The COVID-19 pandemic has taken a toll on all individuals and their families around the world. Some suffer more adversely than others depending on their unique developmental needs, resources, and resilience. However, instead of breaking down, many families and therapists have hunkered down to cope with this ‘wicked’ situation as it continues to evolve. This article examines the unique challenges and opportunities of COVID-19 for families at different life developmental stages, as well as the challenges and opportunities for systemic therapists as they venture into unfamiliar territory. Through a case example and by integrating recent literature related to this pandemic, we apply three key and interconnected systemic themes (unsafe uncertainty, family life cycle, and social diversity) to discuss the challenges and opportunities for families and therapists, respectively. We are optimistic that there are many possibilities as families and therapists draw on, and often reinvent, currently available resources to navigate their course in this pandemic. We also find that while the pandemic continues to present unsafe and uncertain situations, there are new ways of being and behaving, especially when families and professionals work together collaboratively. Despite formidable challenges, there are many opportunities, both within families and communities that cut through different social contexts related to family, culture, economics, and even politics. Families and therapists could endure better when they are more cognisant of how and what these contexts may impact and offer them.

Keywords: COVID-19 pandemic, unsafe uncertainties, family life cycle, Social GRRRACCEESSSSS, telehealth, context

Key Points

1. Examine COVID-19 pandemic safety issues related to health, mental health, and relationships for families as well as therapists.
2. Be mindful of evolving developmental stresses and the impact of larger contexts on families and therapists during the COVID-19 pandemic.
3. Capitalise on available resources and models when working with families, and innovating new strategies relevant to the context of COVID-19 and families.
4. Scrutinise relevant issues related to teletherapy via practice and research, such as core competencies, supervision, effectiveness, commonalities, and idiosyncratic issues of teletherapy and conducting therapy in a room, and the possible blend between two or more forms of therapy on- and offline, at different stages and with different family members.

COVID-19 has impacted economic, educational, employment, financial, mental and physical health, social, spiritual, and many other developmental aspects of families and communities, certainly in ways that we are uncomfortably unfamiliar with. Social distancing and lockdown measures have resulted in forced proximity among family members and have disconnected individuals from their support networks (Brock & Laifer, 2020; Van Bavel et al., 2020). To compound the situation further, pre-existing
and new macro-system developments such as political and social movements and natural disasters continue to interplay with this pandemic in many parts of the world. One such example is the US presidential election and the United States’ economic war with China, which has repercussions on different fronts, including socioeconomic and political contexts. Moreover, the impact of the pandemic and the challenges of the macro systems intersect with stressful conditions and unfair biases arising from racism, sexism, poverty, and other forms of oppression. Hence, vulnerable groups, such as people of a certain age, economic status, or race are more adversely affected during a trying time like this (Twigg, 2004). Conversely, it is not difficult to imagine how inequality spreads COVID-19 (Ahmed, Ahmed, Pissarides, & Stiglitz, 2020; Sim, 2020).

There is a plethora of contemporary systemic literature that focuses on the COVID-19 pandemic as the source of multiple stresses affecting global and mental health for families, including loss of life, loss of social and physical contacts, loss of employment and financial security, loss of hopes and dreams, and loss of normalcy (see, e.g., Walsh, 2020). Moreover, anxiety, depression, fear, grief, trauma, difficulty in adaptation (e.g., sleep and eating patterns), and relationship conflicts are some of the bio-psycho-social challenges facing individuals and their families during the COVID-19 pandemic (Amorin-Woods et al., 2020; Falicov, Nino, & D’urso, 2020; Fraenkel & Cho, 2020). This situation is further worsened by conflicting public information (see Gunthe et al. (2020) for a review), as well as the uncertainties that families may experience either directly or indirectly (Lee, 2020; Rivett, 2020; Rolland, 2020; Sim, 2020). All of these conditions and stressors could further exacerbate one another (Walsh, 2020).

When we were invited to contribute to this special issue of the Australian & New Zealand Journal of Family Therapy, we thought it provided a valuable opportunity to reflect on our clinical practice over the course of this extraordinary year. During this time, there has been a burgeoning literature about the impact of COVID-19 on family and couple relationships. By bringing together some aspects of the literature with our clinical practice, our specific goal is to examine the unique challenges and opportunities of COVID-19 for families at different life developmental stages, as well as the challenges and opportunities for systemic therapists as they venture into unfamiliar territory beyond the comfort of their physical therapy rooms, without a clear map, when they practice online (Burgoyne & Cohn, 2020).

We will start with a composite case example of the Smith family which is based, loosely, on the first author’s clinical practice in London. However, we believe that the case captures some of the features and dilemmas that multigenerational families – all over the world – are facing during these unprecedented times. We will use the case example to illustrate key systemic theoretical ideas that we have been drawing on in our practice, link up the ideas with the current systemic literature, describe the process of work with the Smith family, and end by outlining the clinical implications, challenges, and opportunities for families and therapists.

Case Example: Breakdown of a Family

John and Siew are an intercultural, professional couple in their 40s. They have two children – Lian (17) and Mark (13). Siew’s 78-year-old mother, who is originally from China, lives with the family. Siew suffers from diabetes and developed COVID-
19. She was extremely ill but managed to survive. Since then, she has been suffering from ‘Long COVID’ (Venkatesan, 2021). John and the children have been shielding Siew and her mother. They have not been able to leave the house and the children have been schooling online. Lian is worried about her A-level results and whether she will be able to attend university. As she is at home, she is the main carer for her mother, grandmother, and younger brother. Mark is missing his friends and spends excessive time playing video games. Siew’s mother misses her siblings and friends back in China. She is extremely upset by the racism that their family faces because of their Chinese origins. Mark, who looks more Chinese than his sister, is often the subject of racial harassment online. John finds the pressures within the family and in his work situation impossible to manage. He turns to misusing alcohol. Conflict erupts between the couple, and has escalated into intimate partner violence.

Key Systemic Theoretical Ideas

How did we understand what was happening to the Smith family? Although there were several themes that emerged and are reflected in the literature, we chose three key, interconnected themes namely, unsafe uncertainty, the family life cycle, and the Social GRRAACCESS.

All three themes are embedded in the systemic principle of the importance of context. Bateson (1979) posits that context shapes the meaning of words and actions. Similarly, Hare-Mustin and Marecek (1988) describe our consulting rooms as mirrors that reflect societal discourses. At the moment, for many of us, our consulting rooms are virtual and the boundaries between our personal and professional lives are blurred. These virtual spaces that serve as our consulting rooms reflect the lack of existing templates to understand the unique challenges that COVID-19 presents for families.

Unsafe uncertainty

In working with the Smith family, we drew on Mason’s (1993) classic and seminal text and its subsequent revision (2019) on safe uncertainty. There was uncertainty at every level for the Smith family, as even the act of leaving the house for any one of the family members was deemed unsafe. Food deliveries and any packages coming into the house needed to be carefully disinfected; fear of contamination leading to possible transmission of COVID-19 was an ongoing concern. At another level, there was chronic uncertainty about future events, for example, whether Lian would be able to fulfill her cherished dream of going to university, or whether John’s employment would continue. Within this domain of unsafe uncertainty, family members positions could become polarised. Siew and her mother represented a position of being careful to the point of being phobic, whereas John was positioned as being careless about hygiene and social distancing. The polarised positions seemed to reflect discourses in society (and even nations) in their way of responding to this pandemic.

Within the systemic literature it is noted that perhaps the biggest challenge of working with individuals, couples, and families during COVID-19 is that of uncertainty (Lee, 2020; Rivett, 2020; Rolland, 2020; Sim, 2020). Transmission of COVID-19 is invisible. Infected individuals can be asymptomatic and yet contagious. Even when vaccines become available, the way COVID-19 may continue in different parts of the world and its implications are unknown. The impact of these
uncertainties on people’s health and psychosocial well-being is beyond the experience of most. Moreover, these uncertainties further impact the essential services and systems that families depend on, such as business, education, employment, financial, housing, medical, social care and security, transport, travel, and other systems. Disconnections from workplaces, schools, medical and public services, and social services for family members with special needs generate further complications and uncertainty for many families (McIntosh, 2020). Walsh (2020) aptly describes this period as ‘shatter assumption’ (p. 901), where the taken-for-granted beliefs and expectations about our lives and our connections to our world no longer hold.

The context of unsafe uncertainty seems recursively linked to unsafe or dangerous family and couple interactions. The escalation of family and couple violence may be particularly difficult for families who may not have access to resources, such as those who live in smaller spaces. During the pandemic, homes may become a hothouse of interaction during a time when there are limited possibilities for escape into the outside world (Lebow, 2020; Stanley & Markman, 2020). Family relationships may become tense due to forced proximity as a result of quarantine measures, especially for those who live in close quarters. Sadly, data around the world, including from China, France, Brazil, and Italy, report up to a 50% increase in incidents of domestic violence during the pandemic (Campbell, 2020). Many of these incidents may be due to ‘situational couple violence,’ in which conflicts that usually do not involve physical violence have escalated due to added stress and unrelenting proximity (Fraenkel & Cho, 2020; University of Nevada, 2020).

Moreover, the need to quarantine with partners and family members despite there being conflict, or even violence, before the pandemic can be even more challenging. Family boundaries become more diffused, both physically and psychologically, and relationship conflicts become more frequent and intense, because they are no longer mitigated by daily activities such as going to work and school. Notably, there is little documentation about child abuse, parent abuse, and even poly-victimisation (Chan, 2014), that is, more than one type of abuse happening within the family.

Safety is paramount when working with different types of families during the COVID-19 pandemic. Stanley and Markman (2020) poignantly articulate four types of safety in order for relationships to thrive: physical, emotional, commitment, and community. Notably, in families that are experiencing abuse, violence, or divorce there may be a strong possibility of either physical or emotional danger for family members (Lebow, 2020; Vetere, 2020).

Prior to the pandemic, visiting family members or neighbours, and attending religious gatherings were often important psychosocial protective factors. During the pandemic, the need to maintain social distance curtails protective in-person family and community connections. This may place increased stress on the internal dynamics of couple and family relationships at home as their community connections shrink. Increased use of electronic or other emerging ways to connect helps many couples to maintain their network and social capital (Stanley & Markman, 2020). Conversely, increased use of online activities may also create tension between parents and their children (Lin, 2020).

In the Smith family, during the first lockdown period, Siew accused John of ‘wanting to kill her’ by not disinfecting their food adequately, leading to a violent argument between the two. Arguments would also break out between John and Mark over his excessive gaming, which made him rude and defiant. How can we as
clinicians help couples and families negotiate these struggles so that they can take sensible precautions while embracing uncertainty? Later in this article, we will outline the ways in which we worked in order to shift the Smith family to a place of safe uncertainty.

The family life cycle

The pandemic has affected families at every stage of the developmental life cycle, from infancy to death. Further, rituals that mark the transition from one family life-cycle stage to another may be disrupted. As a result of pandemic social distancing measures, there is substantial disruption of life plans and rituals such as birthdays, weddings, religious holidays, recreational activities, and funerals (Fraenkel & Cho, 2020). This may have a formidable impact on family processes. For instance, families whose members died while hospitalised were not able to be at their deathbed, and in many cases were unable to follow rituals prescribed by their religions (Frayer, Estrin, & Arraf, 2020). This may be particularly pronounced for migrant families, who would not be able to travel back ‘home’ to grieve or mourn the loss of their kin.

COVID-19 has additional special meanings for different types of families. For example, for families contemplating divorce, divorcing, or carrying out post-divorce arrangements, COVID-19 may potentiate the stresses and challenges involved (Lebow, 2020). During lockdown, acrimony and distance readily increases for families that are already experiencing tension, and the legal system is either not open or proceeding with a major backlog of cases that can make this often uncertain and turbulent process even more challenging (Lebow, 2020).

In the case of the Smith family, Lian could not make the transition to the leaving home stage of the family life cycle as she was not sure whether she could go to university. Her grandmother was in a state of constant grief, anxiety, and preemptive grief, having learned of the death of two close relatives back in China.

Social GRRRAAACCEEEESS

The Social GRRRAAACCEEEESS (Burnham, 2012) is a mnemonic that has helped family and systemic psychotherapists keep in mind the intersecting aspects of social differences. The GRRRAAACCEEEESS currently stand for Gender, Geography, Race, Religion, Age, Ability, Appearance, Class, Culture, Ethnicity, Education, Employment, Sexuality, Sexual Orientation, and Spirituality.

COVID-19 has had a differential impact on different nations and different groups in society. Vulnerable groups, such as racial and ethnic minorities, the poor and the old, and those who have had physical and mental challenges before or during the pandemic, have been most hard hit (Falicov et al., 2020). For example, many are in jobs that put them at risk of being infected, unlike those who have a buffer of savings, or paid leave, or who could work from home. Small children may show anxious clinging or need constant contact while adolescents may distance (Walsh, 2020). Many families with special needs children (e.g., autism, cerebral palsy, intellectual disability) or adults (e.g., serious mental disorders, acquired brain injury) are adapting to the COVID-19 without the usual specialised supportive and educational services (Rolland, 2020). This often means that family members, particularly female family members, may be overburdened (United Nations, 2020).

The Social GRRRAAACCEEEESS played out within the Smith family, at many levels. Siew, being from a minority ethnic background and with underlying health
difficulties, was at increased risk for COVID-19. Further, Siew’s mother’s age made her even more vulnerable. Siew’s and the children’s Chinese origins put them at risk for being discriminated against, especially at a time when there is considerable ‘othering’ in the wider sociopolitical context.

The Process of the Work: From Breakdown to Breakthrough

Work with the Smith family started in March 2020 (coinciding with the first lockdown in London) and is ongoing. It has been challenging and difficult, and working online has added to the complexity. I (RS) have worked with different subsystems in the family and have brought the whole family together during some of the online sessions.

In an early session with the parents, John and Siew were able to voice their anxieties – about COVID-19, about the children, about Siew’s mother, and about work and the future. Using Tomm’s (1987a, 1987b, 2007, 2013) technique of interviewing the internalised other, I helped them both to appreciate the other’s position. John was able to understand Siew’s preoccupation with hygiene and contamination and Siew was able to empathise with the myriad pressures to which John was subjected. Drawing on Vetere’s (2020) work, I coached John in how to negotiate space apart from the family when he was in a state of arousal and needed to calm down. Siew was able to express her needs for dependency whilst being able to allow John to take space away from her, in order to calm down. A turning point came in June 2020, when John thought that Siew was going to die of COVID-19, and realised how much she meant to him.

Redistributing roles and responsibilities within the family freed Lian from her position of having to take on the role of the main carer. Siew learned how to simplify household tasks and expectations and was able to rely on her mother to help more in the house. I mediated between the adults and the young people to put in place a contract with specific times for Mark to be allowed to play video games, conditional on his exercising every day outside the house and completing academic tasks and household chores.

I addressed the wider context of racism for the family, and John was able to take on a stance of protecting his family from racism. The children were taught how to defend themselves, and each other, from racial abuse by their peer groups. It was more difficult for the family to talk about their experiences of racism from within. Were there times, in the current context, when the children felt ashamed of their Chinese heritage? How were the political and economic struggles between China and the West played out in the relationship between John and Siew? It was vital to create a safe space where these difficult conversations could be had.

Grandmother and parents were encouraged to recount family of origin scripts when coping with adversity in their own family histories (Mason, 2018). John was able to think about his parents’ stories from the Second World War and Siew’s mother was able to draw on her own experiences from Communist China. The stories were used to strengthen resilience within the family.

As the work progressed, the family was able to create their own rituals around spending meaningful family time together. John put in boundaries between work life and home life, and Siew and her mother engaged in Zoom conversations and events with family in China and all over the world. The violence between the couple abated.
They began to enjoy the moments; keeping themselves and their family safe, despite the flux in the political context around them – hence operating from a place of safe uncertainty (Mason, 1993, 2019).

The Smith family is currently looking forward to Chinese New Year, to the prospect of the vaccination, and to the arrival of spring!

**Discussion**

**Opportunities for families**

We hope that in describing the process of the work with the Smith family, we have been able to highlight the opportunities the pandemic has afforded families. On the one hand, home confinement can easily create conditions for conflict or estrangement as household members readjust work, school, and recreational activities; face possible contagion and financial strain; and spend virtually all of their time together in limited physical space. On the other hand, such proximity might also create opportunities for increased closeness, communal problem solving, and deeper personal relationships, depending on certain conditions; conjugal relations during lockdown appear to be more harmonious when there are no children in the household (Gunther-Bel et al., 2020).

Falicov et al. (2020) find that families that are under-resourced can be more adaptive in coping with the pandemic as they are used to enduring different challenges in life related to poverty, crowding, and confinement problems, compared to well-resourced families. This is in keeping with Mason’s (2018) question of family of origin scripts in coping with adversity and helping families to make connections between these transgenerational stories and the current context.

Reinventing old rituals or creating new routines through the use of technology (Imber-Black, 2020) is an opportunity for families to come together through creative and concerted efforts. These rituals may be related to family traditions (e.g., spring holidays), or they may be spiritual or developmental (e.g., graduation, birthdays, and deaths). For example, visiting grandparents regularly or celebrating their birthdays via Zoom, or clapping hands to pay tribute to frontline health workers on a nightly basis, or even national day celebrations online, are shining examples of old rituals reinvented and new ones that have added meaning to individuals, families, and even communities during this challenging time. Notably, these rituals require individuals and families to come together to plan and execute.

COVID-19 has given families opportunities to assess whether their relationships and lifestyles before the pandemic were ‘normal’, for example, the amount of time spent together and time spent doing different things. It has also provided a chance for families to reconsider the ratio of togetherness and autonomy going forward (Fraenkel & Cho, 2020). In thinking more deeply about the ‘Old Normal’ and the ‘New Normal’ we realise that many aspects of our pre-COVID lives that were normalised need to be changed for the better. As we expand our vision beyond our personal struggles, we see a need for broader systemic changes with more urgency (Walsh, 2020, p. 909).

**Opportunities for therapists**

The pandemic has also created unique challenges and opportunities for us as therapists.
When considering uncertainty and safety, practitioners need to be cognisant of the intersectionality of the COVID-19 pandemic and larger contexts before, during, and even after the pandemic (Rivett, 2020; Rolland, 2020; Sim, 2020). These include at least the cultural, economic, historical, political, and social factors that may compound the impact of the pandemic. Therapists need to consider adequately how macrosystemic issues are intrinsically interwoven with the experiences of individuals and families during COVID-19 (Rolland, 2020; Walsh, 2020; Watson et al., 2020). For example, COVID-19 hit the United Kingdom when it was contending with the uncertainties of Brexit, while Hong Kong was still in the midst of the social movement that brought it to the attention of the world. During the pandemic, the economic war between the United States and China has probably intensified the economic pressures of families beyond these two economic power houses.

Meanwhile, the Black Lives Matter movement intensified racial relations all over the world, which corresponds with the racism directed towards Asians when COVID-19 initially began in different countries (Sim, 2020; Watson et al., 2020). Natural disasters did not stop before or during the pandemic and surely will not stop after, and some families in different parts of the world had to deal with both natural disasters and the pandemic. Therefore, therapists need to appreciate that while families cope with the pervasive impact of COVID-19 on a day-to-day basis in relation to education, financial, health, and other issues, they may already be dealing with pre-existing illness or disability or racial and socioeconomic disparities (Rolland, 2020; Walsh, 2020). Such a predicament becomes much worse if at least one family member has been infected by COVID-19. In addition, it would be pertinent for therapists to appreciate the issues with which families are contending that are compounded by larger contexts, such as the possible polarisation of couple and family members due to social movements during the pandemic (Sahebi, 2020). Watson et al. (2020, p. 842) vehemently state:

… unless we pay close attention to the impact of racism, classism, colonization, environmental injustices, and collective trauma during this pandemic crisis now and for many years after, as family therapists we would also be perpetuating the cycle of discrimination.

Furthermore, different family members, different families, and different sections of society, particularly lower income and minority families, may experience the current situation differently and this is likely to lead to factionalism and polarised positions rather than a communal ethic of working together (Rivett, 2020; Rolland, 2020).

During this pandemic, most therapy moved online. One of the ways in which this pandemic has opened up new opportunities is that more individuals, couples, and families have been forced to become comfortable with virtual contact and telehealth systems (Stanley & Markman, 2020; Walsh, 2020). Notably, the practice of teletherapy (also referred to as telehealth, telemental health, telemedicine, telespsychology, or telepsychiatry) is neither new nor uncommon, and was growing before the COVID-19 pandemic (Burgoyne & Cohn, 2020; Hale & Brennan, 2020). In view of its increasing use, counselling and psychotherapy associations around the world began providing guidelines for online practices (e.g., American Psychological Association, 2013, 2020; British Association for Counselling & Psychotherapy, 2019).

In the field of couple and family therapy, there were already clear guidelines developed before COVID-19 took the field by surprise (AAMFTS, 2017; Blumer et al.,
One of the most commonly discussed challenges of teletherapy relates to confidentiality and the loss of immediate physical presence, which excludes non-verbal communication, which therapists spend years learning to discern and utilise (Burgoyne & Cohn, 2020).

The debate about teletherapy, though ongoing, needs to develop further. For instance, there may be a need to scrutinise relevant issues related to teletherapy such as its effectiveness, or identifying the commonalities and idiosyncratic issues of teletherapy and conducting therapy in a room. Could there be a good blend between two or more forms of therapy on- and offline, at which stage, and with whom? Moreover, debates and issues related to developing relevant systemic couple and family teletherapy curricula, core competences, supervision, and evaluation are challenges the field must take on urgently. What about families who may not have access to the internet?

There is a range of issues linked to ‘telesupervision’ (Sahebi, 2020) during COVID-19, such as structural changes and technological adaptation of supervision, new boundaries and supervisory roles, the supervisory alliance, and both the supervisors’ and supervisees’ vulnerabilities in the face of COVID-19, to name a few. A group of systemic family therapists and their interns believe that, while online supervision is novel and not without advantages, ‘there is no replacement for direct, in-person interaction, and continue to regard the in-person live supervision practicum as our preferred way of conducting therapy and supervision’ (Nathan et al., 2020, p. 1005).

There is an increasing evidence base for telehealth psychology and psychotherapy for different populations and mental health issues including veteran and civilian PTSD, obesity management, parenting, and adolescent obsessive compulsive disorder (Burgoyne & Cohn, 2020; Hale & Brennan, 2020). Online applications of couple and family therapy have also been found recently (see Burgoyne & Cohn, 2020 for a review).

There are many advantages to telehealth psychotherapy services. These include: improved availability of services in rural and remote areas, and for client groups experiencing difficulties leaving the home (e.g., clients with agoraphobia, stigmatised groups, families of children with traumatic brain injury, etc.); enhanced capacity for clients to choose a clinician with specific expertise; reduced time waiting for an appointment; less time off work to attend the appointment; and increased flexibility in appointment time and location (Hale & Brennan, 2020). With regard to the challenges associated with using technology, one of the major challenges that needs to be urgently resolved is that some families do not have access to the internet or have limited capabilities in using the internet and related applications. Many of these families may also be experiencing dire situations related to violence, mental health, racism, and so on (Sim, 2020). This may require couple and family therapists to innovatively use other means that are safe, legitimate, and culturally sensitive, such as promoting other support that is available within the family and the community (Falicov et al., 2020). More importantly, in dealing with this ‘wicked problem’ that has left the world with no immediate or ultimate solution (Rittel & Webber, 1973), this calls for couple and family therapists to work closely with other professionals collaboratively and be willing to learn and listen (Falicov et al., 2020). As Dickerson (2020, p. 10) suggests, therapists should look out for opportunities:
By utilizing our experience and expertise as systems thinkers, we can, in a disciplined way, improvise a response to the situation. We need to be nimble, able to think outside the box, and ready for the unexpected and unpredictable.

**Breaking through**

These are difficult and challenging contextual, legal, and professional issues that may affect different therapy models and the places we work and live in differently. Therapists must not rush, as speed has no speed. Perhaps the beautiful Latin proverb ‘Festina Lente’ and the Greek ‘Σπεύδε Βραδέως,’ which means ‘hasten slowly,’ may bring to bear the consideration of care as we work on these challenges moving forward. But surely these challenges present us with many opportunities in the field. A fundamental systemic principle is that change in context imposes new constraints and lifts others (Pinsof et al., 2018). Conducting couple and family therapy online is a huge change in context for both the family and the therapists, and brings both challenges and opportunities.

Whilst couple and family therapists attempt to make a difference for families, they too may be facing competing demands in working from home, including rapid role shifting and managing distractions, and may be struggling with the same fears and constraints as the individuals and families they are attempting to help (Burgoyne & Cohn, 2020; Fraenkel & Cho, 2020; Sahebi, 2020). The need for therapists to care for themselves is essential, especially if they increasingly have to work online, where the boundaries between real life and the online world become less defined.

On a more pragmatic level, in maintaining interpersonal relationships Falicov et al. (2020) suggest that therapists replace physical expressions of affection with caring words during COVID-19, where appropriate. These include ‘I hope you and yours stay healthy and safe,’ or ‘I hope you all don’t worry too much,’ or even ‘I send hugs to all of you.’ A statement from a therapist to clients such as ‘Know that you can always call on me’ may have more poignant implications during uncertain times.

Fraenkel and Cho (2020) believe that therapists must go beyond traditional psychotherapeutic interventions to meet the challenges of this pandemic. Imber-Black (2020) poignantly observe that rituals bent and did not break during COVID-19, and suggest therapists work with couples and families in developing simple new rituals to stay connected. In a similar vein, Walsh (2020) suggests therapists innovatively help families to increase their resilience by focusing on the powerful influence of family belief systems in ‘bouncing forward’ (p. 910). Using a multisystemic framework with due consideration of life course development and multigenerational issues, Rolland (2020) suggests therapists and health-care clinicians provide timely family-oriented consultation and psychoeducation, while attending to their own self-care. Watson et al. (2020) invite family therapists to think globally about individual issues at large and suggest a just-based framework for family therapists to address challenges related to health inequity, economic insecurity, environmental injustice, and collective trauma. In her musing from a Zen perspective, Lee (2020) seems convinced that if people are less certain about their claims in their struggles with relationship problems during the pandemic, they may realise that what they are doing is not to their benefit, thereby opening up new room for change. And when feeling stuck in therapy, Lee simply suggests: ‘let us go and drink some tea!’ (p. 1023).
Conclusions

We are impressed with the current literature published within a short time. But we are certain there will be more literature as the COVID-19 pandemic continues to play out and as we continue to find different ways to cope with it. In trying times such as these, there needs to be new directions and solutions in family therapy and family science, particularly since the context for family functioning, practice, and research has changed drastically during the COVID-19 pandemic (Brock & Laifer, 2020).

Family therapists and researchers have already started making timely efforts to examine what can be done in practice and research, such as the development of new scales (e.g., Behar-Zusman et al., 2020) or new ways of conducting family research rigorously during COVID-19 when safety is an issue among a plethora of challenges (Brock & Laifer, 2020). However, these are early days for understanding the long-standing impact of COVID-19 on individuals, couples, families, groups, communities, countries, and the world. More research and critical reflection are needed as the pandemic unravels and hits countries in waves; it is highly likely that COVID-19 will change the ways we do things in the future, although some are more predictable than others (Stanley & Markman, 2020). At the same time, the contexts will continue to evolve. We must prepare to break through another new coronavirus or other situations that will call for us to work closely together.

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