

Article

Online child psychotherapy: experiences of psychoanalytically psychologists during the COVID-19 pandemic

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Abstract. This article is an exploratory qualitative study aimed at understanding how Information and Communication Technologies were utilized by psychoanalytically oriented Brazilian psychologists during the COVID-19 pandemic. It investigates the adaptations of the therapeutic setting in a virtual mode, as well as the use of the therapeutic contract, play, and playful resources through digital platforms. Through ten interviews conducted with psychologists via Google Meet, it was possible to observe the peculiarities related to managing online therapy, as well as the scope and limitations of this modality within a context that is far from the classical framework. These services became essential during the pandemic, as children's mental health triggered physical and psychological consequences. Despite the adversities, the virtual setting proved to be a viable resource within the pandemic scenario.

Keywords: online therapy; psychoanalysis; child psychotherapy.

Psicoterapia infantil on-line: experiências de psicólogos de orientação psicanalítica durante a pandemia de COVID-19

Resumo. Este artigo é um estudo qualitativo exploratório para compreender como as Tecnologia da Informação e da Comunicação foram empregadas por psicólogos brasileiros de orientação psicanalítica durante a pandemia de COVID-19, investigando as adaptações do *setting* no modo virtual, além da utilização do contrato, do brincar e dos recursos lúdicos via plataformas digitais. Por meio de dez entrevistas realizadas com psicólogas, pelo Google Meet, peculiaridades com relação à condução do atendimento *on-line* foram observadas, além dos alcances e limites dessa modalidade dentro de um *setting* distante dos moldes clássicos. Esses serviços se tornaram essenciais durante a pandemia, com a saúde mental das crianças desencadeando consequências físicas e psicológicas. Mesmo com as adversidades, o trabalho virtualizado se mostrou como um recurso possível dentro do cenário pandêmico.

Palavras-chave: atendimento *on-line*; psicanálise; psicoterapia infantil.

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Psicoterapia infantil en línea: experiencias de psicólogos de orientación psicoanalítica durante la pandemia de COVID-19

Resumen. Este artículo es un estudio cualitativo exploratorio para comprender cómo las Tecnologías de la Información y la Comunicación fueron empleadas por psicólogos brasileños de orientación psicoanalítica durante la pandemia de COVID-19, investigando las adaptaciones del *setting* en el modo virtual, así como el uso del contrato, el juego y los recursos lúdicos a través de plataformas digitales. A través de diez entrevistas realizadas a psicólogos a través de Google Meet, fue posible observar las peculiaridades relacionadas con el manejo en la atención en línea, así como los alcances y limitaciones de esta modalidad en un *setting* alejado de los moldes clásicos. Estos servicios se volvieron esenciales durante la pandemia, con la salud mental de los niños desencadenando consecuencias físicas y psicológicas. A pesar de las adversidades, lo trabajo virtualizado se mostró como un recurso posible dentro del escenario pandémico.

Palabras clave: terapia en línea; psicoanálisis; psicoterapia infantil.

Psychothérapie en ligne pour enfants: expériences de psychologues d'orientation psychanalytique pendant la pandémie de COVID-19

Résumé. Cet article est une étude qualitative exploratoire visant à comprendre comment les Technologies de l'Information et de la Communication ont été utilisées par Les psychologues brésiliens d'orientation psychanalytique pendant la pandémie de COVID-19, en examinant les adaptations du cadre en mode virtuel, ainsi que l'utilisation du contrat, du jeu et des ressources ludiques via les plateformes numériques. A travers dix entretiens réalisés avec des psychologues via Google Meet, il a été possible d'observer les particularités de la prise en charge en ligne, ainsi que les avantages et les limites de cette modalité dans un setting éloigné des modèles classiques. Ces services sont devenus essentiels pendant la pandémie, avec des conséquences physiques et psychologiques sur la santé mentale des enfants. Malgré les difficultés, le travail virtualisé s'est avéré être une ressource viable dans le contexte de la pandémie.

Mots-clés : consultation en ligne; psychanalyse; psychothérapie infantile.

Child psychotherapy is understood as a care strategy, characterized as a therapeutic intervention to help children with their socioemotional difficulties. In psychoanalytic practice, the process focuses on play, free association, and the management of transference, emphasizing psychic reality, fantasies, and unconscious desires. It is the psychologist's role to maintain a floating attention, aiming to listen to the child and their productions, helping them express feelings and emotions (Aires, Moscon, Chamusca, Mignac, & Guerra, 2021; Dias, 2020; Zavaschi, Bassols, Bergmann, & Mardini, 2015).

Winnicott (1975/2019) followed and questioned the theoretical, technical, and practical assumptions presented by Sigmund Freud and Melanie Klein. He noted that through play, the child adjusts to the world, using it as a form of communication and therapeutic resource. This play is carried out mutually with the psychotherapist; the professional, concerned with child development, seeks to manage the blockages that impede or hinder the developmental process (Winnicott, 1975/2019).

During the COVID-19 pandemic, preventive restrictions were adopted in Brazil and worldwide to contain the alarming rate of contamination. In this new scenario, psychologists faced obstacles in conducting face-to-face child psychotherapies due to the ban on in-person interactions.

Children experienced routine changes and school closures, which interfered with learning processes and socio-familial relationships. Behavioral changes became more noticeable, leading to adverse physical and mental health consequences (Aydogdu, 2020; Fundação Oswaldo Cruz/Oswaldo Cruz Foundation, 2020; Linhares & Enumo, 2020).

Child psychoanalytic practice, like other theoretical orientations, was characterized by uncertainties, with physical distancing prompting professionals to explore ways to adjust their work (Susemihl, 2020). Among the possible resources, Information and Communication Technologies (ICTs) became viable alternatives (Viana, 2020).

Through Resolution No. 04/2020, the Brazilian Federal Council of Psychology permitted child psychological services mediated by ICTs during the pandemic, provided there was consent from one of the child's legal guardians, with these professionals assessing the corresponding technical and technological feasibility (Conselho Federal de Psicologia, 2020). Initially, many professionals in the psychoanalytic field had reservations about remote work, mainly because they were not familiar with it (Azevedo et al., 2020).

It is important to highlight that the course of the pandemic made even the most skeptical professionals reconsider their positions about ICT-mediated work. It was imperative to consider that the contemporary context is markedly different from the one that gave rise to psychoanalysis, primarily due to technological advances (Garrit, 2021). Thus, the amalgamation of the pandemic with ICTs led professionals to develop new competencies and skills and provided uncommon working methods (Terra, Santeiro, & Couto, 2024).

Regarding the psychoanalytic field, Azevedo et al. (2020) focus on the adaptations made to the remote setting and emphasize the need for greater flexibility and creativity to sustain it. Child psychologists had to rethink resources and playful practices that could support children's emotional health (Affonso, 2022). Despite being a field permeated by many questions about its effectiveness, professionals found online psychotherapy to be a way to continue treating their patients, which became challenging since the ICT-mediated setting and the physical distancing of the analytic pair jointly unveiled uncertainties.

In the remote working mode, however, the child's home integrated the setting, with the psychotherapist concretely observing their family space. This offered the clinician other types of immersion into the child's world and ways of understanding their family and routine (Affonso, 2022). Besides providing a human setting where the patient could freely express their affections, conflicts, and fantasies, it allowed the continuation of handling and holding to meet their developmental needs (Winnicott, Shepherd, & Davis, 1989/2005).

In psychoanalytic work, the therapist and child become a therapeutic pair, and the relationship in which they are immersed consists of a dynamic process of interactions, projections, and unconscious products from both parties. The setting acts as a nutrient for these two subjectivities. Since the therapeutic bond formed in the sessions is a unique and untransferable relationship, the psychotherapist must develop a contract with the patient and their parents, with the therapy goals being explained (Silva, Carneiro, Brito, & Gomes, 2017; Stürmer & Castro, 2009), even when ICTs are involved (Dias, 2020).

A strengthened bond between patient and therapist, along with the cooperation of the guardians and the patient's motivation, is essential for the progress of child psychotherapy. As Winnicott (1975/2019) discusses in his studies, conducting the psychotherapy involves the therapist meeting the emotional needs of the children treated by facilitating play as a form of expression, helping them get in touch with their anxieties, aggressive feelings, and destructive impulses (Winnicott, 1975/2019, 1982/2008).

There are cases, however, where the professional sees patients who did not have the presence of a sufficiently good, stable, and secure mother who met the fundamental needs of her child in the early years of life. Due to this lack, the child cannot or has difficulty creating a foundation for healthy maturation. In Winnicott's theory, the therapist has a role in repairing these failures and seeks to constitute a sufficiently good setting. The therapist must manage sessions in a stable environment, emotionally supporting the patient to enable their unconscious expressions and promote the integration work of the self in the most regressed (Höfig & Zanetti, 2016; Winnicott et al., 1989/2005). The patient, on the other hand, needs a facilitating environment that promotes appropriate handling and holding for their emotional development (Silva, 2018). In remote and pandemic scenarios, how have these issues been presented and considered by clinicians?

Affonso (2020, 2022) emphasizes the importance of using therapeutic resources, such as toys and playful materials, in both in-person and virtual sessions to help access children's emotions and facilitate the exploration of their difficulties, anxieties, and symptoms. Preliminary conversations with their families or guardians are crucial to understand their history, with the contractual rules being outlined. The therapist must establish therapy goals based on the presented complaint and discuss how it will proceed and the roles to be played by the child and their parents (Silva et al., 2017).

In ICT-mediated sessions, it is necessary to reassess care and attention in defining the contract; conversations with parents remain crucial for setting schedules and locations for sessions; seeking places with minimal foot traffic and few external interferences becomes desirable (Affonso, 2022; Aires et al., 2021). Thus, the remotely established setting encompasses infinite possibilities, especially during the pandemic. Advances in this field have provided promising tools, enabling society greater access to mental health services (Viana, 2020).

Given this preamble, this study investigates how ICTs have been employed by psychologists working in child psychoanalytic psychotherapies in Brazil during the pandemic. We aim to understand the characteristics that shaped these professional practices, settings, play, and the use of playful resources.

Method

This study is an exploratory qualitative analysis conducted with ten professional psychologists. To participate, they had to meet the following criteria: self-identification with the psychoanalytic theoretical-technical orientation; active registration with their respective Regional Council of Psychology; and experience in online child therapy, either ongoing or completed, during the COVID-19 pandemic (Table 1).

The participants identified as female, with ages ranging from 26 to 58 years (average age of 38 years), residing in cities located in the states of Minas Gerais, São Paulo, Rio de Janeiro, and Bahia. They had between four and 25 years of experience in psychotherapeutic practice in private settings (average of 11 years), not limited to childhood. Additionally, two of them worked in both private clinics and the public network; one worked at the Centro de Atendimento Psicossocial Infantil (CAPSi, Child Psychosocial Care Center) (P8); and another at the Social Assistance Reference Center (P2). Two participants (P2 and P5) had prior experience with online therapy before the pandemic, but these were sparse experiences limited to adults.

Table 1. Characteristics of the research participants

Participants	Age (years)	State	Clinical experience (years)
P1	26	MG	2
P2	46	MG	20
P3	53	RJ	25
P4	38	BA	13
P5	27	SP	5
P6	37	MG	15
P7	38	SP	7
P8	29	MG	6
P9	58	MG	10
P10	30	SP	7

A semi-structured interview was used to generate the studied narratives. It included two sets of questions: the first aimed at characterizing the participants' socio-occupational profiles (six questions) and the second addressed questions related to the study's objectives, encompassing topics related to professional practice with children mediated by ICTs during the pandemic. Topics such as setting, contract, and resources used in this practice were incorporated into the dialogue if not spontaneously expressed.

The interviewer was a student enrolled in the 8th semester of an undergraduate psychology program at a public higher education institution. Additionally, she was part of a research group focused on psychoanalytic clinical issues and was undertaking clinical training according to the psychoanalytic theoretical orientation (first author).

Before conducting the first interview, a professional who met the inclusion criteria and was part of the research group affiliated with the first two authors was interviewed (pilot study). After this training situation, the material was transcribed and supervised by a university professor specializing in developing research interviews (second author). From this exercise, the instrument was assessed as effective for achieving the study's objectives.

The research was disseminated on social media (WhatsApp and Instagram), and the first participant was contacted due to a response to this publicity; this professional worked in a small town in Minas Gerais, near the state capital. From this initial contact, the snowball method was followed. However, there were difficulties in getting participants who met the inclusion criteria, and no male psychologists or those who identified differently (e.g., non-binary) responded to the research publicity and/or were indicated only by female colleagues.

Upon first contact and acceptance to participate in the study, a Google Forms link was sent for accessing and accepting the Informed Consent Form. The interviews were conducted via the Google Meet platform. The project that originated the research was approved by the Research Ethics Committee of the Universidade Federal de Goiás (UFG, Federal University of Goiás) (CAAE 26870314.8.0000.5083).

The interviews were conducted between January and April 2022, lasting approximately one hour each. They were video recorded and later stored on an electronic device to support the transcription process. The transcriptions of the interviews constituted the analytical corpus of the research.

The narrative analysis was conducted using Clinical-Qualitative Analysis, which is based on listening, describing, exploring, and interpreting the meanings narrated and experienced by the participants (Turato, 2018). After conducting and studying the ninth interview, aspects indicating the phenomenon of theoretical saturation were noted; thus, the tenth interview was conducted, confirming that the interview processes could indeed be concluded.

The discussion and interpretation of the narrated experiences were based on the psychoanalytic theoretical framework. In this context, we aimed to engage with: (1) the theoretical and technical aspects of psychoanalytic child psychotherapy, with a focus on Winnicott's contributions; and (2) the perspectives of authors whose professional practices were shaped by the necessity of using ICTs and the impact of the pandemic.

Results and discussion

The interview processes and their respective analyses allowed the establishment of three thematic axes: (1) *the clinical scenario during the pandemic: formal aspects of new encounters*; (2) *the setting: technologies and symbolisms*; and (3) *remote play and therapeutic resources used*. These will be explored below.

The clinical scenario during the pandemic: formal aspects of new encounters

The COVID-19 pandemic had implications for children's mental health (Aydogdu, 2020). Distanced from school environments and isolated in their homes, their interactions with their families became closer, and their routines had to be adapted to the new global reality. On another level, parents had to find ways to support their children's needs, including assistance with remote education for those of school age.

Many children began to experience emotional distress due to the severe public health crisis. The fear of contracting the virus triggered anxieties and fears, as highlighted by one of the interviewees:

There were children who at that time developed very phobic issues. There were children who wanted to control their parents' outings, forbidding them from ever leaving the house out of fear of getting COVID and their parents dying. So, this child developed serious symptoms of nervousness, sweating, and being unable to sleep, experiencing a lot of distress because leaving the house meant potentially getting sick and dying. (P4)

One of the psychologists, working at CAPSi, discussed the intensification of emotional suffering in public services, addressing the urgency of continuing treatment for patients with severe anxiety or self-harming behavior and suicidal ideation. The professionals used what they had at their disposal to assist these people, ethically and technically preparing for remote practice, as discussed by Avoglia, Rosa, and Silva (2022).

Confronted with the unforeseen circumstances brought about by the pandemic, many psychologists grappled with their own beliefs about online therapy. They recounted the resistance within the psychoanalytic community towards remote therapy, particularly in the context of child therapy. This is illustrated by the following interview excerpt:

During the pandemic, I was very anxious, hearing my colleagues say that “with children, it is not possible.” I said: “No, are we going to let the children suffer?” It was such an uncertain

time we went through, such an uncertain moment for us too. So, we had to reinvent the clinic; it was a very new thing... especially for psychoanalysis. (P6)

The psychologists encountered opposition to conducting online sessions, due to the traditional psychoanalytic frameworks, even during the peak of the pandemic. Avoglia et al. (2022) highlight the questions that began to arise in child therapy, with inquiries ranging from ensuring the quality of the sessions to theoretical aspects mediated by ICTs.

Resistance to online therapy within the participants' psychoanalytic community was rooted in the perception that it was not “true psychoanalysis,” as remote resources diverged from the traditional face-to-face formats that had been extensively studied and practiced. Given these longstanding traditions, did it make sense for these oppositions to persist unchallenged during the pandemic?

Confronting these experiences of resistance became necessary, demanding new approaches (Garrit, 2021). Consequently, the participants reflected on how to adapt psychoanalytic theory and technique, which had been developed for in-person sessions, to the context of online therapy. How could they conduct sessions while respecting the aspects of psychoanalytic theory and technique developed for face-to-face sessions?

When considering contributions from pioneering psychoanalysts in different realities than those studied, thinking about the elasticity of theory and technique becomes evident, in a transversal manner. For instance, Freud (1919/2020) and Winnicott (1983/2007) emphasized the importance of adapting and flexing therapy sessions without succumbing to rigid techniques. They argued that psychoanalysts can integrate new work modalities while maintaining theoretical rigor (Winnicott, 1983/2007). Given this perspective, why did it seem so challenging to embrace online therapy, and why did so many resistances arise and persist, despite the specific socio-cultural, economic, and historical context of the pandemic?

In light of pioneering contributions, Sigmund Freud reported the case of little Hans, just five years old. As is known, in this therapeutic process, the psychoanalyst exchanged letters with the boy's father, aiming to mediate and guide the child's family in treating his phobia. This form of intervention proved successful, and Freud's achievement can be related to the rudiments of remote analysis. Considering this, in a pandemic situation like the one embracing the participants and their relationships with their child patients, there are indications that remote sessions would certainly be feasible, provided they were conducted with the respective considerations and adaptations of theory and technique (Garrit, 2021).

The participants narrated internal mobilizations to deal with this new context; they reported searching for resources and tools to support them during the sessions. Many interviewees emphasized trying to find books, scientific articles, and distance courses that focused on the peculiarities of online therapy. And this was clearly discussed as challenging due to the lack of references at the beginning of the pandemic, especially concerning psychoanalytic child therapy.

After the sessions began, the interviewed psychologists assessed which cases would be appropriate for online sessions, with initial conversations with parents and children being essential to understand the family dynamics, history, and subjectivity of each. Seven interviewees (P2, P4, P6, P7, P8, P9, P10) discussed the challenges and limitations that sessions with young children presented.

The pandemic scenario prompted participants to explore alternative methods for studying and engaging in dialogue, particularly with colleagues, supervisors, and other professionals in

the field. They reported that, despite facing difficulties and uncertainties, they actively built support networks, attended lectures, and participated in study groups.

In the context of the difficulties experienced and narrated, the interviewees addressed that the challenges were more evident in cases of sessions with patients younger than four or five years old. Due to the constant physical presence of parents, especially because they needed to provide assistance either due to the child's chronological age requiring it or due to special needs, during the sessions, confidentiality could be affected, and privacy could be compromised, hindering child analytical work and, therefore, constantly impacting the constitution and maintenance of the setting. Family intrusions limited these therapists and their work with their patients; they were often forced to suspend work on certain topics due to the concrete influence of the environment on the analytical process.

Marinho et al. (2022) report that children with neurotic emotional organization or in latency stages generally find it easier to engage with the online world compared to those with regressive characteristics or younger children. However, despite the limitations often associated with four-year-olds, other participants (P1, P3, P5) shared positive experiences working with these age groups.

Many children managed technology effectively during the sessions without needing assistance from parents or others. This is because they are immersed in digital languages before even learning to read or write (digital natives). As a result, they are more adept at using computers, tablets, and cell phones from the early stages of their development (Paiva & Costa, 2015).

In line with what we have presented, Susemihl (2020) provided examples of successful sessions with four- and five-year-old children. She described how these remote sessions unfolded and noted the unique ways each child interacted with the computer. Despite interruptions from third parties and challenges in maintaining and managing the formal setting—such as the child moving around the house—the author highlighted how the work was feasible within the constraints imposed by the pandemic, even in its early stages.

Since each child is unique, it is essential to assess their individual skills and limitations to determine whether they have enough autonomy to use the ICTs required for the sessions. Beyond considering issues related to the physical environment and the child's resistance to engaging in psychotherapy, the interviewees described their efforts to uphold the psychoanalytic listening stance. This involved being emotionally and mentally prepared for the child while maintaining and managing the setting as effectively as possible. These considerations are vital for assessing the limits and potential of online child psychotherapy, which will be discussed in the next thematic section. Revisiting aspects related to the concrete (formal) setting will be necessary, as we aim to distinguish these from the symbolic (informal) aspects solely for didactic purposes in this text.

The setting: technologies and symbolisms

The interviewees began conducting remote therapy sessions through digital platforms such as Google Meet, Zoom, Skype, and WhatsApp. Videoconferencing enhanced the dialogical experience by integrating both image and sound, allowing for more comprehensive communication. These remote sessions extended their reach to clients worldwide, yet were largely confined to the participants' speech, listening, and their observations of the children.

Consequently, the broader view of bodily aspects was limited to what could be captured within the confines of the computer screen, as noted by Susemihl (2020).

One interviewed psychotherapist presented the case of a child with psychotic traits, who restricted the therapist's visual field, without exposing her own facial and bodily expressions:

During the (online) session with her, I only saw part of her face, she did not show herself. And I had about five sessions with her that way, without seeing her whole face. I did not know what her face looked like. We built a bond until the day she lowered the camera, and I could see more parts of her face. (P4)

With the visual aspect limited by the constraints of psychotherapeutic work and setting, the body — an element crucial to the practice, theory, and technique of psychoanalytic clinics — became more distant in the ICT-mediated environment. Conversations with the professionals who participated in the research suggest that this limitation served as a boundary between therapists and their patients, becoming an inescapable part of the work. In this sense, the internet, along with the professional's gaze and voice, became the primary means of presence in the sessions, facilitating the therapeutic relationship and helping to overcome the limitations of technology (Aires et al., 2021).

Generally speaking, childcare differs from that provided to other age groups due to the necessity of using play materials, which can present unique challenges when adapted to a remote format. These challenges involve both formal and informal elements of the therapeutic setting. With the technological boundary between patient and therapist in place, a child may find it difficult to emotionally connect with their analyst (Tachibana, Pizzo, Paiva, & Oliveira, 2021). In this context, two interviewees discussed the importance of voice and bodily presence in shaping the therapeutic setting:

The voice is very important, especially with autistic children. It is the main resource, to talk, to call, to be present, to say things about what they are doing, showing, to ask questions. The voice is a resource that sustains this type of care at these times. I think it gives a bit of physical presence to this analyst, even though there is a distance. (P1)

There was a five- or six-year-old child, every session he would hold my hands (in person) to tell me something about his family, about the difficulties he was having with this family, the family nucleus. In every session, it was like that. I noticed that when it went to remote care and he wanted to tell me something related to the family, he would hold his own hands. (P8)

The voice and gaze are crucial for establishing the bond between the analytic pair, requiring the participants' sensitivity to discern the nuances and internal content that may be hidden behind hand movements, eye expressions, voice tones, and silences during sessions. Just as in in-person therapy, these non-verbal cues contribute to the analytical setting (Winnicott, 1983/2007). In remote sessions, this setting expanded, with the child's home becoming part of the symbolic environment of psychotherapy, compelling professionals to broaden their 'visual field.' This expansion was often perceived positively by the participants during their remote sessions.

Aligning with psychoanalytic literature (Affonso, 2022; Azevedo et al., 2020), the interviewees described immersions into the child's private world, getting to know their home, daily routine, and family relationships within this 'concrete context.' These experiences stimulated clinical reflections on the patients' lives, rooted in symbolic parameters that were previously inaccessible. Such insights became valuable elements of analysis, with the physical setting revealing itself as dynamic and ever-changing, offering professionals a deeper connection to the children's psychic life.

It's important to remember that in psychoanalytic clinics with Winnicottian inspiration, the setting should provide care, adhering to the fundamental conditions necessary to meet the patient's needs in both a physical and, more importantly, symbolic environment where they feel safe with minimal external interference (Höfig & Zanetti, 2016; Winnicott, 1975/2019). Since the participants were not in the same physical space as their patients, it was crucial to discuss with parents or guardians during the contract definition the importance of ensuring a private environment where the child would not be interrupted during the session, a point also emphasized by Avoglia et al. (2022).

Two interviewees shared examples of cases where children were able to find a conducive environment for free emotional expression, despite the challenges posed by the pandemic and technological constraints:

There were times when he would walk on the grass with the phone in his hand to have privacy in the rural area. (P4)

There is this child who has autistic traits. This child, due to their own anxiety, wants to move, show the car, they have this fixation on cars. Many sessions took place inside the car itself, walking around the car [...]. (P9)

Beyond the physical space, authors like Silva (2018) argue that the professional must create an environment where the patient feels protected, offering a space where they can be themselves and take care of their needs. However, in the context of this study, the interviewees were unable to control when a child would move between different environments, walking around the house, often carrying their phone or laptop, exposing various rooms and the people who shared those spaces with them.

The interviewed psychotherapists described seeing family members, toys, and pets, and noted that these environments were starkly different from their pre-pandemic office settings, where they conducted face-to-face sessions. One interviewee highlighted the unique opportunities that this new mode of work presented:

We see people who are very present in the child's life that sometimes we did not have full knowledge of. It could be someone who takes care of the house, like the housekeeper, as I said. She is very present in the child's routine, so I could notice throughout the online sessions, that she was someone I needed to listen to as well [...]. (P10)

Engaging with people in the child's daily life provides an opportunity to explore new perspectives on the dynamics of their everyday relationships. This can offer valuable insights into the child's world, enhancing the psychological assessment process. However, from an ethical standpoint, it is crucial to ensure the confidentiality and individuality of each family, maintaining and managing the setting, whether focusing on concrete or symbolic aspects. Additionally, parents might feel their personal and subjective spaces are violated when children move about the house, which is an issue also highlighted in the participants' narratives.

In these moments of the child's "walks" around the house, the interviewed professionals found themselves entering the family's personal environment. They reported the need to handle such situations with care, especially when noticing discomfort from the family due to these "uncontracted invasions," having to address this issue with the child to mediate the situation, as illustrated by one of their statements:

I say: "Look, I understand you wanted to show me your mom, your dad, but I think it is important we let them know about that, what if your mom is in her pajamas... she might feel embarrassed." (P5)

The participating psychologists felt the need to talk to the children about the importance of respecting others' personal space. By doing so, they showed that they believed that such dialogues could help children distinguish themselves from their immediate environment, establish boundaries for the therapeutic setting, and foster their understanding of external reality (culture).

Therefore, privacy needed to be carefully managed in the participants' experiences, extending beyond the child's space to include their own. The therapists' homes became both formal and informal elements of the therapeutic setting, impacting the remote sessions. This issue has been explored by Cruz and Labiak (2021), as well as by Costa and Gomes (2022).

It was necessary to have a new perspective about both the physical environments and the symbolic elements they contained. The interviewees needed to be attentive to how their own physical spaces influenced the sessions, examining what these new settings revealed. Just as with the child's environment, the participants also engaged with their own private spaces, leading to an unprecedented exposure of their personal subjectivities:

I had a patient who said, "I can hear there's a child in your house." [...]. So we are in our intimacy, they are in theirs, of course one thing or another ends up happening, we have to find a way to make it work. We are human too. (P6)

Maintaining a quiet environment, where the professional can work with minimal or without external interference, is crucial for preserving the setting's alignment with the theoretical and technical standards of psychoanalytic psychotherapy. However, as the interviewee noted, the physical space of their home often intersected with the symbolic aspects of the therapeutic setting, introducing uncontrollable elements that added unexpected nuances.

Through narratives like these, the limits regarding the maintenance of anonymity and neutrality were exposed unequivocally. Beyond what theories developed before the pandemic and the use of ICTs could conceive, this type of professional experience starkly contrasted with notions about the components of settings as developed in the face-to-face model up to that point.

It is important to note that during the interviewees' accounts, there was a tendency for the discourse to focus on a concrete setting, centered on the physical environment of the child and the therapist. However, it is equally important to highlight the significance of abstract, internal, and symbolic aspects that contribute to its constitution. This discussion also requires including the availability of psychotherapists to offer conditions for the expression of patients' fantasies, affects, and internal conflicts. As Winnicott et al. (1989/2005, p. 247) state: "The basic principle is providing a human setting."

In the ICT-mediated environment, psychotherapists strive to maintain the technical and ethical quality of their work, adopting security measures to ensure confidentiality (Nascimento, 2020). The use of headphones to block out sounds and create a welcoming space was a protective measure used by the interviewees, as well as safeguarding patient data.

Confidentiality is made possible through the participation of both parties, professionals and patients/parents, with the child receiving support from the parents during this process. Parents/caregivers are the gateway for the child to access psychotherapy, thus their involvement is crucial during the therapeutic process, establishing a healthy and cooperative bond between the family and the psychotherapist (Silva et al., 2017). In ICT-mediated treatments, these requirements remain fundamental, as discussed so far.

Some interviewed psychologists mentioned the alliance they managed to strengthen with the children's guardians, relying on their cooperation to design a sufficiently good setting. Collectively, they reported being able to discuss strategies for maintaining the child's privacy.

Some parents used music as a resource, playing music around the house to muffle conversations happening during their children's sessions. One psychologist also suggested another strategy for maintaining confidentiality: "Perhaps creating a 'Do Not Disturb' or 'I'm in Therapy' sign together. I thought about adaptations so the child would feel a sense of belonging" (P5).

It is necessary to clearly explain to parents the limitations of online work, as well as the boundaries and scope of this mode of therapy (Azevedo et al., 2020). However, even with the limitations set in the contract, it is important to note that there are cases where confidentiality is compromised, especially due to a lack of commitment from some parents or third parties during sessions, as described in one interviewee's experiences:

There was a time when I knew the father was present in the session. I asked the child a question, and the child spontaneously said, "My dad says I can't answer that." No matter how explicit it is, that is something beyond control. When parents are analyzed, they tend to respect it, but when they are not, it becomes almost persecutory [for the parents]. (P3)

Avoglia et al. (2022) report that the presence of parents may be allowed only when the patient is unable to resolve issues with the connection, microphone, camera, and so on independently. This was not the case with the experiences narrated by the therapists, as the interferences were managed appropriately.

The presence of third parties led the interviewed psychotherapists to find ways to maintain privacy and direct the child's attention to the therapeutic work. They reported successfully engaging the child's attention, with play being essential to the process. They also noted that some children began to recognize the importance of confidentiality, actively participating in maintaining privacy. In some cases, even without full family commitment, the children did what they could to adapt the context to meet their needs. Examples include:

They knew that was their space. When we agreed on a specific time (I would call you at this phone number), they were already waiting, knowing no one else could be there. Often, I even heard: "Now it's my time, now I'm going to see my psychologist." They would close the door, concerned about confidentiality. (P8)

I have had situations where the child said: "Now I can't talk because my mom is in the room, there's someone nearby." They surprise us. There was a situation where the patient said, "I'm going to write to you, can I send you a text message?" (P10)

The narratives highlighted that creativity and effective management were crucial for sustaining a dynamic and sufficiently good setting, where the child understood the importance of confidentiality and the necessary care for their therapeutic process. The interviews revealed that, through collaboration, psychotherapists and patients created sessions where children could express themselves authentically, according to their developmental needs, with the aid of ICT mediation.

The use of play and playful resources mediated by ICTs were crucial elements for the expression of these children's subjectivities and internal worlds. Since these aspects were consistently present in the participants' discussions, they will be addressed in the next thematic axis.

Remote play and therapeutic resources utilized

According to Winnicott (1975/2019, 1982/2008), play allows the child to connect with the world, using creativity and fantasy towards the unification and integration of their personality, perceiving the richness of the environment and culture. It is a way to foster emotional and social development, articulating the individual's relationship with external or shared reality.

Play is the form of communication exercised by the child in relation to their psychotherapist; through it, the child has the opportunity to show the sequences of their thoughts, impulses, and sensations, and to express their personal gestures as they contact their self (Winnicott, 1975/2019). It is “essential to emphasize that play is an experience, a creative experience, an experience in the space-time continuum, a basic way of living” (Winnicott, 1975/2019, p. 88). Patients attempt to find themselves in their own creative experiences, with clinical work occurring in the overlap of the play between the psychotherapist and the child (Winnicott, 1975/2019).

During the physical distancing required by the COVID-19 pandemic, Affonso and Teixeira (2022) discussed the use of play and its positive effects on children's mental health. According to these authors, the increase in playtime at home, due to health safety measures, helped in the expression of children's feelings and fantasies and strengthened the relationship with parents or caregivers.

In online psychoanalytic therapy, the use of playful materials remained essential for stimulating and facilitating the expression of children's imagination and fantasy. In the two-dimensional dimension of the setting (Susemihl, 2020), with the screen separating the patient from the therapist, play opened windows for shared experience between the parties (Tachibana et al., 2021). In this sense, the interviewed psychologists described experiences of using various games and toys during sessions as clinical strategies to enter the symbolic and subjective worlds of their patients. For example:

I created a toy kit, asked mothers to buy things for us to play with (play dough, watercolor, etc.). We played tic-tac-toe, hangman, used TikTok videos. I had to learn to play Among Us, Free Fire, Minecraft, and Winnicott's Scribble Game in virtual mode [...]. I was very surprised with what we produced, talked about, and how much we could think. It was very positive. I even played hide and seek. [...]. You need to enter the child's imagination, into the world of symbolism. Use what you have and it works. The psychologist needs to be creative, to see the child's needs. (P2)

This narrative highlights the importance of adaptability, with the psychologist adjusting to the reality by using whatever the child has available at a given moment. As emphasized by Paulo (2022), welcoming the child is one of the psychologist's functions, making them feel included and understood for the progress of therapy, with the toy being the mediator in this process. Creativity thus became a cornerstone for participants to find games that suited the needs of the children they were treating.

Some resources used in face-to-face therapy were adapted to online therapy, such as drawing, storytelling, and the “scribble game” created by Winnicott, where random scribbles on paper are used to complete a drawing together (Winnicott et al., 1989/2005). Some psychologists used online games; however, others encountered issues with the excessive use of virtual games in children's lives. For example:

I shared some games, but I preferred the games that children brought to the session, avoiding online games because children became very attached to their parents' iPads due to electronic

games [...]. Technology brings a lot of agitation to the child and even affects cognitive processes. The child's learning is compromised by long hours on the computer. (P3)

As children were immersed in technology use during the pandemic, including their distance learning processes, the use of ICTs became excessive. In this sense, some participants reported attempts to avoid virtual games to encourage their patients to engage with physical toys and objects available in their environments, stimulating them cognitively while also fostering creativity and imagination.

According to Costa and Badáro (2021), today's children are distancing themselves from physical play, limiting themselves to cell phones and computers, with play restricted to internet-based technologies, lacking the psychomotor stimuli that would contribute to more integrated cognitive development. In this direction, many interviewees described introducing children to free play, where they needed to use physical toys available at home to express their experiences, anxieties, and difficulties.

In this regard, Tachibana et al. (2021) discuss how the home environment became part of the fantasy during the pandemic, with the living room couch turning into a mountain or the bedroom becoming a forest. By analyzing the meanings of this play, the psychologists interviewed interpreted their experiences with their patients. In the remote environment, with therapeutic bonds inevitably permeated by ICTs, children also engaged in symbolic play intertwined with family relationships, as presented by Affonso (2022).

The participants reported experiences of play and strategies used in this context permeated by domestic family relationships:

There was a child who had the opportunity to use clay (being at the farm, at the grandmother's house). Just by going there and getting clay, the father told him stories from his childhood about playing there. There was a significant extraction of clay from the grandmother's land. So, sometimes one thing (a resource) available brings up other things from the story [...]. (P4)

Once a patient found a ladybug in his house, he put it in a jar. Every day he took care of this ladybug, and we talked about it. Until the day the ladybug died, he put it in a very small jar, and the animal ran out of air. This way, we could talk about it, about him running out of air because of stuttering, about COVID. It was very interesting; he talked about it, about not being able to stay home without seeing anyone, as his father was at risk and his mother did not let him do anything. (P2)

Clay, animals, plants, structured and unstructured toys were used to connect with the children's inner worlds and stimulate their work on subjectivity and creativity. The (re)discovery and/or exploration of therapeutic resources through unexpected physical objects and environments, encompassing personal experiences and family histories, thus constituted new perspectives in psychotherapeutic work.

Therefore, these movements inherent to the use of toys and other playful resources in the described child psychotherapies allowed for the attribution and acquisition of new perspectives and meanings in the lives of the children treated and, similarly, in the professional lives of the participants. While analytical work with children was characterized, more or less consciously, by real deaths and losses, it was also fertilized by therapeutic relationships that instilled creative and vitalized play.

Final considerations

In this study, we investigated the experiences of child psychotherapists who follow a psychoanalytic theoretical and technical orientation, in online sessions conducted during the COVID-19 pandemic. These experiences were described as challenging, and both the positive and negative aspects were reflected in their narratives.

The positive aspects generally focused on the fact that ICTs sustained the continuity of treatments, in cases where they were already in progress before the onset of the pandemic, and facilitated psychotherapies at a time when suffering in the world and in Brazil was overwhelming. Additionally, the challenges encountered were seen as opportunities for acquiring new professional skills for the psychotherapists and fostering creative abilities within the analytical pair.

On the other hand, the negative aspects were closely intertwined with the positive ones, creating a complex and inseparable dynamic. While these new developments brought about promising experiences, they also presented significant challenges, as they involved navigating uncertainties about the effectiveness of their therapeutic interventions. For instance, managing and maintaining the therapeutic setting, along with all its associated elements, required unprecedented levels of experimentation. Tasks that therapists had previously managed independently now often fell out of their control, requiring additional support from the family, particularly in cases involving very young children or those with special needs.

The interviewees referred to their work during the pandemic, which required the use of ICTs, while drawing on their previous in-person experiences. Considering the participants' ages, half were digital natives — born around the turn of the century and during the popularization of the internet — while a similar portion had more than seven years of professional experience. One might hypothesize that the younger, less experienced group would find their work less challenging compared to their more experienced counterparts. However, the analysis of their narratives did not reveal any significant qualitative differences based on professional experience.

Online therapy sessions proved to be viable resources during the COVID-19 pandemic, according to the studied narratives. Participants found ways to manage and adapt their sessions in response to the urgent need for continued treatment. Despite the challenges, they embraced creativity and maintained ethical practices, adjusting to the pandemic's reality as well as their own and their patients' and families' circumstances. They refused to let resistance or opposition to the remote format serve as a justification for interrupting or halting their work.

Thus, psychologists assessed both their own conditions and those of the children they treated to conduct effective sessions. Managing issues related to the setting, confidentiality, privacy, parental involvement, and contracts was crucial for making therapy feasible. Given that each child is unique and that the online format may not suit every patient, in-person sessions sometimes became indispensable for treatment progress. Consequently, the assessment was vital for assessing the feasibility of each case, allowing professionals to reach their own conclusions based on the techniques used and determining whether the online modality aligned with their values as psychotherapists.

It is important to acknowledge a limitation of this study regarding the gender of the participants. Due to the snowball sampling method used to recruit interviewees, the study included only female psychotherapists and did not include male psychotherapists or those with non-binary gender identities.

Additionally, the interviews were conducted during the pandemic, a period marked by ongoing mass vaccinations and continued discouragement of in-person meetings due to health safety measures. Therefore, this study aims to contribute to discussions on child psychoanalytic clinical practices, particularly in situations involving life-threatening events, where internet-based ICTs become essential resources for meeting professional and ethical duties.

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