

# Adolescents coping with the COVID-19 pandemic: ‘every day is like another Sunday’

Robert Tyminski, *San Francisco*

**Abstract:** COVID-19 has upended the way analysts and psychotherapists practice. Many use the phone for their sessions, many are using video platforms, and many use a combination of the two. Work with adolescents is very challenging in this new modality because of the loss of in-person connection and immediate non-verbal cues. The public health restrictions put in place to manage COVID-19 spread are at odds with the adolescent tasks of adventuring, experimenting and gaining new experiences. In addition, increased anxieties about infection, contamination and invasion are often manifest and adolescents can regress in the face of them. Using seminal ideas from Bion, this article looks at two process examples from adolescent boys who struggled with parts of themselves that felt disturbing and unacceptable. The author discusses the clinical exchanges in detail and offers ideas about the difficulty of creating psychic space when working virtually.

**Keywords:** adolescence, Bion, coping, COVID-19, virtual therapy

---

## Introduction

Many educators and child development researchers have remarked that the strains and public health measures brought about by the COVID-19 pandemic have resulted in something of ‘a lost year’ for children and adolescents who have missed opportunities to socialize with peers and to learn in person with them. Zoom learning has helped at a pinch, and FaceTime, Skype and Zoom play dates have also provided for contact and connection during requirements for social distancing. Yet, there is a nagging recognition that it just is not the same. Adolescence, for example, is usually a time of exploration, experimentation and discovery about friendships, intimacy and personal self-concept. Instead, adolescents during COVID-19 face restrictions on their freedom, loss of daily in-person contact with their peers, and uncertainty about their futures. In particular, a looming dread that I hear almost every week now circles the question, ‘When will this end?’ Another version, packed with anxious expectation, is, ‘How soon will there be a vaccine?’ Both pertain to how the horizon looks, another adolescent task

of casting yourself into the future and looking at possibilities. During the COVID-19 pandemic, this endeavour has been put into suspended animation while we wait for improvements in the public health picture.

There has been some early research about COVID-19, mental health, and biases around disease and ethnicity. Quarantine has long been understood as a psychologically stressful experience because of its isolation, stigma, and uncertainty about recovery. Samantha Brooks et al. (2020) undertook a literature review of 24 papers on this topic and they found common factors, chiefly negative, of post-traumatic stress disorder, confusion, and anger. The word quarantine comes from the Italian word for forty days, *quaranta*, the time that ships were anchored before being allowed to dock in Venice during the 12<sup>th</sup> century to prevent the spread of leprosy and, in later times, the bubonic plague. The main public health principle is separation and restriction of movement to manage a risk of infecting other people in the local population. Brooks et al. comment that various studies have looked at SARS, MERS, Ebola and H1N1 epidemics and these cite stressors that include the duration of quarantine, infection fears, boredom, inadequate supplies, bad information, financial losses and stigma. These psychological effects can even arise months or years later (ibid. p. 917). Steps to minimize isolation are important, such as disseminating accurate information about a disease, making sure there is access to mobile phones and Wi-Fi networks, and reading responsible social media that is not inaccurate or incendiary about the disease.

COVID-19 can be especially hard on refugee and immigrant youth. Tarik Endale et al. (2020), documenting the experiences of a child trauma programme in Chicago, mention that social distancing measures can decrease the psychological well-being of refugee and immigrant youth who especially may face barriers to having adequate access to digital technology in order to adapt. Shelter-in-place orders can lead to feeling more isolated and excluded from important socialization processes. Missing school and social events means that children and adolescents are being deprived of developmental opportunities that are critical for their social-emotional growth.

Meiqi Xin et al. (2020) conducted a large study in China during the mandatory quarantines there in February 2020 and they report an increase in psychological problems during this time. In particular, they note rising prevalence of depression, self-harming behaviours, suicidal ideations, and emotional distress when quarantined people were compared to those not in quarantine (ibid. p. 613). They attribute much of this change to the perception of discrimination directed against those who were sheltering in quarantine.

A COVID Stress Syndrome (Taylor et al. 2020) has been identified to demonstrate the enormous toll that the pandemic is taking on mental health. A meta-analysis by Jiaqi Xiong et al. (2020) shows that there have been global increases in the prevalence and severity of depression and anxiety as

well as rises in PTSD and substance abuse. The COVID Stress Scales, consisting of 36 items, show five categories of impact: 1) fear of contamination, 2) fear of socioeconomic consequences, 3) checking and compulsive behaviours, 4) xenophobia, and 5) traumatic stress symptoms such as nightmares. The authors write, 'Our findings suggest that the psychological footprint of COVID-19 is likely to be more substantial than the medical footprint' (Taylor et al. 2020, p. 712). They report increased alcohol and recreational drug use as a coping strategy for isolation, and they suggest that psychoeducational techniques to address anxieties about COVID-19 might reduce xenophobic attitudes.

A clinical observation I have noticed, along with colleagues, is that our experiences of the COVID-19 pandemic have progressed through phases that each seem distinct. Initially, in response to shelter-in-place orders and lockdown, there was a sense of collective resilience, 'We can do this'. There was some novelty in all the changes to online work and school, and much was reported in the media about the taking-up of new or old hobbies, especially baking, knitting, cooking and other craft activities. This honeymoon period yielded, roughly at the beginning of summer, to a determination phase, 'We have to get through it'. During this time, there were realistic questions surfacing about the impact of the COVID-19 restrictions on household finances, relationships (two adolescents in my practice broke up with their girlfriends during the summer), location (many who could work remotely just moved), and education. Closer to autumn, another shift towards greater anxiety and doubt seemed evident, 'We are starting to get tired of this'. During this time, people often appeared beset by growing impatience and frustrations about the multiple effects of the pandemic on our lives. I would guess that we are still in this phase, although I have seen signs of resignation in my practice and elsewhere. That reminds me of John Bowlby's observational studies of children separated from their parents who, if not properly given other attachment possibilities, sink into apathy. I hope we avoid this. Throughout all these phases, there of course has been one constant: terror of the virus itself.

I present here two clinical examples from adolescents to show some of the complicated psychic dynamics that accompany their processing of COVID-19 and what it has meant for them. A theoretical frame that I find helpful in working with adolescents comes from two of Bion's ideas. One is that we all have psychotic, or regressed and quite disturbed, parts of our personalities that can become ascendant over the healthier non-psychotic parts (Bion 1984). Without going into too much detail here, Bion makes many valuable points about this struggle. One is that the psychotic or regressed part can actually attack the ego and diminish a capacity for reality testing. Another is that the psychotic part is prone to projective identification and this causes fragmentation. And finally, a third is that reality itself is hated and felt to persecute a person's psyche.

The second idea pertains to Bion's notion of container/contained, which is useful in considering the tasks of therapeutic holding when someone is more regressed and showing their disturbed parts (Bion 1983). In such states, increasingly raw emotions can be discharged into the analytic space. Bion writes, 'Container and contained are susceptible of conjunction and permeation by emotion' and that this conjunction can lead to growth (Bion 1983, p. 90). When not conjoined in this way, serious problems arise because a patient will feel a lack of containment and a refusal by the analyst or therapist to accept the more disturbing parts of themselves. Maier has written a fascinating article about how Bion might have come upon container-contained when he attended one of Jung's Tavistock lectures in 1935 (Maier 2016). Having briefly reviewed these ideas from Bion, I introduce the reader to Tom and Clark, two adolescent patients of mine.

#### Case example – fear of being infected by bad feelings

Actually, the way Tom put it was, 'Every day is like another shitty Sunday', and promptly excused his swearing. Tom was 17, the second son of two gay fathers. He had been in treatment with me for over a year when San Francisco went into its lockdown. Tom was a junior in high school, missed the end of that school year with its traditional events like prom (a formal dance to mark graduation in the U.S.) and could not celebrate with his many friends who were graduating seniors. Tom had ADHD and notable anxiety about his academics at school. He was a popular boy with many friends who jokingly called him 'Pa' because he looked out for them so often. His anxieties often led to him being unable to think through what he was doing and therefore at times to act impulsively getting himself into deeper trouble. His care for others contrasted with his difficulties in taking care of himself. Tom had a girlfriend of two years. Her family was religious and there were unspoken tensions around Tom's having two gay parents.

Tom initially reacted well to the lockdown. He was vigilant about protecting one of his fathers who had an autoimmune disorder. Tom fretted about possible COVID-19 exposures that could bring the virus into their household. He resisted going out with friends who were more lax and who broke the rules about social distancing and mask wearing. Tom saw it as his duty to care for his fathers in this way, and that seemed to show a healthy late adolescent shift into his asserting more power within his family. By the end of the school year in June, Tom was exhausted. He complained now about having his classes via Zoom, saying 'Zoom isn't for people with ADHD. It's too hard to focus for so long, and plus, I can always click on another App or on an alert, and boom, I'm off onto something else and not paying attention'. Tom expressed here how unsuited the tool of Zoom was for his learning because of his learning difference. For him, paying attention without closer interpersonal

feedback within a shared real space was very difficult. He said many times that he was grateful his grades for the spring were pass/fail and his letter grades had been based on his scores before shelter-in-place took effect. Many colleges and universities in the U.S. have addressed this concern by waiving standardized tests and placing less weight on academic achievements since the start of the COVID-19 pandemic. Tom had already chosen a college that he wanted to attend, and he worried constantly whether he would be admitted or not.

The following excerpt is from the end of the summer before the start of Tom's senior year of high school. We had been doing Zoom sessions at this point for five months. Tom was usually in his bedroom for them, though he frequently mentioned that his bedroom was now 'for school, therapy, and music lessons'. He had reported that he had a relaxing summer, was able to travel out of town for several weeks, and looked toward his senior year, still at home on Zoom, with apprehension. Tom had been a successful soccer player in high school and had been selected to co-captain the school team during his senior year.

*Tom:* 'School starts next week'.

*RT:* 'How are you feeling about it?'

*Tom:* 'Well, not great. I mean, there's no soccer season, no classes at school, no dances, none of the things a year ago I took for granted'.

*RT:* 'You're thinking about all the things you will miss because they are put on hold or lost during this pandemic, and I imagine there are some hard feelings you're having about this'.

*Tom:* 'Yeah, COVID sucks!'

*RT:* 'You sound angry about it'.

*Tom:* 'Angry? Me? Nah, not really'. (Silence, during which I can see Tom fidgeting and tugging at the hair on his arm.)

*RT:* 'I wonder if thinking about being angry now makes you nervous?'

*Tom:* (Shrugs.) 'Maybe'.

*RT:* 'You're not used to accepting your anger. You listed several items taken away from you because of COVID, and I wonder, why wouldn't you be angry?'

*Tom:* (Smiles.) 'I like it when you do that'.

(Long pause.)

*Tom:* 'You know, I usually wouldn't say it, because who really wants to be angry now, on top of everything else? But when you connect it like you do, with the stuff that's gone and been taken away, then it sounds all right for me to feel it. Jeanie (his girlfriend) says I'm the least angry person she knows'.

*RT:* 'Did you like hearing her say that?'

*Tom:* 'Sort of. I mean, she can be volatile, so it's a running joke that I stay calm when she gets mad. But I don't know if that's really the best for me or her'.

*RT:* 'It would be a lot for you to not let yourself feel something, especially when circumstances bring up a difficult feeling. We've been talking about how the pandemic has made you realize these harder feelings don't just disappear and that they are important for you too'.

*Tom:* (Smiles.) 'A lot of my friends deal with it by drinking and smoking (weed/marijuana), and I don't really want to go that route. With my ADHD, that would be just asking for trouble because I don't think it'd be good for my

- brain. I had this dream the other night. *Papa came home with a puppy, and he said we'd have to change our other dog's name. I told him I didn't want to do it because if we did, he'd run away. I just knew it. We argued in the dream and I woke up anxious*'.
- RT: 'So many things have had to change for you and you haven't gotten a vote, have you?'
- Tom: (Looks sad.) 'Yeah, this virus has pretty much ruined high school for a lot of kids'.
- RT: 'You look sad about that, understandably so'.
- Tom: 'I think in the dream the idea I could lose Lupe [his dog] – that he'd run away – it was too much to take'.
- RT: 'One loss too many'.
- Tom: 'Right. I guess I am mad and sad. It's not easy. (Sighs.) I wish feelings were easier to deal with, more like music you just turn off when you get tired of it or don't like it. I guess I realize now that's not how they really work'.

This excerpt shows Tom using his time with me to process negative emotions related to his situation framed by all the changes and losses brought about by the COVID-19 pandemic. At first, Tom tries to distance himself from his feelings even after telling me all that he has lost. This has been a common pattern for him. He believed that negative emotions only present trouble for him. In this session, he becomes anxious when thinking of himself as someone with anger, because this perception does not fit with his self-image of being easy-going and good-natured. When I remark that recognizing his anger might make him anxious, I offer Tom a therapeutic option for containing these feelings and thinking them through with me. He shifts into a less defensive mode and states he 'likes' that I have opened space for him, made it available through analytic links that resonate and allow for emotional processing. He is then able to question his girlfriend's perception of him as perhaps not ideal and compromising of his internal experiences. Tom's need to please others is long-standing, and in this example, talking about those parts of himself that disturb him (angry, anxious, sad) facilitated a tentative move away from that.

He tells me how his friends cope with their feelings of disturbance by using drugs and alcohol, a 'route' he wants to avoid, although sometimes he of course feels tempted to try them. Tom's dream, coming in the session when it does, could be an unconscious derivative about bringing his puppy self to me with an anxiety about whether I can hold in my mind room for both, namely, the regressed puppy and the older, familiarly adapted dog. His manifest fear of losing the dog speaks to a terror at what kind of disruption the puppy, as a representative of his negative feelings, could cause. He also appears to voice a fear that his father, or me in the transference, might not be able to name both parts of Tom in an empathic way that does not lead to a horrible loss. The dream shows Tom trying to assert himself when he argues, and this speaks to his need for both the puppy and dog parts to be held. His anxiety that woke

him underscores how frightening it is for Tom to step out of the 'good boy' self that he knows very well.

I opted at that point in the session to speak to his fear of loss because it linked back to Tom's original remarks about all the things he would miss this school year. I mentioned the powerlessness that the COVID-19 pandemic has evoked in many, if not all of us. Perhaps, in retrospect, it would have been better to word this differently, for instance by focusing on Tom's attempt in the dream to speak up for himself. That might have helped Tom to realize he can argue and show his anger without fearing repercussions. However, my comment about the powerlessness brought up his sadness that he then expressed, as well as his fear of change – losing the older dog. Tom became reflective about the complexities of feelings because they cannot be willed away despite our dislike of their melody. His association of emotional life to music seemed hopeful, despite his wish for controlling it, because it evokes the rhythmic nature of our internal lives that have to be listened to rather than turned off. This seems to be the newer psychic territory for Tom's puppy self that is looking for a home without splitting apart what is already there. In this sense, the dream puppy is a bit like the virus when it intrudes into their household and nearly leads to loss. Tom's terror about infection was not only about COVID-19, but also about his puppy self and its negative emotions infecting Tom's psychic stability. It remains for him to work on including this part, a process which will actually lead to more stability, not less, and his psychological growth.

### Case example – fear of being invaded again

Clark was a 14-year-old boy who I began seeing two years ago after an acute hospitalization for diabetic ketoacidosis. He was the younger of two children of a straight couple. Clark was diagnosed with Type 1 Diabetes (T1D), which he had apparently had for a while undiagnosed and leading up to his hospital admission, during which he nearly died. This medical crisis shattered Clark's world and he was in shock for a good three months of his initial psychotherapy with me. I was reminded of Bion's catastrophic change, when life events break the mind's usual capacity to metabolize what has happened and a psychotic reaction comes about (Bion 1965). Clark presented as lethargic, collapsed, and severely depressed. His most common verbalization was 'I don't know', which his parents affirmed they heard constantly at home.

During this first phase of our work, I made space for Clark's traumatized and psychotic parts. I did not push him to answer anything and I waited a lot. Eventually, he became more responsive to me. One day, he spotted the game of Jenga on my shelf. Jenga is a building game in which wood blocks are crisscrossed to build a tower. Players then remove a single block from the tower and re-stack it on top. The whole thing usually becomes wobbly until it



falls. During many weeks of playing Jenga, Clark became more animated and he often intentionally tumbled the tower on me with blocks falling on my lap. He laughed with delight whenever I said, 'Everything's falling on me and I don't know what to do!'. I was attempting to voice helplessness in face of an impossible situation, much as I imagined he had felt when his life tumbled precipitously into dangerous circumstances.

Clark made steady though slow progress during the first year of his treatment. In the second year, our lockdown came and we had to shift to Zoom sessions. People with T1D are in an especially high-risk category for COVID-19. During this time, Clark began telling me about violent television series and movies he had watched, all the while assuring me that none of them frightened him. These included *Breaking Bad*, the *Rambo* films, and the *John Wick* movies. The death counts in these productions are enormous. I felt Clark was adopting a counterphobic bravado to deal with his terror about yet another health risk for him, COVID-19. He also spoke about movies in which children barely cope with overwhelming circumstances and threats, and here, the thematic link to his life was obvious. Clark struggled in school, especially on Zoom, which he said was 'boring' and he often turned off his camera so that his teachers could not see him. They had no idea whether he was paying attention or not. To his parents' relief, he passed seventh grade.

When I cautiously mentioned the reasons for Zoom school and therapy on Zoom, namely the pandemic, Clark would become evasive and resort to telling me about another violent and bloody movie he had watched. Because of his psychological fragility, I did not feel I could be more direct and I commented only in a general way about COVID-19. At the time of this exchange, we had been doing therapy on Zoom for almost four months.

Clark: 'I watched the *Florida Project* again. That's my fifth time'. (This film is about young, neglected children who end up being taken into custody by child welfare authorities.)

RT: 'You're fascinated by what happens to those kids. They have a rough go of it, don't they?'

Clark: 'I think they'd be okay'.

RT: 'It's not a sure bet though'.

Clark: 'Yeah, I guess not'.

RT: 'Most kids struggle when life is so uncertain. From what you told me, the kids in that movie have a lot of uncertainty in their lives'.

Clark: (Nods.)

RT: 'It's a little like what COVID has done now, kids have school on Zoom, therapy on Zoom, and no-one is sure when it'll be over. It's a lot of changes'.

Clark: 'I don't know'. (There is a long pause during which I think I've introduced too much for him to digest.)

RT: 'I know that Clark, the one saying, "I don't know". He prefers to hide, right? He also wonders if I get it, what he's doing'.

Clark: (Smiles.) 'I don't know'.



- RT: 'There have been so many changes already in your life. Hard things. I can see why the *Florida Project* would be of interest'.
- Clark: (Shrugs but seems less avoidant.) 'Maybe'. (Pause.) 'I passed all my classes'.
- RT: 'Congratulations! You're going to the eighth grade'.
- Clark: (Bigger smile and he twirls his hair, which is long by now.) 'Yup'.
- RT: 'I'm noticing your hair is longer. You haven't had a haircut in a while'.
- Clark: 'No'. (He looks worried.)
- RT: 'I see a worried look on you. Can you share with me what might be going through your mind?' [Right then, his glucose monitor beeps loudly sounding an alarm. There are different alarms for when he is hyperglycaemic and when he is hypoglycaemic. In the office, I was able to tell, but on Zoom, I have to rely on his telling me.]
- Clark: (He looks at it, is visibly irritated, scowls, then sighs.)
- RT: 'That's real frustrating'.
- Clark: 'Yeah, it is! It's so annoying'.
- RT: 'And it interrupts things, which can make a person angry too'.
- Clark: 'I suppose so'. (There's a slight pause like he is waiting for me.)
- RT: 'Right before the alarm went off, I'd asked you about what I thought was a worried look. Do you remember what you were thinking?'
- Clark: 'Yeah'. (Pause.) 'All the hair salons are still closed, aren't they?'
- RT: 'Right.'
- Clark: 'Even if they were open ... (pauses) ... I couldn't go'.
- RT: 'Ah, because of the diabetes. That's terrible to feel a normal thing like a haircut is something you can't do because of COVID'.
- Clark: (Nods.) 'I went to the beach on Saturday. There were a lot of people there'. (Pauses.) 'A lot of them weren't wearing masks'.
- RT: 'That sounds very troubling. I'd hope they'd know better'. (I'm thinking about Clark's terror about COVID-19 because of his diabetes and also his need for extra protection during the pandemic.)
- Clark: 'I stayed away from them ...' (Trails off.)
- RT: 'It looks like there could be more to that thought'.
- Clark: 'It just means the virus will start spreading again. Ugh, when is this going to end?'
- RT: 'Oh, it is upsetting to consider that we still don't know the answer to that'.
- Clark: (Looks right at me.) 'How does a virus infect a person?'

Clark had never asked me this directly, and I thought about different ways to answer it. I decided to keep it simple because he seemed to be grappling in this session with feelings of extreme vulnerability (the kids in the *Florida Project*) and an unarticulated need for protection (the unmasked beach-goers), while being alarmed by all of this (the synchronicity of his beeping glucose monitor). I also thought about the shoot-'em-up video-fare Clark had been watching with people dying from bullets, and that viruses can seem like bullets against which we are defenceless. I explained that viruses try to trick our bodies, that we can protect ourselves against them, and that an infection is like a battle between opposing forces. I mentioned the tricky aspect because of Clark's diabetes, which had felt like a cruel trick to him. I wanted to distinguish that COVID-19 is not like diabetes and I thought it important to

mention that an infection is like a fight that can be won. Clark liked that analogy and told me he'd want to have either Rambo or John Wick fighting on his side. This might have been a transference comparison with a wish tucked in it that I would fight for him too.

This complicated excerpt begins with Clark's preoccupation with children who are neglected. He never consciously faulted his parents for his illness, although they felt guilty that his condition had gone undiagnosed until the crisis. I understood Clark to be worrying that another situation could arise in which his life was threatened. The link to COVID-19 seemed obvious and I attempted to make it by using the indefinite 'kids' as subject rather than 'you'. I often did this with Clark because I had learned that too many 'you' statements felt to him like injections that invaded his mind. Nonetheless, Clark became defensive and resorted to his derealization of 'I don't know'. The regressed and psychotic part of Clark's personality incorporated abandoned children who did not know what awaited them.

I elected then to comment on the purpose of the defence, namely, hiding, and to circle it back not to COVID-19, but to the movie *The Florida Project* because this gave me a chance to bring up the actors' hardships, not his. This tack worked, and Clark surprised me by bringing up an accomplishment, letting me know he again felt safer with me. He seemed to experience this safety as a moment to touch an anxiety about COVID-19, i.e. the postponed haircut. He used his hand and hair to communicate a message, and it is important to note that the video capabilities of Zoom allowed me to see it.

A synchronicity occurred that emphasized his state of anxiety when the glucose monitor's alarm sounded. However, this became an opportunity for Clark to show anger and let me see it. I could speak to the annoying interruption and as Clark relaxed some, I was able to show that my mind still contained him at where we had been before the alarm. Interestingly, he then allowed me to talk more openly about him by using 'you', which often made him withdraw. Instead, he relates that the salons are off limits to him, which inevitably brings up his terror about COVID-19. The beach-goers are reckless and threaten his safety with a possible invasion of the disease. I think that Clark came to feel in this session that I could caringly hold his *Florida Project* self and not abandon him when there appeared to be emotional threats. This containment allowed him to take a risk and to ask me directly for the first time how a virus invades our bodies and causes illness. Clark showed some courage in asking me this because I thought he felt the insides of his body were already a dangerous place where invaders caused awful things to happen.

A short technical comment is perhaps helpful here because my way of interacting with these two adolescents was different. With Tom, I could engage him in a related dialogue. For instance, he could say, 'I like when you do that', a developmental relatedness in which his objects and self are not fundamentally persecutory. Clark, on the other hand, tended to recoil from such relatedness because his insides were not safe to him. How could he trust

there would not be further possible intrusion from outside? That made his question to me about COVID-19 and viruses all the more significant as a therapeutic step toward opening into a growth orientation. Anne Alvarez (2012) makes a valuable point about patients, often depressed, withdrawn and apathetic, in need of a 'vitalizing level' of relating before they can learn about how to relate and make greater meanings. She writes, 'certain patients need to be helped to be able to feel and to find meaning, sometimes via an experience that something matters imperatively to someone else; then, feelings can begin to be identified and explored' (ibid. p. 11). I believe, even in this short excerpt between Clark and myself, that his mattering 'imperatively' to me was evident, and this allowed Clark to show me his *Florida Project* self, which was operative at this more basic level of interacting which was in need of vitalization.

## Conclusion

The COVID-19 pandemic did not leave us as analysts and psychotherapists much of a choice about how we work. Either we used the phone or went to newer video streaming technologies for online sessions. With both of them, questions about therapeutic containment and holding are pertinent because of the loss of in-person connection and nonverbal cues. For those of us using Zoom or similar video technology, how do we hold our patients virtually? This is a good question for any age group. Adolescents face myriad challenges with the loss of interpersonal relating and not being present in the same physical space. After all, it is a period of life when a lot of time is spent 'hanging out'.

The work of Didier Anzieu (2016) and his concept of the skin ego offers some useful indications for framing these challenges. I discuss Anzieu elsewhere (Tyminski 2012, 2018, 2020) in more detail, though here, I refer to his main idea that a skin ego for containing psychic functions and contents stems from our infantile experiences of our skin as a container; it is like a biological archetype of temenos or vessel. I find the concept of the skin ego salient for thinking about three-dimensional internal space that is vital for the processes of psychic life. Anzieu mentions that psychological problems can come about when the containing function of the skin ego fails because of gaps, holes, perforations, tears, and cuts in it. When this occurs, there is an internal collapse into emotional discharge, loss of psychic space with claustrophobia or agoraphobia, two-dimensional relating, and body-based symptoms, among others. Aspects of inner life become shredded and difficult to mend together.

This idea of a torn skin ego seems to me to present one of the biggest challenges to working virtually because the screen is not really us, the picture can deceive, material can be lost or hidden, and we can all become too used to the alienating features of our screens. In this internet era, much of life

already occurred online before the pandemic. Our migration there once it set in has accelerated social and psychological developments that we have yet to comprehend. Online, when are we possibly overlooking further tears in the containing functions we provide our patients? I am not arguing that working online via Zoom or another video platform does not help people because it clearly does by maintaining important emotional connections at a time of enormous duress. I would never want for Tom or Clark to have to wait out the pandemic before seeing me. Our Zoom sessions have helped them. They look forward to them, and both of them are usually logged-on in the virtual waiting room before their session starts. I have adapted as best I can too, and I believe the excerpts provided above demonstrate that analysts and psychotherapists can still go deeply in this new medium. But much like Tom and Clark, I too am asking, when will this pandemic time be over?

## References

- Alvarez, A. (2012). *The Thinking Heart: Three Levels of Psychoanalytic Therapy with Disturbed Children*. London & New York: Routledge.
- Anzieu, D. (2016). *The Skin-Ego*, trans. N. Segal. London: Karnac.
- Bion, W.R. (1965). *Transformations: Change from Learning to Growth*. London: Heinemann.
- (1983). *Learning from Experience*. Lanham, MD: Jason Aronson.
- (1984). 'Differentiation of the psychotic from the non-psychotic parts of the personality'. In *Second Thoughts*, (pp. 43-64). London & New York: Karnac.
- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G.J. (2020). 'The psychological impact of quarantine and how to reduce it: rapid review of the evidence'. *The Lancet*, 395, 14 March 2020, 912-20.
- Endale, T., St. Jean, N. & Birman, D. (2020). 'COVID-19 and refugee and immigrant youth: a community-based mental health perspective'. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S225-S227. Published online 1 June 2020. Retrieved from <https://doi.org/10.1037/tra0000875>
- Maier, C. (2016). 'Bion and C.G. Jung. How did the container-contained model find its thinker? The fate of a cryptomnesia'. *Journal of Analytical Psychology*, 61, 2, 134-54.
- Taylor, S., Landry, C.A., Paluszek, M.M., Fergus, T.A., McKay, D. & Asmundson, G.J. G. (2020). 'COVID stress syndrome: concept, structure, and correlates'. *Depression and Anxiety*, 37, 706-14. DOI: <https://doi.org/10.1002/da.23071>
- Tyminski, R. (2012). 'Lost for words: difficulty expressing feelings in work with three adolescent boys'. *Journal of Child Psychotherapy*, 38, 1, 32-48.
- (2018). *Male Alienation at the Crossroads of Identity, Culture and Cyberspace*. London & New York: Routledge.
- (2020). 'Apocalyptic themes in times of trouble: when young men are deeply alienated'. *Journal of Analytical Psychology*, 65, 1, 27-43.
- Xin, M., Luo, S., She, R., Yu, Y., Li, L., Wang, S., Ma, L., Tao, F., Zhang, J., Zhao, J., Li, L., Hu, D., Zhang, G., Gu, J., Lin, D., Wang, H., Cai, Y., Wang, Z., You, H., Hu, G. & Lau, J.T. (2020). 'Negative cognitive and psychological correlates of mandatory quarantine during the initial COVID-19 outbreak in China'. *American Psychologist*, 75, 5, 607-17. Retrieved from <https://doi.org/10.1037/amp0000692>
- Xiong, J., Lipsitz, O., Nasri, F., Lui, L.M.W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A. & McIntyre, R.S. (2020). 'Impact of COVID-19 pandemic on

mental health in the general population: a systematic review'. *Journal of Affective Disorders*, 277, 55-64.

---

#### TRANSLATIONS OF ABSTRACT

La COVID-19 a bouleversé la manière dont les analystes et les psychothérapeutes travaillent. Beaucoup font des séances par téléphone, beaucoup utilisent des plateformes vidéo et beaucoup combinent les deux. Le travail avec les adolescents est rendu très délicat par ces nouvelles modalités du fait de la perte du lien en personne et des indices non-verbaux dans l'immédiateté. Les restrictions de santé publique mises en place pour contenir la diffusion de la COVID-19 vont dans la direction opposée des tâches qui incombent à l'adolescent: s'aventurer, expérimenter, acquérir de nouvelles expériences. De plus, on observe souvent des angoisses accrues concernant l'infection, la contamination et l'intrusion, ce qui peut amener les adolescents à régresser. Utilisant des idées fondamentales de Bion, cet article étudie deux exemples de processus chez des adolescents garçons qui sont en difficultés avec des parties d'eux-mêmes qu'ils ressentent comme dérangeantes et inacceptables. L'auteur revient en détail sur les échanges cliniques et propose des idées sur la difficulté à créer un espace psychique quand on travaille de manière virtuelle.

*Mots clés:* COVID-19, adolescence, faire face, thérapie virtuelle, Bion

---

COVID-19 hat die Art und Weise, wie Analytiker und Psychotherapeuten praktizieren, umgestülpt. Viele verwenden das Telefon für ihre Sitzungen, viele verwenden Videoplattformen und viele verwenden eine Kombination aus beidem. Die Arbeit mit Jugendlichen auf diese neue Weise ist aufgrund des Verlustes der persönlichen Verbindung und der unmittelbaren nonverbalen Signale sehr herausfordernd. Die für die Bekämpfung der Ausbreitung von COVID-19 verordneten Beschränkungen im Bereich der öffentlichen Gesundheit stehen im Widerspruch zu den juvenilen Aufgaben des Abenteuerns, Experimentierens und des Sammelns neuer Erfahrungen. Zusätzlich werden häufig erhöhte Ängste vor Infektionen, Kontaminationen und Invasionen manifest, weswegen Jugendliche mit Regression reagieren könnten. In diesem Artikel werden grundlegende Ideen von Bion anhand von zwei Prozeßbeispielen adoleszenter Jungen herangezogen, die mit Anteilen ihrer selbst zu kämpfen hatten, die störend und inakzeptabel anmuteten. Der Autor diskutiert die klinischen Dialoge ausführlich und bietet Ideen an, die zur Überwindung der Schwierigkeiten beitragen können, unter den Bedingungen virtueller Arbeit einen psychischen Raum zu schaffen.

*Schlüsselwörter:* COVID-19, Adoleszenz, Bewältigung, virtuelle Therapie, Bion

---

Il COVID-19 ha capovolto il modo in cui analisti e psicoterapeuti lavorano. Molti utilizzano il telefono per le loro sedute, molti utilizzano piattaforme video e molti una combinazione dei due. Il lavoro con gli adolescenti è molto impegnativo in queste nuove modalità a causa della mancanza della connessione "in persona" e della perdita

delle immediate informazioni non-verbali. Le restrizioni imposte per la salute pubblica al fine di contenere la propagazione del COVID-19 contraddicono il bisogno degli adolescenti di avventurarsi, sperimentare e raccogliere nuove esperienze. Inoltre, le aumentate angosce per l'infezione, la contaminazione e l'invasione sono spesso manifeste e gli adolescenti possono facilmente regredire di fronte a questi contenuti. Utilizzando le fondamentali idee di Bion, questo articolo considera due esempi di un processo di due adolescenti che hanno lottato con parti di sé che vivevano come disturbanti ed inaccettabili. L'Autore discute gli scambi clinici nei dettagli ed offre idee a proposito della difficoltà nel creare uno spazio psichico quando si lavora in un incontro virtuale.

*Parole chiave:* COVID-19, adolescenza, gestione, terapia virtuale, Bion

---

Ковид-19 перевернул клиническую практику аналитиков и психотерапевтов. Многие стали использовать телефон для проведения сессий, другие прибегли к видео платформам, третьи работают, комбинируя эти медиаторы. Работа с подростками в таком контексте бросает вызов психотерапевтам из-за потери личной связи и отсутствия непосредственных невербальных сигналов. Общественные ограничения, направленные на то, чтобы подавить распространение ковид-19, приходят в столкновение с задачами подросткового возраста: получение нового опыта, проведение экспериментов, приключения. Помимо этого, возросшее беспокойство о вирусе, заражении, вторжении ведет к регрессу у подростков. Базируясь на основополагающих идеях Биона, автор статьи рассматривает примеры двух юношей, которые испытывали затруднения с собственными частями, находя их неприемлемыми и беспокоящими. Представлено детальное клиническое обсуждение, а также высказаны идеи, с какими трудностями сталкивается аналитик при создании психического пространства в виртуальной работе.

*Ключевые слова:* ковид-19, подростковый возраст, копинг, виртуальная терапия, Блон

---

El COVID-19 ha trastocado el modo de hacer clínica de analistas y psicoterapeutas. Muchos utilizan el teléfono para sus sesiones, muchos están usando plataformas de video, y muchos una combinación de ambas cosas. El trabajo con adolescentes es muy desafiante en esta nueva modalidad debido a la pérdida de la conexión personal y de las señales no-verbales inmediatas. Las restricciones implementadas por la salud pública para manejar los contagios del COVID-19 se encuentran en conflicto con las tareas adolescentes de aventurarse, experimentar y ganar nuevas experiencias. A su vez, se manifiesta a menudo un incremento de las ansiedades vinculadas a la infección, contaminación e invasión, frente a lo cual, los adolescentes pueden mostrar una regresión. Utilizando ideas seminales de Bion, el presente artículo mira el proceso de dos adolescentes varones, quienes luchan con partes de sí mismos que sienten como perturbadoras e inaceptables. El autor analiza en detalle los intercambios clínicos y ofrece ideas sobre la dificultad de crear espacio psíquico al trabajar virtualmente.

*Palabras clave:* COVID-19, adolescencia, afrontamiento, terapia virtual, Bion

---

青少年对新冠疫情的应付：“每天都是星期天”

新冠倾覆了分析师与心理治疗师进行工作的方式。许多人开始使用电话、视频平台进行工作，也有人两者共同使用。通过这些形式对青少年工作十分具有挑战性，因为许多面对面的联结和即时的非言语线索不能实现。为控制新冠而采取的公共健康的限制与青少年需要探险、经历、获取新经验的任务相悖。此外，更多担心被感染、污染和入侵的焦虑呈现在他们面前，这些会导致他们的退行。文章使用比昂富有创见的观点，来分析两个青少年男孩的工作历程的案例，他们在自己内部不同层面之间挣扎，感到扰动和不被接纳。作者详细讨论了临床上的交流，并提出了透过虚拟网络进行工作时，创造心理空间的困难。

关键词：COVID-19，青少年，应对，虚拟治疗，比昂

---