of the medical director's residence, I had inquired from the administration about a piano. Prior to my arrival, the retiring medical director decided with the trustees that the patients were not using all their five pianos and that one of them could easily be located in the new medical director's house and used for ceremonial occasions. The hospital community was in transition and in some disarray around the management of resources. One consequence was that no effective discussion about the piano was carried out with the patients or with me prior to my

arrival. The institution had positioned me to learn about authority.

On my arrival, the patients greeted me with outrage that I had “stolen” their piano. Even though they were not using the piano, it “belonged” to them. In their experience, I was the CEO with all my perks and they were the abused victims of forceful power. As I saw it, some sort of negotiation had occurred before I arrived and they were reacting to it in a way I could not grasp.

So the patients and I met—40 of them and me. We attempted to negotiate a shared reality, with frustrations on all sides. The discussion focused on power—who controlled the pianos, the patients or the medical director? There was no possibility of neutral ground. On the face of it, the question seemed perplexing, since pianos were a resource of the institution, and I was in charge of resources. To take up the authority of my role required me to link available resources to the institution’s task. At this moment, however, asserting that role would have been simply a power operation, since I could not discover the task that the resources needed to join. Since I was not about to act without understanding what we were involved in, we were stuck. I tried to listen to how they were right, but could not find the appropriate context.

But then one patient spoke movingly of the terrible sense of helplessness she had felt when the piano was arbitrarily moved without her consent. Though she did not play the piano and knew that other patients didn’t use it, she felt strongly that something terribly important had been taken away. With a barely perceptible shift, we suddenly found ourselves talking about money, insurance, third-party payers and managed care.

The patients had entered the hospital and begun their engagement in treatment. Suddenly without their participation, their financial resources were arbitrarily and irrevocably ripped away. The piano had suddenly become less important. We had discovered a larger context for this discussion; there was a third perspective. We were talking about the task of treatment and the resources for providing it. I could join them, not by projecting negative images about power into managed care companies, but

by working with them on the feelings of helplessness and vulnerability they had in their patient role about the encroachments of reality and limited resources. These were feelings I also had in my role as medical director. In fact, some of these feelings had contributed to my anxious wish to provide a formal space in my home to bring in outsiders and raise money for the hospital.

When we returned to the piano, the patients and I found that we could negotiate a process for its review, discussion and decision. We had found a context for negotiating an interpretation of reality: the shared task of treatment we were all engaged in through our various roles.

But how could I be sure that my interest in the metaphor of limited resources and the apparently negotiated shared context of the third-party payers was not simply self-serving and designed to allow me to mask my own arbitrariness and rigidity and facilitate my keeping the piano? Given that the patients and I together represented a system in enormous flux, both inside and outside of the hospital, it may have been too much to expect that they and I alone could hold to a shared context long enough to negotiate a meaningful picture of the significance of the piano, without the rest of the system.

Perhaps one of the functions of a discovered shared context is to provide a resting place that allows a beginning integration of what might seem on the surface as competing experiences. The patients were regressively experiencing a repetition of unempathic, arbitrary power; I was in a similar regression, feeling misunderstood by them. In this mutual experience of empathic failure, both sides felt hurt, abused and unable to learn from each other. Our discovery of the shared treatment task allowed us all to recognize our connections, recover from the mutual regression and join in an interpretation of a shared reality.

The evidence that we had found at least the beginnings of such a negotiation came five months later. The patients left me a Christmas stocking on my office door that contained a beginning integration of ambivalence. Inside the stocking were two offerings: a lump of coal and a beautiful, tiny wooden piano, with a tag that said, "This one's on us!"

The Third Story

My third and final story comes from a British conference I attended last year. Tom, a black social worker and a member of an Anglican church, reported the following: "I was on a bus, during the firemen's strike, and a group of black teenagers began harassing the white bus driver. None of the white passengers moved or intervened in any way. As the teenagers' harassment grew in intensity, I thought with some irritation and anxiety, 'Why do *I* have to do this?' Finally, I got up and spoke to the kids about the current tensions in the environment and the dangers of their behavior and asked them if they could contain themselves, which they did. I did not like the role I was in."

This story concisely conveys many of the dilemmas of joining raised by the two earlier stories, but this time the solution is not asserted (as I did in the first story) or discovered (as the patients and I did together in the second). In this story, the solution is almost forced upon Tom by a complex set of internal and external pressures. The dynamics of the total event move us beyond the small group to consider Tom's immersion (and ours) in the multiple sub-groupings of our larger society.

In this event, Tom initially found himself alone. Then, he felt himself, almost against his will, in a role. He felt pulled in ways he couldn't fully articulate or discern into a risky engagement with others and with a task that transcended his personal needs. Tom asked himself, poignantly, "Why do *I* have to do this?"

The story raises a number of questions. Who says he "has to?" Are the pressures he experiences coming from his personal psychology or from the social surround? What internalized group is he joining, why and through what process? And, for whom is he responding?

Tom's second comment is similarly puzzling. He says, "I did not like the role I was in." Does he mean that this role does not feel like a part of him? How can such a thing happen? "The more we become aware that our experience of ourselves is affected by others, not just in our families but in the larger contexts in which we live,

the less sure we seem to become about where our individual experience begins and ends (Shapiro and Carr, 1991, p. 63).” Each individual, in some situations, may choose a role (making it feel like part of the self). Alternatively, he may *find himself in a role* as a consequence of factors beyond his grasp (unconscious family dynamics, nonverbal interpersonal pressures, hidden ethnic or social identifications), making it feel somewhat alien to the self.

In such circumstances, an individual has the opportunity to discover the ways in which he or she has internalized the tasks, roles and values of his various group memberships. For example, under whose authority does Tom intervene—and on behalf of whom? Is he taking up his role as an adult, a social worker, a church member, a father, a black man? Does it matter? And, if he has the time to reflect, what sense does he make of his membership in these internalized groups and the impact of that membership on what he has just done? To address these questions, and further our exploration of joining, I want to briefly turn to the work of Wilfred Bion on groups.

TASK

Bion’s (1961) seminal notion was that people in groups and organizations are deeply connected to each other by their conscious and unconscious commitment to the group’s task. The “primary task”—that which is necessary for the group’s survival—is carried out on behalf of its larger context, which may be as vast as society. For example, hospitals take up the task of caring for the ill so that society can have healthy members. And, people who work in hospitals have roles that relate to that larger task. Roles and tasks, therefore, connect individuals to that which transcends them as individuals and the organization as a group; it also links individuals to particular sets of shared values and beliefs (Shapiro and Carr, 1991; Shapiro, 2001a; Shapiro, 2001b). Attention to how individuals discover, work at or avoid their roles and a group or organization’s task can illuminate the dynamics of the larger context.

For instance, the social organization of the family has the primary task of facilitating the mastery of developmental tasks for each of its

members. Family members' behavior in relation to this task can reveal some of the dynamics of the larger society of which the family is so central a part. Let's take one example. A traditional family torn by divorce may be unable to provide a working example of heterosexual collaboration for the child at particularly vulnerable developmental periods. The child's internalization of parental disarray can result in a picture of gender confusion, illuminating aspects of society's changing picture of appropriate gender roles.

Social structures are shaped by and shape human connections. Joining any group can be a conscious decision or evolve unconsciously. The act of joining evokes complex dynamic connections to larger forces that can be out of our awareness. For example, larger group entities—a professional organization, a religious tradition, a nation—have unconscious and often denied influences on us as individuals (Shapiro and Carr, 1991). Such connections can be mobilized at times of national emergency or during periods of personal anxiety, exercising a powerful influence. We experienced this in the sudden and massive increase in patriotism after the terrorist attacks on September 11, 2001 (Shapiro, 2003). Each of our identities then, is inevitably, an “identity in context.” Erik Erikson (1968) noted how we are each shaped within social institutions and among the chronic uncertainties and ambiguities of social interaction.

An Interpretive Stance

Recognizing that in our social interdependency, “I” cannot with any certainty be differentiated from “not I,” Wesley Carr and I (1991) wrote a book called *Lost in Familiar Places*, where we suggested that individuals, paying attention to their role-related experience, could begin to make sense of their place in the social surround. If we can begin to locate ourselves in context, our collaborative mapping of our experiences can also map the social environment.

We wrote about organizations as second-level containers of experience, where individuals can link their experiences to something larger, yet still comprehensible. We suggested that individu-

als might be able collectively to grasp the larger significance of their organizations by attending to their experiences in role, noticing that each role has a particular link to the organization's task. Studying experience in role, therefore—though often confusing—is more manageable than attempting to locate oneself as an isolated individual within the vast ambiguity of “society.” The organization's task provides a central connection to an individual's inner and outer worlds. Individuals join (both consciously and unconsciously) the organization's primary task, linking their values, ideals and beliefs to their role performance (Shapiro, 2001a). We defined organizational role as a function of the particular task; it is the particular way the organization's task is joined by the work of individuals. In this sense, role is the place where the individual and the social context meet.

Within any organization, others are in related roles. In furthering the organization's mission, each person, therefore, acts on behalf of something larger. Linking these role-related experiences helps define a shared context. How do we grasp the significance of this larger context? Some of this learning comes through unspoken pressures. We take in others' communications, not only through their language but also through their behaviors and the unconscious pressures they put on us to conform to their needs. And, we often act on behalf of others in ways we do not fully comprehend. Sometimes this happens through an unconscious family agenda that we live out for the generations before us, sometimes through a role we take up in an organization or through some other symbolic function for society, as in our story about Tom.

RELIGIOUS INSTITUTIONS

Let us pursue these ideas further by examining Tom's role in his church organization. Among other tasks, religious institutions help contain irrationality and dependency on behalf of the larger community (Shapiro and Carr, 1991). A major function of religious organizations is “to bring people together,” linking them

through their interdependency and organizing them around their feelings about the transcendent.

Religion both affirms dependency and deals with emotions, like hope, fear, love, grief, guilt and anxiety. Religious institutions can help people face the connections between their dependency and their feelings about the transcendent by providing a managed and contained context for both. Wesley Carr argues that the unconscious interaction between members of the larger society and religious institutions constitutes a key societal holding environment, which provides for safe regression and the possibility of developing empathic connections between all members of the larger society. The fact that such institutions exist, proclaiming a larger sense of human connectedness, may allow the rest of us—even when we profess unbelief—to conceive of our interdependency and role relatedness across different groups, organizations and nations. The ritual and symbols of religion, mobilized at times of developmental transition, facilitate regressive connections among us.

Regression, in this sense, refers to a type of psychological fusion with the larger whole, which can link individuals to that which is beyond themselves and beyond their conscious grasp. Such an unconscious connection to a larger social membership through his church role might have served, in part, to mobilize Tom in his reactions to the disruptive teenagers.

This kind of managed regression and search for a greater sense of connectedness can allow individuals to transcend their narrow subgroup identities into a larger sense of relatedness to shared ideals. It is possible that Tom was influenced through this identification to grasp the shared, national sense of vulnerability during the firemen's strike, helping him to discover his role as a citizen.

THE ROLE OF CITIZEN

Aspects of the citizen role are managed through irrational mechanisms (Shapiro, 2003). For example, society uses the issues of difference (skin color, ethnicity, religious or sexual preference) as containers for projections that can stabilize the chaos individuals

feel about living in the “unstructured large group” of society. If, as an isolate, I cannot find or negotiate recognizable connections with others, I can use projection to at least begin to recognize that I am “not them.” If “they” are white, I can at least be “black” and locate myself in a discernible subgroup with which I can feel a kind of membership. It allows me to make some sense of an otherwise dauntingly complex world that can feel incomprehensible. This effort at simplification and polarization can allow me to focus the anxiety, aggression, alienation and other unmanageable feelings that derive from the chaos of living in a global society (Shapiro and Carr, 1991).

Tom’s membership in a “black” subculture might have allowed him to grasp the anger and rebellious acting out of the black adolescents, moving him toward an empathic identification with them against the (white) authority of the bus driver. Holding to his larger social identification (through his church membership) with the British culture, and the momentary threat to it during the fireman’s strike, may have precipitated a conflict for him. Managing this tension allowed Tom to recognize that only he, in the bus, could face the adolescents’ aggression (since he also felt it) and help them recognize the social consequences of acting it out.

The outcome of this story required Tom to identify with all of his internalized roles without diminishing any of them. Only then could he integrate them within himself. This internal role negotiation initiated a process of joining that generated both hope and respect in and for others. Tom had to find a way to grasp how both the teenagers and the larger society were right. He could then offer the adolescents the possibility of identifying with his multiple roles—black adult man, church member, father, and citizen—so they could place their reactions in a more contained structure.

We often unconsciously negotiate such “institutions in the mind” in order to manage in a controlled way our inevitable unstructured regressions in the face of the imminent and threatening power that our complex society represents (Shapiro and Carr, 1991). Roles within institutions—related to institutional tasks—begin to enable us to establish sufficient self-definition to examine

and then competently assume the necessary larger range of social roles within society. In our story, Tom's internal work allowed him, however reluctantly, to take up fully, and with integrity, the effective role of a participating citizen.

We can now begin to answer some of the questions Tom raises. First, he asks, "Why do I have to do this?" To answer this question requires us to review several of Tom's roles. The first is his role as a black male adult. Through this role, Tom can feel the anger of black youths without being too afraid of it; he is one of them, and he sees how their anger is "right." Secondly, through his role as church member, he has identified with the transcendent interdependency that belief in God entails, and can experience the vulnerability of the larger society. Finally, as a father, Tom can respond to the adolescents' developmental need for a paternal presence at the moment of their rebellion against authority.

Tom also says, "I did not like the role I was in." His unhappiness points to his role conflict. Identified as a black man, Tom would inevitably be irritated at the adolescents' disturbance, which cast an unfavorable image of blacks. Nonetheless, understanding their anger, he would also unconsciously be tempted to side with them. But, though he brought some of his resentment into his decision to act, Tom ultimately overcame the temptation to devalue the rest of his roles. If he had had the space to reflect on this process, he might have recognized that, in his role conflict, he was containing—and potentially unconsciously interpreting—a significant social tension between his ethnic identity and his larger sense of citizenship. His resolution—to ask the kids to be respectful to others—represented his internal negotiation and integration of these multiple roles.

DISCUSSION

The process I've been describing is inherent in the work we all do. My effort today has been to expand the application of this work. Tom's question, "Why do I have to do this?" can be translated as: "What group am I in now and in what role? And, where do I join

the issues?" These are dilemmas for all of us. When engaged with others in tension-filled dialogue, the temptation is to treat the others disrespectfully by assigning them to a devalued role and dismissing them. We do this by unconsciously choosing an exclusive subgroup in our minds to belong to. Unconsciously asserted exclusive membership allows us to deny the ways in which, by disconnecting the others, we are also alienating parts of ourselves (Shapiro and Carr, 1987).

We are each embedded in many groups—many more than we realize. Their tasks and meanings are in our minds, if we search for them. Facing conflict with another, we might be able to allow ourselves to wonder which groups in our minds might link the differing perspectives we are hearing and feeling. And we might consider negotiating this shared membership with others in order to discover a way out of disconnection and impasse. Such an internalized group constitutes a mediating "third" to the particular dyad that is in apparent opposition. The shared internal context is already structured as a group in which both parties are members (Shapiro 1997). As a shared group, it both contains and defines the pair within a task and set of values that can be used to help contain and connect the apparent conflict.

There are limitations to this method of exploration. If I am in a dialogue with a terrorist, can I attempt to find a larger context that joins us without being naïve? Physical danger inevitably limits negotiation. In our third story, Tom said, "Back off," to the adolescents, at some personal risk. He set a limit to their aggression, a precondition for exploration and discovery.

I've offered you three stories. The first was about taking up a leadership role in order to claim a shared space for a divergent colleague. The second was about an individual and a group discovering their shared work. The third was about a man finding himself able to discover the role of citizen at a time of shared vulnerability and unmanaged aggression. All three stories are about discovering a shared context that allows for the experience of hope and respect.

Vaclav Havel once said that "Hope is not the conviction that something will turn out well, but the certainty that something

makes sense, regardless of how it turns out.” In our chaotic world, where exclusive and disrespectful groups (both “ours” and “theirs”) do violence to those they perceive as “non-members,” the effort to set a limit to aggression, listen to how the other is right and search for a larger context that joins makes a great deal of sense. In a relatively secure context, joining something larger offers both hope and the discovery of aspects of others that evoke respectful listening. It is the essence of the work of institutions, like yours and mine, whose missions represent hope for others.

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