

Family in the Age of COVID-19

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The coronavirus has had a profound effect on the world in a multitude of ways. By the time this appears (written in mid-April 2020), we probably will have some better sense of its ultimate impact. This essay centers on only one meaning of its effects: How it has impacted family life.

First and foremost, the COVID-19 outbreak is a great human tragedy. In the long progression of human suffering, there have been other momentous times of loss, ranging from wars to genocides to massive oppression to other pandemics, but never one so widespread across such an interconnected world. Many people have died; still, more are critically ill. World economies and social structures suffer, and with this comes vulnerabilities to totalitarian and authoritarian politics in many countries.

Having said that, reactions to COVID-19 also present a once in a lifetime international social experiment about family life, perhaps the most widespread social experiment of all time. Not only have individuals and families been dealing with threats to their health from COVID-19 itself by trying to avoid and survive infection, but there have also been so many special meanings for families. For many, there, very directly, is the loss of family members (with those losses often occurring in ways removed from family contact that are in this era unusual). For almost everyone, there are anxieties and other feelings related to such potential losses (Weingarten & Worthen, 2018). Combine this with the other problems (e.g., increased unemployment and financial vulnerability) that accompany the pandemic, dealing with loss and possible loss are ubiquitous (Walsh, 2019).

Beyond such direct impacts of the virus, there are indirect effects. We are living through an intense period for family life, governed by a unique set of very strong external boundaries. Physical contact and close emotional contact have been mandated in many places by orders to remain within living units. This makes for powerful shared processes. It also makes for sometimes painful, intentional choices about who is in close contact with whom, that is, who is included within the boundary of close contact and who is excluded. To quote Dickens, “It was the best of times; It was the worst of times” (Dickens, 2014), a

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moment in which stories of heroic family closeness and resilience (Walsh, 2016) and unmitigated family stress and conflict both are prevalent. Enactments having to do with key processes within families can be expected to frequently emerge, moments that have long been described by structural family therapists as filled with possibilities for both gains and deterioration (Minuchin, 1974).

COVID-19 also has plunged most of us full tilt into the already emerging world of virtual connection. Contacts beyond the nuclear family unit are almost exclusively by videoconferencing, phone, or app. With this change, it does seem that geography is now becoming far less a factor in our interconnected world. Zoom across an ocean or to next door does not differ much from each other. Yet, there is a difference between virtual and in-person contact. Again, there are both the yin and yang of this, both the challenge of loss of connection and new possibilities for connection (Fishbane, 2019). Future social science will surely tell us how this has been experienced and its impact.

There have also been additional tests for those families that already face special challenges. What is the impact on families that already have members or subsystems in which there are individual or relational difficulties that are now cutoff from much of the outside world? Clearly, additional risks are evident in couples and families already at risk of violence, conflict, or other forms of relational difficulty. Not surprisingly, early data from China point to an increase in divorce rates during their period of lockdown (Prasso, 2019). Additional difficulties also likely emerge for families who have been dealing with troubled family members with the help of others that is now absent (McFarlane, 2016). Similarly, there are new and different opportunities for conflict in divorced and remarried families, where the frequency of contact between parents and children often already is at issue (Ganong & Coleman, 2018; Lebow, 2019a, 2019b; Papernow, 2018). In other families, what looked to be successful processes of family transition, such as young adults leaving home to establish their own identities, have been suddenly radically reversed, engendering a myriad of problematic possibilities. And as virtual communication becomes the norm, what do families do about connecting with those who lack the necessary technology or technological skill to do so? There also is a challenge for those who depend on rituals for connection, be it church or Alcoholics Anonymous meetings or family dinners, that are now disrupted. Research shows that the maintenance of such regular and dependable rituals can be central in distinguishing those who become casualties from those who remain resilient through difficult times (Bennett, Wolin, Reiss, & Teitelbaum, 1987; Imber-Black, Roberts, & Whiting, 1988). It also has already emerged that this virus is fatal far more often in some groups, such as African Americans, than in others. As is frequently the case in terrible events, effects are more pronounced for those who have the least financial resources. Crises like this one call further attention to profound underlying issues surrounding the impact of income inequality and racism in society (Anderson, McKenny, & Stevenson, 2019; Watson, 2019).

On the clinical front, COVID-19 has prompted a vast expansion in telehealth practices and a considerable evolution in the methods and ethics for practice delivered through technology. For those who do couple and family therapy, the issues raised are complex and there has been limited guidance from earlier writing and presentations about these methods (Caldwell et al., 2017; Hertlein, Blumer, & Mihaloliakos, 2015; Hertlein & Piercy, 2012; Pickens et al., 2020). How to establish appointments with some members of a family at a distance? How to guarantee the privacy of the members of a family who are in treatment from those who are not? How to adapt therapies that involve young children?¹ What

¹The good news for those with a systemic focus is that this question about therapy with children can only be answered by including parents in therapy; thus, a systemic goal of parent involvement in all cases may be furthered by the evolution of this medium.

have been the initial offerings of a few about telehealth and online intervention in relational therapies (Connolly, Miller, Lindsay, & Bauer, 2020; Forgatch & Kjøbli, 2016; Georgia Salivar, Rothman, Roddy, & Doss, 2018; Owen, 2019; Roddy, Nowlan, & Doss, 2017; Traube et al., 2019; Tsami, Lerman, & Toper-Korkmaz, 2019) have suddenly become the predominant methods of practice.

All these specific questions about the clinical practice of couple and family therapy also lead to larger empirical questions. Are relational therapies delivered at a distance as effective as in-person therapy? What impact do teletherapy treatments or computer and app-mediated prevention programs have on relational life and individual well-being in this time? How are therapy processes, such as alliance formation, impacted (Davis & Hsieh, 2019)? Do some forms of couple and family therapy or therapist methods of practice export to telehealth better than others (Russell & Breunlin, 2019)? Are there alterations in practice that are needed for the most effective telehealth practice? Several studies already point to the benefits of online methods (Connolly et al., 2020; Owen, 2019; Traube et al., 2019; Tsami et al., 2019), but what can we learn from this vastly expanded context?

All told, these are highly stressful and most interesting times. Clinical experience already points to emerging trends. It will be fascinating to see what family science finds to be the short- and long-term effects of these times and the impact of our methods of intervention during it.

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