AUSTEN RIGGS CENTER NEWS

SUMMER
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Zooming in the Pandemic

By Margaret Parish, PhD

WHEN THE COVID-19 PANDEMIC HIT, we had to adapt quickly. Both the virus and our adaptations to it shook the foundations of the Riggs community. The virus turns every person into a potential hazard to every other person; anyone could be a silent unwitting conduit. So many people already harbor anxiety about being harmed by others or about accidentally harming them–this harm is now perilously close to becoming real. The virus becomes a symbol for the dangers of other people.

Our necessary adaptations in the name of safety also threaten community–specifically the openness needed to foster autonomy and to support the random meaningful connections that are such a central, though often overlooked, part of its benefits. Just a few months ago I spoke at the Riggs Centennial Conference about the regular practice of gathering together that sustained us during the crisis of 9/11. In the present crisis, gathering together is exactly what we cannot do. Even smaller meetings must be more distant and more controlled. Freedom of movement on and off campus is curtailed; relationships are disrupted and blocked. People can't see the people they rely on most.

The cornerstone of our pandemic adaptation is Zoom, the videoconferencing app. At Riggs we have had Zoom meetings with geographically distant family members for a few years. Our nimble IT department quickly scaled up, and within a week we could Zoom most meetings. The on-campus population thinned dramatically, making physical distancing easier for those of us remaining. Patients living off campus began to receive services remotely, and many staff worked from home, Zooming in for clinical and administrative meetings.

Zoom helps us to stay connected in the face of danger. It has enabled us to preserve a residential treatment setting while diminishing the risks of contagion. However, Zoom cannot replicate actual physical presence and, less conspicuously, it constrains interactions to the more deliberate and intentional, filtering out vitally important accidental parts of social life in the name of efficiency and expediency. It becomes more difficult to make space for the unexpected. We compensate for this by paying close attention to its impact, in much the same way as we attend to the effects of other aspects of the social environment.

Zoom proved to be remarkably easy to use for one-on-one and small group meetings, and even for formal gatherings of dozens of people (our All Center meeting, a family town hall, a regional conference for residents). We have kept our daily larger meetings–clinical staff meetings and patient-led community meetings–mixed, with a limited number of people physically together (but spaced apart) in a large room, and others present via Zoom. These are not primarily information-sharing meetings; they are places to work together with the emotional dynamics of the system. Being present via Zoom, of course, is a way of being present even though absent; a way of being both present and absent at the same time. As the pandemic wears on and we settle into what people are calling the "new normal," the absence within this presence is becoming more evident.

Humans, like other animals, seek proximity to others, particularly in times of danger. Young children turn to caregivers

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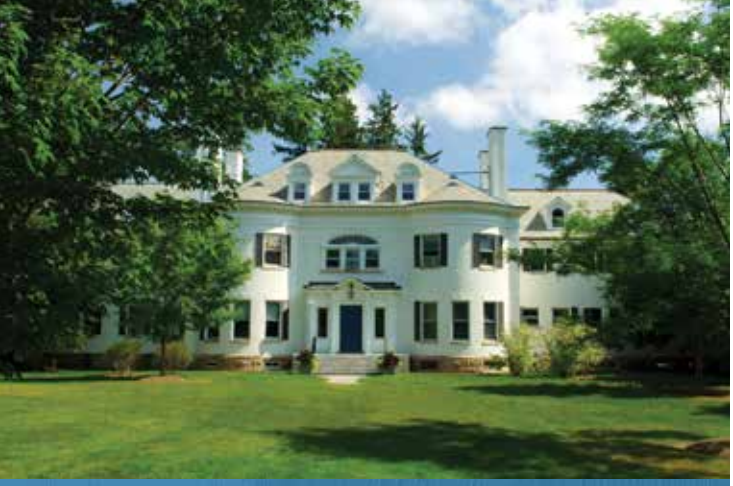

From the Medical Director/CEO

Much has changed since I last wrote this column. More than 350,000 people worldwide (100,000+ in the US) have lost their lives due to COVID-19. All of us have been (and continue to be) impacted and immeasurably changed by this global pandemic.

Amidst this tragedy and uncertainty, the dedication and commitment of the Riggs staff and Board of Trustees, along with the trust of our patients and their families, have allowed us to find new and creative ways to provide the level of clinical excellence Riggs has long been known for.

In this issue of the *ARC News*, you'll read about our new admissions procedure that includes quarantine and COVID-19 testing. You'll also hear from some of our clinical staff–how the pandemic (and Zoom) is impacting their work and their research, and what they're learning as we make our way through these uncharted waters.

We congratulate Samar Habl, MD, on her appointment as the new associate medical director at Riggs and recognize our 2020 Media Prize recipient, Hannah Dreier, for her excellent *Washington Post* piece "Trust and Consequences."

Separately, we grieve the loss of two important Riggs community leaders: Aso O. Tavitian, former Trustee and loyal donor who chaired the $8 million capital campaign to build the Edward R. Shapiro Community Center, and Dorothy Zinberg, PhD, founding Member of the Erikson Council of Scholars. Please take time to read more about their extraordinary lives on our blog: www.austenriggs.org/blog

Finally, we thank you for your continued help, support, and contributions–we could not do this important and necessary work without you.

Be safe and be well,

Eric M. Plakun, MD
Medical Director/CEO

Zooming in the Pandemic

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when threatened; we find safety in numbers. The Riggs environment is designed to provide a broad and flexible safety net. Formal relationships like psychotherapy are a big part of it, but as important is the ambient community, the network of working groups and informal relationships that offer places to experiment and explore. So much of what happens here is delightfully unscripted and unpredictable.

To the extent that the treatment is "insight oriented," rooted in speech, and fostering reflection, Zoom works well enough. While children need physical proximity for safety and security, adults can usually manage with emotional closeness. However, this is more difficult for emotionally vulnerable people or for anyone in times of heightened stress. The virtual connection afforded by Zoom offers verbal and visual contact across physical distance; it is somewhere between reality and virtual reality. The other person is really there, not imagined, but they cannot be touched. They can seem very present, but they can disappear with the flick of a mouse or a glitch in the Wi-Fi. (Much has been written lately about the differences between in-person and remote contact–for instance Kate Murphy's *New York Times* article, "Why Zoom Is Terrible" and a lecture for clinicians by the psychoanalyst Todd Essig, "Emergency Conversion to Tele-treatment: Making it Work.")

Maintaining a shared space when physically separate requires effortful focused attention (hence, the familiar exhaustion at the end of a day of Zooming). Information is both limited and amplified–slight time lags, imperceptible auditory filters, and constriction of the visual field, all distort the many subtle cues that human interaction relies on. On Zoom the face is large and in focus, "in your face" in a way that can feel mandatory. To look away, to gaze out the window and allow space for reverie, risks breaking the connection. There is a lot of information on a face; but online, detached from a part of its context, it is more easily misread. There is no eye contact: you can never look at someone looking at you. You cannot tell if the person is looking at you or at something else on their screen.

Many people who become patients, like many people who become clinicians, are highly sensitive to emotional micro-expressions that are muted on Zoom. The absence of the body, the demand for focused attention, and the lack of a shared surround constrain what can be felt. Sometimes, and for some people, the greater distance can itself be a respite from the overwhelming presence of others. However, to the extent that the work of therapy is about linking–body and mind, emotion and reason, experience and reflection–the added gap of Zoom over the long term can be counterproductive.

Even if Zoom psychotherapy, psychiatry, and family meetings work well enough, there is a lot that cannot be done remotely. As we began discussing work-from-home options at Riggs, one of the kitchen staff joked that he could have the dirty dishes sent to his home to clean. This is most obvious: people who look after the physical environment, like people who look after the physical body, are an essential part of the "holding environment"–the quiet, often overlooked background of social support that the patients rely on. Here, like in other hospitals, our nursing and community staff are the up-front, in-person, sometimes hands-on, 24-hour-a-day clinical presence that holds and stabilizes, enduring emotional eruptions, as well as looking after any physical need that might arise. For this too, full presence is required. Many people come to Riggs to be

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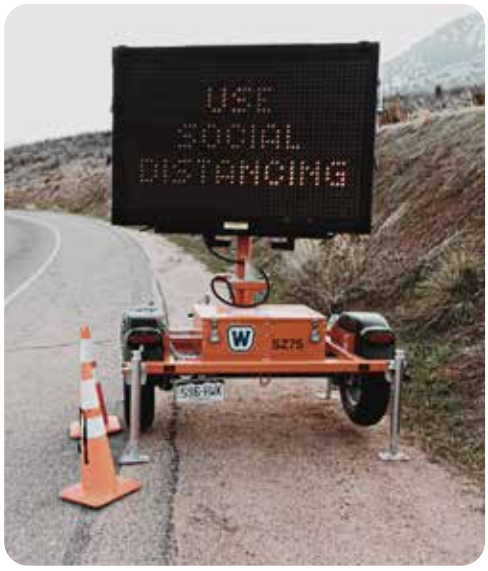


Social Distancing and Loneliness

By Katie Lewis, PhD

SOCIAL DISTANCING IS A PUBLIC HEALTH INTERVENTION that has been widely implemented to try to reduce the spread of the COVID-19 pandemic. And, it has created the circumstances for greater social isolation and loneliness for many individuals.

Loneliness is a known major public health issue. People who are chronically lonely have higher rates of depression and anxiety and substance use, and also physical health issues like high rates of cardiovascular disease, sleep issues, and compromised immune systems.

It is important to try to understand how the current practice of social distancing is impacting people's sense of loneliness, how this is changing over time, and what sorts of psychological and situational factors are related to experiences of loneliness.

My current study aims to understand this through a secure smartphone app that asks participants to answer questions about their experiences of loneliness over an 8-week period of time, exploring general attitudes about relationships, boredom proneness, general psychiatric symptoms, and degree and frequency of social contact.

If you'd like to learn more or participate in the study, visit: **www.austenriggs.org/loneliness**

Mental Health, Suicide Risk, and COVID-19

By Jane G. Tillman, PhD

THE COVID-19 PANDEMIC is producing unprecedented upheaval in our lives. First there's the public health crisis, the virus itself, and the losses we were experiencing related to that. And there's also an economic disaster unfolding. All of these have serious consequences for mental health.

As a researcher and a clinician interested in understanding the risk and protective factors for suicide, I've been keeping up on the literature of what we know about these sorts of upheavals in societal life and their relation to the risk of suicide.

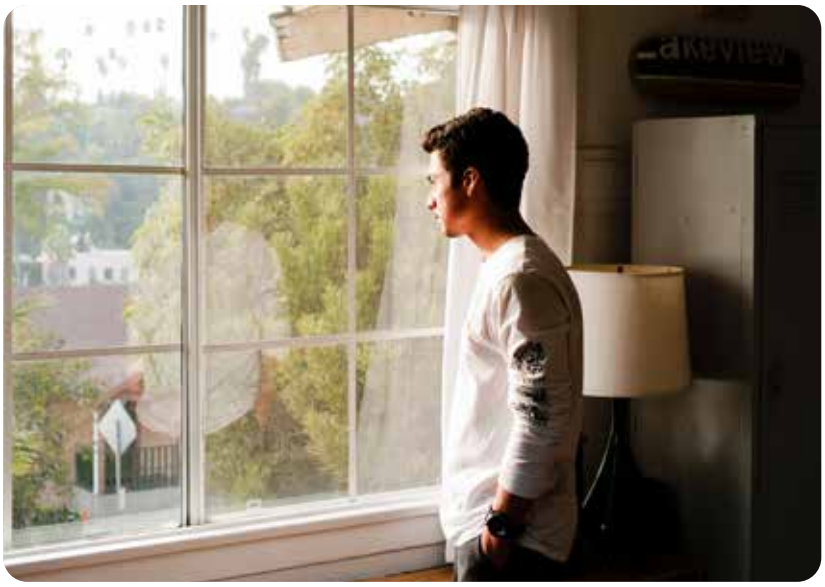
Some risk factors we know that may be exacerbated by physical distancing are:

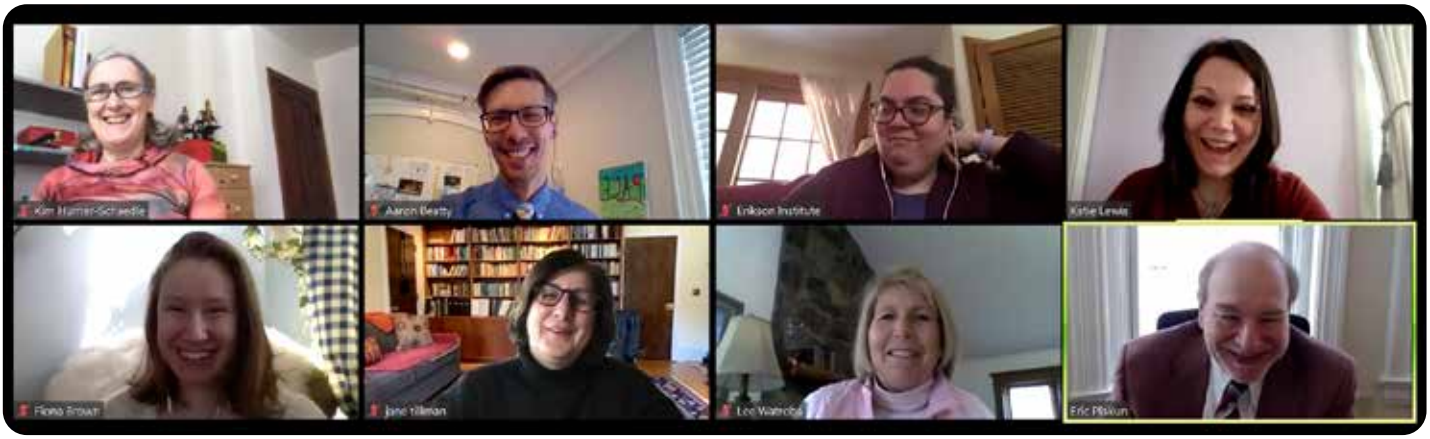
- Social isolation
- Domestic violence
- Loss of employment and financial stressors
- Problematic substance use
- Firearms in the home

Some protective factors we know that can help mitigate suicide risk are:

- Maintaining positive social connections
- Limiting problematic substance use
- Storing firearms safely
- Seeking mental health assistance if needed

We have some resources listed on our website–**www.austenriggs.org/covid-19-mental-health-resources**. Suicide is preventable and we can help by noticing those in our families and in our neighborhoods and in our social networks who might be experiencing a mental health crisis–telling them that we are there to listen and offering to help them seek assistance.





Zooming in the Pandemic *continued from page 2*

amongst others, because their previous lives were too isolated, chaotic, or distracting; the community is somewhere between a hospital and a family.

I Zoomed from my office into the patient-led community meetings for the first month or so of the pandemic, to leave space for others to attend in person. When I returned in person, in response to an open request from patients to staff, I noticed a different emotional experience of the meetings–they seemed more stirring and more immediate. People shared complex and vulnerable feelings and reactions to one another spontaneously and courageously. Upon reflection, I realized that the meetings I attended by Zoom also had these moments, but I did not feel them in the same way. Working remotely, there is less information—less of the implicit, unconsciously registered information that fuels empathic resonance.

Physical absence is a clear limitation of the Zoom encounter; less clear but as crucial is the loss of the essential randomness of real-life relationships. In a therapeutic community so much that is important is unintentional—unscripted, unplanned, undirected. Like free association in psychoanalysis, you really don't know in advance exactly what is going to happen. Sometimes people just sit around, ignoring each other or maybe chatting idly, informally, playfully, or seriously; finding comfort, managing irritation, expressing appreciation, playing games, watching things, making things. The milieu is a playground and a workspace for skill development–not the kind that is taught in workbooks, but the kind that is learned in practice. Perhaps Zoom is better suited to workbook instruction, which is planned, organized, deliberately joined, and turned off and on–better suited, in other words, to a more controlled environment.

The staff, too, rely on the hallway chats, the informal joking around or swapping stories coming into and leaving a meeting, the ten minutes between our 50-minute sessions, the huddles. A few years ago, we were thinking of trying to formalize the huddle, to designate a meeting time for people to not-meet, to grab one another for 5- or 10-minute conversations they otherwise didn't have time for. But we realized that to formalize it would have turned it into something else; trying to merge the spontaneity of the random huddle with the mandate of the scheduled meeting would have meant losing the advantages of both. Zoom requires that sort of formality. You have to plan and intend to meet.

In a Zoom group meeting, you can't share a glance with someone, a surreptitious smile of recognition or an eye roll–any expression is for anyone who might be looking, and you can't tell who is looking. People can watch specific others very closely without being seen to be watching; or they can ignore everyone. In our staff meetings with some people in the room and others on the screen, sometimes the ones on the screen (some of whom object to being referred to as "on the screen" or "in the computer") seem to be doing something else. When physically present some people may furtively check their phones. But at a distance, alone with a computer (except not entirely alone, because they've also Zoomed into a meeting), the temptation seems so much greater to finish a note, check an email, look something up online. So, in larger Zoom meetings some people are only a quarter there–physically absent and mentally distracted. For the Zoomers, part-Zoom meetings are harder than all-Zoom meetings because the in-person participants are all on one view, rather than appearing as separate faces-in-boxes. Speaking from afar feels different. The timing of turn taking has to adjust to the Zoom micro-lag.

To the extent that a Zoomer maintains the effortful focus required to feel "in" the virtual space of the meeting, we are not-in–that is, not attending to—our own physical environment. When I lived in Asia, I sometimes went to American movies, and even after I had been there a long time, whenever I came out of a theater back into the streets of the city, I felt shocked to find myself where I was, rather than in the more deeply familiar places depicted on the screen. You can feel very much "in" the space on screen–and in a meeting it can be a virtual space created between or among the participants. However, this necessarily detaches you from the actual physical environment. On Zoom the effort to stay connected takes you away from where you are.

This difference is most obvious in silence, and silence is such an important part of serious reflective work. In silence you can be together, but also allow freedom for minds to roam, for reverie, for making the connections that require time and space to develop. In a virtual meeting a silence feels more solitary; the shift of attention can feel like a shift to being alone.

As I write this in mid-May of 2020, the long-term effects of the virus and our global adaptations to it remain a very large unknown. Zoom and its technological kin enable us to maintain a remarkable degree of connection while safely distancing. Protection from this threat, and the anxiety that comes with it, requires that we limit the unpredictable; in doing so we also limit the ineffable, serendipitous benefits of being together.

Long-Term Support Through a Planned Gift

"My decision to include Riggs in my estate planning was an easy one. This is an institution that must continue well after I'm gone. I have deep respect for its caring, thoughtful, and singular approach to addressing the issues of mental illness. I wholeheartedly support its work and have every confidence that it will always stay true to its mission."

– Joan Goodrich, Vice Chair, Austen Riggs Center Board of Trustees

The 1919 Society recognizes those who have provided for Austen Riggs in their estate plans. There are a number of ways to plan a meaningful gift for Riggs that can also offer significant tax benefits and help you meet other financial planning needs. Learn more at: **www.austenriggs.org/1919**

Samar Habl, MD, Named Associate Medical Director

The Austen Riggs Center is pleased to announce the appointment of Samar Habl, MD, to the role of Associate Medical Director. During her nearly 15 years at Riggs, Dr. Habl has been a staff psychiatrist, a Team Leader, and, for the last four years, Director of Admissions.

Medical Director/CEO Eric M. Plakun, MD, remarked, "Samar is particularly valued for her clinical skills, her passionate dedication to our mission, and for her boundary-focused voice on matters that affect Riggs. I expect that she will be a wonderful addition to Senior Leadership."

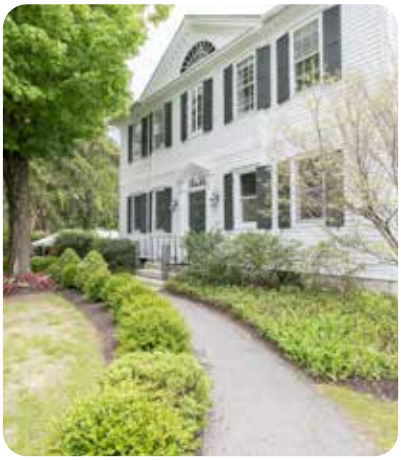
Dr. Habl will continue to serve in her roles of Director of Admissions and Team Leader. Speaking about her appointment, Dr. Habl said, "I believe strongly in the mission and the unique and meaningful approach to the treatment of mental illness that Riggs has forged over the past century. And given the massive mental health impact this pandemic has had on society, I believe our approach will be critical to helping people recover after the outbreak."

To learn more about Dr. Habl, and hear her speak about her path to Riggs, please visit: **www.austenriggs.org/staff/samar-habl-md**

Austen Riggs Center Admissions with Quarantine and COVID-19 Testing

The Austen Riggs Center has developed a version of our longstanding Inn Residential Program to allow us to resume admitting patients, while at the same time observing rigorous protocols to safeguard our community from the novel coronavirus. This level of care, called the Inn Residential Program–Nursing and Quarantine (IRP-NQ), uses quarantine and virus testing for new patients, while offering our highest degree of nursing support.

Upon arrival on campus, IRP-NQ patients enter a 14-day quarantine period and receive testing for the virus that causes COVID-19, while they begin intensive individual and group evaluation and treatment via remote access. This includes remote access four times weekly to intensive individual psychodynamic psychotherapy, nursing support, support groups, and remote access participation in the therapeutic community program. Once patients complete the quarantine period and have a confirmed negative test result for COVID-19, they enter the full residential treatment program at Riggs.



To learn more about this new program, visit: **www.austenriggs.org/IRP-NQ**

PANDEMICS 101

A Presentation by
Nils Daulaire, MD, MPH

Noted international healthcare expert Dr. Nils Daulaire probes the causes of the current COVID-19 outbreak by examining the historical, cultural, economic, and medical contexts that led up to the pandemic, while sharing insights on what challenges we can expect in the coming months and years ahead.

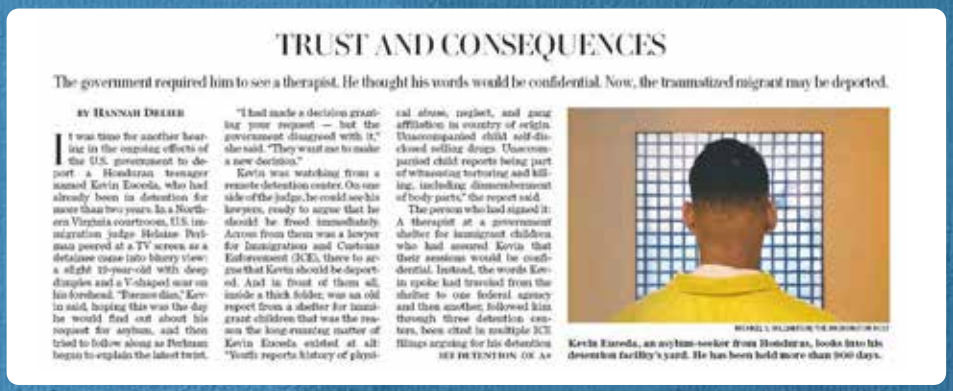
Dr. Nils Daulaire is Distinguished Visiting Scholar at the Harvard T.H. Chan School of Public Health and the Arctic University of Norway, where he teaches global health. He received his BA and MD from Harvard and his MPH from Johns Hopkins. He served in the Obama Administration as Assistant Secretary for Global Affairs at the US Department of Health and Human Services and as the United States Representative on the Executive Board of the World Health Organization, after which he was global health security advisor to the Norwegian Institute of Public Health. In the Clinton Administration he served as Deputy Assistant Administrator for Policy at the US Agency for International Development. For over a decade, Dr. Daulaire was president and CEO of the Global Health Council, an international non-profit membership organization serving global health professionals. He is a member of the US National Academy of Medicine as well as the Council on Foreign Relations.

Watch the presentation here: **www.austenriggs.org/pandemics101**

2020 Austen Riggs Erikson Prize for Excellence in Mental Health Media Goes to . . .

HANNAH DREIER for her *Washington Post* piece "Trust and Consequences"

"I've been so inspired by past winners of the Austen Riggs Erikson Prize, and am tremendously humbled to be in their company. This prize is so special because it recognizes a topic that is too often stigmatized and or simply ignored and pushed out of mainstream coverage. I also take this award as an acknowledgment of the bravery of the young man who entrusted the *Post* with his story, at great personal risk, and the therapists who put their careers on the line to draw attention to what they saw as a violation of the core tenets of patient confidentiality. I hope this recognition helps bring more attention to the gaps in mental health care for children who seek asylum in the US." – **HANNAH DREIER**



TRUST AND CONSEQUENCES

The government required him to see a therapist. He thought his words would be confidential. Now, the traumatized migrant may be deported.

BY HANNAH DREIER

It was time for another hearing in the ongoing efforts of the U.S. government to deport a Honduran teenager named Kevin Escola, who had already been in detention for more than two years. In a Northern Virginia courtroom, U.S. immigration judge Helaine Perlman peered at a TV screen as a detainee came into blurry view: a slight 19-year-old with deep dimples and a V-shaped scar on his forehead. "Buenos días," Kevin said, hoping this was the day he would find out about his request for asylum, and then tried to follow along as Perlman began to explain the latest twist.

"I had made a decision granting your request — but the government disagreed with it," she said. "They want me to make a new decision."

Kevin was watching from a remote detention center. On one side of the judge, he could see his lawyers, ready to argue that he should be freed immediately. Across from them was a lawyer for Immigration and Customs Enforcement (ICE), there to argue that Kevin should be deported. And in front of them all, inside a thick folder, was an old report from a shelter for immigrant children that was the reason the long-running matter of Kevin Escola existed at all: "Youth reports history of physical abuse, neglect, and gang affiliation in country of origin. Unaccompanied child self-disclosed selling drugs. Unaccompanied child reports being part of witnessing torturing and killing, including dismemberment of body parts," the report said.

The person who had signed it: A therapist at a government shelter for immigrant children who had assured Kevin that their sessions would be confidential. Instead, the words Kevin spoke had traveled from the shelter to one federal agency and then another, followed him through three detention centers, been cited in multiple ICE filings arguing for his detention

SEE DETENTION, C6 ▸

Kevin Escola, an asylum-seeker from Honduras, looks into his detention facility's yard. He has been held more than 900 days.

Photo credit: Michael S. Williamson/The Washington Post

The Austen Riggs Center will hold a virtual event later this year to honor Dreier.

GOING VIRTUAL

Due to the pandemic, most of our upcoming events have been, or are in the process of being re-imagined as virtual gatherings. More information will be forthcoming about how this shift to a virtual space will impact our annual fall conference, our Friday Night Guest Lecture series, and other events.

For the latest and most up-to-date information, please join our e-newsletter list by visiting: **www.austenriggs.org/general-contact**

Connect with us!

Facebook: @AustenRiggsCenter

Twitter: @AustenRiggs

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

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

Join our online Alumni Community:
www.austenriggs.org/alumni

Make a donation to Riggs:
www.austenriggs.org/donate

COVID-19 updates and resources
www.austenriggs.org/covid19

AUSTEN RIGGS CENTER
1919–2019

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