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The (almost) impossible profession: face-to-face child psychotherapy during the Covid-19 outbreak

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ABSTRACT

The coronavirus outbreak required, among many changes and restrictions, a sudden and abrupt transition to online psychotherapy. This transition presented especially huge challenges to child psychotherapists. But as weeks and months have passed, and the virus has stayed with us, as our state of crisis has become routine, we are facing new and even greater challenges. We are back to the clinic with our young patients, but we are doing our therapeutic work while facing the danger of infection, wearing face masks, and being required to keep physical distance from each other. At the same time, children and parents, as well as the therapist herself, suffer from the consequences of the prolonged situation of crisis: there is anxiety, depression, and what seems worst of all, a sinking into apathy and indifference. Building on the evocative paper by Betty Joseph *Thinking about the playroom*, I will offer some preliminary insights into this (almost) impossible situation, in the context of our effort to keep our work, our patients and ourselves, alive and well.

KEYWORDS

Child psychotherapy; playroom; Covid-19; coronavirus; trauma; face masks

Working as a child psychotherapist and supervisor during the times of the coronavirus, I am often reminded of the label 'the impossible profession' which is sometimes given to psychotherapy (Freud, 1937: Malcolm, 1981). As the coronavirus spread, face-to-face work became prohibited. Nowadays, we have gradually returned back to the clinic, to face-to-face work with our patients. But is it indeed possible to continue with our therapeutic work as we return to the playroom under the shadow of the coronavirus?

Working online, as was required during the early days of the coronavirus outbreak, was a huge challenge, especially to those of us working with children. In a previous paper (Shulman & Saroff, 2020) we explored some of the online work done with children during these times. We discussed the many difficulties of working online with children and claimed, following Alvarez and Reid (1999), that an 'imagination for two' is needed. Alvarez and Reid, in the introduction to their book '*Autism and Personality*' (1999), suggest that in the absence of play, the therapist's own resources are frequently the only means available to bring into being liveliness, creativity and play in the child patient's inner world.

Reid writes: 'The therapist must have a mind for two, energy for two, hope for two, imagination for two' (Alvarez & Reid, 1999, p. 7). During the times of coronavirus,

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a reliance on the therapist's own resources is needed, to preserve hope, faith and creativity or, alternatively, to rediscover them in new forms in the therapeutic relationship. All this happens despite the fact that the therapist herself is under the same attack as the one her patients are experiencing. As I work in my clinic these days, struggling to observe and think while feeling as if I'm suffocating behind my face mask, keeping the required physical distance from my patients as well as I can, the challenge of remaining 'alive, healthy and awake', as Winnicott (1962) recommends, seems harder than ever to achieve.

Looking back, as I write this paper on the work I do these days, I wonder whether and to what extent I have managed to maintain my ability to think about what happens inside the playroom (Joseph, 1998). Have I been able to keep an 'observational state of mind' (Reid, 1999) and to offer 'live company' to the children I see (Alvarez, 1992)? Having an 'imagination for two' seems much more difficult nowadays, as inner resources have become depleted and dried up. 'I'm a parched wellspring', a colleague told me recently. 'I feel that my creativity is dying and may be lost'. But as the two of us talked, together with other colleagues, ideas sprang up, laughter emerged – the simple joy of renewed liveliness, shared feelings and new thoughts. Indeed, I believe that nowadays relying on one's own resources is not enough. We need to gather resources up wherever they are to be found. *'Out of the barn floor, or out of the winepress'*, as the old Hebrew saying goes, meaning: every which way. When I looked up the biblical origins of this saying, I discovered that the full text is:

> And he said, if the LORD do not help thee, whence shall I help thee? Out of the barn floor, or out of the winepress? (Online Bible, Bablica, The New International Version (1978). 2 Kings 6:27)

So, the original meaning of this saying refers to the need for help in a dire situation. And the answer to the question 'from where will my help come?' is – from wherever possible. Colleagues, reading, the arts, online lectures (these days), patients themselves, and even the lilies I saw recently flowering on the beach, on the bare rock, making me think about the wonderful resourcefulness of nature, the plant finding enough nourishment to flower in such an inhospitable environment. Everyone and everything that can possibly become a source of inspiration is to be reached out to.

Writing this paper is in part an effort to bring myself, my imagination, my playfulness, and the psychotherapist in me, back to life. To paraphrase on Alvarez (1992): reclaiming myself.

Background

As the coronavirus started to spread, a child patient told me that his parents were hoarding food for the imminent quarantine. Little did I know, as I listened with wonder to what seemed to me at the time an excessive and over-dramatic reaction, that very soon we would all be doing the same.

The first quarantine in Israel lasted about two months. During that time, all work was done from home and schools were closed. Online psychotherapy began at once, new and unfamiliar as it was to most therapists. After about two months, we gradually began to return to the clinic and were able to start seeing patients face-to-face. The Ministry of Health allowed for child psychotherapy to be done without face masks, but

keeping, as much as possible, a physical distance of about two metres from each other. We were also asked to sterilise surfaces and toys and to avoid using objects that could not be sterilised (cushions, stuffed toys etc.).

As morbidity rates increased again, daily life in general and psychotherapy in particular were often interrupted. Patients and therapists alike entered periods of isolation repeatedly, due to being exposed to people with confirmed coronavirus. Many became ill themselves. The Ministry of Health stressed the necessity of wearing face masks and keeping social distance, and therapists now began to wear masks. Child patients were still exempted from wearing masks, although adult patients were instructed to use them.

Israel moved gradually to harsher and harsher measures to contain the virus, until a total lockdown was declared again. Unlike the first lockdown, psychotherapy was declared essential work and was exempted from the restrictions. Thus, face-to -(masked)-face psychotherapy continued, with physical distance. Special education schools remained open, although the general schools were all closed. People were prohibited from moving more than one kilometre from home, and the right to protest was restricted, as people could gather to protest only within the one-kilometre limit. An escalation of distrust towards the government's decisions and policies seemed to be tearing the people in Israel in two.

But as the roads emptied, the shops and businesses closed and the police enforced the one-kilometre limit, people could still come to their psychotherapy sessions as usual. 'I can make an appointment with you anytime', a mother told me. 'I go out now only to the supermarket and to see you'.

Thinking about the playroom

Joseph's paper 'Thinking about the playroom' (Joseph, 1998), is a favourite of mine. For many years, I have used it in the basic child psychotherapy course I teach and always recommend it to my supervisees. I enjoy reading the succinct and lively way in which Joseph makes her basic points: every action, every gesture, the minutest expression made within the playroom, always require our conscious effort of thinking, of reverie. Everything is part of the story the child tries to tell us about herself. When she invites us to think about the playroom, Joseph refers to the aims of child psychotherapy. She says:

> We could describe our aim when thinking about the setting for the analysis, or indeed the psychotherapy, of the child or adult as that of providing an environment physical and psychological where the individual can feel able to bring all of himself - hopes, fears, impulses, anxieties, etc., into treatment. This immediately affects our thinking about the room in which we shall see him. With our child patients, particularly the young ones, we shall not expect them to express themselves in words, but in action. And the room has to be suitable for this.
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> ...
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> The important thing is for the room to be one in which the analyst or therapist does not have constantly to worry about it or what is being done to it, so that he can feel sufficiently free from anxiety and concern about it to be able to concentrate on what the child is doing and the child's own projections. We might put it this way, that one of the main things about the whole setting in psycho-analytic psychotherapy with children is that it should provide an environment in which the therapist can think and feel freely and thus be able to observe what comes from the child and what is stirred up in him or herself. (p. 360)

Thus, every action in the playroom needs to be thought about. Preparing a folder for the child's drawings; sharpening his pencils; playing ball with him; giving him extra paper or refraining from doing so – all these actions require reflection and reverie. What happens here? How? And why? As Alvarez (1999) says, we constantly need to inquire whom the child relates to, tries to relate to or fails to relate to, in any given moment. What kind of transference and countertransference may be observed in the therapeutic relationship and what do these teach us about the child, his inner and outer world?

Returning to the playroom following the lockdown, how much could I think and feel freely (Joseph, 1998, p. 360), free to observe the child and myself?

Thinking about my playroom: during the coronavirus outbreak and before

I have worked for about twenty years now in the same consulting room. It has a waiting room and a playroom, located on the seventh floor of an office building, spacious and comfortable, with a view of the sea in the distance, over the roof tops. After so many years, I feel at home here, surrounded by familiar objects, arranged just the way I like, with all my small habits and routines. This familiar room forms a comfortable background, enabling me to listen to and observe my patients, noticing subtle changes in them and within myself.

Returning to my office, following the first lockdown, was a strange experience. All the plants had died and the flowerpots have remained empty since. I placed trays with alcogel and sterilising wipes here and there, changed the usual position of the armchairs so that they could stand as far apart as possible, blocking the access to the doll house in doing so. It seemed a rather good idea at the time to have the doll house blocked, since it would be hard, I thought, to sterilise the small objects within it. Toys became suspect of carrying infection, toxic in a real, concrete sense, instead of allowing free use of playfulness and imagination, as toys are supposed to do.

Since we were required to sterilise the surfaces, I also covered the armchairs with sheets I brought each day from my home in a great big sack, laundering them daily and changing them between patients. The many cushions that for years children had used in countless ways were also now covered with sheets. My room gained the strange appearance of a camping expedition, leaving all beauty and aesthetics far behind. Thus, I awaited my patients to return.

And they returned, all of them. Only a few of the children had been able to participate in online sessions. With most of them, some contact had been kept through infrequent WhatsApp messages. The fact that every single one of my patients returned to treatment at this point made me reflect on the difference between the current situation and other circumstances of disruption in psychotherapy. It seemed to me as if the unplanned break was like a 'hole' in time; we simply went on as if nothing had happened, holding on to the collective hope of leaving all this behind us, forever.

The experience of returning to face-to-face contact was an extremely intense one. Seeing my patients face-to-face again I felt 'blown over' by the rush of sensations filling me. Online contact had seemed meaningful and intimate at the time, but as we met again now, I realised that there is no real alternative to simple, true human contact (Rolnick & Ehrenreich, 2020), body to body, heart to beating heart. This truth hit strongly home.

At that point, I had hardly given the sheets covering my room any thought at all. I just had a vague and rather righteous feeling, seeing myself as a highly conscientious psychotherapist, taking particularly good care of my patients' health. I even prided myself on the fragrant fresh laundry I brought with me to work each day … A somewhat touching effort, I now see, of finding some goodness and control in this most strange and frightening situation. My eyes were suddenly opened to the reality though, and reflection came rushing back, as often happens these days, with the help of a patient.

> *An eleven-year-old girl, looking at the sheet covering the armchair where she sat, inquired: 'does everyone have his own sheet? Is this one my very own?' I looked at the baby-pink sheet covering, as if seeing it for the first time. It was an old one, once used on the bed of my own daughter when she was young … How could all the possible transference and countertransference meanings of this escape me? I had simply enacted, no thinking making its appearance in my mind … As reflection returned, I wondered whether I had placed myself unconsciously in such an idealised position with this patient.*
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> *Sometime later, my patient's play changed. In play, she became a subtly abusive figure, pretending to take care of me, while actually exposing me to rejection and ridicule. A new depth and scope of work, pertaining to my patient's inner pain and anxiety, opened for us.*

The difficulty to reflect, to think about my playroom and what happened within it, were of course not over and done with. Twice I entered voluntary isolation during this period, since a family member developed symptoms and had to undertake a coronavirus test. I felt that I could not take the risk of infecting my patients, so I cancelled appointments, disclosing the cause of the cancellations. While reference to reality is certainly necessary and appropriate at times like this, I sensed that it also placed me in the position of 'the good therapist', exposing my patients to details of my personal life in a way that was unconnected to their own experiences and needs. This was not the type of self-disclosure that is sometimes recommended by intersubjective practitioners (e.g. Ziv-Beiman, 2013) and that can happen in the service of therapeutic needs. My disclosures could be seen as impingements, in the spirit of the time, into the therapeutic process. While actively placing myself in the role of 'the good therapist', could I still be available to receive onto myself other possible aspects of the transference?

Following my second period of isolation and considering the increasing morbidity rates and changing health regulations, I began to wear a face mask during sessions. Discomfort was acute. The difficulty to breathe, to think, to be, felt overwhelming. 'The two thirds of your face are hidden', a child patient told me. What expression could he now gather from my hidden face? In the sole paper I found so far about working with face masks, written following the SARS epidemic (Stephen, 2003), a paediatric psychiatrist is quoted as saying: 'Practicing psychotherapy while wearing a mask is like reading braille with mitts on' (Stephen, 2003, p. 1). Feelings of being lightheaded and dizzy, having trouble focusing and the extreme difficulty of not seeing each other's facial expressions are described in this paper. All true today too. Working in the context of collective discomfort seems to be a main feature of our times (Wade, 2020).

Recuring isolation periods, a sense of dread of passing on infection or being infected, the threat of serious illness and even death – all accumulate to create an overwhelming load of beta-elements (Bion, 1963), very difficult to process. Processing, during these

times, the torrent of unmodified emotional contents into alpha-elements requires an intense, ongoing effort, gradually wearing out and eroding inner resources.

My room seemed to me more and more sad and neglected. I felt a strong need 'to fix it', 'to make it better', to be surrounded again by order and beauty. Summer came, but I had somehow forgotten to plan to take time off from work. It was only when I found myself warmly suggesting to my supervisees to take a proper summer break that I noticed my own failure to arrange this for myself. I thus decided to take a short holiday, using it to re-paint and re-organise my office. As regulations were now emphasising face masks and not surface sterilisation, I gave up on 'the sheet system' and my room regained some of its former comfort and order. Yet, my thinking remained sadly concrete and restricted, and I found it hard to pick up my patients' reactions to the changing setting. 'I find it extremely difficult to talk to you when I don't see your face', a parent told me. 'I must safeguard our safety', I rather primly replied, failing to hold in mind the deeper layer in which he was telling me he was feeling un-held and alone.

It seems that generous doses of compassion and forgiveness towards our own limitations are desperately needed these days …

The loss of thinking and reverie in the times of the coronavirus may be explained partly by referring to the concept of trauma. The reality that suddenly descended on us with the coronavirus outbreak has been a truly traumatic experience, including a sense of uncertainty and helplessness in the face of an external super-force, over which we have no control. These are the situations that Caper (1999) describes as involving a breakdown of potential space, a collapse of the subtle, fragile dialectics that allow playfulness. A state of trauma is too close, according to Caper, to unconscious phantasies, as if projected directly onto the object and taking control of it. The difference between reality and projection becomes blurred, and only actuality remains. There is then no symbolic, as Lacan (1997) defines it, but only a blurring that causes symbolic breakdown and paralyses playfulness. Arlow (1987) stresses the loss of the sense of mastery that is one of the important functions of play; this loss leads in turn to the loss of the domain of phantasy, which becomes restricted in traumatic states. The possibility to distance oneself from reality, being able to have a sense of mastery in order to work things through, shrinks and becomes physical, concrete, cut-off, in order to contend with outer dread.

According to Van der Kolk (2014), all trauma is preverbal. He describes research findings that show that as flashbacks from traumatic situations occur, language areas in the brain go 'offline' and shut off. Words often fail us when traumatic situations occur. Even years later, traumatised people find it extremely difficult to tell others what really happened to them. Trauma in its very nature leads us to the edge of our understanding, cutting us off from language based on common experience.

Can we say that in these times, as we try to help our patients, we also suffer from traumatic experiences ourselves, which often makes thinking almost impossible?

During the last session of a remarkably busy day at the clinic, I started feeling extremely unwell. The dread of me possibly infecting my patients became overwhelming. My only comfort was that I had worn my mask all day long. Luckily, the Covid test results came back negative. But the days that preceded the test result were hard to bear.

The difficulty to think, to observe, to be a psychotherapist in these troubled times is a humbling experience but an important one. These are times of survival instead of

reflection, doing instead of being. It is a time, then, to re-read Joseph's wise words again and benefit from her sound advice. Time to go back to basics.

Yet, even in the face of all the difficulties and obstacles we encounter, significant therapeutic work can still be done in these times. Reflection sometimes comes back, reverie returns. Therapeutic work is influenced and coloured both by the specific emotional phenomena of the times, and also by the different ways these may interact with each patient's experience, as well as the particular issues arising in children and parents' day-to-day life under the shadow of the coronavirus.

Eli, an eight-year-old patient, was a helpless witness when he had been four years old to a tragic accident during which his father had lost his life. No one knew how much Eli had seen and understood at the time.

Meeting Eli, I saw a handsome child, who was however very immature for his age. He played and acted like a much younger child and seemed to have severe difficulty in understanding. The question of intellectual disability came to mind.

During the second assessment session, Eli surprised me. He was repetitive and insisted on doing everything in an exact replica of the first session. Suddenly, he asked to play a school-age board game. I hesitated, thinking there was no way he could possibly understand the rules of this game. To my surprise, he correctly rolled the dice, moved his pieces in the right way, and took turns in an appropriate manner. What he did not understand, and had no wish to understand, was the purpose of the game. He enjoyed merely going through the motions.

What is the purpose of psychotherapy with this child? I wondered. How can I reach him? In the first therapeutic session, I met Eli wearing my mask as usual. I was feeling, as always when masked, strangely distant and restricted, but with Eli these feelings intensified, becoming almost unbearable. With him I was constantly conscious of the mask upon my face, feeling 'shut down', blocked and handicapped, constantly fighting an urge to tear the mask off my face.

'Your sister brought you today', I said. And then inspiration struck. I continued, wondering at my own daring. 'Who else lives at home? Mummy, your sisters, and what about daddy?' 'Daddy is gone', Eli said. 'Daddy is gone', I repeated. 'What do you remember of him?' 'I remember the noise', Eli said.

He then simply told me about what had happened on that terrible day. His account matched, in every detail, what I had been told about the accident. 'Do you remember anything else of daddy?' 'No', Eli said. 'Do you like seeing photos of him?' 'No', he said again. 'Maybe you don't like to remember', I said. 'Yes', Eli agreed. 'I want to play'.

Some sessions later, after writing his name on his box, Eli took a large roll of sellotape and stuck it all over his box, again and again, until the roll was finished and the box was completely sealed. 'It's blocked', he said. 'And you want it to stay that way?' 'Yes' said Eli decisively. 'That way nothing goes in, and nothing comes out', I said.

Some sessions later, Eli initiated a new game. He was a child. I was to be mummy. He was also daddy, taking care of everybody and driving the family car. Together we play, exploring remembrance and loss.

I wonder, is it possible that the terrible trauma had cut off parts of Eli's self, leaving it blocked and sealed? Had we found a way together to think and talk about the unthinkable, during the time I myself was feeling sealed and blocked as never before? Had the experience of being trapped behind a mask somehow enabled me to sense Eli's pain better and find a way to reach out to him? Was he able now to begin, tentatively, to open up the sealed place within, and glance inside?

Ten-years old Jonah rushed energetically into the room, and I noticed how his small frame had filled up lately, becoming sturdy and strong. 'I'm angry with dad!' He shouted. He told me how his father had refused to let him play with video games this week. Like many children during lockdown, Jonah was spending huge amounts of time playing online, resulting in a sharp increase in irritation and hyperactivity, as can sometimes happen (Tavormina & Tavormina, 2017). Jonah's anger, I noticed, lacked the fire and all-consuming rage of the past. 'He really has moved forward', I thought. In the past, Jonah used to become enraged and completely unreachable with the slightest provocation. Every effort to reach him used to only increase the burning fire. His parents felt helpless and confused in the face of his endless rage. Now, his anger had some playful quality, and likewise I remained calm and unruffled.

In the end of the session, as father arrived, Jonah started to shout angrily. Dad remained calm. 'Endless gaming while school is closed harms you', he said. 'You must meet and play with other children'. 'They don't want to!', wailed Jonah. Indeed, one of the worrying aspects of the times of coronavirus has been the indifference, even apathy, that have begun to appear in many children. 'I will help you', father said firmly. 'I will call their parents myself'. In response, Jonah came closer and gave his father a big, strong hug. This was a moment of hope and beauty. Father and son seemed to have found their way to each other, and a way to move forward in these incredibly challenging times.

There is hope, and there is a way to move forward, to live, work and love. Together with my patients, colleagues and supervisees, I learn that going back to basics, to the minute-to-minute happenings in the playroom, to small vignettes when recalling a whole session and keeping it in mind seems impossible, help us be better grounded and find ourselves again, bringing thinking, feeling and contact back to life. In these strange times of being masked, afraid and far apart, it is a privilege to find a way to reach each other and lend a helping hand.

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No potential conflict of interest was reported by the author.

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