Personality and Psychopathology
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Critical Dialogues with David Shapiro
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Preface

When I approached David Shapiro with the idea of putting together a book of essays on various aspects of his work, my reasons were obvious. Shapiro’s writings have influenced countless clinicians from virtually every theoretical orientation, including psychoanalysts, cognitivists, existentialists, and humanists. Since its publication in 1965 and subsequent translation into six languages, *Neurotic Styles* alone has become one the most widely read books on personality and psychopathology. Dr. Shapiro’s response, as I might have expected, was somewhat different. He mentioned that he had always found the *Library of Living Philosophers* book series very interesting because the format entailed a conversation between the featured theorist and distinguished contributors. I concluded that a similarly structured collection of exchanges between Shapiro and invited contributors was an ideal format because it would facilitate a revealing and penetrating discussion of key psychological concepts.

This book brings together leading figures in psychodynamic thought to critically evaluate essential aspects of Shapiro’s work. Although the contributors were selected because their work overlaps with his in significant ways, it is important to note that, in several instances, the contributors have arrived at different conclusions. To highlight areas of convergence and divergence, Shapiro has written a formal response to each chapter and the contributors were invited to conclude the exchange with a rejoinder. Through dialogue, elaboration, and clarification, the principle aim of the book is to advance the understanding of personality, psychopathology, and treatment.

The book opens with Dr. Shapiro’s intellectual autobiography. In this chapter, he recounts the teachers, colleagues, ideas and schools of thought that most influenced the development of his distinctive perspective. This provides a historical context in which to situate and understand his individual pieces of work, while also reveals central themes that weave their way through his writings.

The main body of the book is broken into five parts. Part I focuses on psychotherapy, relational theory, and development. Herbert Schlesinger opens the section with a discussion of psychotherapy, with special attention paid to Shapiro’s psychotherapeutic emphasis on not only what the patient says, but how he or she says it. This leads to a discussion of transference and the place of causal, historical interpretations in psychotherapy. Paul Wachtel’s chapter highlights the critical role of context
in understanding an individual’s psychology, and reviews relational, inter-subjective theory and its implications for Shapiro’s conceptualization of character. Virginia Demos’ discussion of development in terms of dynamical systems research and affect theory closes the first section. Her conceptualization points to the significance of volition and agency in development, while at the same time, raises questions about Shapiro’s discussion of prevolitional modes.

Part II focuses on personality and psychosis. The section opens with Sidney Blatt’s review of the theoretical and empirical basis of his two fundamental psychological dimensions – relatedness and self-definition – and addresses their relationship to Shapiro’s two fundamental prevolitional modes – rigid, rule-based, and passive-reactive modes. In his chapter, Louis Sass joins Shapiro in seeing autonomy as important in understanding schizophrenia, but raises questions about whether the diminishment of autonomy is always present in schizophrenia.

Part III takes up the subject of defense or dynamics of self-estrangement. Morris Eagle addresses the notion of defense (including its adaptive and maladaptive consequences), levels of consciousness, varieties of self-knowledge, and the defensive response to trauma. In the second chapter of this section, Mardi Horowitz reviews his research on defensive control processes, discussing their adaptive and maladaptive expressions and how they organize the patient’s conscious state and interpersonal communications.

Part IV focuses specifically on the subject of self-deception. Michael Schober and Peter Glick examine the psycholinguistic evidence for self-deceptive speech, and review the findings of their own empirical research that has identified several lexical markers of self-deceptive/defensive speech. The section closes with Lawrence Josephs’ discussion of self-deception from an evolutionary perspective, suggesting that self-deception may serve an important role in mate selection and reproduction.

Part V has as its focus contemporary extensions and empirical applications of Shapiro’s theorizing. In my chapter, I examine Shapiro’s work from a systems perspective, suggesting that much of his clinical theory and observations are largely congruent with complex systems theory. Mindy Greenstein’s chapter reviews the addiction literature, as well as her empirical research on the role of diminished intentionality in addiction. The section closes with Andreas Evdokas’s and Ali Khadivi’s review of their empirical investigation of the role of motivated activity and the suspension of self-criticism in hypomania.

The quality and wide-ranging nature of these conversations reflects the depth and breadth of David Shapiro’s seminal contribution to our understanding of the mind.

Craig Piers
I had no thought of being a psychologist even as late as my B.A. degree. I assumed, at least since high school – Stuyvesant High, in New York – that I would go into some “hard” science, physics, or chemistry. In my last year of high school, my family moved to Los Angeles and after graduating I enrolled at UCLA, majoring in physics, but soon changing to mathematics. In my senior undergraduate year I changed my major again, this time to philosophy. I was influenced particularly in this by courses with the logician and philosopher of science, Hans Reichenbach, but the change was also on account of a broadening of my interests. I graduated, in 1945, by then much involved in student left politics. I was nineteen and had no idea what to do next. I had done some student journalism and I thought of writing, but that thought came to nothing. An application for a junior position as a mathematician with the U.S. Geodetic Survey, brought an appointment, months later, by telegram, but by that time I was no longer interested.

After answering an ad in the college paper, I did get an interesting temporary job. It turned out to be with the Institute for Social Research, the exiled German “critical theory” group of social philosophers led by Max Horkheimer and Theodor Adorno. They were located at the time in Los Angeles. Adorno was working on the project on anti-Semitism and authoritarian personality in collaboration with psychologists at UC Berkeley and the immediate task was to condense, in American English, what he had written for a report. That was not hard, and my boss, Friedrich Pollock, an economist, was pleased with my work. But Adorno was a different story; he was certain that any condensation of his work was simply beyond anyone’s capability. (His words, I recall, were, “Mr. Shapiro has worked hard, but it would take God…”). Adorno’s proposal therefore was to leave his work intact and eliminate the Berkeley contribution altogether. My job with the Institute was in any case interrupted when I was drafted into the postwar army, which, in 1946, was already being demobilized.

In a year I was out of the army and the GI bill opened new possibilities. I had by that time a passive interest in psychoanalysis, but I had an active interest in finding a career. That meant returning to the university. The difficulties of my situation, not only vocational, but, as it happened, now personal as well, prompted me to enter a psychotherapy group I had heard about. It was conducted by a left wing analyst, Dr. Alexander Wolf, who called his method group psychoanalysis. It involved each
person in turn telling what he or she thought about each of the others. I have no idea
now of the therapeutic effects of that experience, but I found it extremely interest-
ing. In fact, I enjoyed it. Meanwhile, I was encouraged by some friends to apply for
a new graduate program in clinical psychology that they had entered. The program
had been developed in response to postwar needs of veterans and it combined uni-
versity seminars and classes with paid clinical training at Veterans’ Administration
psychiatric facilities. I decided to apply and, after making up some psychology
courses, I was accepted into the program at the University of Southern California,
and began training at Brentwood V.A. Hospital in Los Angeles. Our supervisors
hadn’t much training themselves, but our morale was high. The hospital was visited
frequently by local psychologists and psychoanalysts. Some were helpful, some
not, but for me it was the beginning of serious interest in clinical work and psycho-
analysis. I was especially interested in the psychoanalytic ideas of Wilhelm Reich,
in his book *Character Analysis*. My initial interest in Reich, actually, was on
account of his reputation as a Marxist, as I considered myself to be, and in some
measure still do. But as it turned out, I found no special value in Reich’s Marxism,
while his ideas on psychoanalysis and character were much more compelling than
I had anticipated.

Not long after I began the training program an unexpected and unusual opportu-
nity presented itself. Dr. Ruth Tolman (wife of the physicist Richard Tolman and
sister-in-law of the well known psychologist Edward Tolman), who was in charge
of the V.A. program in Southern California, knowing of my by now strong interest
in psychoanalysis, of my student’s budget and perhaps, also, of my still somewhat
unsettled outlook, offered to arrange a cost-free psychoanalysis for me. An analyst-
in-training she respected, settling in Los Angeles after returning from the military
and working for the time being at a different V.A. facility, had expressed interest in
finding an “appropriate” patient for psychoanalysis whom he would see where he
worked. I was happy to be recruited. I began the analysis, which was to continue
for several years, though no longer cost free after we both left the V.A.

The V.A. training program was supposed to last four years, but in my case it was
interrupted after two years. The McCarthy Red-scare was getting underway in 1949
and President Truman, probably trying to preempt McCarthy, instituted a loyalty
investigation of his own covering all Federal employees. I had by that time joined
the Communist Party and, although my membership was, strangely, not among the
particular charges presented to me, I was found, by a board of volunteers recruited
for their patriotism, to be disloyal to the United States, and fired. Luckily, I had
already begun work on my dissertation and was able to complete it quickly and get
my degree. I managed to get a part-time job at a nonprofit psychiatric clinic and
actually began seeing private patients for psychotherapy, using mainly what I had
learned in my own analysis.

I was making a living, but I was not satisfied either with my work or its prospects
as a career. I wanted to learn psychoanalysis more deeply, not only its therapeutic
method, but also its theoretical ideas; but in those days, psychoanalytic institutions
were closed to nonmedical people. I happened, then, to go to a lecture at UCLA by
David Rapaport, who was giving several talks on psychoanalytic theory in Los
Los Angeles. His lecture was far more interesting, reasoned and scholarly, altogether more impressive than anything I had heard from psychoanalytic or psychiatric teachers before. I learned that Rapaport worked at a small psychoanalytic hospital in a rural part of Western Massachusetts. The staff at what was then called the Austen Riggs Foundation (later changed to Austen Riggs Center to forestall requests for funds) also included Erik Erikson, whose reputation I knew (Erikson had recently left UC Berkeley after refusing to sign the new California loyalty oath) and, as Medical Director, Robert P. Knight, a very well-known analyst, who had been Medical Director at the Menninger Clinic. A few weeks after Rapaport’s lecture I wrote to him at Riggs asking if post-doctoral training positions for psychologists were available there. A reply came from Roy Schafer, then the staff psychologist. There were no post-doctoral fellowships at Riggs (at that time), but he, Schafer, was going to leave in a year and they were looking for someone to replace him. If I wished to apply, let him know.

**Austen Riggs Center**

I went to work at Riggs in 1952. It was what I had hoped for. The staff was a small group of about a dozen people. Case conferences, in which everyone, junior as well as senior members, was expected to participate, were held two or three times a week. Seminars were conducted during the week by the senior staff – Erikson on his current work, Rapaport on various aspects of psychoanalytic theory, Margaret Brenman, whom Knight had brought from Menninger’s, on her work. There were, also, regular Friday evening seminars for the staff alone by visiting luminaries in psychoanalysis and sometimes in related fields. And, for junior staff, there was weekly supervision of intensive psychoanalytic psychotherapy. New junior staff began with a year of weekly supervision with Dr. Knight. Following that, I was able to arrange a year with Erikson, and another year or so with Dr. Joseph Chassel, an analyst of the so-called Washington school. Everyone seemed to work hard, but, I think, we all felt some pride that we were at the forefront of psychoanalytic thinking. No staff member was permitted any outside practice. Even Riggs’ location in the small New England town of Stockbridge seemed, perhaps on account of what it lacked otherwise, to concentrate interest in work.

Several years after I began work at Riggs, my situation there, also, was threatened by politics. I was called one day by an agent of the area FBI office asking for an appointment, and I thought I could not refuse. I decided to tell Dr. Knight of the situation, and I asked him if he was willing to be present during the interview. He agreed and, over the strenuous objections of the FBI agents, we met in Knight’s large office instead of my small one. The agents asked for information about others in the Party, as I expected they would, and I refused it. At some point, to my surprise, Dr. Knight spoke up: he didn’t blame me for refusing information, considering the political atmosphere in the country. The agents were taken aback and confused by this intervention and there was not much more to be said. As we left
Knight’s office, one of them remarked to me that I was lucky to have a boss like that. Later, talking to Knight, I offered to leave Riggs if my presence created problems, but there was no further trouble.

Everyone on the staff, except for David Rapaport, was expected to see patients in psychotherapy, but the special responsibility of the staff psychologist was psychological testing. Psychological testing was greatly respected, in fact often relied on, and I did a great deal of it. I generally found it tedious, but I accepted it as a cost against other benefits. As it turned out, it introduced me in a special way to a great number of patients and many kinds of psychopathology, and, after a time, I found certain theoretical interests and value in it, particularly in the Rorschach test.

Interpretation of the Rorschach test generally relies on two kinds of data, the ideational content of the images and their formal qualities (use of color, quality of form, etc.) and manner of presentation. I had always, even as a student, been skeptical of the facile psychoanalytic interpretations particularly of certain images that were popular then. But the formal qualities of the subject’s response, the ways things were seen and described, was clearly expressive of general ways of thinking, of attitudes and, together with the image content, of qualities of subjective experience. I became particularly interested in the perceptual qualities of different responses to color and I developed a theory, building on some theoretical work of Rapaport’s, relating these to different qualities of subjective experience and kinds of psychopathology.

Another idea occurred to me in connection with test interpretation in general. We had been using the picture of an individual’s attitudes and ways of thinking that emerged from the psychological tests to draw conclusions about the defense mechanisms characteristic of him or her. It seemed to me, though, that this translation was an unnecessary step, and one that tended to gloss over fine differences. The attitudes and styles of thinking were themselves clearly restrictive and limiting to conscious experience, in the way that an unvarying careful, fastidious style of thinking limits spontaneity. The ways of thinking and seeing things, in other words, seemed themselves to constitute presumably anxiety-forestalling defenses. This idea was the beginning of my work on *Neurotic Styles*.

I had for some time been in doubt about whether my personal psychoanalysis had accomplished all that I had thought, and I was considering further analysis. Several of the younger members of the staff were or had been in analysis with senior staff members and I thought I might do the same. I talked with Erikson; he was agreeable and we began, but the arrangement met with objection from Dr. Knight, who wanted Erikson’s time to be available. It happened, though, that I had been deeply impressed by a talk given at Riggs by an older analyst I had never heard of, Hellmuth Kaiser. He had recently left the Menninger Clinic and was establishing a practice in Connecticut. (Kaiser was actually a Ph.D. in philosophy who, having published a literary article in a psychoanalytic journal, had been admitted to psychoanalytic training in Berlin on the strength of an appreciative letter from Freud. I learned later that in his student years he had been a roommate of my philosophy professor, Hans Reichenbach.) I had been struck, listening to Kaiser’s lecture, by the acuteness of his
understanding of his patient and the quiet directness and simplicity of his communi-
cation. I had been introduced to him before his talk by David Rapaport and afterward
I asked Rapaport about him. Rapaport spoke of him very respectfully, but I could not
help noticing some hint of reservation; evidently Kaiser was in some way, probably
theoretically, unorthodox.

Nevertheless, a little guardedly, I began therapy with Kaiser. Almost from the
beginning, I found this experience remarkable, even exciting, both as a patient
and as a therapist myself. It was different from what I had experienced in my
earlier analysis, and from what I had learned and practiced before, but I could
not put my finger on what the difference was. At first it seemed to me simply
that Kaiser had a method, that there was a consistency about the nature of his
interest that distinguished what he said from the sometimes arbitrary-seeming,
yet conventional, interpretations that were familiar to me. I gradually realized
that it was not mere consistency, but the scope of his attention that was different.
It was a more encompassing attention than I had been used to. It particularly
included notice of how I said what I said. He took notice, before I did, for
instance, that I was not much interested in what I was talking about, or that I was
trying to persuade him, and myself, of something I didn’t really believe. In short,
his attention was not totally absorbed in what I was producing, but was also on
me, as I was producing it. I learned only after I had known him for some time
that Kaiser had been an early student of Wilhelm Reich. Reich’s influence, his
therapeutic precept, pay attention not only to what the patient says, but how he
says it, was obvious.

I came to realize that the therapeutic significance of that kind of interest is very
great. To pay attention consistently to how someone says what he says is to pay
attention to the person, as he or she is with you, at that moment. It is to pay attention
to what they are doing by saying what they are saying, and therefore to the immedi-
ate reason for doing that. Sometimes that reason is simply the wish to share what
that person feels or believes. Sometimes, though the speaker himself may not be
aware of it, his wish is to persuade himself that he feels or believes something else.
Perhaps he tries insistently to show that he is no less important than his listener, or
perhaps he believes he is, and tries to feel, hopeless, or angry when he only thinks
he should be hopeless or angry. Altogether, when a therapist’s interest expands to
include, consistently, not only what the patient is saying, but what the patient is
doing right there, a new picture emerges of psychological dynamics. It is a picture
of defensive efforts that are driven, unwittingly, by the activity of a consciously
purposeful person, according to his ways and attitudes, rather than by particular
unconscious memories, fantasies, or internalized images. This was undoubtedly the
direction that Wilhelm Reich’s work was taking before he badly overshot the mark.
Reich’s early work and, after that, Kaiser’s and then, I believe, my own constitute
a logical extension of the psychoanalytic development known as ego psychology.
That development broadened psychoanalytic interest almost, but not quite, to the
activity of the person as a whole.

After several years of therapy with Kaiser and a year or so spent in supervision
with him, we became friends.
Neurotic Styles

I left Riggs in 1960, after eight years, to return to California. I had learned what I came to learn, and at the same time, from another source, I had learned a more effective method of psychotherapy. I felt confident of my ability to help patients and I was eager to return to independent practice. I was eager, also, to write about neurotic conditions from the formal standpoint of their characteristic ways and attitudes. I had presented at Riggs much of what was to become the chapter on obsessive-compulsive character in my book *Neurotic Styles*. Dr. Knight, in particular, had liked it and urged me to do similar studies of other kinds of psychopathology in a book.

My aim in *Neurotic Styles* was simple, to describe the ways of thinking and acting, the styles, and the qualities of subjective life characteristic of various kinds of neurotic conditions, and to show that their typical symptoms were special expressions of these styles. I wanted to show that all symptoms were “in character” because they are products of character. The study of attitudes and formal characteristics of thinking also made it possible to understand more clearly the relationships between different kinds of psychopathology, for example, that between obsessive and paranoid conditions, that are not apparent from the content of their symptoms. And it was possible to show, as I have mentioned, that on account of the restrictiveness of these ways of thinking that whole aspects of subjective life, not just particular ideas or wishes, were excluded from consciousness.

Autonomy and Rigid Character

Another interest, in the subject of autonomy, had grown out of my therapeutic work. It had both theoretical and practical aspects. The theoretical issue had to do with the attenuation and weakening of autonomous self-direction, or agency, in neurotic conditions, most conspicuously in obsessive–compulsive symptoms. The practical interest arose as I realized that the great preponderance of the patients I saw had obsessive symptoms of one kind or another. I suspect that is true of most outpatient psychotherapy practices.

The fact that symptomatic behavior is invariably in character means that there is no clear distinction between symptomatic behavior and characteristic, consciously purposeful or volitional behavior in general. Yet it seems that neurotic people, and schizophrenics more so, regularly experience their own behavior, particularly the behavior we describe as symptomatic, as less than autonomous. That is, they experience their behavior as not fully their own free choice, as obligatory in some way, a compulsion or in some other way not really or completely intended or desired (“I drank more than I wanted last night”), or simply as strange and “not like me.” This disjunction between the objectively characteristic nature of symptomatic behavior and its subjective alienation reflects an estrangement from the self that cannot be explained as an intrusion of particular
unconscious wishes. The case is, rather, that the neurotic person does not know himself in a more general sense; he is estranged from, does not recognize, whole attitudes and aims of his conscious subjective life.

As I mentioned, it was not only the theoretical problem of autonomy but, also, a special interest in obsessive conditions that led me to take up the whole subject of autonomy and volitional action and their distortions in rigid character. That general subject, in turn, came to include sadomasochistic attitudes and sexuality, long associated clinically with rigid, moralistic character, and paranoid character.

I was particularly interested in the old problem of masochism, again partly for theoretical reasons, and also because I had seen masochistic attitudes and behavior, so-called “moral masochism,” in my practice frequently, and much more frequently among women than men. Studying masochistic attitudes as expressions of rigid, essentially obsessive character showed them in a new light. What has often been described as an abject seeking, or embrace, of suffering victimhood for its own sake showed itself, on the contrary, to be a principled and determined defense of self-respect. The exaggerated suffering and humility, the “nursing” of grievances, that one sees in masochism actually constitutes a refusal, on the part of one who feels humiliated and powerless, to allow that humiliation to go unremembered, unnoted, and therefore unanswered. To keep defeat or humiliation alive, to remind oneself of it constantly, obsessively, is to summon moral authority against it. Masochism is a defensive effort of the less powerful; that is why it is a defensive effort primarily of women.

But the understanding of sexual masochism and sadism presented a problem. How could a character structure or a way of thinking explain the existence of a sexual drive? In the psychoanalytic tradition the explanation is in the other direction. But in fact, what is or is not sexually exciting to a particular person is determined not simply by a drive, but by a mind. It is determined, again, by attitudes, ways of thinking. To rigidly controlled, moralistic individuals sex and sensuality are dirty and degraded, even humiliating. It follows that sexual objects and situations that seem dirty and degraded, or at least the idea of such objects and situations, become especially erotic. Similarly, if erotic sensuality, to the rigidly controlled, moralistic person is an abandonment of morality, of self-control, and therefore of self-respect, then the wanton, abject figure, that is, the woman, who surrenders to the will and discipline of another, the man, will be especially erotic. A curious implication of these attitudes is that, from both a sadistic and a masochistic standpoint, the focus of sexuality is the submissive female.

I had wanted, since *Neurotic Styles* to take up Freud’s discovery of the relation in the male of unconscious homosexuality to paranoia. Now, with the effects of rigid attitudes on the content of sexual fantasy in mind, that relation was clarified. Like many others, I took up the famous case of Schreber, the German jurist whose paranoid delusion that he was being transformed into a female led Freud to his discovery. Schreber, a rigid man by anyone’s standards, upright, dutiful, by his own lights “morally unblemished,” was horrified by the idea and the sensation that despite his great efforts of will he was being transformed into a wanton, voluptuous female, subjugated and tortured. Here, too, the subjugation and surrender of will
which is abhorrent to the rigid character, is precisely what is especially sensual and erotic. Understanding paranoia as a variety of rigid character, in other words, makes clear both the erotic attraction of Schreber’s fantasy and the horror it inspired in him.

I was satisfied by these solutions and considered them confirmation of my idea that attitudes or the general form of thinking determine, within limits, the specific nature of the ideational symptom.

**Psychotherapy of Neurotic Character**

During these years, from 1960 to 1989, I was almost entirely occupied professionally with my psychotherapy practice. I did teach as an adjunct at the UCLA School of Social Welfare, where some psychology graduate students, who remain friends to this day, joined my class. I also lectured here and there, and I spent part of a semester as visiting professor at Simon Fraser University in British Columbia. But it was doing psychotherapy that absorbed my professional interest for nearly thirty years, that and writing.

The therapeutic approach that I had learned from Kaiser and made my own had shown its effectiveness and I wanted to present it in a convincing way. That meant two things: making explicit the understanding of neurotic conditions which the therapy rests on, and showing how therapy can be done according to this approach.

The general characterological theory was already well developed. The neurotic condition consists essentially of the strains generated by the restrictive neurotic character. Anxieties arise as those strains are exacerbated by circumstances, requiring the individual to act, according to his character, in ways that forestall or dispel those anxieties. Usually that defensive action aims to reinforce the characteristic restrictive style. Thus, the obsessive person, confronted by a personal choice is thrown into confusion and anxiety; he says that he doesn’t know what he wants. He searches for rules to determine what he “should” do, and if he can find or devise them, his anxiety is dispelled, but he remains cut off, estranged, from what he actually wants. As far as psychotherapy is concerned, this picture of the neurotic condition immediately indicates a revision of the idea of “therapeutic material.” The therapeutic material is no longer to be sought in presumed derivatives in the patient’s narrative of particular, largely ideational, unconscious conflicts. It actually consists of the more robust dynamics of the whole character, the whole person, manifest at that moment in his action, in what he is doing by producing that narrative.

I knew from my own experience as well as from supervising others that learning to pay attention to what the person is doing, as well as what he is saying, is not as easy as one might think. It is especially difficult for therapists already trained in psychoanalytic therapy. The psychoanalytic tradition does not encourage that kind of attention. The traditional arrangement in which the analyst sits behind the patient, whose expression cannot be seen and evidently is not thought necessary to be seen, reflects the more or less exclusive focus in psychoanalysis on the content of the patient’s narrative and associations.
I found a useful concept in the idea of the speech act. I was introduced to it by a philosopher friend, Dr. David Gordon of Los Angeles, who sent me to the book, *How to Do Things with Words*, by the English philosopher, J.L. Austen. Austen’s concept of speech acts is a specification of what the logicians call the instrumental use of language. Austen describes how certain kinds of speech constitute actions that have effects other than their simple communicative value. An example is the statement “I do” in the marriage ceremony. Another example is the statement “I’ll be back at three o’clock”; it may be a threat, or it may be a promise. In these examples, as Austen says, saying something is doing something. Austen specifies certain kinds of speech that have certain kinds of effects, but in fact all speech is action; it has a purpose, a point. Sometimes that purpose is simply to communicate information, to share an idea or experience.

Our patients, who typically speak more or less throughout the therapy hour, are doing something as they are with us. They may simply be sharing an idea or a feeling, or they may be persuading themselves that they feel or believe what they think they should feel or believe. They may be, without realizing it, showing us, by their exaggerated deference, that they “know their place,” or they may be showing us, and assuring themselves, that they are at least our equals. In ways such as these, the patients’ dynamics are lived in front of us, in the “here and now.”

As I mentioned, I wanted also to develop, and to offer, an understanding of the psychology of therapeutic change. This returned me to my interest in autonomy or agency and what seemed, actually, the rather obvious notion that introducing someone to himself, making it possible for him to experience clearly what he wants to do, in the current phrase raising his consciousness, increases his autonomy and actually raises the volitional level of his action.

**A Professor**

My professional life had been, I suppose, rather isolated since the years at Riggs, although I didn’t feel particularly isolated. I had never collaborated in work and although I held some nominal memberships I had not participated in professional organizations. I lectured occasionally here and there and, as I mentioned, I did teach as an adjunct or a visitor. The idea of a regular academic position seemed attractive from time to time, but I never sought one and had never been offered one. I enjoyed my practice and pursued my writing in Los Angeles without much thought to other arrangements. My wife, Gerry Shapiro, who is an architect, had built a vacation home for us in rural Western Massachusetts, near old friends and not far from where we had lived before. We began to consider ways of spending more time there than the usual vacations. A response to an inquiry of mine from Dr. Herbert Schlesinger, who was then Director of the clinical program at the Graduate Faculty of the New School for Social Research in New York, inviting me to teach there, was attractive, and we decided to move East. I resumed a small practice, at first at our home in Massachusetts, and, commuting once a week to New York, I began to teach
part time at the Graduate Faculty. Before long, my association with the school became full time and eventually, after Schlesinger’s retirement as director of the program, and a few more years in which I was able to avoid it, I became director. Unexpectedly, I had begun a new career in my sixties.

It was a more diverse work life than I was used to. I continued to see patients, now mainly in New York City and continued to write, in addition to teaching and some administrative work. I enjoyed being around colleagues and students and, though one isn’t supposed to, I generally enjoyed even faculty meetings. The intellectual atmosphere in the department and the Graduate Faculty was lively. At the invitation of Dr. Arien Mack, a professor in the department and editor of the Graduate Faculty journal *Social Research*, I contributed some articles that I would not have written otherwise. In particular, work on the article, *On the Psychology of Self-Deception*, allowed – actually, required – me to think through the conundrum that subject has posed to philosophers. I was able to show that the internal defensive process of self-deception is essentially the same as coerced self-deception, as in brain-washing.

Working in an academic setting also brought my attention and sometimes my interest to experimental and theoretical psychological work I would not have known. I supervised research projects for the first time and some of my students did studies of psychopathology that were interesting and valuable to me. Still, my overall exposure to experimental clinical research did not erase my reservations about much of it. There was, though, a further important benefit of being a professor. I now had student assistants for library work. They not only saved time in locating literature, but also located some that, on my own, I might easily have missed, or, more likely, simply skipped. This was particularly useful for the project I had in mind, which became my book *Dynamics of Character*.

**Dynamics of Character: Self-Regulation in Psychopathology**

I had thought for some time of deepening and, also, extending to hypomanic and schizophrenic conditions the work on pathological styles I had begun in *Neurotic Styles*. I had already shown formal or structural relations between symptomatically disparate neurotic conditions. I thought it would be possible to identify more fundamental formal dimensions of psychopathology that would apply to psychotic as well as neurotic conditions.

Although I was well aware that there is no simple continuity between the two, it became evident to me that the defensive styles of neurotic conditions did in fact share certain formal characteristics with schizophrenic thought and affect. A loss of objective reality in schizophrenia was commonly supposed to distinguish it from nonpsychotic conditions, but this is not true; a loss of objective reality, in more moderate, more subtle, but nevertheless actual, forms, as, for example, in exaggerated obsessive worrying, could be shown in neurotic conditions as well. A degradation, or “flattening,” of affect, similarly, was considered distinctively schizophrenic, but
the shallowness of hysterical affect or the emotional indifference of the psychopath were clearly moderate, but formally similar versions of a reduced quality of emotionality. And most central, a weakened or attenuated experience of agency and a corresponding actual abridgment of normal volitional processes, including volitional direction of attention, already well known in schizophrenia (“loss of will”) was apparent also in neurotic conditions.

The finding that these formal dimensions of schizophrenic symptoms are intrinsic also to nonpsychotic conditions argues that similar dynamics are at work in both. It argues, in other words, that schizophrenic symptoms are the product not of a collapse of an existing defense structure, but of its radical extension. It remains a fact of course that when a transition occurs from a neurotic to a schizophrenic state, a qualitative reorganization takes place. I offered a conjecture based on some well-established clinical data to explain that reorganization. I, like others, assume that the particular vulnerability of some individuals to such a radical reorganization has to do with biological factors. The psychological manifestations of any such biological vulnerability would presumably be, again, of a formal or very general kind, such as unusual sensory thresholds, as was once suggested, I believe, by Dr. Sybille Escalona, rather than particular cognitive capacities.

Postscript

Since the completion of *Dynamics of Character* and retirement, except for one seminar, from my position at the New School, I have been entirely occupied again with doing and supervising psychotherapy, and writing. That professional life feels very familiar and comfortable to me, and somehow liberates me to take up topics that interest me without considering, or almost without considering, organizing them into a book. Those topics have included the two meanings, moral and psychological, of responsibility; the distinction between conscience dependent on rules and conscience of conviction; the muddled issue of self-control and loss of control; even the ancient problem of free will. These projects, diverse as they seem, will probably turn out to have some common aim, since they occur to the same person, if only to wrestle with obscurities that have bothered me.

New York, NY

David Shapiro

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Contributors

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