

Life in quarantine as a possible cause of psychological identity crisis in development

Prof. Vera Daneš Brozek, MD, PhD

Bosnian-herzegovinian Association for Integrative Child and Adolescent Psychotherapy Interdisciplinary
Therapeutic Child, Youth and Family Health Protection Center
Emerika Bluma 9A
Sarajevo, Bosnia and Herzegovina

Summary

The subject of the exposition is the impact and consequences of crises in the environment on the child's psyche. The topic of this article is the growth and psychosocial development of children in a pandemic with COVID 19, which includes, among other things, life in quarantine.

The introductory part of the article contains data on the modern understandings of disease and health. According to the World Health Organisation, the premise of its action is to achieve the highest possible degree of absence of the disease, with the necessary treatment, that is, the emphasis is placed on prevention. In this part of the article, the World Health Organisation predicts that in the twenty-first century, mental disorders, primarily depression, will break out in a high place in the overall disease prevention. This is more of a reason for the professional public to pay attention to the influence of unfavourable external living conditions on the human psyche.

The presence of the COVID 19 virus in the general population is further elaborated, with emphasis on the specifics of the subpopulation of children. Particular emphasis is placed on the fact that it is about, a previously unknown, strain of a virus from a certain known group of viruses, as well as its undetermined origin in the living environment of the population. Another difficulty from the same is the open question of how to suppress its effect which is a new challenge for scientists. A noteworthy problem is that there is no scientific experience gained so far on this problem for this strain of virus because it is new.

The next part of the article lists the specifics of the child's psyche that increase sensitivity to life in crises, with emphasis on structural changes in children's ego under the influence of unfavourable living conditions caused by the crisis in society, and the evolution of this transformation is currently largely unknown to experts. The answer may be given by future scientific research. In the same context, different features of the clinical picture are elaborated, as well as the available possibilities of diagnosis and prognosis of such a mental state.

The article provides recommendations for strengthening the possibility of recognising this new mental disorder, such as:

- assessment of the client's ability to adapt to changes in life habits that are inevitable in quarantine.*
- assessment of the effectiveness of the use of defence mechanisms in an individual client, as a measure of a person's ability to defend themselves from stressful actions from their immediate environment.*
- notice the existence of a latent mental disorder that poses a risk for the development of manifest disease.*
- assess the potential of the family and its response to the crisis as a (dis)functional unit, that is to assess whether the living conditions of the child in question are sufficient for the young psyche to resist the changed living conditions brought by quarantine.*

The article concludes by stating that at this moment it is not yet possible to make a decisive professional elaboration of these premises and the distinction between the immediate reaction to insufficient life activities caused by quarantined life and the occurrence of permanent mental disorder. This will be possible only after a certain amount of time has passed, as is the case in the development of post-traumatic stress disorder which is a consequence of the action of nosological factors, but to which life in quarantine does not belong.

The conclusion is followed by a special appendix in which the conditions of children with special needs and children of divorced parents in quarantined living conditions are elaborated.

Key words: *COVID 19 virus, child's psyche, children with special needs.*

Sažetak

Predmet izlaganja su utjecaj i posljedice kriznih stanja u okruženju na dječiju psihu. Tema članka je rast i psihosocijalni razvoj djece u uvjetima pandemije s COVID 19, što podrazumijeva između ostalog i život u karanteni.

Uvodni dio članka sadrži podatke o suvremenom shvaćanju bolesti i zdravlja. Prema stavu Svjetske zdravstvene organizacije premisa njezinog djelovanja je postignuće što višeg stupnja odsustva bolesti, uz neophodno liječenje, to jest naglasak se stavlja na prevenciju. U ovom dijelu članka navode i predviđanja Svjetske zdravstvene organizacije da će u dvadesetprvom stoljeću duševni poremećaji i to prvenstveno depresije izbiti na visoko mjesto u ukupnoj prevalenciji bolesti. To je razlog više, da stručna javnost posveti pozornost utjecaju nepovoljnih vanjskih životnih uvjeta na psihu čovjeka.

Dalje se elaborira prisustvo virusa COVID 19 u općoj populaciji s naglaskom na specifičnosti subpopulacije djece. Posebno se podvlači činjenica da se radi o do sada nepoznatom soju virusa iz određene poznate grupe virusa, kao i nepoznaica njegova porijekla u životnom okruženju stanovništva. Također teškoću iz istog predstavlja i otvoreno pitanje kako suzbiti njegovo djelovanje što je novi izazov za znanstvenike. Posebna teškoća jeste što o tom problemu nema do sad stečenog znanstvenog iskustva za taj soj virusa, jer je nov.

U slijedećem dijelu članka navode se specifičnosti dječije psihe koje povećavaju osjetljivost na život u kriznim situacijama, s naglaskom na strukturne promjene dječijeg ega pod utjecajem nepovoljnih životnih uvjeta koje prognozuje krizno stanje u društvu.

To podrazumijeva nastanak jedne vrste psihičke krize, koja može preći u traumu, a evolucija te preobrazbe je za sada uglavnom nepoznata stručnjacima. Odgovor mogu dati buduća znanstvena istraživanja. U istom kontekstu se elaboriraju različite osobenosti kliničke slike, te dostupne mogućnosti dijagnoze i prognoze takvog psihičkog stanja.

U članku se navode preporuke za jačanje mogućnosti prepoznavanja tog novog psihičkog poremećaja kao što su:

- procjena sposobnosti klijenta da se prilagodi promjenama životnih navika koje su u karanteni neminovne.*
- procjena učinkovitosti korišćenja mehanizama obrane kod pojedinog klijenta, kao mjere sposobnosti ličnosti da se brani od stresnog djelovanja iz svog neposrednog okruženja.*

- uočiti postojanje latentnog psihičkog poremećaja koji predstavlja rizik za razvoj manifestnog oboljenja.
- uraditi procjenu potencijala obitelji i njezinog odgovora na krizu kao (dis)funkcionalne jedinice, to jest procijeniti da li su životni uvjeti dotičnog djeteta dostatni za odolijevanje mlade psihe na promijenjene životne prilike koje je sa sobom donijela karantena.

Članak se zaključuje konstatacijom da ovom momentu još nije moguća decidna stručna elaboracija navedenih premisa i distinkcija između neposredne reakcije na nedostatne životne aktivnosti koje prouzrokuje život u karanteni i nastanka trajnog psihičkog poremećaja. To će biti moguće tek nakon stanovitog vremenskog odmaka, kao što je slučaj u nastanku postraumatskog stresnog poremećaja koji je posljedica djelovanja nozoloških faktora, ali u koje život u karanteni ne spada.

Nakon zaključka slijedi poseban dodatak u kojem se elaboriraju stanja djece s posebnim potrebama i djece razvedenih roditelja u uvjetima života u karanteni.

Ključne riječi: COVID 19, dječja psiha, djeca s posebnim potrebama.

Introduction

In the spring of 2020, the world found itself in unprecedented living conditions due to an infectious disease. Following the presence of infectious diseases and their spread in the form of epidemics and pandemics throughout history, it is evident that today science has largely solved most of the infectious diseases that have affected all of humanity through the past.

By remedying many infectious diseases that have plagued the population in the past, the problem has not been completely solved because even today, there are diseases that raise several questions for experts. The situation is further worsened by the fact that completely new and previously unknown diseases are constantly appearing and affecting the entire population. The current COVID 19 pandemic has put the world in front of new trials and unknowns in terms of recognition and treatment. This is an unexpected challenge for scientists because the modern age with high scientific knowledge has brought the world various benefits in terms of preserving the health of the population. In the last decades of the last century, the goal of health care for the population on a global scale has changed. Thus, today we are not talking about the fight against disease, but the current premise is to preserve health. This is the fundamental motto on which the World Health Organisation operates.

The rise in living standards brings, among other things, well-being from illness, which in essence is not as simple a process as it may seem at first glance. All this directly reflects on the quality of life of the individual and thus on the entire social community. Yet, despite all the technological and scientific advances, even today, humanity is struggling with different kinds of medical problems that are different from those that man has struggled with over the centuries. As already mentioned, science has managed to solve the problem of most infectious diseases, but with the development of industrialisation and lifestyle changes as a result of technological progress, their place was soon taken by new diseases and, due to frequency, took the first place. Also, on the other hand, there is an increase in the number of chronic patients, which is a direct consequence of increasing life expectancy. Thus today, the general concern for the preservation of health is considerably different from in former times.

In solving it, among other things, experiences from the past are also used, and time and the course of things show that some of these old methods are very applicable and useful even today. In particular, this topic refers to quarantine as the oldest form of defence against the spread of infectious diseases, which with the advent of COVID 19, has been re-actualised as a form of prevention against the spread of this currently widespread infectious disease.

When theses are presented for discussion on a certain professional-scientific issue, one of the basic premises is to find out what are the previous experiences of experts in the fight against COVID 19. The answer to that will have to wait.

Although this current virus belongs to the group of coronaviruses, about which there is some knowledge and experience, they are not fully applicable due to the fact that its decisive symptomatology has not yet been determined. It is also not possible to consult professional literature since it is practically non-existent at this moment. Currently, ID specialists from all over the world exchange their clinical observations on the course and appearance of the disease on a daily basis, searching for a solution. Their experiences in different parts of the world are that the same disease is full of new symptoms every day.

Following the topic of this presentation, the question arises where is the individual in all this?

The individual person is seen in this context in all its dimensions, including compliance with the environment in which she or he lives. This environment changes with the circumstances, and it is necessary to emphasise that a very important component of the living environment are the psychological determinants according to which the individual lives.

All of this points to the conclusion that it is no longer enough to understand the cause of a particular disease, but the fact that the disease is the result of a combination of negative factors in the human environment. Stress weakens the immune system and the body becomes more susceptible to disease.

What happens to an individual and his family in quarantine conditions: in situations of a limited range of motion and a drastic reduction in direct contact between people? To this should be added situations where children, in particular, are completely excluded from the former normal contacts with peers at school and outside.

It is indisputable that this is an interaction of several factors:

- Overall changed lifestyle,
- Changes in life habits,
- For children, termination of regular schooling and transition to new educational opportunities,
- Lack of movement and physical activity in general.
- Almost complete reduction of direct interpersonal contacts, only indirect communication with the wider community remains, and direct communication exists functioning mainly within members of the same household or to some extent in the working environment of the individual. In addition, there is a relative abundance of virtual communication via the Internet, the media. Yet this type of communication, in addition to all the advantages it provides to the daily life of an individual in modern living conditions, also has its negative sides.

Poor social life is fertile ground for the development of psychological disorders and disruption of balance for all categories of the population. In this respect, it seems that, in the first place, the key cause is the situation of all-day and all-night stay of the whole family together, because many parents stay to work at home. In many families, the new situation at first may be perceived as even a positive change because the family spends more time together. However, this can prove counterproductive for many families if such a situation persists.

Factors that can destabilize a harmonious balance, both of the individual and the whole family during quarantine, could be labelled as stressors:

- *Family dysfunction,*
- *The presence of fear of suffering from acute illness, which is the cause of life in quarantine,*
- *Uncertainty and possibly fatal outcomes of the current disease.*

Health education makes people more sensitive, more able to recognize the disease, but primarily, it favours the development of their ability to protect themselves from disease. Although the ubiquitous stress produced by the above factors generates a general feeling of fear, this does not mean that all individuals will react in the same way to a new situation. Most will be able to adapt to a greater or lesser extent to the new conditions of everyday life. But not everyone.

In this case, the decisive question is: what are the psychological dangers caused by the action of the Coronavirus, officially COVID 19, in the spring of 2020?

As far as the field of mental health is concerned, what is available to experts are comparisons with crises in general in which the population may fall, but a definite answer to the question posed at this time cannot be given. The attitude of the professional public regarding the psychological consequences of life in quarantine is in the phase of predictions and assumptions, which is understandable because only time and the scientific research that will follow will be able to give a satisfactory answer. What can be expected? Will experiences from previous epidemics or pandemics help? What does life in quarantine bring on the psychological level? What will be the clinical picture in people of developmental age? How to help those who need help and how to recognise that moment? So this range of issues could go wide, as there are many unknowns.

The first thought in elaborating the question of the impact of quarantine on the psychic sphere, among experts, but also among non-experts, evokes an association with war and an attempt to compare it with the circumstances of war. Unfortunately, the generation of parents of today's children in the Balkans has a lot of experience in this. Although COVID 19, as well as war, directly endanger human life, it still seems that such a comparison is not possible, and it will be difficult to get answers to current questions.

The reason is that this time the direct cause - the enemy - is not physically visible and recognisable. Today we have only the consequence of the behaviour of that enemy — disease.

The basic instrument for recognising a psychological problem in general, and thus for the one that arose as a result of living in quarantine, is a psychological-psychiatric interview. Well-conceived anamnesis questions are the starting point. However, when it comes to people in the developmental age, a specific problem opens up right at the beginning: since a person develops, they do not have a constant in the line of longitudinal development and are, figuratively speaking, different every day.

This is a very significant specificity of the developmental age and especially delicate in the diagnosis of a mental disorder, and also in a situation where scientific research is being conducted because there is no sample constant. Once the symptom is known, it is necessary to distinguish its origin: is it a reaction to the new way of life in quarantine, is it that a healthy person fails to adapt to that situation so far and results in a symptom, or is it a transformation of symptoms of previously mentally ill individuals.

What clinical picture of the psychological reaction is expected? It will be very diverse, all depending on the age of the child or young person, but also according to the individual structure of their psychological profile. Of course, it is not possible to list the various symptoms that a psychologist will encounter in practice. However, it is worth noting the possibility of psychosomatic disorder, which is easily missed in everyday work, as a significant consequence of stress. There is also a possibility of a completely new phenomenon in the child's, and especially in the adolescent's, behaviour: addiction to the Internet, games or even gambling.

The specifics of developmental disabilities are reflected in the child's psyche in three ways:

- a) Living in frustrating circumstances inevitably affects the quality of mental health because the child's psyche does not have a sufficiently developed internal defence against the influence of disturbing factors.
- b) The growth and development of a young person under extraordinary circumstances have the character of a universally negative experience that can ultimately be traumatic.
- c) The childish ego under such conditions of development suffers a thorough restructuring.

There is no doubt that the quarantine situation meets all of the above possibilities, even though in these conditions the basic necessities of life are generally not impaired, that is, the assumption is that there is enough food and sleep.

Therefore, if such living conditions do not last too long, they do not have to leave lasting consequences, but it depends on the personality structure *sui generis* and its previous ability to adapt to changes in living conditions. In any case, the quality of the emotional climate in the family is crucial as a stimulus for the child's development.

At this point, it is estimated that the main danger that life in quarantine can pose, both for children and adults, is that this situation can be a trigger for the already existing latent readiness of the individual to react in a psychopathological manner. In other words, quarantine can cause a clinically recognisable occurrence of a mental disorder, which in the former normal living conditions might not have occurred.

The emergence of a mental disorder, according to the theory of psychodynamic psychology, is based on a certain fixation, an unresolved problem within the psyche in one of the earlier developmental stages. In such a case, it is a lack of the child's psychic potential to cope with frustrating influences from the external environment. That is why it is of fundamental importance for the one who makes the diagnosis to have an impeccable knowledge of the peculiarities of each of the developmental stages that a child's personality goes through in order to reach psychological maturity.

One of the basic features of a mental disorder in developmental age is not always simple and reliable in its recognisability, which has great diagnostic value. Therefore, one of the basic questions in the interview is to find out whether the child during his life in quarantine has noticed any change in behaviour in terms of daily habits, feeding, sleeping, communication.

Furthermore, it is necessary to observe the child's behaviour in relation to the behaviour of their peers. The diagnostic procedure in child and adolescent psychopathology requires a certain time lag in the observation of behaviour while taking into account all the elements of somatopsychic development of the child or the combination of etiological factors. Once a child is diagnosed, it is never final. The diagnosis made requires continuous monitoring with the need to supplement at all times.

The following should be kept in mind:

- *Assessing the quality of a child's psychological potential is a process of determining whether a condition meets age norms, that is, whether there is an appropriate level of development of mental and cognitive functions, including emotional intelligence.*
- *Observing the child's behaviour in his immediate environment. In quarantine, of course, these are only close family members.*
- *Observe the personality of the parents and their upbringing attitude.*

Diagnosis and prognosis should be viewed in their unique association with the action of etiopathogenetic factors. In practice, the prognosis is more important for parents than diagnosis, which in itself indicates how important the attitude of parents will be for the course and success of treatment. It is understood that the situation with a psychopathological disorder that has arisen in response to adverse environmental conditions has a more favourable prognosis, compared to the *sui generis* disorder. Having in mind all the complexity and mutual connection of etiological factors that lead to mental disorder, it is clear that it is sometimes difficult to give a diagnosis, and thus a certain prognosis of further emotional and cognitive development.

Interview with a child / adolescent

It has already been stated that the basic diagnostic instrument in child psychiatry is a psychological-psychiatric interview. This is also true for crisis triage according to psychopathological elements in the clinical picture. The purpose of the interview is to determine whether there are deviations in the presented content in relation to the situation before the quarantine. In doing so, in addition to longitudinal observation of the obtained content through the stages of development, also determine whether the listed symptoms exceed the limits that indicate a crisis state. Direct questions to the child/adolescent can help:

- *Whether suicidal thoughts occur*
- *Whether they experienced any kind of domestic violence during quarantine*
- *How they assess the attitude of their family members towards the situation everyone is in now*
- *What is the attitude towards work habits, that is, school teaching according to the online method*
- *Whether and to what extent they lack socialising with peers and group life in general*

It is necessary to mention something else that is well known to all who work with children, as it is not always easy to get certain information from a young client. The difficulty is that in practice it is not possible to conduct a standardised interview, especially when it comes to very young children. There is only as much verbal content material as the young client willingly offers. Any further insistence usually ends with the child's deeper withdrawal. Some younger children will again answer the question clearly and directly, but also often the answer will be silent or will offer some interpretation of the question asked. Similarly, it can be found in adolescents, but they will usually give a meaningful answer after an interval of short silence.

These are situations that require the therapist more or less individual professional skills to obtain data. In other words, sometimes an older child tries to confuse the therapist with a game of silence or an incoherent response and thus dominate the therapeutic situation. However, the ability to manipulate symptoms in children and young people is not particularly likely, but such situations can shed light on significant etiological signs in the clinical picture for a skilled and experienced therapist.

Play and drawing in young children are understood as the equivalent of an interview and there is nothing special to add. Certainly, what was not obtained in the interview with the client, can be obtained from the heteroanamnesis:

- *Anamnesis on the quality of the child's life so far*
- *Whether there were any difficulties in the educational process*
- *Whether there is a positive heredity for mental disorders*
- *Whether the child has suffered from psychological difficulties before and whether professional help has been requested as a result*
- *Assess the parent's attitude towards the child's current problem*

In all of the above, it is necessary to look at the emotional state in the family, regardless of the fact that it is clear to every mental health professional what an irreplaceable role the family has for the child's life. It goes without saying that dysfunctional families are most affected by extraordinary life circumstances. As with the action of any unfavourable factor, so under the conditions of quarantine life, its most vulnerable member, which is the most commonly the child, will react first and most painfully. So, both in the conditions of living in quarantine and the possible recognition of signs that the family is suffering, for the expert the focus is on assessing the dynamics of family functionality.

If, based on all the above in terms of the manner and content of the interview, the therapist concludes that the client's condition goes beyond the crisis or suspects the development of a deeper psychopathological disorder, a consultation with a child psychiatrist is indicated. At the same time, the therapist should not be burdened with the question of whether it is necessary to include drug therapy in a given case because that falls within the domain of the psychiatrist's responsibility.

In such a situation, the psychotherapist should very carefully and cautiously inform the parents, but also the adolescent, of the need to go to a psychiatrist.

Instead of a conclusion at this point, it is possible to state only a couple of expert statements, which can be understood as certain recommendations. It is too early to predict how effective they will be because the virus is still among the population and epidemiologists cannot predict what will happen in the foreseeable future of a few months and perhaps in the long run.

For mental health professionals it would be desirable to pay your attention and focus on:

- *Assessment of the client's ability to adapt to changes in life habitats that are inevitable in quarantine. If a young person was successfully socialised before quarantine, the better chances of surviving in quarantine without serious consequences for further psychological development.*
- *The importance of recognising the use of defence mechanisms in the individual client, as a measure of a person's ability to defend himself from stressful actions from his immediate environment.*
- *Any latent mental disorder poses a risk for the development of a manifested disease.*

Colloquially, some experts in the field of mental health mention the term civil post-traumatic mental disorder, which could develop after a period of seemingly good mental health after living in quarantine. However, the verification of this new nosological entity should be left to time and not rush to equate the development of psychological trauma with life in quarantine. Every psychological trauma and reaction to it has its latent period, during which the child's inner psychic potentials have the task of coping with the traumatic experience on the basis of which a manifest mental disorder will or will not result. Whether the life of a child in quarantine, without direct association with peers, with monitoring of school classes online, with the already mentioned situations within the family, will be a truly traumatic experience for a child and result in a new type of psychological trauma, is not yet known. For now, we can not say anything definite. It is to be assumed that there will be negative consequences, but in what clinical form and to what extent, only time will show, but also new scientific research in this area.

At this moment, it is not yet possible to professionally elaborate on these premises and the parallels between life in quarantine, the immediate reaction to stress and the possible occurrence of a permanent mental disorder. This will be possible only after a certain time lag, as is the case with the onset of post-traumatic stress disorder resulting from the action of nosological factors to which life in quarantine does not belong.

It is necessary to mention the assessment of the family's potential and its response to the crisis as a (dys)functional unit, for example, to assess whether the living conditions of the child in question are sufficient for the young psyche to resist the change in living conditions brought by quarantine. However, since this is certainly an integral part of the daily work of psychologists, pedagogues, social workers, teachers and other profiles dealing with children, further elaboration on this issue at this point does not seem necessary.

Children with special needs and life in quarantine

As much as it seemed to the parents of healthy children that quarantine brings a number of unpredictable situations in dealing with children. However, when it comes to children with special needs, the situation becomes much more complicated. It should be immediately pointed out that this is the domain of work of special pedagogues, occasionally psychiatrists - especially when the application of drug therapy is needed, but there is also a side where the need to involve a psychologist is shown.

An obvious problem for all children, in general, is the extreme limitation of their ability to move when they are in quarantine conditions. We can only imagine what this means for children with special needs, where motor skills are one of the most important ways of expression. It is neither possible to adequately explain to these children the new situation in their lives and the lives of their families, nor is it possible to do a substitute activity. This is a great challenge for the parents of these children in terms of education, especially since there is no possibility of direct social engagement such as staying in institutions and occupational therapy. Therefore, parents of these children should be put in the focus of professional help here and try to show them ways to spend time with their children.

The attitude of the parents of these children towards their upbringing is caring, but sometimes overly caring, which is quite understandable. However, there are also those who transfer their parental responsibilities to institutions. This is very important for a psychologist to recognise, who finds himself in a situation to advise those parents. These are situations where it may be necessary to consult a psychiatrist.

It is important to also mention children of divorced parents, where regular visits to a parent with whom they do not live are often absent during quarantine, and all depend on the goodwill or refusal of the parent with whom the child lives to maintain or disintegrate contact with the other parent. However, the issue of the consequences of parental divorce on the child's psyche is in itself a particularly delicate area in the psychological sense: extensive, diverse and unpredictable, so within the topic of this presentation, it would be necessary to approach it from a special angle and with special attention, for which the framework of this paper is insufficient.

Experienced experts of all profiles, who deal with children's health problems, will certainly not miss this area and their special attention to these children will not be missed.

References

1. Brajša-Žganjec A. et al. (2014). *Psihološki aspekti suvremene obitelji braka i partnerstva*. Jasterbarsko: Naklada Slap.
2. Oatley & Jenkins M. (1991). *Razumijevanje emocija*. Jastrebarsko: Naklada Slap.
3. Chrisman AK, Dougherty JG. (2014). *Mass trauma: disasters, terrorism and war*. Child Adolesc. Psychiatry. Clin. N. Am. 23:257-279.
4. Nikolić. S. (1996). *Svijet dječije psihe*. Prosvjeta: Zagreb.
5. Festl. R, Scharkov. M, Quandt. T. *Problematic computers Game Use Among Adolescents, Younger and Older*