

A Year Later:

The Effects of Quarantine on Post-Pandemic Mental Health

(The Impaired Closeness-Distance Cycle)

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**NORTH AMERICAN CENTER
FOR THREAT ASSESSMENT
AND TRAUMA RESPONSE**

**A Year Later:
The Effects of Quarantine on Post-Pandemic Mental Health
(The Impaired Closeness-Distance Cycle)**

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SPECIAL NOTE: *This document is a precursor to the upcoming “Interim Guidelines: A Whole Community Response to Post-Pandemic Mental Health (Reconnection, Assessment and Planning for the Fall). It is a prerequisite to more fully understand the origins of our approach to targeted recovery.*

CURRENT CONTEXT

Throughout the past year, much of society has relied on the expertise of health professionals to manage the spread of the COVID-19 virus and all of its’ variants. Mental Health professionals have likewise been relied upon to manage the growing strain of chronic stress and its’ variants on individuals, families, workplaces, and communities. Part of this stress has been due to both prolonged and intermittent quarantining. However, there are two sides to the “effects of the quarantine” coin: one is a loss of essential physical and emotional connectivity with important others (e.g. extended family, friends, workmates, classmates, etc.) that has resulted in elevated anxiety, depression, and profound loneliness for some. The other side of the coin is intense and sometimes dysfunctional closeness due to family quarantine that has resulted in similar but often far more concerning outcomes including violence, abuse and other pathologies. Those trained in Violence Threat Risk Assessment (VTRA™) and the Traumatic Event Systems (TES™) Models understand, that “the higher the anxiety, the greater the symptom development” in both individuals, families, workplaces and society. The evidence denotes that societal anxiety is extremely high.

We have consistently stated that a worldwide traumatic event, like the COVID-19 pandemic, does not generally create new dynamics in human systems, it just intensifies already existing dynamics in families, workplaces, communities, and even nations. The effects of the virus on physical health, in addition to the effects of too much closeness with some, combined with too much distance from others, has exposed the reality of the social, emotional, and traumatic impacts of the pandemic. What may seem like new stress-related or trauma-related symptoms are often more predictable in their origin than some may think. Being aware of etiology will help professionals across North America make sense of why we are seeing increases in intimate partner, relational, and family violence as well as online sexual exploitation of young people to name a few.

Reflecting on the last year, we can deduce that one of the most significant risk enhancers to mental wellness has not been fear of the virus alone but the weight of emotional disconnection from those who are needed or wanted in an individual’s life. The sometimes-greater impact of intense closeness is with those to whom we are bound to in our homes (families), but not always emotionally or safely connected to. In this treatise, we will focus on the effects of quarantine or what we have referred to as the impaired closeness-distance cycle in some families and intimate

relationship systems. As noted, this paper is a precursor to our new “Interim Guidelines: A Whole-Community Response: to Post-Pandemic Mental Health”. Its’ contents are essential as some of the most complex clinical, workplace and societal issues we will deal with will stem from what happened within the walls of many homes in the past year and beyond.

FAMILY DYNAMICS REVISITED

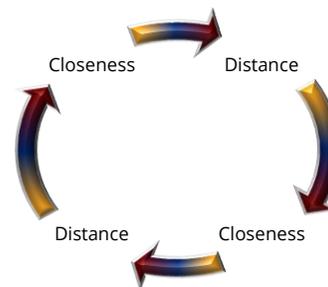
For years, when delivering training to professionals we have asked, “Can a family make a child sick?”, “Can a workplace make a staff member sick?” or “Can a community make a group of people on the “margins” feel unwanted or sick?” By sick we mean elevate someone’s anxiety so high that they become physically or mentally unwell. The answer is a resounding “yes”. The notion is a simple one: individuals and groups of individuals can generate symptoms in others. Some do it by nature because they were raised that way and others do it by design through thoughtful consideration of how to control or emotionally harm another.

In this follow-up paper to our earlier work, we will revisit the natural relational dynamic, “closeness-distance cycle”, identified by Dr. Murray Bowen (1985) and expanded upon by the first author in the April 2020 publication “Family Dynamics During the Pandemic: Closeness-Distance Cycle”. As we provide a deeper understanding of the closeness-distance cycle, we also suggest that this cycle exists in every family system regardless of constellation and structure: differences in presentation are usually based on varying degrees of frequency and intensity of the cycles. Dual parent/caregiver families, single parent/caregiver families, same sex parent/caregiver families, blended families and multigenerational family structures each have natural closeness distance cycles working within them. However, quarantine has impaired and altered some of those family systems cycles, and the degree of impairment denotes the degree of post-pandemic mental health supports that will be required.

Closeness-Distance Cycle Defined

In their infant state children are completely dependent on their parents to sustain life and if they are provided for mentally, physically, and emotionally, children can attach well to the relationship system. An essential dynamic that promotes healthy attachment is closeness between the parent and child. Intense emotional and physical closeness in healthy doses naturally:

- a) Lowers the child’s anxiety,
- b) Communicates that they are loved,
- c) Demonstrates that they are physically safe and,
- d) Securely attached.



However, the closeness-distance cycles that exist even in the healthiest parent-child relationships will/should change once a child begins to gain some independence (age two and beyond). The natural process is that intense closeness with those we love lowers our anxiety for the reasons noted above. However, it is unnatural for us to be physically connected all the time. Even in the

most loving relationships at some point the body and brain has a mechanism that says “that was nice but now that I am recharged and securely attached, I need some distance”. This is true of the parent-child dyad, especially as the children get older, but it is also true of our adult intimate partner relations. Too much closeness may eventually transition into the need for distance from our loved ones to lower our anxiety. In pre-pandemic times, the norm was that children went to school and parents/caregivers went to work. When enough distance has occurred, relationship-specific anxiety goes down and at some point, the body and brain have a mechanism that says “hey, I miss them” and now we are driven to reattach once again to lower our relationship-specific anxiety.

Intense closeness lowers our relationship-specific anxiety for a finite period of time and then begins to transition into increasing anxiety as we naturally say “enough of us, I need a little time for me”. Once we are distanced, the relationship anxiety immediately lowers. The distance phase of the cycle also has a finite period of time and then begins to transition into “separation anxiety” where we often “feel” first and “think” second, “hey I miss them, I need to be reconnected”. In healthy families and relationship systems these transitions from closeness to distance and back are relatively guilt free. However, in less functional families the mechanisms for closeness and distance may present as extreme as emotional or physical abuse manifesting as a way of generating intense closeness (the abuse phase) and distance (solitary aftermath) cycles that become saturated with guilt, shame, remorse and fear. This may be followed by the honeymoon phase which results in intense non-violent closeness, only to eventually repeat the cycle again.

For some young children, anxiety is heightened during bedtime routine. For others, it may occur when they are left with a relative (even if the child knows them well), while the parent(s) go on a much-needed date or outing. Even for parents, leaving our children and hearing their distraught pleadings to not abandon them is heart wrenching and can induce parental anxiety.

Couples who perceive themselves as individuals who have chosen to share their lives together are often not threatened by their partners (or their own) desire for distance. Parents who likewise recognize the same cycle in their relationships with their children are less likely to be offended when a child needs some solitary time or wants to be with friends. The closeness-distance patterns from parents and caregivers’ own families of origin often give insight into whether or not they will have a “securely attached relationship system” or an “anxiously attached relationship system” with their children.

THE IMPACT OF QUARANTINE ON FAMILIES: VTRA AND TES APPLICATIONS

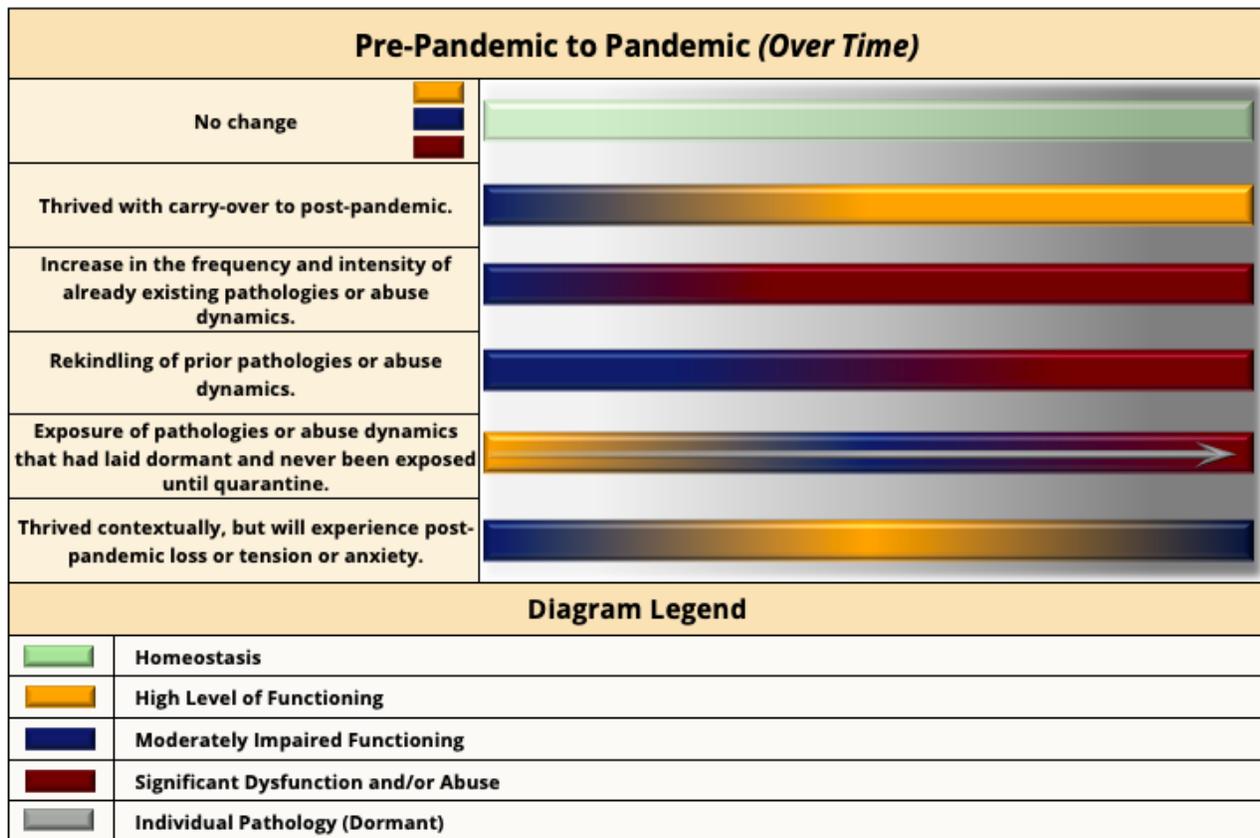
No matter what any family’s pre-pandemic closeness-distance cycles were, they have all been impaired to a certain degree because quarantine forced many families, for the first time, to be in an extended closeness phase without the relief of distance. We have called this an “Impaired Closeness-Distance Cycle”. Nevertheless, ten different families exposed to the same amount of time in quarantine, can each respond uniquely and adapt in ten different ways. As we overlay our understanding of the closeness-distance cycle, we can also support the notion that, though altered, each of those ten families’ level of functioning will be different as well. TES and VTRA trained professionals, understand that communities, organizations and in this case, families, that are more

naturally open and allow a range of emotional responses to a traumatic event, increase the probability of minimizing symptom development in their respective systems.

The following video and graphic below provides a description of the five primary effects of an impaired closeness-distance cycle that families have experienced during the pandemic.

[Video: A Year Later](#)

**Effects of Quarantine:
The Impaired Closeness-Distance Cycle**



In the video you just watched, the first author explains the range of responses that have been observed by multiple professionals across North America during quarantining. These have ranged from, no significant response, to increasing symptom development, which has been manifesting as addictions, violence, and an increase in pathologies, such as chronic depression and anxiety. All of these responses can be associated with the impairment of closeness-distance cycles.

Take for example a family unit of five in which the male partner has made a commitment to himself that he would never ever be like his own father and use violence to “straighten out” his intimate partner. Prior to the pandemic, the family was reasonably functional. The male partner’s employment required him to work two weeks away from home and return for a one-week period. This pattern was strongly established in the family system and being away from the family for two

weeks provided enough physical and emotional distance for him that upon his return he was present and emotionally available to all the members of the family. His partner's closeness-distance cycle, established in her family of origin, was similar as she had a father who often travelled. Therefore, the overall functionality of their relationship allowed each of them to thrive and the male partner was proud that he remained true to his commitment to never raise a hand to his wife.

As COVID hit and his employer experienced budget cutbacks, the man lost his job. The loss of employment coupled with an imposed quarantine at the time quickly impaired their natural closeness-distance cycle to a high degree. Whereas, prior to the pandemic, the distance created by him working away from home allowed him to regulate his emotions and for the first time in their marriage there were no perceived outlets (distancing). A heated argument over finances emerged early in quarantine and for the first time in his 17 years of marriage, he lashed out physically towards his wife. Professionals that work in the field of domestic violence understand that the most intense manifestation of an impaired closeness-distance cycle is intimate partner/relational violence.

The effects of quarantine can also increase the frequency and intensity of already existing pathologies or abuse dynamics. One of those dynamics that has emerged in some families across North America is the dynamic of parentification. Parentification refers to the process through which children are assigned the role of an adult, taking on both emotional and functional responsibilities that typically are performed by a parent. Even more complex for a child is what we have termed "Stage Two Parentification" where the parent drops out of their leadership role and takes the dependent position of the child in the parent-child relationship.

The prolonged impairment of the closeness-distance cycle in families where parental maturity has been diminished as a result of quarantine and other containment measures, can lock one of the children into an over-functioning role where they are now taking care of their parent(s) and sibling(s). It is understood in the lifespan of a family system that children, at times, will temporarily share the responsibilities of their parents (ie: babysitting their siblings) while their parents are away. This sense of responsibility can actually contribute to providing a child with a positive sense of "self" as they begin to naturally differentiate themselves in the family system. Unlike the previous example, parentification is much more "fixed", where the parentified child is functioning more formally in the role of a parent. For example, the stage two parentified child is observed as being the main disciplinarian in the home or mediates conflict between the parents in an attempt to stabilize both the emotional and physical functioning of the family system.

For some families, extended periods of quarantining have significantly altered their natural closeness distance cycle, thereby intensifying symptoms that have perhaps lain dormant for many years. For instance, a mother with three children, who was able to manage an alcohol addiction prior to the pandemic, may start drinking again in order to emotionally cope with circumstances related to the pandemic. As the addiction becomes re-established, the parent becomes emotionally dependent on the middle male child in the family to "be the man of the house" while casting the oldest female child in the role of "nurturer" to take care of all the emotional needs of the youngest child of the family. In this example, the male child takes on the responsibilities of

“monitoring” his parent’s drinking while the oldest female sibling is bearing the weight of being cast in the dual role of nurturing her mother while supporting and stabilizing the emotional and physical functioning of the youngest sibling. While the parent in this family verbalizes that she will be able to quit drinking once the pandemic is over, the now enmeshed parentified roles in this family can have a long-lasting impact on all the children.

Children and youth require healthy connections with emotionally mature adults in their lives in order to thrive. In the absence of that connection, we coined the VTRA term “Empty Vessel” to denote someone not connected to emotionally healthy mature supports. VTRA trained professionals will inquire “if a child does not have a mature healthy connection with an adult in their home during this pandemic, then “What are they filling themselves up with? What is it that is drawing their attention?”. In an attempt to create some emotional distance for themselves and perhaps their parent(s), an adolescent in the home may spend an inordinate amount of time on their iPhone in their bedroom. Because of the parents’ need for distance as well, the extended internet use may go unnoticed by the adults. The child may then surf the web in search for the connection they are not getting at home.

Sadly, those online connections often prove harmful. Children could perhaps be compelled to bully their peers or become subject of the same. They could be drawn into various radicalized or anti-establishment groups, or pulled into the world of online sexual exploitation.



Article Link: [Click on Image](#)

“COVID pandemic can make teens easy targets for radicalization”

As well, children and youth may have a disrupted sleep pattern as a result of family dysfunction and feel a need for distance from family but closeness with others. This need may attract the child or adolescent to various online platforms/chat rooms where adult sexual predators pretend to be a peer and, as part of grooming them, give them the attention and a feeling of “closeness” that they crave. There are also many predators who use the internet to find children - including adolescent sex offenders. We understand the dangerous combination of children and adults sometimes feeling “alone while together” in their homes. During this pandemic, children and youth are increasingly vulnerable to many of the predatorial and grooming behaviors used by sexual pedophiles. The following article by the United Nations on Drug and Crime highlights these growing concerns:



Article Link: [Click on Image](#)

“Impact of the COVID - 19 Pandemic on Trafficking in persons”

Quarantining and containment measures have inadvertently contributed to further isolation by making helpful essential support services for children less accessible for help and inadvertently

more visible to those who are attempting to lure them into the world of sexual and human trafficking.

WHOLE COMMUNITY RESPONSE: RECONNECTING FAMILIES

The impact of the COVID 19 pandemic has varied from community to community as well as from family to family largely based on adaptations to the impairment of the closeness-distance cycle. As we prepare and recalibrate around post-pandemic life, the impact for some families has been minimal. There has been no interruption in employment and the “work at home” mandates actually enhanced the functionality of the family because more closeness was exactly what was needed to lower the anxiety of the family system. This period of closeness was a time for the family to reconnect and emotionally thrive as a family unit. For other families the “working from home” dynamic may have become harmful as “distancing” in some families has been manifested as volatile arguments and aggressive behaviour. While appearing “together”, some families have progressively become disconnected, leaving some or all of the members of the family feeling “alone”. As we demonstrated earlier, the trauma of disconnection can manifest itself through increases in addictions, domestic and relational violence, depression and anxiety. When family conflicts are “frozen in place” and immobilized by disconnection, shame and avoidance sometimes become the means to lower individual and family anxiety. If we want families to thrive in the post-pandemic era then what happened in some homes during the pandemic will need to come to light with the assistance of professional supports as needed.

The greatest insight we can give to parents, caregivers, children, youth and ourselves is to acknowledge that we were all caught off guard by this worldwide pandemic. A pandemic that has tried the mettle of most. The greatest message we can give is that everyone has the right to have “a natural human response” to trauma and loss unencumbered. The greatest gift we can give is to bridge the spaces that have formed between us by being present for this final walk from the pandemic to post-pandemic living. Be it understood that those we have been disconnected from are ready for more intense closeness and to tell us their heartfelt stories. It is a standard in the field of crisis and trauma response that no matter how difficult the journey, “nothing binds two people together like being exposed to the same traumatic experience knowing we helped each other through”.