



Moral Injury and Blocked Mourning

By Eric M. Plakun, MD

WHAT WILL PSYCHOTHERAPY LOOK LIKE

when the pandemic is over? It is already fundamentally changed: remote therapy using a video platform like Zoom or another is the way most therapy now happens in order to keep therapists and patients safe. Meanwhile, the stress people are facing related to the pandemic—loneliness, isolation, boredom, anxiety, and fear about contagion and dying—are having a significant impact on those already struggling with mental disorders, and causing new onset of difficulty in others. We are, for example, witnessing a significant increase in suicide and suicidal thoughts, depression, anxiety, and domestic abuse.

As we start to imagine what a post-pandemic landscape will look like for those receiving and those providing psychotherapy it is important to consider some of the unique struggles we all will face. Two specific challenges that seem to me worth holding in mind are moral injury and blocked mourning.

The term **moral injury** comes from literature about war and combat. It is severe psychological distress that follows the

What Is Moral Injury?

Severe psychological distress that comes from the violation of a moral code we have joined.

violation of a moral code we have joined. When we perpetrate, fail to prevent, witness, or learn about an atrocity that violates our moral code, we may experience moral injury, with the severity of moral injury varying in terms of our proximity to and responsibility for the event.

Already, this pandemic has been identified as an event that may well be associated with moral injury. First responders, frontline workers, healthcare professionals, public health officials, corporate leaders, elected officials, and others have and will likely continue to be faced with difficult decisions that they may come to regret—decisions such as who gets a ventilator and who does not, whether or not to reuse personal protective equipment (PPE), when to reopen or close commerce in a given area, whether to prioritize economic activity and jobs or population safety. These are tough choices we hear about nearly every day, and involve difficult decisions made by fallible humans that affect others and that can open the door to moral injury. Psychotherapists among other mental health clinicians may face their own experiences of moral injury in relation to an important stance they or their employer took or failed to take during the pandemic.

The relationship between moral injury and psychotherapy is worth holding in mind for all psychotherapists. Some therapists may find themselves idealized by patients who view them

as valiant frontline healthcare workers and are thus filled with gratitude. While relatively easy to bear—who doesn't like to be admired?—dwelling on feelings like these with a patient can lead to avoidance of other issues a patient might really need to get into the room. The more difficult feelings for therapists to bear might be those in which they are seen as corrupt, morally bankrupt authorities who sat safely on the sidelines while others took risks or who made the wrong decisions—hence perpetrators of moral injury.

Regardless of the accuracy or reality of the feelings about a therapist that a patient may bring into the relationship, part of a therapist's job is to sit with and bear these feelings, not refuse or refute them in the hope of being seen only as a "good guy." Sometimes their accuracy or the lack of it is far less important than using them as a way to bring to life in the therapeutic relationship important issues—such as those that are part of having lived a life shaped by experiences of being harmed by corrupt authorities. During the pandemic and after it, therapists would be well advised to make a space to reflect on where they are as individuals in relation to moral injury so they are prepared for what may come. And if

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therapists find themselves in complicated situations as they reflect on this, or in their work with patients, they need to be ready to seek consultation or supervision.

What Is Blocked Mourning?

When people are prevented, by circumstance or other means, from moving through the bereavement, grief, and rituals that generally accompany major losses.

Another challenge worth exploring is **blocked mourning**. Every loss is unique and every person's response to losing someone they care about is unique.

There are, however, some general processes we

all go through, which I tend to break into three admittedly somewhat arbitrary parts to make my point. First, there is bereavement—the state and experience of losing someone. Then, there is grief, which might be thought of as a deeply personal psychobiological process that includes crying, intense feelings of loss, despair, yearning, and painfully intrusive images of the person who has been lost. These psychobiological processes never go away, but they do usually subside over time. One of the ways we move through grief is through the third response to loss, mourning. In mourning we reflect on the loss, but also engage in social mourning rituals that are specific to the culture or cultures with which we identify. For now, in the midst of the pandemic, with its need for social distancing and for avoidance of large gatherings, it is often not possible to mourn the way we may need to; mourning may be blocked and we may become stuck in it, unable to say an authentic goodbye to loved ones or unable to have a traditional funeral or memorial for the dead.

Blocked mourning is not only experienced by individuals and families but is a collective challenge for communities and for nations. When a large group of individuals lives through traumatic events that result in the loss of many lives—wars, natural disasters, terrorist attacks, pandemics, and others—it is crucial to find spaces to mourn collectively. As Riggs Senior Erikson Scholar Emeritus Vamik Volkan, MD, taught us, public monuments and memorials become important vehicles to help large groups engage in a process that helps remove blocks to mourning on a grand scale. Examples of such successful monuments are scattered along the mall in Washington, DC, including the Vietnam Veterans Memorial, the Holocaust Memorial and Museum, and the National Museum of African American History and Culture. Successful memorials that help to unblock mourning on a societal level require more than good architecture. Rather, their design also requires input from those affected—Vietnam veterans and supporters and opponents of that war, Holocaust survivors, or the descendants of people who were enslaved—to shape the experience of bereavement, grief, and mourning that those who enter these memorials are invited to share. Without such public memorials, large groups may become stuck in what Volkan calls perennial mourning that shapes the affected nation or culture in enduring ways, perhaps for centuries. The pandemic, with its large number of deaths, is at risk to be one of these events that will require a monument or memorial to help unblock mourning on a large group level.

Beyond the large group, though, therapists will have work to do to unblock mourning with individuals affected by the pandemic. To do this work, it is worth holding in mind a bit of oversimplified but useful advice one of my supervisors, Martin Cooperman, gave me when I was a Fellow training at Riggs. Martin taught that “All psychopathology is loss; all psychotherapy is mourning.” In the post-pandemic world, therapists will be well-advised to hold Martin's advice in mind. As therapists, part of what we do to help people reclaim their lives is help them face, within a safe relationship, loss and grief that they may not have been able to fully mourn.

From the Medical Director/CEO

Welcome to the 2020 fall issue of the *ARC News*—I hope it finds you and yours healthy and safe.

As I write this letter in mid-August, there is no denying that we are living through dark times. We face a global pandemic, social unrest in response to the pandemic and to eruptions of what can only be seen as Anti-Black Racism, potential threats to core democratic principles, economic collapse, and high unemployment. Alone, each presents a remarkable challenge. Collectively, they can feel overwhelming. During these uncertain times we are working hard to do what we know best: provide the level of clinical excellence we're known for in order to help adults struggling with complex psychiatric issues. We have adapted to the pandemic and are providing Riggs' residential treatment and its transformative Therapeutic Community Program in some new ways that involve hybrid meetings, with some attending in person and some by remote access.

Simultaneously, as unfolding events lead us to become more acutely aware of our own privilege, Riggs and its Board of Trustees are engaged in serious soul-searching, learning, and listening in order to forge meaningful and measurable commitments to action that we can undertake to address systemic racism in our own institution, in our local community and beyond, and to increase the diversity of our patients and staff. Although I was pleased when a patient decision led to the placement of a large “Black Lives Matter” sign on the Riggs front lawn on Stockbridge's storied “Main Street,” immortalized by Norman Rockwell, we must and will do more. We will provide more information as we develop an actionable plan.

As you will read in this issue of the *ARC News*, other important work continues. I take a look beyond COVID-19 to some of the struggles therapists and their patients may encounter as a result of the pandemic and attempt to offer some advice. You'll read about a Psychic Pain Scale that members of our staff have been instrumental in developing and testing, about our work in the local community through our Human Development Initiative, and about our new collaboration with the Smith College School for Social Work to offer field internships to some of their first-year students.

Finally, as you'll see on page four, all of our upcoming events have been moved to a virtual (Zoom) space. While we miss being able to convene these events in person and look forward to the day when we can once again all gather in the same room, we are excited to offer these compelling lectures and presentations to a broader group than can easily travel to Stockbridge.

Thank you for keeping us in mind through this difficult time—for your support, words of encouragement, and your faith in the life-changing work that happens here. We could not do it without you.



With gratitude,

Eric M. Plakun, MD
Medical Director/CEO

RESEARCH

Measuring Psychological Pain to Improve Clinical Research and Care

Psychological pain (sometimes referred to as psychic pain or psychache) is the experience of feeling negative emotions that seem unbearable and unending. Research Psychologist Dr. Katie Lewis was the lead author on a recent paper in the *Archives of Suicide Research* (February 2020) that assessed a new **Psychic Pain Scale** that she helped develop with the intention of learning more about the subjective experience of patients with long histories of emotional pain and distress.

The scale is a relatively brief measure that offers clinicians a way to assess different aspects of emotional pain, rooted in clinical theory, and now shown through empirical studies to be associated with suicidality. The scale gives clinicians a sense of how inundated or immersed in psychological pain a patient experiences themselves to be at a given moment in time. The scale provides an opportunity to start a conversation about suicidality and emotional pain, which can help patients feel heard and understood.

To read more about the **Psychic Pain Scale** and request a copy, visit: www.austenriggs.org/psychic-pain

To view all current Riggs research efforts, visit: www.austenriggs.org/research-riggs

EDUCATION

A Commitment to Social Work Education

Riggs has long been committed to clinical training and education for mental health professionals—through lectures and conferences, its Fellowship for psychologists and psychiatrists, and its general culture of inquiry.

Beginning in the fall of 2020, Riggs will deepen and extend its commitment to clinical social work education, through its Erikson Institute for Education and Research, by partnering with the Smith College School for Social Work to provide field internships for two of their first-year Master of Social Work students. Stipends for the interns are being fully funded through a generous donation by a former Riggs patient.

“Clinical social work is an integral part of the interdisciplinary treatment approach at Riggs. And teaching and mentoring is an important social work value. We are delighted to train and educate, as well as learn from a new generation of social work students who will be entering the field,” remarked Director of Clinical Social Work Dr. Cathleen Morey. She added, “We are excited to partner with a high-caliber program such as Smith’s with its focus on psychodynamic clinical social work and its ongoing work to oppose and dismantle racism, and appreciative of the institutional support from Riggs to make this happen.”

Under the supervision of Dr. Morey and Associate Director of Clinical Social Work Margaret Kotarba, LICSW, clinical social work interns will be at Riggs approximately 30 hours a week and will be responsible for providing group and clinical casework services to patients, conducting parts of family assessments, offering psychoeducation to families during regular Multi-Family Education Workshops, participating as members of an interdisciplinary treatment team, attending clinical meetings, and participating in the Riggs community in other ways as negotiated.

To learn more about clinical social work at the Austen Riggs Center, visit: www.austenriggs.org/family-work and www.austenriggs.org/clinical-casework

HUMAN DEVELOPMENT

Improving Mental Health Outcomes in Berkshire County

Improving outcomes for at-risk families and children in Berkshire County through community collaboration is the broad aim of Riggs’ Human Development Initiative, launched in 2017 under the leadership of Dr. Donna Elmendorf, director of the Therapeutic Community Program.

Thanks to an initial three-year grant of \$197,000 from the John Leopold Weil and Geraldine Rickard Weil Memorial Charitable Foundation and numerous other donors, this community collaboration successfully developed and launched the Discovering Your Baby Project, introducing the Newborn Behavioral Observations (NBO) system to our local hospital, and began its formal role with the Southern Berkshire Collaborative Care Team, which is led by local pediatrician Dr. Deborah Buccino. The team brings together health care providers, educators, mental health clinicians, and a range of social services to provide wraparound support for at-risk families and school-aged children in

Berkshire County, an area characterized by a lack of access to critical social and health care resources.

“Our first goal has been to address the enormous increase in children in our local schools with significant social and emotional problems, disrupting learning not only for those children but the entire classroom,” says Dr. Elmendorf. “The NBO takes the long view starting from birth by promoting healthy attachment for all newborns and their caretakers. Collaborative Care intervenes directly with at-risk school children and families by improving communication, coordinating care, and increasing access to vital community resources.”

This year, the Weil Foundation awarded Riggs another \$197,000 three-year grant to fund the Human Development Initiative’s efforts to further support the Southern Berkshire Collaborative Care Team as a self-sustaining intervention that is fully embraced by the local community.

“We owe our success thus far to our community partners,” says Dr. Elmendorf. Through collaboration with the Yale Child Study Center, the Human Development Initiative has been able to offer advanced psycho-dynamically oriented training, typically not available in our rural community, for the range of professionals who work with at-risk families and children. “Our local providers and educators dedicate evening and weekend hours to join us at Riggs so that we can learn together and get to know one another. This strengthens our capacity to meet the needs of our local children and families.”

The efforts of the Southern Berkshire Collaborative Care Team hold enormous promise as a model for improving mental health outcomes in this rural, underserved area. Thanks to the generosity of the Weil Foundation, the Human Development Initiative has the resources needed to formally assess the impact of this intervention and move toward long-term sustained funding.

Virtual Learning and Events

VIRTUAL Friday Night Guest Lecture Series | Fall 2020

presented by the Erikson Institute
for Education and Research

Lectures are held via Zoom from 6:30-8:00 p.m. (Eastern Time), designed for mental health professionals, offered free of charge, and provide 1.0 continuing education credit (see registration pages for specific guild information). Advance registration is required for all lectures.



SEPTEMBER 11, 2020

Finding a Place to Stand: The Connection Between Institutional Membership and Citizenship

Edward R. Shapiro, MD

www.austenriggs.org/FNGL-EdwardShapiro



OCTOBER 30, 2020

Beyond the Politics of Castration: The Election, the Pandemic, and the Transformative Strange

Jill Gentile, PhD

www.austenriggs.org/FNGL-JillGentile



NOVEMBER 20, 2020

Race and Psychic Pleasure: Freud, Lacan, and the Politics of Race

Sheldon George, PhD

www.austenriggs.org/FNGL-SheldonGeorge

VIRTUAL Annual Fall Conference | October 16-17, 2020

presented by the Erikson Institute
for Education and Research



Suicide: Culture & Community

Friday evening and Saturday, October 16-17, 2020

Conference Directors: Tom Kohut, PhD; Jane G. Tillman, PhD
A conference for clinicians, scholars, and mental health advocates

Topics to be addressed include:

Suicide and Cultures of Violence
Suicide: Social Isolation and Marginalization
Suicide and Adolescent Social Networks

Featuring presentations by:

James Gilligan, MD; Brenda J. Butler, MD;
Chikako Ozawa-de Silva, PhD; Sherry Molock, PhD;
Michael Prezioso, PhD; and Anna Mueller, PhD

Cost: \$75 with CE/CME credit; \$35 without CE/CME credit

Advance registration required: www.austenriggs.org/fallconference2020

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Complete listing of upcoming virtual events:
www.austenriggs.org/conferences

More news and commentary:
www.austenriggs.org/blog

Join our online Alumni Community:
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COVID-19 updates and resources
www.austenriggs.org/covid19

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Engaging Riggs Alumni

Riggs is offering new and ongoing virtual meeting opportunities for our Alumni, including an online town hall for former Riggs Fellows, regular virtual social gatherings for former patients, and more. For additional information, contact alumni liaison Lisa Lewis at lisa.lewis@austenriggs.net.

Stay Up-to-Date

Get the latest Riggs news and virtual event information—sign up for our e-Newsletter: scan the QR code to the right

