Systemic Practice in the Time of COVID: Conversations Among Culturally Diverse Therapists

Deisy Amorin-Woods¹, Maurizio Andolfi² and Harry J Aponte³

¹ Insight Counselling and Relationship Centre & Edith Cowan University, Perth
² Accademia di Psicoterapia della Famiglia, Rome
³ Couple and Family Therapy Department, Drexel University, Philadelphia

The COVID-19 pandemic has changed the delivery of clinical services and education of health professionals, including family therapists. This paper distils two separate Zoom conversations between myself (as the lead author) and two eminent family therapists, Professors Maurizio Andolfi and Harry Aponte, where challenges and opportunities for the profession during and after the pandemic are discussed. Creativity and resourcefulness are two important elements therapists and educators have needed to access during the pandemic to find alternative ways to continue to provide clinical services and teaching. Most therapists have transitioned using online technology and various platforms such as Zoom and Skype; for some this has been a somewhat familiar experience, for most it has been a novel one. Key themes emerged from the conversations including the personal and professional ‘lived experiences’ of the pandemic; the financial impact on clients and students; the importance of touch for human social connection; the use of ‘self’ as an instrument of change and alternative platforms of service delivery and teaching. We reflected on what has been lost, such as the nuances inherent in face-to-face human interactions, and what has been gained, such as observing families in situ in their own environments.

Keywords: COVID-19, family therapy, narratives, voices, culture and language, cross-cultural conversations, person of the therapist, self of the therapist

Key Points

1. During the COVID-19 pandemic there are striking similarities and yet nuanced differences in the personal lived experience of therapists and educators around the world.
2. Physical distancing and family separation and online delivery have affected our ability to relate through touch and to connect more meaningfully with others, despite their important role in developing and maintaining relationships.
3. There have been financial impacts on service delivery in clinical practice and education.
4. The use of the self in therapy is particularly important today as the need to gain trust and to connect is greater.
5. Online technology and the inclusion of alternative platforms of service delivery and teaching has presented challenges, such as reduced personal connection, yet created opportunities including access to clients’ own environments.

Introduction

Narratives of individual stories related to the COVID-19 experience are beginning to emerge in the literature. What follows are first-person accounts of the experience of living and working amidst the virus distilled from two separate Zoom conversations between myself (as the lead author) and two eminent leaders in the family therapy profession, Professors Maurizio Andolfi and Harry Aponte. This allows an
opportunity for two distinguished systemic and family therapists to share their personal and professional experiences and those of their clients. The power of narratives cannot be understated; they are exclusively contained in our voice as a powerful medium and a form of expression which transcends barriers. Words are raw and organic and contain experience, perspectives, values, and feelings. We need to respect these voices, telling of a given experience as valid and worthy of attention, as they are particularly important in the context of crisis, dislocation, and trauma, much of which we are living in today. Conversations are one of the most powerful human processes in which we can engage (Steinberger, 2017; Stokoe, 2018). This exchange, which draws us into the life story, view, experience, and space of another, becomes a platform to hear and to be heard, to acknowledge and be acknowledged, to understand and be understood (Beach, 2010).

This paper adopts a phenomenological perspective that focuses on the lived experiences of practitioners in the time of COVID, exchanging narratives as shared accounts about how they make sense of their experiences (Creswell & Plano Clark, 2011). As a cross-cultural conversation about COVID, it links to a previous project where in the early days of the pandemic, I approached fellow family and systemic therapists to see how they were travelling through this eerie and blinding dark fog. This culminated in a published article detailing our reflections as family therapists (Amorin-Woods et al., 2020), which aimed to create unity, promote solidarity, and a collective healing in addition to providing a basis to inform education, research, and client services planning. This project attempted to deepen the sharing of stories through rich oral means, by conducting conversations extracting the raw ‘in situ’ lived experiences of family therapists who, like me, are clinicians and educators.

The aim of this paper is to further explore challenges and opportunities in relation to the pandemic by approaching two eminent leaders of our family therapy ‘family,’ Harry Aponte and Maurizio Andolfi. Both have dedicated their lives to family therapy over more than four decades, entering the lives of countless families and teaching the language of family and systemic therapy to innumerable practitioners and students. Like me, they have also lived their lives across two cultures: Maurizio is Italian-born and raised and has been living in Australia for nine years; Harry, born of Puerto Rican parents, was raised in the United States (New York) where he continues to live. Importantly they both acknowledge the person inhabiting the therapist. In my own experience, as a cross-cultural practitioner born in Peru, and living in Australia for 37 years, I also acknowledge this essential element in the formation and evolution of a therapist. We are a person first, before we become a therapist, and we are a person and a therapist simultaneously. We are affected, touched, and influenced by our family histories, our cultures, our languages, and the contexts within which we evolve. Our personal stories and experiences open the door to our therapeutic path.

Introducing Harry Aponte

Harry Aponte is a Fellow of the American Association of Marriage and Family Therapy and a clinical social worker. He is a specialised structural family therapist who worked closely with the legendary Salvador Minuchin. His work spans nearly five decades across academia and clinical work, initially with the Menninger clinic and then the Philadelphia Child Guidance Clinic, and in private practice since 1976, currently in Philadelphia. As an educator, he has worked across universities for 30 years, including presently as an Associate Professor at the Drexel University program of Couple
and Family Therapy, Harry has received numerous awards including the following: Distinguished Contribution to Family Therapy and Practice from the American Family Therapy Academy in 1992; Outstanding Contribution to the Field of Marriage and Family Therapy from the Association for Marriage and Family Therapy in 2001; The Arthur Marshall Distinguished Alumnus Award from the Menninger Clinic in 1997; two honorary doctorates: Doctor of Humane Letters (honoris causa) from Drexel University in 2004, and Doctor of Public Service (honoris causa) from the University of Maryland in 2006.

Harry Aponte’s areas of interest include training and supervision in therapy and working with disadvantaged families, including from diverse cultural and racial groups. He has presented at conferences as keynote speaker across the world and has developed and facilitated training for practitioners, expanding his work into a Eco-Structural Family Therapy perspective which centres on personal evolution of the ‘self’ leading to the development of the POTT (Person of the Therapist) Model (Aponte, 1976, 1994, 2017; Aponte & Kissil, 2014, 2016). POTT aims to achieve a therapeutically purposeful human connection with clients through the clinical use of their own life experience. It highlights empathic resonance with clients’ struggles through self-awareness of their own personal issues, allowing a meaningful integration of the personal and the professional. This work has been highly influential and transformative for many practitioners, including myself.

Introducing Maurizio Andolfi

Maurizio Andolfi was born and raised in Italy and originally trained as a child psychiatrist. In the early seventies he lived, trained, and worked in the United States, at the Ackerman Institute for Family Therapy and the Philadelphia Child Guidance Clinic with Salvador Minuchin, Jay Haley, and Carl Whitaker. He worked in South Bronx and later in South Philadelphia with disadvantaged families from different ethnic backgrounds. He was Professor of Psychology at La Sapienza University of Rome for over three decades and is Editor-in-Chief of the Italian family therapy journal Terapia Familiare. Andolfi was the co-founder of the European Family Therapy Association (EFTA) and is a past President of the Italian Society of Family Therapy. In 1989 he founded the Silvano Andolfi Foundation.

For 30 years Maurizio has been the Director of the Accademia di Psicoterapia della Famiglia (APF) in Rome, Italy. He has run training and practicums for family therapists from around 30 nations for over three decades through his week-long summer school as well as his clinical externship training programs for therapists, the latter of which I had the privilege to attend for four intensive months almost 10 years ago. Maurizio is renowned for his varied works including: *The Self of the Therapist and Multigenerational Family Therapy* (Andolfi, 1979, 2016, 2021; Andolfi, Ellenwood, & Wendt, 1993; Andolfi & Mascellani, 2019). Maurizio received special recognition for his contribution to family therapy from the American Association of Marriage and Family Therapy in 1999 and in 2016 he received the lifetime achievement award from the American Family Therapy Association. While he has been living in Perth, Australia for almost 10 years, he travels yearly to Italy as Director of the Accademia. He continues to be in high demand as keynote speaker in conferences in Australia and around the world and conducts regular training and workshops throughout Australia, Asia, and Europe.
The following are excerpts distilled from each of my two separate online Zoom conversations with Maurizio (19 September 2020) and Harry (14 October 2020), from which I extracted the following key themes.

**Personal and Professional ‘Lived Experiences’ of the Pandemic**

Since we were initially hit by the COVID-19 virus, we have been through a collective trauma, a merry-go-round of experiences and emotions. In trying to make sense of it for myself and others, I have conceptualised these changing phenomena, via the use of metaphors, through the lens of natural disasters. The volcano’s unexpected eruptions, or the earthquake’s unexpected aftershocks demonstrating the uncertain, and hypervigilant nature not knowing when and at what force it will hit next (Amorin-Woods et al., 2020). Nonetheless, it is evident that the common themes of Disruption, Displacement, and Destruction have been present throughout this period.

In my own experience in the first months of the pandemic, during isolation, my work, health, and family were impacted by separation. It was particularly hard not being able to catch up with my daughter and my little grandies for six weeks as they bring so much light into my life. My daughter had plastered photos of them in every wall around the house, which was very thoughtful and helped somewhat, but of course it wasn’t the same as seeing them in the flesh. What was particularly challenging was not being able to see my younger daughter, who lives and works in another state, since our state borders had been closed; it was almost a year before I saw her again.

I started the conversation by asking Maurizio and Harry in turn: How has the COVID-19 pandemic affected you personally and professionally in your part of world?

**Maurizio**

This has been a huge challenge. Everybody tries to compare this ‘pandemia’ loss of life to the war. I was born in 1942, in the middle of the war, but I cannot remember the war. I remember the war through what my mother and grandmother told me about bombing, about refuge. I grew up in a destroyed country and people were anxious, and so anxiety and insecurity became the basic life components. I’m now 78, which is approximately the same age of those who were born during the war. So, it is understandable some global events make a massive number of people very insecure. Everything has been based on anxiety. But the big difference between then and now is that the enemy was visible. We think about ANZAC Day, as the day of reactivation every year on the heroes and people lost in war. Mythology brings images of heroism or heroic acts. The only heroes now are doctors who save lives, but the recognition doesn’t last. It seems that it is not the same thing as losing your life in the field of war. So now because the enemy is invisible it is much worse, because we cannot kick out the enemy or fight the enemy or die for the enemy. You die because of the enemy. So, that makes you potentially dangerous to me. Because you might be positive and affected, you are bringing something dangerous to me.

Then paranoia emerges. This time, fear is almost like the prejudice among cultures, and we all know how tough it is to accept diversity and not to be afraid of diversity. And now the diversity is more dangerous because of the fear of what that can bring to us. Why? If you are a foreigner, you might offend me, because I don’t like your style, or the way you look. The danger is invisible. Unfortunately, I have personally noticed the same thing. I used to believe that Australia is a very united
continent. They were very united during natural disasters, like the recent fires where there was collaboration. But now, people don’t want to mix or unite, they don’t want you to come from this or that region because ‘you may affect me.’ We’re too closed off especially in Western Australia, so yes, while the rigidity in protecting the community may be good in a sense, on the other, it is limited and egotistic. People are becoming distant from each other, rather than feeling connected and collaborative. This is a big challenge.

I have split identities; half for me is here and the other half is in Italy. As I don’t live there currently, I keep up to date with information about my original country every day. I feel uncertain here, but the level of uncertainty, anxiety, fear, and depression in Italy is gigantic. Plus, as you know, since it happened here too, the loss related to the pandemic, which means a lot of people losing their jobs, but Italy is not organised as well as in Australia with temporary pandemic payments, so Italians are really struggling because of the lockdown; it was huge as they were locked down for three months. People learnt to accept it but you would not normally expect Italians to follow this very tough rule. People were witnessing tragic scenes, high percentages of people hospitalised, huge numbers of people dying every day, scenes never seen before, it was unbelievable.

Deisy: It is extremely challenging isn’t it? It saddens me deeply seeing the lack of empathy and compassion in the community and the many stories of sorrow among families.

Maurizio

Maybe the situation is similar to the Spanish flu; politicians have to transform themselves. They cannot operate with the same thinking of a normal situation, as this is a new and extreme situation. I realise people didn’t pass courses on how to deal with this kind of issue, but they have to be able to do it, there is a need to be more flexible. I think leaders need to transform themselves to deal with this new disaster. The normal rhetoric they bring is not enough, they have to be able to really change.

I also like using metaphors, and on this topic, I like to use the metaphor of living in a kind of ‘golden prison.’ Australia is a paradise, it is beautiful, but this is the first time I experienced not being able to move out of this paradise. I was supposed to leave for Europe for two months this month, June and July, and return to Australia in November 2020. I have a lot of professional commitments, but more importantly, we have two grandchildren, beautiful twin granddaughters. They are 3 years old, we saw them last time when they were 2 years, and at this rate, we will see them when they are 4 years, so you miss a big developmental stage. Skype is not the same, you can just blow each other kisses, but you cannot stay with them, you know?

There is also another issue which is more psychological. Before the pandemic, I used to do a lot of exercise – Pilates, working out – but this changed as soon as I was locked down in the house. Even when the lockdown ended, and I could do what I wanted because Western Australia is safe in infection rates, I remained in the same position, unable to move, to do Pilates or anything else. It was like I felt the effect of this lack of freedom even in my body. However, I cannot complain because we are all healthy. It is so different in Italy, even though fortunately our family are doing okay, the situation is very tough in Italy, people are struggling much more over there. Even though I don’t feel I am depressed, my mood has been changing because of the
uncertainty. Sometimes, I am not even sure whether next June (2021) I’ll be able to go to Europe to see my family, my grandchildren . . . who knows? And of course, other people are living this uncertainty in extreme, how dangerous and anxiety-provoking this is.

A ‘good’ part of the prison is that I have written my last book. I completed it within the past six months, which is very rare, because there’s much more time available, even though I have therapy and teaching commitments. That was one of the positive effects of a bad situation.

Harry

Well, what has happened where I am (Philadelphia, United States), but also everywhere else, is that it has separated people. We cannot socialise the way we used to. People are prohibited from going to the homes where they have their elderly parents, those institutions don’t want people from outside to come in because some of the elderly people are ill and vulnerable and they don’t want them to catch the virus. So, families end up having to wave at each other from the windows, it is very sad. Generally, it has created a lot of stress. Some people have lost their jobs, and for those who don’t have personal resources it creates a lot of stress for them. Some people struggle, fearing eviction from their homes because they can’t pay the rent, or their mortgage. It affects the people of lower income, and the disadvantaged groups much more seriously.

We are living in a society that lacks community and strong families that last. There are a lot of people who live alone in America, unlike the past, where families were together and more cohesive. Nowadays, families are less connected than before. Therefore, there’s less support available and the relative isolation has caused them to feel more stress. So, they don’t have support, they don’t have closeness, they don’t have connection, or stimulation, except through the internet but it’s really not the same as being face to face with family. It’s an unnatural environment, and it creates more anxiety and more stress in the environment because of it.

Personally, I have had to make more of a conscious effort to connect with colleagues, because in the past we would naturally be seeing each other in the hallway, at the university, we would be sitting in the same room, or going to a conference. Now what I have is a whole list of telephone numbers and email addresses and I have to consciously say, ‘Oh, I need to contact this person, I should be talking to this other person.’ So, what used to be natural is not natural anymore. What we are doing right now is a new kind of natural. This leaves us with the need to get into new habits, finding new ways of connecting with each other which we used to just take for granted in the past.

The Financial Impact on Clients and Students

We reflected on the financial impact on our clients and students.

Harry

I’m not doing what I used to do in the past, going to homes and seeing families in their homes or having large families coming into my office, because I don’t have backup staff. I just work by myself, and I also have to travel so that I am not able to see and work with disadvantaged families the way I used to. What has happened is that a number of people because of the economic impact of this pandemic have lost their jobs, so I’m seeing a good many people without charge. I am not going to drop
them just because they don’t have any income. So, I have a fair number of people who I charge nothing or very little from what I would have charged in the past. That’s one of the impacts that it has had on me, on my work.

Deisy

Yes, I find we are needing to make adjustments as practitioners. In my own experience my client group usually comprises the two ends of the social and financial spectrum, families from the upper class and the working class. The pandemic has greatly impacted people financially, while the need to access therapeutic and mental health services has become more critical. There are high rates of unemployment, people having lost their jobs, and businesses having to close down (the new poor), and of course vulnerable groups have been further disadvantaged. I am finding I am the busiest I have ever been, the need for services by the community is greater, and the issues clients are accessing services for are more complex, many of them present in crisis (including international students who don’t have access to government services). I charge about 75% of my clients and many have extra discounted services or alternate between paid and pro-bono services. This also helps elongate their services given the government funding is very limited, and given the crisis we are living, they require more services and with more regularity.

Touch: Physical and Human Social Connection

We discussed the importance of touch and its role in human physical and social connection. Touch is a basic need and a primary form of communication, yet vital for human development, growth, and attachment as well as increased connection and healing (Barnett, 2005; Kertay & Reviere, 1998). People also have a greater need for touch during illness or psychological distress and during isolation and separation from their families (El-Kafass, 1983; Estabrooks & Morse, 1992). The importance of touch in therapy has also been extensively researched. For example, one study explored the views, experiences, and attitudes of psychotherapy patients toward physical contact in psychotherapy. Seventy percent of patients indicated touch enhanced the bond they had with their therapist, while it also deepened trust and increased safety (Horton, Clance, Sterk-Elifson, & Emshoff, 1995).

Deisy

As systemic practitioners, we are aware of the significance of relationships and the vital role of connection in our lives. One of my own quotes I often use to highlight this point is: ‘We are collective, interconnected, interdependent beings. We need each other to survive, develop and thrive,’ and of course communication through touch is an important part of this. I see it as a form of survival, just like oxygen, food, and security (Amorin-Woods, 2016a, 2016b). Unfortunately, the COVID pandemic has impacted majorly in this important part of our lives, and this latent loss is present in our communities, and even our therapeutic space.

Maurizio

Yeah, of course, what you miss, it is very important as well. Now, I know that in Australia, touch is not well considered, but I still believe that in therapy touch is very important, especially when working with children and families; and even with adults who are in despair. You can touch someone’s shoulder or sit physically close. So, this will be missing in the long term. This is something, I believe, is very important. With online or Zoom we will miss the proximity in the moment.
Harry

You can’t even hug people these days, because people are afraid to touch one another. In therapy there are little things we do that make a big difference. For example, if I’m meeting with a couple, and the man gets a little bit tense, I could put my hand on his arm and in doing so, I would be reassuring him. I can’t do that now. If I’m looking at a screen, I can only do it with words and some gestures. It’s not the same. I did some years of training therapists in Argentina and there when parents would come with children, the children would put their cheek for me to kiss, that was just a normal way of saying hello. The little gestures that we’re missing and now we’re starting to get used to not doing them. I don’t know what it’s going to be like, once this thing is over. We will have to make adjustments on the way back in.

Using Self as an Instrument of Change

Using ‘self’ as an instrument of change was our next topic of conversation. Harry, guided by his personal cultural roots developed the POTT model for the training and supervision of therapists focusing on the human-to-human encounter. This model is founded on the concept of the wounded healer and encourages therapists to use their humanness and life experience as well as their creativity as key to healing in therapy (Aponte, 1992, 2017).

Maurizio also promotes the use of self in training therapists. He encourages practitioners to go behind their prescriptive professional models and rid themselves of their professional masks, to develop personal resonance and attunement to their clients’ pain and despair. He also sees the importance of self-disclosure in building the inner supervisor and reaching therapeutic serenity in dealing with families (Andolfi et al., 1993).

From the beginning of my own career the use of self has been a core aspect of my work with clients. I draw on my own ethnicity and cultural background as tools to reach and connect with people, including those from diverse cultural backgrounds in increasing understanding and to broaden resources available to them (Amorin-Woods, 2020). The creative work from both Harry and Maurizio has guided and enhanced my work in this area.

Deisy

I’m wondering how you would use your ‘self’ as an instrument in the therapeutic space, can you give an example of that, or another example using creativity as a tool which could be applied especially during these challenging times?

Harry

Well, I can give you an example of a family I saw years ago. The man had struck his son, he had punched his adolescent son in the chest, and he was very upset about that. He came with his family, several children, the adolescent boy was the oldest. He’s there with his wife and he was telling the story of what had happened. I wasn’t really understanding what motivated him to hit his son, I really couldn’t get through what was really deep in there. Then he mentioned that his mother was sick, and then the wife and the other children said: ‘She’s dying, you know, she’s not just sick.’ So, then I opened that up to him and then he got really deeply into what it was like for him to see his mother dying. He’s adopted, so there was no father, she was everything to him. I walked him through the whole experience of what it was like for him and
the fact that he didn’t allow his family to support him, but he was doing it all by himself.

When this occurred to me I said: ‘Tell me again, what happened with your son?’ Well, he was walking in the house in the hallway and the son was arguing with the mother, the man’s wife, and he was being very disrespectful. When this man came by, and he heard his son doing that, he lost his control and hit him. And I asked: ‘Do you think that has something to do with what you’re going through with your mother?’ and then wow, he saw it. You’re not allowing your family to support you and you’re isolating yourself. You’re keeping all of this inside, and everything came out. It was a beautiful thing. At the end, he said to me: ‘I don’t know how you did it, but you just walked me through everything, I was able to see everything, and I want to thank you.’ Then after the family left, I was with the audience that I was teaching, I said: ‘My mother had just died two weeks ago. I was reliving my own mother’s death, and her sickness and because of that, I knew what he was going through, and I could ask questions and I could draw things from him that I might not have thought of otherwise. That’s a use of self.’

Deisy

... and that’s an organic use of self. I’m sure through his suffering you tapped into your own suffering ... it just came ... it just presented to you perhaps ... were you aware that it was coming up or emerging in you? Or did it present suddenly, organically?

Harry

It just came to me because as I do that with my work all the time now, because when I’m working with somebody, and they’re talking about their experiences, I go back to experiences that I had that are similar. And that helps me then resonate with them to get a little closer to what they are experiencing. It was very emotional for me because when I started to talk about it to the audience, it was very hard not to cry, because it just happened, it was very real, very immediate for me.

Maurizio

I will give you an example of an adolescent girl, very sick in every sense, who has extreme anorexia which took place a couple of months ago. She is French and she’s in France. I met her at a consultation in Paris last year. She speaks some Italian too. So, I did a live consultation with them. We made a good connection. I was supposed to go back to France this June to meet her with her family, but of course due to the border closure, I couldn’t. She was hospitalised and at a high risk of losing her life, but hospital keeps you alive. And when you go out of the hospital, you are likely to be readmitted repeatedly, I don’t think that’s the solution, that’s just emergency work. I shared with her what I had done another time in Italy with another client where I invited 23 people to the session with her. I said to this French girl, you know, you are so sick now, and your family is powerless. Why don’t we have a Zoom connection with all the people that care for you? You will invite them, and they will be joining you and your therapist together.

So, we made it happen. There were 40 people that were connected by friends, family members, cousins, the team of professionals were also invited. And following the session, after she got feedback from all, including the therapeutic team, she said that the meeting was incredible and that she had never experienced those comforting feelings in her life. She said, ‘there are so many people that care for me, I would have never thought.’ She felt empowered, as did her parents.
This is the language of network therapy, overlay of community work. Unfortunately, people don’t care much about this kind of approach. Yet increasingly this is an incredible solution, to make easier, because we were all from different parts of the world. I was from Australia, there was the French translator from Sicily. There was a lot of time difference, but despite the practical difficulties, it was amazing. It is just a matter of using our creativity and making it happen.

Alternative Platforms of Service Delivery and Teaching

Due to COVID-19, the provision of counselling and mental health services and the form of delivery have changed substantially. Adjustments have been made in the way we deliver therapy, the manner in which we view client engagement and assess outcomes, and the adjustments to teaching, learning, and student engagement. Personally, the first three months of the pandemic was comprised exclusively of online while later it involved a mixture of face-to-face and online. It stayed in this modality for a while until masks were introduced, which became a major impediment to the nature and aim of the therapeutic process for many groups, including trauma survivors and people with anxiety issues.

Teaching has changed from on-campus to a hybrid model (a combination of online and face-to-face) or purely online. In parts of Australia, the government’s stance to stay in one stage for lengthy periods means that some universities have had to stay purely online. This has affected students, particularly international students, who are unable to leave, due to international border closures, fearing the inability to be let back in to continue their studies and new students fearful of being locked in Australia. The typical story of the international student (who originates from diverse nations and continents including Africa, South America, and Asia) involves huge financial sacrifices by families in order for them to study in Australia. Consequently, they have faced major challenges, including financial, emotional, housing, exclusion, isolation, and family separation from their community networks.

Deisy

Can you talk about the changes that you have made in your clinical work and teaching?

Harry

When it first hit us, the only means of communication was through technology, particularly if you work systemically with families that are separated, they can’t come in, they’re in different places, it was more difficult to get them together in order to try to deal with the whole family. What’s happened over time is that at an institution like Drexel University, where I teach part time, the technicians have become very important people and a wonderful resource. They’ve taught me things I never thought I would learn about technology and using different platforms to connect people from separate places and seeing them all at the same time on one screen. So it’s really not the kind of impediment that it was at the beginning, and I’m also getting accustomed to trying to ‘read’ people on the computer. At first it was strange because I was accustomed to being very close to people and able to observe body language, facial expressions, and listening to what people were saying. With time, I’m getting more accustomed to looking for cues on the screen, and I can see I am making relatively good connections even with couples and families. It hasn’t had such an impact on me today as it did at the beginning, and it hasn’t affected my client case load much. I
think many of us are getting used to using this technology, although I believe that a lot of people who are disadvantaged are really suffering, because they are more isolated due to a lack of resources. For example, the disadvantaged poor don’t have computers that I or others have, and if they do, they don’t have help with the technology as we have. So, they are disadvantaged.

In terms of teaching specifically, if you had asked me this question a few months ago, I would have said it had a great impact, because it was difficult to connect with the students. However, at this point, we’ve gotten better with the technology and able to have classes with the students who are more comfortable with the technology than I am because they’re in their twenties. I am able to work with two or three students at a time if I’m supervising them, or individual students, and it’s becoming more natural, so I’m afraid that once this is over, we’re going to be leaning on technology more than ever. To me it will be a loss missing the person-to-person presence.

Maurizio

Zoom has been a great discovery for clinical work and teaching for a number of reasons. Firstly, you can connect big numbers of people without having to travel. So, our teaching has been more crowded than ever. Also, the level of attention has been higher, as people on Zoom are on the screen all the time. Then another important element, which is also relevant in therapy, when you have 50, 100, or 300 people connected, they cannot interrupt each other. They have to wait their turn, so they have to be more attentive, listen more and engage more.

In terms of therapy, I used Zoom here, even before the pandemic, because Australia is so big that if you want to have some members of the family who live on the other side of the country you can do Zoom sessions. I found even for teaching in academia it has been fantastic to see how you can do live supervision via Zoom with the family and colleagues present. They are open to accept changes because of trust. I think trust is most important, because if the client trusts you, you are able to provide the best you can from a situation of deprivation.

I want to share a clinical experience, of a family, a mother and two daughters. They have gone through a terrible loss. The father, and husband, died of cancer. He was the centre of everything, a fantastic father and husband. Apparently, the wife didn’t even cook, he did everything. So, when he died, they lost the centre of their universe, and went heavily through the mourning process. They came to therapy for a few sessions. They talked very little, the small child, the youngest daughter, would cover herself behind a big pillow in my office. I couldn’t even see her face, it was like she was hugging herself. The pre-adolescent girl was a little more talkative, but very depressed. Mother was lost. So, there was such a sense of depression, which of course you must go through that, it is normal.

Then the lockdown came. As the family couldn’t come to my office, I suggested Zoom. The first session was incredible. Just like I am doing this interview via Zoom with you now, I can see you in your house, I can see your decorations, I can enter in your own intimate world much more. So, when I saw this family via Zoom, they were all packed together, the three of them in the screen. They connected to this new thing for the first time. They were smiling, I never saw them smiling before. They showed me around, it was as if I was doing a home visit. They told me about the piano and piano lessons. I asked them to show me something, an object that is very important for you? The older child showed me a pendant she got for her 14th birthday from her best friend. Then I asked the little one to bring me something, so she
went to her room and came back with a Dumbo elephant which she got from the zoo. As I knew they do dance classes, I asked the big one, can you show me your shoes? So, she came with red shoes. Then she said to me: ‘Do you know my mother has done the embroidery of my dancing dress?’ Yet mother had always presented herself as incapable of doing anything. Now, it appears that she is very creative. I asked, can you show me your dress? She happily went to get it and came back with the dress. I then said to the mother, can you show me something that is very important for you. Can you guess what she brought? The portrait of her and her husband on their wedding day. Then she said, you see the dress? She told me she had made her wedding dress by herself. I said to her: ‘You’re incredibly talented,’ and through talking I found out she had taken sewing lessons when she was younger.

At the end of the session, they said they were so happy, that it was like having an uncle visiting them. This family lost the husband and the father, and they are totally disconnected by both families of origin, for many reasons. So, this is like a survival team of three women. This was very special as they would have not opened up like this had they come into my office.

In terms of my students, I’ve been teaching them how to do their own home visits via Zoom, starting with my own visit in their homes. I am able to visualise their space, like a virtual camp. I would also ask them the most important object they got from special members of their family and they would come with very special things. So, you can conduct supervision using a lot of personal items. Another important part is that I work with sculpting. Initially, they didn’t think they could sculpt through Zoom. While they cannot make a sculpture with many people, they can sculpt the client, their depression, a conflict, even a solution. Often people feel overwhelmed by a given situation and through this, they can show you how they feel in the situation. I think people sometimes feel that we are so limited by this online medium, because there is no movement, but we can create a lot of momentum through it.

**Conclusion**

This paper has presented a valuable distillation of my conversations with Maurizio Andolfi and Harry Aponte, two luminaries of the family therapy field, representing a combined 100 years of experience and leadership. In these conversations I experienced a powerful sense of a common humanity living a collective trauma. The metaphor I have used previously struck home: ‘While we may be sailing the same storm, we are in different boats,’ meaning, while there are similarities, we are touched differently depending on our culture and context. I learned there are striking similarities and yet nuanced differences between our lived experience as therapists and educators. Separation has affected us all and we are all people with families and loved ones with stresses and challenges in common. There have been financial impacts on our clinical practices and education and training delivery contexts.

The use of the *self* of the therapist in family therapy is important now more than ever. Online technology has presented opportunities as well as challenges in both clinical services and teaching. Opportunities in clinical practice include the ability to enter and transcend our clients’ authentic space and access and bring attention to the resources in their environment. A key disadvantage is that physical distance has majorly affected our ability to relate to and connect with others, yet this is an
important element in developing and maintaining relationships both personally and professionally.

As family and systemic therapists, we need to identify how we can best support individuals, families, groups, and communities to heal from this collective trauma and from the experience of this complex kaleidoscope of challenges. Since we work with systems, we need to re-invent ourselves and the ways in which we deliver services in order to support our clients and students amidst a rapidly changing world.

References

Amorin-Woods, D. (2016a). Il multi-linguaggio e il multi-tempo dell’amore: Il lavoro con le coppie interculturali. Paper presented at the Convegno Residenziale APF ‘Il Processo Terapeutico. Tempi e fasi della terapia familiare’ Accademia di Psicoterapia della Famiglia-Todi, 30 June- 2 July 2016, Todi, Italy.

Amorin-Woods, D. (2016b). “My story, your story: The role of culture and language in emotion expression of cross-cultural couples”. The Mi Culture Model. Paper presented at the AAFT National Conference, Cairns, Australia.

Amorin-Woods, D. (2020). Habla mi idioma? An exploratory review of working systemically with people from diverse cultures: An Australian perspective. Australian and New Zealand Journal of Family Therapy, 41(1), 42–66. https://doi.org/10.1002/anzf.1402.

Amorin-Woods, D., Fraenkel, P., Mosconi, A., Nisse, M., & Munoz, S. (2020). Family therapy and COVID-19: International reflections during the pandemic from systemic therapists across the globe. Australian and New Zealand Journal of Family Therapy, 41, 114–132. https://doi.org/10.1002/anzf.1416.

Andolfi, M. (1979). Family Therapy: An Interactional Approach. New York: Springer Nature.

Andolfi, M. (2016). Multi-Generational Family Therapy. Abingdon, UK: Taylor & Francis Ltd.

Andolfi, M. (2021). Il Dono della Verità. Il Percorso Interiore del Terapeuta (The Gift of Truth). Milan: Cortina Raffaello.

Andolfi, M., Ellenwood, A. E., & Wendt, R. N. (1993). The creation of the fourth planet: Beginning therapists and supervisors inducing change in families. American Journal of Family Therapy, 21(4), 301–312.

Andolfi, M., & Mascellani, A. (2019). Intimità di Coppia e Trame Familiari (Intimacy of the Couple and Family Plots). Milan: Raffaello Cortina.

Aponte, H. J. (1976). The family-school interview: An eco-structural approach. Family Process, 15(3), 303–311.

Aponte, H. J. (1992). Training the person of the therapist in structural family therapy. Journal of Marital and Family Therapy, 18(3), 269–281.

Aponte, H. J. (1994). Bread and Spirit. Therapy with the New Poor. New York: W. W. Norton.

Aponte, H. J. (2017). The philosophy of the person-of-the-therapist training model: The underlying premises. Seminare. Learned Investigations, 38(4).

Aponte, H. J., & Kissil, K. (2014). “If I can grapple with this I can truly be of use in the therapy room”: Using the therapist’s own emotional struggles to facilitate effective therapy. Journal of Marital and Family Therapy, 40(2), 152–164.

Aponte, H. J., & Kissil, K. (2016). The Person of the Therapist Training Model: Mastering the Use of Self. New York: Routledge, Taylor & Francis Group.

Barnett, L. (2005). Keep in touch: The importance of touch in infant development. Infant Observation, 8(2), 115–123.
Beach, L. R. (2010). *The Psychology of Narrative Thought: How the Stories We Tell Ourselves Shape Our Lives*. Bloomington: Xlibris Corporation.

Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and Conducting Mixed Methods Research*, (2nd ed.). Thousand Oaks, CA: Sage.

El-Kafass, A. A. R. (1983). *A Study of Expressive Touch Behaviors by Nursing Personnel with Patients in Critical Care Units*. Washington, DC: Catholic University of America.

Estabrooks, C. A., & Morse, J. M. (1992). Toward a theory of touch: The touching process and acquiring a touching style. *Journal of Advanced Nursing, 17*(4), 448–456.

Horton, J. A., Clance, P. R., Sterk-Elifson, C., & Emshoff, J. (1995). Touch in psychotherapy: A survey of patients’ experiences. *Psychotherapy: Theory, Research, Practice, Training, 32* (3), 443–457.

Kertay, L., & Reviere, S. L. (1998). Touch in context, in S. Imes (Ed.), *Touch in Psychotherapy: Theory, Research, and Practice* (pp. 16–35). New York NY: Guilford Press.

Steinberger, C. B. (2017). Reclaiming conversation: The power of talk in a digital age. *The Journal of Psychohistory, 44*(4), 334.

Stokoe, E. (2018). *Talk: The Science of Conversation*. London: Robinson, Little Brown Book Group.