

William J. Winslade, "Moral Distress: Conscious and Unconscious Feelings," *The Journal of Clinical Ethics* 28, no. 1 (Spring 2017): 42-3.

## Moral Distress: Conscious and Unconscious Feelings

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### ABSTRACT

In analyzing moral distress, perhaps greater attention should be given to the possible implicit sources of feelings of distress, as well as explicit sources.

Moral distress emerges for health professionals when, for example, ethical conflicts arise about patient care, interprofessional interactions, or hospital policies and practices. Several moments of moral distress erupt in the example of the nurse whose resident permits interns to practice cardiopulmonary resuscitation (CPR) on a dying patient, discussed by Thomas and McCullough,<sup>1</sup> and referenced by Carse and Rushton.<sup>2</sup> The nurse feels angry, frustrated, ignored, and prevented from carrying out her professional responsibilities.

In my brief comments I will focus on the nurse's conscious feelings rather than the moral issues.

The nurse believed that she should intervene to allow the family in the waiting room to be with their dying relative. She was frustrated and angry when the resident ignored and disregarded her request to stop the CPR practicing by the interns. Her anger

erupted when she grabbed the resident's arm to get his attention and to get him to respond to her.

One might think that the nurse should have sought help from the nurse manager or the attending physician. Her conscious feelings were intensified as she tried to go it alone.

In conflict situations we are all vulnerable to conscious feelings as well as repressed or unconscious emotions that contribute to moral distress. Next I will speculate from a psychoanalytic perspective about possible repressed or unconscious emotions that may have influenced or intensified the nurse's feelings of distress.

From my experience as a psychoanalyst I have learned to be alert to the influence of repressed or unconscious emotions. From a classical Freudian perspective one might wonder whether the nurse's anger was intensified by repressed or unconscious hostility because she had been ignored or her opinions disregarded in her personal or professional past experiences. According to Freudians we are all vulnerable to hostile feelings toward persons who exert unjustified power and disregard or ignore our personal or professional autonomy.

A different psychoanalytic perspective is based on the self-psychology associated with the work of Heinz Kohut. For years Kohut utilized classical Freudian techniques. After several former patients returned for further psychoanalysis because they felt that something was still unresolved, Kohut devel-

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oped a new clinical strategy. Rather than hostility, Kohut found that many patients suffered from unconscious feelings of deprivation, being cheated, or being left out in some significant way. Suppose the nurse in her private life had been deprived of an opportunity to say good-bye to a dying relative or had not been able to attend the funeral. Such a previous experience might help to explain her reaction to the resident and the CPR episode. One of my former analysands, at age four, lost his 14-year-old look-alike brother to a congenital heart defect. His parents did not permit him to attend the funeral. And the father became melancholic after the teenager's death. The father not only withdrew from the family but also suffered from a cardiac condition from which he died after a long, declining illness.

My patient felt left out when his brother died and he was deprived of a close relationship with his father. Perhaps the nurse had some personal experience of being left out, ignored, and her feelings of being disregarded made her particularly sensitive to the resident's lack of response to her. Perhaps her attempt to "go it alone" was rooted in some previous experience, in which she was frustrated because of being ignored and prevented from fulfilling her professional responsibilities. Although I can only speculate why the nurse felt distress and acted as she did, it would not be surprising that both conscious feelings and unconscious or repressed feelings of deprivation may have influenced her behavior. This nurse, like all of us, may not realize that our personal or professional behavior may be influenced by unconscious or repressed emotions of which we are unaware of at the time.

Perhaps in analyzing moral distress, greater attention should be given to implicit as well as the explicit source of the feelings of distress. However, we must be cautious about ascribing unconscious feelings to a health professional who is experiencing moral distress. We are all vulnerable to the influence of as-yet undiscovered sources of unconscious emotions that influence our conscious feelings. But we should also be cautious about over-interpreting conscious feelings as if they must always be a product of repressed or unconscious emotions.

#### NOTES

1. T.A. Thomas and L.B. McCullough, "A Philosophical Taxonomy of Ethically Significant Moral Distress," *Journal of Medicine and Philosophy* 40 (2015): 102-20.

2. A. Carse and C. Rushton, "Harnessing the Promise of Moral Distress: A Call for Reorientation," in this issue of *JCE*, vol. 28, no. 1 (Spring 2017).