

## PERSPECTIVE

## Staying Apart During a Pandemic

**Nathaniel P. Morris,  
MD**

Stanford University  
School of Medicine,  
Stanford, California.

**The walk** is clearly ending, and we can all sense it. We stand far apart and chat casually for a few more minutes, 2 couples savoring the moment together outdoors. But we know that we should probably wrap up, head our separate ways, and shelter in place again. People wearing masks walk past us. This is the first time we have seen our friends in person in weeks, and we are not sure when we will see each other again.

That is when I feel it.

It is hard to describe. A pull. A draw toward my friends. There is a charge of energy in the air.

But we know we cannot embrace, and we do not. Separated by just 6 feet of air, we talk about how great it was to walk together and how much we miss each other. We make tenuous plans to spend time together again in the coming weeks. The good-bye feels incomplete, yet we walk away from each other.

Is there a word for the absence of an embrace during a pandemic? Does the phrase *social distancing* capture what it means to be kept apart?

Too often, the English language struggles to articulate the experience of our daily lives, and there are plenty of instances where other languages can achieve what English cannot. In French, the phrase *la douleur exquise* translates as the exquisite pain, which has been used to signify not only sharp, localized pain in medicine but also feelings of unrequited love in romantic contexts. In German, the word *weltschmerz* translates directly to world pain, representing something akin to the sorrows that we feel when we realize the imperfections of the world around us. Language can often help us recognize subtle aspects of our shared experiences; however, the realities of a pandemic can still leave us at a loss for words.

At the time of her college graduation in 2012, author Marina Keegan wrote that “We don’t have a word for the opposite of loneliness, but if we did, I could say that’s what I want in life.”<sup>1</sup> Keegan died in a car crash just days after her graduation, and her moving essay drew international attention. Eight years later, her wish seems to be what so many of us want in our lives. With a pandemic upon us, social distancing has become a guiding principle, as we all do our best to stay apart, to remain in good health, to prevent the spread of infection. Social distancing has brought concerns about the possibility of an epidemic of social isolation, which could bring its own set of health challenges. Widespread social isolation could exacerbate the toll of mental illness and potentially increase risks of suicide.<sup>2,3</sup> Lack of social interaction could place vulnerable populations, such as elderly individuals or people living with disabilities, at additional risk for adverse health outcomes.<sup>4,5</sup>

It is possible to maintain social connection and to keep our distance from one another during a pandemic, for example by connecting through video con-

ferences, phone calls, emails, or text messages. Distance walks among friends with face masks and hand sanitizer in the outdoors might represent another example, although I am not sure whether the Centers for Disease Control and Prevention would approve. For these reasons, some have called for replacing the phrase “social distancing” with “physical distancing,” pointing out that “social distancing requires physical space between people, not social distance.”<sup>2</sup>

But we should not ignore the consequences of physical distancing either. No matter what we decide to call these measures, there is still physical space that keeps us apart, and this space means a great deal. In medical school, we learned about research on monkeys, infants, mothers, and oxytocin, and if there is anything I took away from all those nights studying, it is that connecting through touch is a core part of our well-being. Perhaps that is one reason why this pandemic is so hard. As infections spread, death tolls rise, and the economy falters, we feel an innate need to hug, to comfort, to hold each other.

At a time when we need to embrace each other most, we cannot.

As a mental health professional, I am still trying to provide as much support as I can to the patients whom I see in clinic. We conduct our visits through telemedicine, and it gets the job done. Many patients even prefer our virtual visits, finding them more convenient and easier to attend than in-person appointments. We talk about how they are coping with this pandemic and whether they have enough supports. Even as I talk with patients about the importance of social connections, I notice that our visits start with the sound of a click, rather than the warmth of a handshake. When our visits end, the patients and I do not walk together back to the waiting room as we used to; instead, they simply disappear on the monitor. I think about the miles between us and what the lack of touch might mean for my work as a physician and for patients.

There are broader unknowns about what this pandemic will do to the physical interactions that we share with one another. Some have asked whether this crisis might represent the end of the handshake. Others think the high-five might be relegated to the dustbin of history. I do not know which forms of physical greetings, good-byes, or other displays of affection will outlast COVID-19 and which ones will not. But hugging seems to be off the table for the foreseeable future.

This absence of physical touch spans more than just the people close by. As the intensity of social distancing, travel restrictions, and shelter-in-place orders has increased, I have found myself checking in more often with my parents and my siblings, all of whom work in health care and live across the country. Still, the physical space between us seems larger than ever. I worry

**Corresponding**

**Author:** Nathaniel P. Morris, MD, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, 401 Quarry Rd, Stanford, CA 94305 ([npm@stanford.edu](mailto:npm@stanford.edu)).

about how long it will be until we are all in the same room together. If I had to get to them, would I be able to? Will my parents fall ill before I can hug them? When is the next time that I will have my siblings in my arms?

Just as Keegan struggled to find a word for the opposite of loneliness, I am not sure that there is a word that sums up the absence of an embrace during a pandemic. I have not found anything yet

that matches the combination of the gravity that pulls us together, the sense of duty to remain apart, the fear of infection, and the emptiness of the space between us. That day, at the end of a walk with friends, I felt something along the lines of *la douleur exquise* or *weltschmerz*. Perhaps there is a word or phrase in another language that better captures this experience.

If there is, I hope that we will not be using it for long.

**Published Online:** June 29, 2020.

doi:10.1001/jamainternmed.2020.2505

**Conflicts of Interest Disclosures:** None reported.

1. Keegan M. The opposite of loneliness. *Yale Daily News*. May 27, 2012. Accessed April 14, 2020.

<https://yaledailynews.com/blog/2012/05/27/keegan-the-opposite-of-loneliness/>

2. Reger MA, Stanley IH, Joiner TE. Suicide mortality and coronavirus disease 2019—a perfect

storm? *JAMA Psychiatry*. Published online April 10, 2020. doi:10.1001/jamapsychiatry.2020.1060

3. Galea S, Merchant RM, Lurie N. The mental health consequences of COVID-19 and physical distancing: the need for prevention and early intervention. *JAMA Intern Med*. Published online April 10, 2020. doi:10.1001/jamainternmed.2020.1562

4. Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. *Lancet Public Health*. 2020;5(5):e256. doi:10.1016/S2468-2667(20)30061-X

5. Armitage R, Nellums LB. The COVID-19 response must be disability inclusive. *Lancet Public Health*. 2020;5(5):e257. doi:10.1016/S2468-2667(20)30076-1