The Space Between Us: The Invisible Costs of Social Distancing

Since the arrival of Covid-19 in the U.S., schooling has been moved online, companies have shifted to working remotely, restaurants and bars have been shuttered, all events cancelled or postponed, and socializing of any kind heavily discouraged. ‘Social distancing’ is the phrase increasingly capturing the national and global zeitgeist, an epidemiological term which has made its way into the public vocabulary. These measures, put in place to slow the spread of infection, have entirely redefined American daily life. This newfound culture of isolation could save lives by preventing hospitals and healthcare workers from becoming overwhelmed. This crisis, referred to as a silent ‘war’ by politicians and the media alike, is uniquely challenging for many reasons, chief among them being that we all must fight alone.

It’s been long acknowledged that humans are not meant to live lives of isolation. As Aristotle wrote, “Anyone who either cannot lead the common life or is so self-sufficient as not to need to, and therefore does not partake of society, is either a beast or a god.” To be alone in the world is to be deprived of one’s humanity. Lord Byron, in his famed apocalypse poem “Darkness” explores what would happen if one morning the sun didn’t rise. In the poem mankind burns all their earthly possessions, just to see one another’s faces through the dark. Philosophers and poets alike have been saying for centuries what psychological research has only recently confirmed: humans need each other. Columnist Charles M. Blow recently wrote an opinion for the New York Times on how staying home and socially isolating is a privilege only reserved for

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those who have jobs that are able to be done remotely or make enough money they can afford to stay home without pay – a group which is disproportionately white and upper class.² There is no doubt that this pandemic is a crisis of class just as surely as it is one of public health. When weighed against the alternative, a tenfold increase in deaths which would destroy our already overburdened healthcare system, social distancing is a gift. However, to frame it as such is to blithely neglect the costs that come with prolonged isolation. While most scholars are concerned with the vast economic toll of social distance, the potential psychological implications are just as worthy of discussion. In this paper I will give an overview of the existing literature on the psychological and physiological effects of prolonged isolation and loneliness with the goal of increasing understanding of the toll preventing social connection on such a large scale may take. Next, I will link these findings to the current situation of the Covid-19 pandemic and illustrate that the detrimental impact on wellbeing is, in fact, a violation of human rights. Finally, I will close by posing some of the ethical dilemmas unique to this crisis and make an argument in favor of embracing collectivism during the time, despite the heavy costs it will bring to each and every individual.

**Psychological and Physiological Effects of Prolonged Isolation**

Long before the novel coronavirus even surfaced, many were talking about another epidemic: loneliness. A recent report from Cigna revealed that 61 percent of Americans are lonely, an increase from just 54 percent two years ago. Despite the fact most of the research on loneliness and social isolation has focused primarily on older adults, 8 out of 10 gen-Z respondents and 7 out of 10 millennial respondents reported feelings of loneliness, compared

with only 5 out of 10 amongst boomers. These findings could be causally connected to a different survey of 1,787 U.S. adults between the ages of 19 and 32, which found that those with higher social media usage are more likely to feel socially isolated than those with lower social media usage. In fact, other work suggests that decreasing social media usage by just ten minutes per platform per day can lead to decreased feelings of loneliness and depression. The emphasis of much of the research on loneliness and isolation in recent years has centered around young people and social media. Ironically, in the face of this new epidemic, which is causing entire offices to conduct work remotely, classes to be conducted online at all levels of education, events to be conducted as webinars, birthday parties to be celebrated in individual houses on a group video call, social media has become ubiquitous, and possibly the only responsible means of social connection. Though technological channels of communication have now become necessities, the extent to which they will mitigate feelings of isolation remains to be seen.

The effects of quarantine are vast, and not something to be taken lightly. Studies have found that general symptoms of quarantine-associated distress include emotional disturbance, depression, stress, low mood, irritability, insomnia, anger, and emotional exhaustion. In 2003, quarantine measures were used to limit the spread of severe acute respiratory syndrome (SARS). A study on 129 individuals in Toronto, Canada who were subjected to such measures revealed that mandatory quarantine, unsurprisingly, has deleterious psychological side effects.

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Concerningly, 31.2 percent of respondents were observed to have symptoms of depression, and 29.2 percent had symptoms of post traumatic stress disorder (PTSD). Individuals subject to longer periods of quarantine were more likely to exhibit symptoms of PTSD.\(^7\) However, physical quarantine is not the only factor driving people apart during a disease outbreak. A different study from the SARS epidemic focused instead on those fighting on the front lines: healthcare workers in a Taiwanese teaching hospital. In a survey of 338 staff members, 5 percent suffered acute stress disorder, a condition similar to PTSD but refers to the short-term effects of witnessing a traumatic event. Workers who were forced to quarantine were at significantly higher risk for acute stress disorder. A remarkable 20 percent of the surveyed group reported feeling stigmatized for their hospital work in their neighborhood and 15 percent did not go home during the epidemic out of fear of infecting their family members.\(^8\) In losing these support networks, those on the front lines of the fight are remarkably similar to those under lockdown. They too, are alone.

Perhaps unsurprisingly, those experiencing loneliness, which refers to perceived isolation though not necessarily physical isolation, also face detrimental physical health effects. The most commonly cited statistic from a 2010 AARP report on loneliness in older adults is that loneliness can pose as great of a health risk as smoking 15 cigarettes a day or obesity.\(^9\) Though that study controlled for lifestyle habits, other research does show that lonely people suffer there too and

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\(^7\) Hawryluck, Laura et al. “SARS Control and Psychological Effects of Quarantine, Toronto, Canada.” *Emerging Infectious Diseases* 10, no. 7 (2004): 1206-12. doi:10.3201/eid1007.030703


are more likely to be smokers.¹⁰ Loneliness and social isolation are considered risk factors for early mortality, with more profound predictive effects on isolated people under 65.¹¹ This general finding may be correlated with other research which shows loneliness can lead to higher systolic blood pressure, increased vascular resistance, increased hypothalamic adrenocortical activity, and weaker immune system response.¹² The relationship between the psychological effects of social isolation and loneliness and the physical ones remains ambiguous. Additionally, as these are unprecedented times, the potential effects of such widespread, forced social isolation still remain an unknown. However, the research seems clear that in the absence of social connection, humans suffer.

The right to socialize is nowhere in the 1948 Universal Declaration of Human Rights. The U.S. Constitution does not guarantee the right to have friends over for a dinner party, hold a loved one’s hand in the hospital, or visit an elderly relative in a retirement home. An argument could be made that forcible social isolation, while unpleasant, is not fundamentally a human rights abuse. In light of the detrimental impacts loneliness and isolation carry for people’s physical and mental health, this claim should certainly be questioned, if not disputed altogether. Furthermore, in its most extreme form, solitary confinement as a penal tactic, social isolation has been condemned as a form of torture by the UN when lasting for over 15 days, and even in a more moderate form is only to be permitted in extraordinary circumstances.¹³ This is for good

reason. Studies have shown prisoners in solitary confinement are much more likely to be hospitalized for psychiatric disorders and experience anxiety, depression, stomach and muscle pains, and difficulty concentrating while in confinement.\textsuperscript{14} Though the prevailing wisdom seems to be that people’s reactions to solitary are highly individualized and can vary due to mental health problems present prior to confinement, a significant number of inmates will experience severe psychological distress. In one study, several inmates reported hypersensitivity to external stimuli, hallucinations, paranoia, primitive thoughts, self-mutilation and recurrent episodes of tachycardia, shortness of breath, and panic.\textsuperscript{15}

Most of the varying degrees of quarantine measures taking place throughout the world bear little resemblance to the harsh conditions of solitary confinement used in prisons. The vast majority of Americans are living under stay-at-home orders, which permit continuing to leave the house for essential activities like shopping for groceries or getting some exercise. Other countries, like South Africa, have employed stricter strategies, banning outdoor exercise, fast food delivery, and the sale of alcohol, cigarettes, and clothing.\textsuperscript{16} Some version of social distancing measures like these, varying in degrees of stringency, could last into 2022.\textsuperscript{17} Particularly vulnerable to loneliness during these times are the 35.7 million Americans who

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currently live alone or the many elderly patients in nursing homes. Even those isolating with
their nuclear families or roommates, are likely to experience psychological distress.18

The current crisis has led many scholars and journalists to look at accounts of the Spanish
flu pandemic in 1918. An article published in The Atlantic looked at diary accounts that proved
that in many ways history does, indeed, repeat itself. People were enraged by isolation measures,
kids were excited for the excuse to be out of school, and nobody looked good wearing a
facemask in public. However, the most profound similarity was the experience of enduring the
crisis alone. The effects of this mandated distancing, in some communities, permanently altered
social interactions for the years following the pandemic.19

The right to social connection is but one of many being abused during these
unprecedented circumstances. Religious groups have been prevented from holding services in
their respective places of worship, restrictions of gatherings of large groups interfere with the
freedom to protest, children without stable internet access or good school resources have lost
their right to an education, and millions have been forced to abandon their means of making a
living by the closure of all non-essential business, making it difficult to obtain even basic living
necessities like groceries. While adequate government intervention can potentially help families
whether the economic shutdown, the rights to which human sociality is fundamental must
continue to be necessarily violated in favor of the preservation of the human right that trumps all
others: the right to life.

18 Ellen Byron, “More Americans Are Living Solo, and Companies Want Their Business,” The Wall Street Journal,
Covid-19 lockdowns have been protested by conservatives in several states, including Virginia, Michigan, Kentucky, and North Carolina.\(^{20}\) President Trump has fanned the flames, urging on Twitter that states “LIBERATE” and gave the go-ahead in his April 17th press conference for governors to loosen their restrictions at their own discretion, claiming some states were already ready to open up.\(^{21}\) Politicians and scholars around the country have struggled with decision making, forced to weigh the tremendous social and economic costs of following public health guidance against the lives that social distancing measures can save. Anne Case, an economist known for her work with her husband, Angus Deaton, on so-called “deaths of despair” which refers to the increase in deaths amongst America’s white working class due to suicide and drug and alcohol abuse, believes that in this case, following public health guidance will save many lives in the short-term, even though she knows the fallout will affect livelihoods for years to come.\(^{22}\)

The consequences of social distancing, whether these measures are upheld or disbanded, are collective by nature. The burden of every risk taken by an individual is shouldered by their community as well. This is a hard pill to swallow for most Americans. As Rousseau famously wrote, “There is often a great deal of difference between the will of all and the general will.”\(^{23}\) Here he acknowledges that often the interests of the people who comprise the body politic are often distinct from what is best for society as a whole. In fighting this virus, it is the general will

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that must prevail. This pandemic has been referred to as an ‘invisible war.’ Americans have not fought a war together in a long time. There has been nation-wide suffering, whether it be from the 2008 financial crisis or the 9/11 terrorist attacks. But a time when everyone was equally shouldering the burden of social responsibility for a collective national fate? It could be argued that the last time that happened was World War II, when we were forced to work together either on the battlefield, or providing support on the homefront. The additional, and frankly paradoxical challenge of this pandemic, is that the best way to support one another is by staying apart.

The Covid-19 pandemic presents an incredibly unique challenge. The media has largely discussed the detrimental impacts of social distancing measures only in economic terms, probably because those come with empirical data. We can point to the number of unemployment filings per week or look to stock market trends and definitively say that people are struggling. On Easter, people reckoned with being unable to worship in their respective churches. Passover seders took place primarily over Zoom this year. However, the psychological, behavioral, and physical impacts of such widespread social distancing measures remain mostly unknown, and just as invisible as the virus itself. We have fragments of data from SARS and the 1918 pandemic, but they are mere scraps. The truth is, though we know that loneliness and social isolation negatively affect many, much of this is uncharted territory.

What we do know is that the months to come will be tremendously difficult. The longer social distancing measures last, the more likely negative implications that come with social isolation and chronic loneliness are to arise. In this current moment, we are living in Carl Schmitt’s “State of Exception,” meaning that citizens are ceding many of their constitutional rights to the government in favor of the public good. The right to social connection is perhaps an
unseen and unexamined sacrifice, but it is not one to be taken lightly. The mental toll of Covid-19 is a challenge that must be continue to be monitored and research as it unfolds.
Bibliography


