Coping with the pandemic. Psychoanalytical interventions with parents and children: Institutional and community approaches

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Abstract
In this text, I will present reflections on the relationship between individual trauma and collective trauma and the consideration of the pandemic as both a natural and a social catastrophe in which damage to health is added to damage in the rupture of social and relational bonds. Vicissitudes that Argentine families, particularly those in Buenos Aires, went through during the compulsory lockdown and the work of psychoanalysts both in remote analysis with children and parents, as well as in interventions proposed for the community will be presented. Theoretical and conceptual descriptions will be offered together with examples from clinical material and community institutional experiences and collected data.

KEYWORDS
collective trauma, community interventions, families coping with pandemic, remote analysis

1 INTRODUCTION

The pandemic, an unprecedented event, both surprising and threatening in nature, has perplexed citizens, experts, and governments alike. Lockdowns and confinements in their varying forms were the only effective response to protect us, but they have been disruptive, attacking our experience of physical proximity to others, sensory and psychological registration that enriches us and makes us feel alive.

We know from psychology and psychoanalysis that rupturing the continuity of the structuring ties of a subject’s daily life reactivates our deep constitutive helplessness, our inerrancy and can produce crises, regressions, and increased anxiety or anguish, requiring creativity, as well as symbolic and affective resources to palliate the possible traumatic effects.
The analytical work is to sustain the shared perplexity of the social situation and to explore its singular impact on each individual. The role of public policies, health institutions, and other community institutions may generate ties and new networks and collaborate in coping strategies against the potential trauma.

In this text, I will present reflections on the relationship between individual trauma and collective trauma and the consideration of the pandemic as both a natural and a social catastrophe in which damage to health is added to damage in the rupture of social and relational bonds. What is more, persistence over time makes the potential psychic damage even more insidious. I will relate the vicissitudes that Argentine families, particularly those in Buenos Aires, went through during the compulsory preventive isolation imposed by the authorities and the work of psychoanalysts both in remote analysis with children and parents, as well as in interventions proposed for the community.

2 | PANDEMIC FAMILY LIFE

In our country, schools have been closed since March 16. During the austral summer of 2020, via the news reaching us from Europe and New York, not to mention the first travelers who brought cases, we became aware that even from these distant lands we were all connected and under imminent threat.

In order to prepare both the public and private health care systems for an unprecedented influx of patients requiring hospitalization, a total lockdown, including a ban on vehicular circulation, was imposed. Families lived several months locked down in fear, without the intervention of intermediaries, such as schools, other adult caregivers, or other children in their daily lives. The emotional disposition of the adults in charge of children proved to have a mediating function in the way children cope with disruptive potentially traumatic events (Benyakar & Schejtman, 1998).

For some families it was a pause, a discovery of a less rushed time, an opportunity for parents to connect with their children, to get to know them better. Although cities began to open up, it was not until after 3 months of lockdown that children were allowed back into squares and public spaces. Schools, however, did not re-open until February, 2021.

Parents experienced the permanent changes in regulations with great anxiety and fear.

The question which arose was to what extent should children be given information about the reason behind the drastic changes in their daily lives?

Each child indicates to the adult the "quota of reality" that he/she can absorb. Children process reality via their own mental schemes and through play. The denial and disavowal of the risk situation is a useful defense and is sustained by the security provided by the adults in charge of family preservation. This responsibility becomes an enormous burden for parents alone, as it is one normally shared with other adults, such as grandparents, extended family, teachers, and caregivers, all of whom were also isolated at that time.

Electronic devices, once so demonized for their addictive potential in childhood, became the only means of communicating with people outside the household. Group zooms were an encouraging discovery, both for school work and for family and social encounters. However, weariness set in and over time it was observed that many children developed a strong rejection of these online relationships.

What kind of processing of absence is at play in these cases. We can infer that the representation of absence becomes more painful over time and the children preferred to avoid it.

Fonagy (1999) recounts the work of English researchers, the Robertson's, on the effects of the absence of attachment figures on the construction of representation. Thomas, a 3-year old child, was followed by the Robertson's while his mother had left the home temporarily. His first reaction was to kiss and caress a photo of his mother. As the absence grew longer, he recoiled at the sight of the same picture, looking down and enjoying himself with a toy he was carrying. In a later scene, in front of the same photo, Thomas would energetically turn his back with an anxious expression (Robertson & Robertson, 1967–72).
The photograph had not changed; however, the changing reactions that occurred in Thomas may have been the result of a change in his imaginary relationship with his mother.

Fonagy (1999) suggests that the representation of the mother was transformed from a figure of longing, associated with a pleasurable attachment experience, into a figure that evoked the pain produced by her absence therefore, a hostile reaction that the child wished to avoid.

From clinical observation we know that when the primary attachment figure is absent, even for a short period of time, the first manifestation is one of rejection and hostility, while with the secondary attachment figure the child resumes the connection almost immediately and with joy.

We could infer that both teachers and close relatives, such as grandparents or caregivers, though secondary attachment figures, fulfilled vital support functions in daily life in the absence of the parents. They were also motivators of novelty and renewed libidinal energy that broadened the children's emotional life. While it was pleasurable for the children to share increased time with the parents, this also may produce some libidinal stagnation, increased hostility and unsatisfied demands because although the parents were at home, most of the time they were fulfilling work duties and domestic responsibilities and were not always available to the children.

This leads us to another question regarding the advantages and disadvantages of working from home, which, post pandemic, is likely to be excessively naturalized.

Without other caregivers, the physical presence of unavailable parents in the home can generate in the child the feeling of being a nuisance. This situation may constitute a threat to the process of narcissism structuring and in the youngest children lead to an increase in expressions of dysregulation as a way of demanding attention.

What kind of absence was implied by the lack of school and extrafamilial ties?

Winnicott (1984)—a psychoanalyst sensitive to the value of affectivity and bond support as a condition of vitality and mental health—proposes to differentiate between the privation and deprivation of primary bonds. Privation would be the absence or lack of, while deprivation would imply the loss of an acquired position. If a child has experienced satisfactory affective support and has lost it, the experience of prolonged deprivation does not allow him/her to keep the memory of the experience alive. Winnicott maintains that in the hope of recovering what has been lost, the antisocial tendency arises as hope, which sometimes expresses itself in theft and destructiveness.

Erotic and destructive drives are intimately entangled with the love objects that sustain the subject. If support is lost or weakened, disentanglement occurs and destructiveness can be directed outward in violent or antisocial behavior or inward, producing depression. Is the loss of significant close contacts a deprivation or a privation?

Beyond the fact that the pandemic requires fundamentally community-based health policies, each subject and each family experience this situation in a unique way.

For some subjects, confronted with a social life in which intimacy and contact are disturbing and laborious, the deprivation of close contact is experienced as permission to take solitary refuge. These subjects seem to have "enjoyed" the lockdowns. There are children who became calmer and made progress via home schooling, as well as adults who found greater balance due to a decrease in the rhythm to which they were accustomed and perhaps did not choose. In these cases, exiting lockdown brings new challenges.

Others experience the confinement as a painful deprivation, the absence of contact with their circle of affection as a loss. Anguish, irritation, and depressive states were produced, sometimes latent and sometimes frank, requiring psychological elaboration and mourning work. Understanding what each subject lost with what was lost, due to the emotional deprivation experienced during these months, allows the elaboration of mourning and avoids coagulations of a traumatic order and was in the center of our psychoanalytical work.

In children, withdrawal, sadness and introversion are more worrying than outbursts, crying and irritability, although the latter are more annoying for the parents.
3 | INDIVIDUAL TRAUMA AND COLLECTIVE TRAUMA

What is the traumatic potential of this pandemic and how should we think about both its short and long term effects.

Trauma can be defined as a violent shock, an outrage and is constituted when the influx of both internal and external excitations are excessive for the metabolizing capacity of the psychic apparatus (Aulagnier, 1975; Freud, 1920).

Trauma refers to the suspension of a singular logic when faced with the presentation of a fact that seems strange to this logic due to its excessive intensity. It is a flood that leaves the subject perplexed and without the possibility to activate previous resources.

Trauma has a retroactive character (Nachträchtigkeit), from the present to the past, a disruptive event reactivates a bond that remained latent and thus finds the opportunity to manifest itself (Laplanche, 2006).

The capacity of a disruptive event to produce structural damage is not only related to the intensity of the event itself but also to the complex relationships between these external quantities and what is triggered internally.

Lewkowicz (2004), an Argentine historian, theorized about the tension between the psychoanalytic and the socio-historical perspective around three concepts: Trauma, catastrophe, and “event”.

From a Psychoanalytic perspective, Laplanche (1987, 1990) suggests that the causality of trauma lies in the fact that a disruptive event is not grasped while it occurs. It is always experienced too soon and too unexpectedly to be fully known and is, thus, not available to consciousness until it imposes itself in a second time, after a period of latency or of incubation. Then it becomes manifest in the subject’s repetitive actions or dreams. The traumatic event, evokes the notion of piercing or penetrating “effraction” or wounding. It is not possible to locate trauma though the original violent event, but it is mostly in the reinvestment of the event afterwards, in a second moment.

What is in fact traumatic is the internal reviviscence of this memory in a point in time at which the subject has developed the cognitive tools to understand what occurred in the past.

In times of trauma, the external de-structuring impact implodes in the psyche, activating primary mechanisms governed by fear of annihilation. Hypertrophic drive intensity makes the helpless ego emerge over the mature ego of the subject (Freud, 1937). This produces the potential for increased vulnerability.

Laplanche (1987) differentiates traumatism from trauma. Traumatism can be a creator of thrust. In moments of disruptive events, drives do not tend towards homeostasis but are instead crazed, circulating from one representation to another without finding a final representation in which to stop temporarily. If in this movement the internal–external barriers collapse, the individual is left without protection and with greater possibility of suffering traumatic sequelae or breaks in the psychic structure.

According to Badiou (1988), the “event” is a multiple conceptual construct that occurs in a context where there is a condensed history; it is neither natural nor neutral. Its function is to fill a void in meaning.

The concept of “event” according to Deleuze, cited by Badiou (2006), suggests that things happen every day, every year, every century, but the perception that a fact is an “event” makes a difference, thus enabling historical discourse. “Events” are distinguished by their occurrence always by contrast with background noise. In each situation, there is a chaotic curtain on which the “event” introduces an order, a principle of classification, the entrance in the universe of meaning.

The “event” would not be what takes place between a past and a future, between the end of a world and the beginning of another. It is rather encroachment and connection: it realizes the indivisible continuity and a change.

The “event” is not that which happens, but that which, in what happens, has become and will become.

Lewkowicz argues that when a disruptive fact enters the category of social catastrophe it is very likely to trigger damage, not only for the subject, but for the society. In each society, singular past collective catastrophes are reactivated.
In practice, the subject and his/her surroundings seeks to assimilate the flood; if this is achieved, the disruptive fact could become an "event" and thus enter some universe of meaning and bring individuals and societies to deal even partially with the catastrophe.

A catastrophe is an unfortunate and massive fact that seriously disrupts the regular order of things. A natural catastrophe has not a responsible agent, a social catastrophe is the product of the action of a human being who directs his violence to another human being not allowing any anticipation or prevention.

This pandemic was described as a war against an invisible enemy.

What kind of "event" is this long lasting pandemic? We can analyze the pandemic as a social catastrophe based on a natural catastrophe. Although there is not a focused enemy, like in social catastrophes, a large damage has been spread in societies in different areas: health, education, economy, wellbeing, mental health, culture, art, mobility, and tourism, among others. The impact however was not the same in all citizens. Inequity and poverty got worse in most societies and the coping capacities appeared very different.

The concept of "event" may be connected with the notions of vulnerability; Vulnerability may express itself in an increase of anxiety and poor representational life or resources that include cognitive distortions, and difficulty in the working through of grieving and inadequate styles of coping (Quiroga & Cryan, 2006; Zonis & Zukerfeld, 2002).

Bleichmar (2003) dealt with the impact of trauma on two aspects of ego organization: self-conservation and self-preservation. Self-conservation addresses the way the ego represents the safeguarding of biological life, and self-preservation underscores the risks the ego feels concerning identification contents that are at the basis of the organization of subjective life. Usually, these two ego aspects develop in considerable harmony, but when a social catastrophe takes place, it is not just biological life that is at risk, as in a natural catastrophe, but subjective and social life loses identification references and this circumstance enhances feelings of helplessness and threat. Then, working on self-preservation becomes a tool for transforming social catastrophe into an "event."

Social catastrophe also produces a narcissistic injury that breaks the achieved balanced processing of narcissism through the befriending of strangeness and otherness (Solan, 2015). This may produce persecutory anxieties, lack of solidarity, and hate toward the stranger.

The pandemic affected our daily life. Isolation and fear may activate our primary original helplessness and vulnerability provoking feelings of futility, uselessness and sub utility and also distrust and aggression. These feelings place the subject in greater narcissistic anxiety than expected by the normal changes and crises in personal and social life. Awakening awareness about the specific social and family stress the pandemic aroused is an aim in our clinical work, both with individuals and children and families.

The elaboration of individual traumatic threat in situations of social catastrophe can lead to two paths: either the psychic damage is aggravated by the sum of the affects on the individual, plus the collective catastrophe that can produce in the individual hopelessness when confronted with the expectation of future improvement; or a social bond of identification and empathy is produced that alleviates the trauma. Here community interventions collaborate in the generation of new bonds and the mending of wounds (Schejtmnan, 2017).

The pandemic has forced the acceptance of attitudes that at other times would be considered cruel, such as abandoning the sick in solitude, not accompanying the bereaved, not accompanying loved ones who are alone. This unwanted and unthinkable cruelty also triggers psychic pain and feelings of guilt.

The premise that self-care implies distance from others has led to an over libidinal investment in self-care, which creates poor libidinal transfer to ties, naturalizing in a certain way the abandonment of hospitality and empathy.

Will this imposed physical distancing leave a wound in our subjectivity and an impoverishment in the libidinal investment towards the social and cultural life from which we are constituted?

Could we invent new spaces in which we gather for face-to-face working life, culture, art, leisure, schools, universities, professional meetings?

Could this lead to a rise of an exacerbated hedonism and selfishness that may be discharged and coagulated through long hours of choosing to watch Netflix?
The potentiality that people’s “breath, words, laughter and even sneezes” can hurt us can have lasting bonding consequences. A controversial issue has been the desire of young people to gather in greater numbers than permitted by the authorities. These gatherings, labeled “underground parties”, were criminalized and socially demonized. I wonder if these initiatives do not express that, even with the risks involved, the need for interhuman encounters between bodies is still alive and desired, and these young people are trying to resist the isolation.

4 | PARENTING IN PANDEMIC TIMES. CLINICAL EXPERIENCE

The parents of Juan, 3 years old, were referred to a Zoom consultation: “We are puzzled, we do not know what to do anymore, Juan is ‘stoic’, he never stops, we are afraid of him, he used to be a little bit like that, but nowadays he is worse, we cannot take him to his bed, he sleeps in our bed in an horizontal position, we have no room, we are always tired”

Mom: “I cry several times a day, he prefers his dad, I don't know how to play with him. We are very afraid of catching the virus, that's why no one comes to take care of him, neither grandmothers nor anyone else, he doesn't engage in any zoom activity in the kindergarten.”

“Before the pandemic it was difficult, but he went to kindergarten from 9 a.m. to 4 p.m., my sister calls him Benito Mussolini...everything is a nightmare...sometimes he is sweet and affectionate, he learns a lot, he is very clever and lively”.

Dad: “Yesterday he hit us hard, I shouted at him very loudly. Juan cried a lot and I felt very guilty, that's why I was looking forward to this session. How can we handle him”?

I received several similar consultations during the pandemic from exhausted, ambivalent parents on the verge of violence. The added emotional demands necessary to support family life led some families to implode.

Parental reflection about what is happening to their child and their responsibility in it, is fundamental and of course very welcomed, but to put themselves at the center of it all and to suppose that everything that happens to the child has to do with the parents can be harmful. I propose to differentiate guilt from responsibility.

The feeling of guilt activates the thanatic super ego dominated by the categorical imperative: “like me you must be” (identification) and “like me you must not be” (you will not be able to possess your mother; Freud, 1923). This tragic guilt linked to the transgenerational passage can alienate parental functioning, since in pursuit of the ideal of being a perfect parent, it becomes self-referential and diminishes empathy and sensitivity to the affective needs of the child.

Guilt is more linked to the narcissistic “ideal ego” and responsibility is more linked to the “ideal of the ego” that can compare the ego with the ideal in context with the external reality.

Responsibility, instead, can be delimited; it can be shared between parents and other people who collaborate in parental functions. Modern societies have public policies that share parental responsibility with families and spread the load across pediatricians, daycare centers, nurseries, kindergartens, and so on.

During the pandemic almost all community support crumbled and although it is slowly recovering, it has not done so completely yet. Adults who were able to share responsibilities were better able to cope with the situation and children also assumed and shared responsibilities in domestic duties.

It has been observed in different countries that, despite their increased work and domestic responsibilities, it was mothers who took on more responsibility and commitment in keeping children up to date with their schoolwork.
Dio Bleichmar (2013), worked on the concept of maternal super ego. She suggests that, despite women's achievements in the outside world and the softening of traditional models of femininity and motherhood, there is an enormous self-demand regarding the adequate fulfillment of maternal roles and ideals of child rearing and training, professional work, and care of the body and image. These demands keep women under constant scrutiny and stressful high demands.

I have been conducting an ongoing therapeutic process with Billy (8 years old) since he was 20 months old. Billy was diagnosed as being on the autistic spectrum and has evolved very satisfactorily. He has had a school assistant since age 3 and has very high cognitive development and wonderful evolution in emotional and social areas. Throughout the years, I have also continued intense therapeutic work with his parents.

Mary, his mother, says in the zoom session, "I've been happy during this pandemic. My husband worked from home. Billy is also delighted with all the online activities and when it was allowed he began group sport activities and he loves his friends. We've achieved incredible harmony. I made big progress in my sales, I managed to get a delivery assistant, and I am not missing going out. I am very connected to my spiritual activities via zoom. I am worried about whether I could go back to my previous activities and responsibilities."

In his zoom session, Billy says that he misses school as well as other activities, including coming to my consultation room. He seems happy and communicative, and states that he is becoming a specialist in "Among Us" and has developed into quite a strong leader among his friends.

The limited activities of this family and the possibility for the father to be more involved in family life was positive. The more controlled situation in the pandemic diminished the challenges mother and child were facing daily and they were able to enrich their lives. We are now working on the anxieties that the imminent re-opening could bring.

In this case both mother and child maintained a strong therapeutic connection, although the frequency and the setting was flexible according to the transference movement I was perceiving an exhaustion from the amount of online activities.

Our consulting rooms are now on screens. We have changed from a full-bodied, three-dimensional, tactile experience to a gaze, a voice and affection displayed on screens. We entered the patients' homes and we proposed to continue "making experience", not expropriating the experience as Agamben (1979) said, reinventing clinical resources.

From my experience, I feel that the tone of the sessions and how they unfold has changed. The modality of questions and answers in analytical dialogue with children and the appeal for free associations has decreased. This new form of increased resistance is evidenced by the children answering frequently "I don't know" or "I don't remember." Children bring their toys to the session and sometimes asked me to show them some they knew from my office. The older ones speak about playing online videogames such as "Roblox or "Among us" with friends, and some interchanges are around this experience. Engaging in these games increased the child's motivation and at some unexpected moment important material appeared: You know that mom is very afraid, when the supermarket delivery comes she goes crazy, disinfects everything, cleans everything, if I talk to her she yells at me. Do you think that the coronavirus can kill us all?

In cases where the meetings with the child appeared forced and exhausting, I am working only with the parents (in sessions at 8 a.m. or 10 p.m., when the children were asleep) on their ambivalence, hostility, persecutory anxieties, and death fantasies and we think together about new resources to deal with this new situation. These elaborations soften the intensity of the anxieties that are transmitted to the children and the parents are better able to sustain their place as figures of protection and guidance by mediating the disruptive load of the external situation.

Transference continued to be the central pillar of our clinic, although Freud (1912) suggests that this cannot occur "in absentia or in effigie", we sustained the vitality and affective circulation necessary for the therapeutic process to take place.
There has long been debate about whether remote analysis can generate a sufficiently intense emotional experience to bring about the transference and countertransference processes that take place in an “in the room analysis.”

Obviously this debate was abruptly settled by the pandemic, as remote analysis was the only available option and this allowed us to experience its facilitations and obstacles.

For example, if we are on the phone, it is the voice and its tonalities through which the non-verbal elements of the discourse will circulate. If it is on screen, it will be all that is visible on the device, as affection is included, sometimes patients get closer or move away and this is also an indication, they show us a part of their home, children interrupt, they go to another room and we follow them.

New strategies with the children and more initiative from the therapist are needed. In general, our position is to wait, to keep our attention hovering until, in the play scene or in the discourse, something makes sense, now we have to invent, motivate, and sometimes propose games. On screen, the kids teach us games we did not know, we play the squiggle technique via zoom, we draw pictures and create stories, we meet their favorite Youtubers, and this gives us a lot of material where the unconscious appears.

In our country, the lockdown was lifted very gradually and this brought about strong anxieties, paranoid anxieties, and fear of meeting people outside the home. Some children and parents lived inside the family shell, like an enabled protection, and avoided contact with other children even when it was permitted in parks or public spaces. Other children were eager to see friends and return to school.

In our psychoanalytic clinic, we aim at the subjective involvement of the patient and the revision of their phantasm in the resignification of personal history, but while facing a collective catastrophe, it is important to relocate the weight that the external event has in the subject’s suffering in order to diminish the experience of individual failure (Pelento, 2003).

The pandemic could not be anticipated. Our therapeutic work aims at rescuing the ego functions attacked by this unprecedented reality and contextualizing each threat, differentiating if it is coming from reality or from the narcissistic wound. Psychoanalytic interventions create new patterns of affection and representation, darning a link with the same threads that were damaged in the subjective structure (Laplanche, 1990) in order to attempt to transform the catastrophe into an event.

We have to get deeply involved, to keep thinking about our patients even when we do not see them, even those who did not connect during the pandemic. We send WhatsApp messages, we regulate the sessions according to the patient’s availability and make more flexible contracts. We try not to create additional pressure so that sessions do not become an extra burden, in the same way that Winnicott (1977) proposed sessions on demand to the Piggle’s parents.

We will all remain wounded by this pandemic that made us witness to our own suffering and to the suffering of others, close and distant, and the suffering of so many people affected physically, as well as in their work and in their family relationships, by the COVID virus.

5 | COMMUNITY INTERVENTIONS AIMED AT CHILDREN AND FAMILIES

As in other situations of collective catastrophe experienced in Argentina, psychologists and psychoanalysts were very involved in community activities, be it clinical remote assistance or dissemination of information and orientation. Many institutions and experts in childhood were summoned by the print media, radio, and television. The main point of interest was the welfare of children and families and people who went through lockdown alone. The Argentine Psychoanalytic Association, an IPA member society, offered brief free psychological attention conducted by its members. In these spaces, the high levels of anguish and fear experienced by the population were addressed.
The Faculty of Psychology of the University of Buenos Aires offered recommendations on its website and organized a free telephone assistance program for the community. The attention provided by this service consists of counseling to manage anxiety and psychological discomfort caused by the COVID-19 pandemic and the mandatory lockdown, with the aim of providing resources to better manage it. This counseling aims to provide listening and psychological assistance in a unique communication with the person consulting. It is not a psychological treatment. If required, an appropriate referral will be made.

Another project created during the pandemic by the Faculty of Psychology of Buenos Aires University was The Observatory of Applied Social Psychology which focused on designing surveys to evaluate the mental health of the population in four moments of the prolonged mandatory lockdown that the country experienced (Etchevers et al., 2020). One piece of data that this report revealed was that the percentage of people at risk of psychological disorder increased significantly throughout the year. Another interesting finding was that elderly people presented lower levels of psychological symptoms. Participants between 18 and 39 years old showed more symptoms and mental health threats from lockdown than older ones. One of the hypotheses was that older people experienced lockdown as a secure option to decrease the risk of illness and were more ready to accept lockdowns and isolation. While younger people were more worried by the instability in their work, the high demands of family life and were generally more distressed.

Another survey (Quatrocci, 2020) carried out by the Faculty of Psychology through telephone consultations found that the greatest discomfort came from family problems and far less from relationship or economic problems.

The focus on the fact that families with children and adolescents seemed to be the most psychologically affected population led many institutions to offer talks on Facebook Live, Zoom and other platforms open to the whole community, which could then be revisited. From the Argentine Society of Early Childhood we offered fortnightly activities through Facebook Live in which different specialists addressed topics aimed at parents and teachers interests and at mental health professionals who were reflecting on how to reorient their practices at a distance.

Suggestions such as encouraging physical activity with children, organizing flexible routines to cope with daily school activity were transmitted, and participants in the live chat could also send questions and reflections and continue the dialogue after the activity was finished.

It was not until after three months of total confinement that children were allowed to start going back out into public spaces. There was much anxiety among parents and teachers regarding how to lift the lockdown because international standards were not clear about how dangerous COVID-19 is for children and how high the risk is of children infecting their parents. This is a debate that is still going on today, in relation to the imminent plan to re-open schools.

In the dissemination of information, we aimed to contextualize the new situation, highlighting the disruptive and surprising aspects. We also worked on the emotional manifestations that were presented, helping to understand the overflows of children and adults as a way to externalize the anguish and not smother it, especially with the people of the inner circle—i.e., those with whom there is a greater affective current, those who support us, love us, and sustain us. In children, it is more worrying to see them dull, sad, and disinterested as a prelude to a persistent depressive development. Although crying and defiant behaviors are more difficult for parents, we try to offer support to parents who can expand their reflective function to collaborate in the transformation of negative effects and their regulation, while offering their children meaningful narratives about what is happening in our changing world and inside the family life. These conversations may allow them to understand and analyze what we are all going through. We also encourage mental health consultations when confronted with situations they cannot handle, so that these worrying manifestations do not become chronic.

One point to consider is the disappointment produced when, although society has opened up from lockdown, nothing is like it used to be. Schools will re-open in a different and carefully organized manner and remote schooling will continue throughout the year. A new and more severe wave of coronavirus is expected in
the coming months and schools could eventually close again. All of this implies a renewed challenge for teachers, children, fathers, and mothers.

As we suggested before the second time of the trauma may trigger old and new anxieties. Hope and energy will be needed to deal with disappointments, to give a renewed boost of strength, to help children keep up with their educational programs, and to detect and accompany the families of the children who have been left behind and need particular attention with learning, emotional, and social difficulties. Teachers’ close observation is a fundamental tool for early detection of development obstruction and psychic suffering.

6 | CONCLUDING WORDS

Awakening an awareness of vulnerability, societal tensions, privation, and painful deprivation may prevent the risk of naturalization of social catastrophes, their becoming chronic conditions of psychic suffering and subsequent social indifference regarding the most unprotected human beings in society (Kancyper & Schejtman, 2002).

This pause, as some have called it, is a pause that we did not choose, that will not leave us equal. Some discovered time, a time without urgency or overlapping demands, they enjoyed it, they discovered their children and partners from another perspective, a fruitful opportunity to invent something new. Colleagues working with very damaged children in vulnerable families were positively surprised about the satisfactory initiatives and coping resources some families produced. While other families closed themselves off more than before, losing fluid contact and leaving the professionals worried about how the children will react to the reconnection with schooling.

For others the forced pause implies a catastrophic threat and the fear that upon leaving Noah’s Ark, the home that protected us during the flood, we will find interrupted projects difficult to rebuild, the absence of people who are no longer with us, the impoverishment of many institutions.

Plasticity, cooperation, solidarity, and constructive energy will be necessary for creative reinvention, so that individuals and societies can transform this potential catastrophe into an “event.”

CONFLICT OF INTEREST

The author does not have any conflict of interests.

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