Original article

The aftermath of the Covid-19 crisis in the field of intimacy: How to bounce back and rethink our values?

Les suites de la crise Covid-19 dans le domaine de l'intimité : comment rebondir et repenser nos valeurs ?

C. Duray-Parmentier [a,*], N. Nielens [a], D. Duray [a], P. Janne [b], M. Gourdin [c,d]

[a] Centre de Psychothérapie de Namur, rue des Œillets, 25, 5020 Namur, Belgium
[b] Faculté de Psychologie, Université catholique de Louvain; USERN, Place Cardinal Mercier 10, 1348 Ottignies-Louvain-la-Neuve, Belgium
[c] Université catholique de Louvain, Département d'Anesthésiologie, CHU UCL Namur; USERN, Yvoir, Belgium
[d] Faculté de Médecine, Université catholique de Louvain; USERN, avenue Emmanuel Mounier 50B-1200, Woluwé-Saint-Lambert, Belgium

A B S T R A C T

Human relationships and bonding reconfigure and reinvent themselves over time. For several decades, it has been interesting to note that both the digital dimension and the development of artificial intelligence have played a great evolutionary role in our relational society. There is an accessibility and intensification of social exchanges between internet users (published writings, photos, conversations, conferences. . .). Although we access this interplanetary sharing of connection, despite everything the distancing and physical emotional social deprivation between several individuals belonging to a different household can bring significantly high suffering. Moreover, with the Covid-19 crisis, there has also been that fragility of our own personal doubt that will settle psychically in us: the uncertainty will be more intimate, more present and more distressing. If there is exposure to a potentially threatening stimulus as is the case with COVID-19, the exploration of positive or negative resources of survival and that of creativity (psychological capital) will emerge during this first increasedmajor confinement in order to bring non-negligible and bearable psychic responses to possible traumas and episodes of acute stress. However, the goal of this article is to propose a possible understanding of a resilience, thought and mobilized from a systemic approach: The relationship between the individual and his different systems of social, relational and existential belonging.

© 2021 L'Encéphale, Paris.

R É S U M É

Les relations et les liens affectifs humains se reconfigurent et se réinventent au cours du temps. Depuis plusieurs décennies, il est intéressant de constater que la dimension numérique et le développement de l'intelligence artificielle jouent un grand rôle évolutif dans notre société relationnelle. Il existe une accessibilité et une intensification des échanges sociaux via internet entre internautes (des écrits, des photos, des conversations, des conférences. . .). Bien que nous accédions à ce partage interplanétaire de connexion, la distanciation et la privation sociale physique affective entre plusieurs individus appartenant à un foyer différent peuvent amener malgré tout une souffrance significativement élevée. De plus, avec la crise du Covid-19, il y a aussi cette fragilité du doute personnel qui est le nôtre qui va s'installer psychiquement en nous: l'incertitude sera plus intime, plus présente, plus angoissante. En cas d'une exposition à un stimulus potentiellement menaçant comme le cas du Covid-19, l'exploration des ressources positives ou négatives de survie et celle de créativité (capital psychologique) vont émerger au cours de ce premier confinement majoré afin d'apporter des réponses psychiques non négligeables face à d'éventuels traumatismes et épisodes de stress aigu. Toutefois, l'intérêt de cet article est de proposer une lecture d'une résilience pensée et mobilisée à partir d'une

approche systémique : dans la relation entre l'individu et ses différents systèmes d'appartenance sociale, relationnelle et existentielle.

1. Introduction

When we ask people around us, colleagues and relatives, how they feel about confinement during the Covid-19 health crisis, we find that it has often been experienced differently. For some, it's stable and not restrictive, while for others, it is experienced as violent. On what mental thought basis' do we develop different feelings and types of anxiety? This always depends on a number of personal characteristics, such as the relationship between exposure to stress and contamination by the virus. Does our professional activity necessarily expose us to contact with the virus? How can we protect ourselves and our loved ones sufficiently and rationally? In the case of teleworking, how do we reorganize ourselves and look after our children at the same time? In our free time, do we spend most of our time on social networks or in front of the television or, since the crisis, do we use this time in a different way with other resourcing activities? The degree of stress depends on the mental evaluation and perception of danger and on all these personal factors specific to each person's experience. It should be noted that confinement can also reactivate certain toxic relational dynamics and issues of past violence or unresolved post-traumatic stress that are part of the individual life cycle and within couples and families. It's also noted that since the beginning of the confinement, there has been a significant increase in marital, family and sexual violence within households. Is it therefore true that a confinement increased beyond 14 days can develop or reactivate a state of acute stress and/or post-traumatic stress in some people? Or in some people, a slippage syndrome? And how do individuals respond?

From a categorical point of view, an acute stress episode can be considered after ten days and one can only speak of a constituted post-traumatic stress state after thirty days [1]. This disorder can then evolve and become chronic. The exhaustion of psychological resources in this ordeal of subsequent, confinement, deconfinement, reconfinement. appears more intense as the months go by for the period between April 2020 and May 2021. Indeed, the psychic resources evolve and are exhausted over time between permission and restriction. The emotional and mental oscillation is exhausting for most individuals. Many people have been disturbed by the constant oscillation between the changing health measures and legal derogations from the Ministry of Public Health. Some are able to adapt and accept difficulties living standards, others have not fully recovered. The risks of generalized depressive affects and acts of violence have increased tenfold! A study was carried out by the Jean Jaurès Foundation in 2020, revealing that 11% of French people thought about suicide during the first confinement and this figure rose to 17% in the first months of deconfinement [2]. Since March 2020, our constantly mobilized resources can gradually become exhausted. Due to the psychological exhaustion resulting from the continuous mobilization of psychic resilience, the maintenance of social distancing (deprivation of social movements and emotional relationships) and the change of sanitary measures are increasingly difficult to bear in the long run for many people. This psychological wear and tear makes the confined emotionally fragile and can develop automated and often inadequate survival responses such as bulimic impulses to calm sadness or annoyance, emotional agitation, moments of despondency or despair in our free time, feelings of rebellion, of liberticide at curfew. Efforts to resist the first wave

of the epidemic did not always lead to the results that people expected. Indeed, these efforts were generally perceived as useless or ineffective in the medium to long term, leading to a feeling of incapacity to act on one's environment. This seems to engender a "learned helplessness" or "learned resignation" [3]. We are talking here about emotional frustrations that significantly block the individual's acceptance of his or her sense of self-efficacy (SEP) and self-esteem. However, as we personally see with ourselves, it is only when we perceive our actions as fruitful that we can accept to continue our efforts. In the case of the current pandemic crisis, the acquired powerlessness, the lack of a clear and possible mental projection leads to a vagueness, which can in turn become heavy to bear, a heaviness that harms the positive perspective of the psyche and its resilience, the anxiety about the economic consequences or about the viral danger that has become tangible, all generate a decrease in motivation to comply with health measures and can lead to a form of depression. In Belgium and France, surveys conducted among the population in autumn 2020 show that health measures and social distancing rules were less respected. Without any real prospect of curbing the epidemic, individuals become discouraged and no longer maintain their efforts to comply with health rules and social restrictions with the same degree of perseverance and motivation. In an adverse situation, the ability to anticipate a better future is essential for every human being. However, the population in general is faced with the painful feeling that the first efforts have been in vain and cannot, therefore, be assured by the idea that the new constraints can be acceptable and bear fruit. We are therefore more at risk of suffering psychologically from these second and third confinements as a result of the oscillations between confinement and deconfinement, leading to a lack of positive perspective, post-traumatic stress and depressive states observed [4]. However, the uncertainty imposed on us by Covid-19, and the new situations that arise from it, forces us to think of tomorrow's world in new and unknown terms, which can be destabilizing for the individual. Understanding the adaptive process that each of us may or may not be able to mobilise to cope with and adapt to this unprecedented health crisis is essential. This will undoubtedly be a major challenge for psychology and the social sciences. This is why we will develop the different models of defensive actions for survival. We are talking about systems that are pre-programmed to respond to adaptive systems that can provide additional insights into the rational (or not) behaviours that we may face in the future of mental health and in which we are already involved.

2. Resilience: a systemic approach in the different social systems during the Covid-19 health crisis

The notion of resilience was first evoked by the physical and mechanical sciences to define the shock resistance properties of materials and was then taken up by the psychological and social sciences. Marie Anaut points out that resilience is often associated or confused with the notions of renewal, reorganization, emergence, and persistence, adaptation, flexibility, elasticity, rebirth and reconstruction [5,6]. A review of the literature shows that resilience has been cited at different scales, whether individual, family, territorial, community or urban [7]. In sum, resilience has been defined as an intrinsic characteristic, a capacity, a process or also the result of adaptation in the face of a crisis or threat. The question then arises:

Vignette 1

In a department specializing in physical medicine (Belgium), the doctors noted a significant increase in worried or anxious questions from patients. Indeed, it is the expression of a lack of confidence that the individual has in the structures of social regulation, in particular with the vaccine which is put forward: A widespread impression is that we are being lied to, that the State is not managing things well, that we have to protect ourselves (without having the skills or the capacity to discern), that refusing the vaccine is a way of saying "no", that the doctor in charge does not know or is overwhelmed, that we are invaded by incomplete data that we do not know how to analyse but that we have to analyse. Another observation reported by the doctors in this department is that among colleagues in the hospital (doctors and non-physicians and nursing teams in particular) there is a lack of confidence in the organisational structures both within the institution and in society. There is anger in the teams against the lack of caution of the population, with some calling for more control by the authorities, etc.

---

from what scales can we then understand resilience and the different survival resources in the context of the current pandemic? Resilience can only be thought of from a systemic approach, a logic of rational human exchanges through the organizational systems of life: in the relationship between the individual and the different systems of social, professional and family belonging. It is in this perspective that the different resources mobilizing resilience, which we will call social resilience, become interesting in order to account for the way in which the traumatogenic events experienced by individuals in the current context of confinement become a collective issue around which communities are called upon to mobilise [8]. Social resilience can then be conceived "*as a multifactorial process based on the capacity to mobilise individual resources and on favourable external conditions such as family, perifamily support, peers, social communities and belonging*". While it's certainly premature to conduct an analysis of collective resilience and resources in the current Covid-19 pandemic context, we can already imagine a number of community responses that can be seen as protective factors for marginalized individuals and groups. However, the impacts of the pandemic and access to protections from our governmental authorities have often been experienced as unequal between social groups [9]. In the meantime, political decisions have been taken quickly to stop the spread of Covid-19. But were these decisions sufficiently cross-cutting? Has the resilience of countries remained fragmented across health, social, economic, environmental and institutional systems? A study by the University of Geneva [10] found that federal governments were not prepared to deal with systemic health, economic and social shocks caused by the coronavirus even though there have been other health crises since the 2000s, including Ebola in 2014–2015, in West Africa. Western societies did not fully appreciate the threat because they did not feel directly threatened and/or not directly affected or even concerned? Many factors have influenced the impact of the pandemic on society, such as the speed at which a government acts, the existence or not of a social safety net and the fragility of the health of the population's health. Finally, as Nikola Biller-Andorno et al. [11] state, the Covid-19 pandemic shows how great social inequalities are and how they are reinforced by the continuation of the current crisis. Another point to raise is the evidence of the inability of governments to respond with immediate effectiveness to systemic crises and to propose plans and measures that are perceived by individuals as sufficient and coherent and therefore respectable. The challenge would be to build capacity for prevention, response and recovery, before, during and after the crisis. The resilience of societies would then be strengthened before the onset of the crisis by investing,

for example, in the integration of human, animal and environmental health into an established plan of action to prevent the spread of diseases from animals to humans or virus variations, mutations between humans. This would be followed by so-called "reactive resilience' during the crisis, such as enabling health systems to cope with emergencies and strengthening safety nets. Finally, "recovery resilience' after the crisis would involve putting in place mechanisms to support the recovery of society, such as strengthening intergenerational solidarity at population level. At societal level, we could point to different systemic approaches to building societal resilience: Firstly, the participation of all citizens would promote inclusion, ownership and responsibility. Secondly, improving our understanding of the pandemic as a systemic crisis could help to communicate more constructively to societal well being and transparently about the different social effects and their balancing [11]. As Didier Wernli explains [10], "*If schools are closed, this has an impact on parents and, by extension, on the world of work, not to mention the risks of dropping out of school and the resulting psychological distress*". Thirdly, the development of pedagogical learning modules would allow for the rapid adoption and adaptation of evidence-based and validated measures by the population. Lastly, there is the risk of falling into an authoritarian system: in a crisis such as the one we are currently experiencing, the executive could override the legislative and legal systems. While this may seem justified in the short term, it should not last if democracies are to continue to function. Finally, an integrated approach to resilience would be needed to build capacity to prevent, respond to and recover from systemic crises for the present and the human relational future.

3. Individual and collective resilience (psychological capital) as resources for survival and creativity

Unlike metals, human beings do not systematically return to their state prior to deleterious events. They build a new one. Probably the most striking element of this crisis is the fragility our globalization's ecosystem. In the space of a few weeks, and for the past year, the world's second largest economy and its more than one and a half billion inhabitants have been in free fall or even at a standstill. In the space of a few days, all the European metropolises have also been completely paralyzed and confined. This is a particularly brutal lesson for the entire planet's economy: countries that have been confronted with pandemics in the recent past have prepared for them (Taiwan, Korea, etc.) or are aware of their fragility (African countries, especially Ebola). Some thinkers, economists, scientific activists and renowned researchers have warned about the risks of pandemics and the vulnerability of our economic systems. The current crisis reminds us of the need to think in depth about resilience - that is to say, the capacity for a system, whatever it may be, to regain its functionality and even improve it after being subjected to a disruption or crisis. Moreover, outside the economic context of the Covid-19 epidemic and depending on circumstances and personalities, people will create stability in the continuity of their history. However, they may also be in total rupture with their pre-Health crisis lifestyle. Some will retain their initial identity and functioning overall, with only slight readjustments to their worldview and personal values. Others, on the other hand, will transform and mutate towards a new identity. Indeed, they will redefine their values and probably convert to new reference models, sometimes even abandoning their initial life project, lifestyle and previous roles. This is a real change of life philosophy with professional reorientation, a political and social, humanitarian, religious or philosophical commitment…[12]

According to Tedeschi and Calhoun [13], the health crisis can also have positive consequences on people's lives. If the changes (to cognitive, behavioral and emotional life) that result from the

Vignette 2

Kathleen, 31 years old, veterinarian, works in a laboratory, testifies in a explains: "With the no longer any contact with relatives and cultural entertainment, it's become increasingly difficult for me to cope with my daily life, which is punctuated by a job that no longer suits me. In addition, people are becoming negative and even unpleasant, which had led me to distance myself from certain people around me in order to protect myself, which increases my isolation. I feel trapped by the situation".

personal attribution of a symbolic meaning lead the individual to overcome his or her blockage, his or her homeostasis of functioning prior to the pandemic, it would then be possible to mention the possibility of a post-traumatic growth resilience (post-traumatic growth). More than simply allowing a resumption of existence, the elaboration of meaning becomes a means of personal and societal growth. This process would therefore commit individuals to revise their fundamental patterns. This would create a fertile ground for the perception of positive changes and the expansion of their vision of themselves: new views, new perspectives, new personal possibilities, feelings of strength, value and also self-esteem. Indeed, some manage to cope and identify solutions to progress towards their goals, even if it means reconsidering the scope, the choice or the timeframe for their achievement. Conversely, others tend to accept resignation as a failure or a threat in the course of events or to consider the worst. The feeling of loss of control is often not experienced well by individuals operating around an organizational structure. In addition to the specificity of the individual's mental flexibility and psychic openness, certain psychological characteristics specific to individuals could also explain these significant differences in resilience of post-traumatic growth: individual qualities are identified under various terms such as "*character strengths*" or "*personal resources*". The latter have been defined as those aspects of the self that are generally related to resilience and to the sense that individuals to successfully control and influence their environment [14].

It also depends on experience, personal feeling and interpretative relationship, the individual's reading of his or her history and life course. Luthan et al. [15] grouped under the name of *psychological capital* four of these resources due to their synergistic action and their overall favourable consequences for the individual, particularly in terms of stress management:

- self-efficacy refers to an individual's confidence in his or her ability to mobilise resources and act to achieve a specific action in a given context;
- hope corresponding to the orientation of the individual's energy towards a given goal and the different ways of achieving it;
- optimism, which is a positive outlook on the future and the attribution of various successes to oneself and failures to external causes;
- resilience, which refers to the adoption of positive behaviours when confronted with the unexpected or risk, but also to overcoming one's initial state of equilibrium.

The ability to cope with stressful situations such as the current situation of confinement, deconfinement, reconfinement, etc. is not fixed. It would seem that targeted interventions (face-to-face or online) can develop or strengthen the psychological capital of individuals. Thus, experience sharing (self-efficacy), goal setting (hope) or the implementation of mental coaching sessions, meditations, relaxation (optimism and resilience) and hypnosis or kinesiology, are among the therapeutic tools considered to be used to increase the psychological capital of the subject. In the current context of the health crisis, it is easy to identify situations of intense stress involving the reorganization of daily life in the very short term (school at home, teleworking). However, having the confidence in oneself and one's environment to change one's modus operandi will be easier to conceive for an individual with a high level of hope. He will then devote his energy to finding solutions, alternatives, to solve his problems, to help his child with his school difficulties, to consult a tutorial on the Internet in order to obtain explanations of obscure parts of the mathematics curriculum, etc.. An individual with a high level of optimism will be better able to project himself once out of confinement. Indeed, he will be better able to assimilate the present situation to be unpleasant but limited in time. Thus, forced resignation is accepted in order to be contributed to something else. Finally, the ability for the subject to leave their comfort zone, usual homeostasis of functioning, will help them to consider his or her general and personal life situations from a different perspective, making it easier for them to cope with frustrations such as, for example, the inevitable longs hours of waiting in certain shops. Conversely, a low level of psychological capital leads to abandonment and rejection at the first failure, as well as negative emotions such as anger, frustration and mental saturation. Therefore, individuals with high psychological capital will be better able to deal with the and uncertainty of life's events by devoting their energy to finding suitable and constructive alternatives, to the possibility of revising their objectives and to keep a positive view of the situation. On the other hand, anxiety and depression may occur in subjects with a lower psychological capital [15,16]. Indeed, more quickly annihilated by the maintenance of the negative emotional feeling of anger or fear, the automatic ruminative thoughts indulge the individual in a vicious cycle but under a known logic of functioning, familiar for the intrapsychic and thus more psychologically reassuring. However, we will still have to wait a few months, or even a few years, to find out whether or not the Covid-19 crisis has triggered ephemeral changes or real metamorphoses. To see if people feel that their lives have been enriched or become more positive since all the upheavals and questioning.

4. Conclusion what about the long term?

According to Evelyne Josse [16], personal and societal change require significant efforts that we are rarely ready or willing to make over the long term. It is not enough to desire, even intensely, a new world or the implementation of certain changes for it to happen. However, it is important to set precise and achievable objectives, both individually and collectively, and over time. Knowing how to establish a method for achieving one's objectives and replacing inadequate habits with others in line with the new objectives requires not only perseverance but also patience and indulgence with oneself and the world. You only remove what you replace. "Nothing is lost, everything is created". Is the community ready to restrict its consumption of digital tools (streaming films, video games, email attachments, videoconferencing, etc.), which are responsible for 4% of the world's greenhouse gases, either 1.5 times more than air transport? [17] Will they give up their cars and use public transport?Or will they pay significantly more for consumer goods than they currently cost so that they can be produced in Europe? Are we ready and able to totally reconsider our vital functioning and our life automatisms in a global or European solidarity? In general, we confirm that despite all the inter and intra-personal differences between each individual and group of individuals, the human being is a social being by essence.

He or she lives and organizes him or herself within and around one or more community groups. His individual resilience is dependent on his social environment and his family conditioning. His

individual's power within society is therefore limited. However, each individual bears a responsibility for his or her own free will which cannot be absolved. All individual initiatives are invaluable. However, each initiative is built around decisions taken at both national and European level, but also at a global level. A society that has evolved over time must be able to cope with multiple events that then act as a threat to the homeostasis and normal functioning of society. The Covid-19 epidemic is one of these deleterious episodes that test its balance and imbalance and its oscillating attempts to rebalance. The health crisis has had a strong impact on our society in all sectors, on its economic, social, cultural and individual activities. The pandemic and its consequences are likely to leave lasting and detrimental traces on its short and medium-term development potential. However, although the pandemic risk has been insufficiently anticipated, the crisis does not seem to compromise the long-term existence of societies, but to whose detriment and what? With hope and positivism, it should recover from the effects of adversity and also become resilient. Each and every measure taken for economic and social recovery plays an important role in whether society and individuals will be able to enjoy post-traumatic growth after this crisis. Will policy choices favour short-term measures dictated by the health emergency and/or invest in projects that will ensure long-term scalable growth and resilience to future societal shocks? [18]. However, while society is likely to be resilient in the face of Covid-19, there are other external threats to our world and our existence, for which our resilience may again be limited and tested: global warming, for example, is a significant threat to humanity's ability to survive.

Disclosure of interest

The authors declare that they have no competing interest.

References

[1] Salmona M. « Thérapie post-traumatique », dans En chemin elle rencontre.Les artistes se mobilisent pour le respect des droits des femmes. In: Des ronds dans l'O/Amnesty International; 2013. p. 82–9.

[2] Debout M. Suicide: l'autre vague à venir du coronavirus? Fondations Jean Jaurès, penser pour agir; 2020.

[3] Seligman MPE. Helplessness: on depression, development and death. San Francisco: Freeman; 1975.

[4] Josse E., www. resilience-psy.com, Metz, 2020.

[5] Anaut Marie. La résilience: Evolution des conceptions théoriques et des applications cliniques. Recherche de soins infirmiers 2015;12:28–39.

[6] Barroca B, Dinardo M, Mboumoa I. « De la vulnérabilité à la résilience: Mutation ou bouleversement? ». EchoGéo 2013;24.

[7] Cyrulnik B, Elkaïm M. « Entre résilience et résonnance »: à l'écoute des émotions. Paris: Editions Fabert; 2009.

[8] Adger WN. Social and ecological resilience: are they related? Progress in Human Geography 2000;24:347–64.

[9] Shields J, Alrob ZA. Covid-19, migration and the canadian immigration system dimensions, impact and resilience. Toronto York University; 2020.

[10] Wernli D. Renforcer la résilience face au Covid-19 et aux futures pandémies. In: Global Studies Institute (GSI); 2021, https://www.unige.ch/communication/communiques/2021/renforcer-la-resilience-face-au- covid-19-et-aux-futures-pandemies/.

[11] Biller-Andorno N, Wild V. The ethics of evidence. Hasting Center Report 2012;42:29–30.

[12] Croisier T., Perrin O., Covid-19, Surmonter la crise et préparer l'avenir, Point de vue, 2020 https://www2.deloitte.com/fr/fr/pages/covid-insights/articles/covid-19-surmonter-crise- preparer-avenir.html.

[13] Tedeschi RG, Calhoun LG. Trauma and transformation: growing in the aftermath of suffering. Thousand Oaks, CA: Sage; 1995.

[14] Choisay F, Fouquereau E. Face à la pandémie, l'importance des ressources psychologiques individuelles, The Conversation, avademic Rigour. Journalistic flair, Université de Tour; 2020, https://theconversation.com/face-a-la-pandemie-limportance-des-ressources-psychologiques- individuelles-136870.

[15] Luthan F, Vogelgesang GR, Lester P. Developing the psychological capital of resiliency. Hum Res Rev 2006;5:25–44.

[16] Josse E. Le monde d'après le COVID-19. Un monde meilleur? Et la résilience individuelle et collective dans tout cela?; 2020, http://www.resilience-psy.com/spip.php?article444.

[17] Efoui-Hess M. Climat: l'insoutenable usage de la vidéo en ligne. Think tank, The Shift Project; 2019 (ss la dir.2019) https://theshiftproject.org/wpcontent/uploads/2019/07/2019-01.pdf.

[18] Waslekar S. Un monde inclusif; 2005, https://www.leap2040.eu/english-an-inclusive- world/.