



Family Therapy and COVID-19: International Reflections during the Pandemic from Systemic Therapists across the Globe

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The COVID-19 pandemic has convulsed human communities across the globe like no previous event in history. Family therapists, paradoxically, given the core of their work is with systems, are also experiencing upheaval in professional and personal lives, trying to work amidst a society in chaos. This paper offers a collection of reflections by systemic and family therapists from diverse cultures and contexts penned in the midst of the pandemic. The main intention in distilling these narratives is to preserve the 'cultural diversity' and 'ecological position' of the contributors, guided by phenomenology, cultural ecology, and systemic worldviews of 'experiencing.' The second intention is to 'unite' promoting solidarity in this isolating situation by bringing each story together, creating its own metaphor of a family: united, connected, stronger. As a cross-cultural family practitioner, with a strong mission for collaboration, the lead author acknowledges the importance of *Context* – the nation and location of the experience; *Culture* – the manner in which culture impacts on experience; *Collaboration* – enhancing partnership, enriching knowledge, and mapping the journey's direction; and *Connectedness* – combating isolation while enhancing unity. Since the key transmission of culture is through language, raw reflections were sought initially in the practitioners' own language, which were translated for an English-speaking readership. These narratives are honest and rich descriptions of the authors' lived experiences, diverse and distinctive. The contributors trust colleagues will find these reflections helpful, validating and acknowledging the challenges of this unique period in history.

Keywords: COVID-19, collective trauma, family therapy, intergenerational trauma, cross-cultural, language, cultural diversity

Key Points

1. The pandemic trauma transcends culture, ecological systems and borders, society remains at its essence 'collectivist.'
2. Collaboration is paramount in addressing issues affecting families and systems.
3. There is a need to preserve the cultural and ecological position of 'experiencing.'
4. Context, culture, collaboration, and connectedness highlight that COVID-19 is a shared experience of collective trauma.
5. Challenges are 'comparable' yet 'distinct.'

Introduction and Background

Deisy Amorin-Woods¹

This compilation of reflections, while not a research project per se, is written in an auto-ethnographic style (Ellis & Bochner, 2000; Rhodes, 2018) by five systemic therapists from varied cultures and contexts about the COVID-19 pandemic. Their narratives, experiences, perceptions, ponderings, and feelings were composed as they were living the experience; unique in their meaning making and in the way they contribute to this collection.

As the lead author, I live and practice in Perth, Australia. Reflecting my international and collective soul, my curiosity has given me the impetus to facilitate global exchange and initiate cross-cultural conversations.

Peter Fraenkel, in New York, United States, incorporates his Buddhist insight and psycho-musical intervention to provide a message of connection and hope to help others preserve a capacity for joy.

Andrea Mosconi, from Padua, Italy, provides students and colleagues with a gentle message of wisdom, and insights to stimulate critical thinking and opportunities for new ways forward.

Martine Nisse, from Paris, France, delivers a 'mood note' which introduces a sense of 'lightness' in the midst of her complex and challenging work with domestic violence and incest.

Susana Munoz from Santiago, Chile, with a background as a midwife, uses the metaphor of labour and birth to demonstrate survival.

This 'pandemic project' initially arose mid-March as I reached out to colleagues abroad to check how they were navigating through the pandemic chaos. Through our 'cross-cultural' conversations, the sense of feeling understood through shared experience and empathic means led to strengthened connection. This gave me the impetus to ask myself: *Wouldn't it be helpful if we could write something together to find some healing, whilst sharing our stories with others, in order for them to also find healing?*

I realised this was a global crisis; a collective narrative unfolding daily which has left no one untouched, and we as family therapists had important and individual stories to tell. Time was of the essence, the view from this window was unique and so I drafted a brief. Given my strong interest in collaboration and collaborative practice, over the years I had fostered relationships and developed partnerships including with family therapists abroad (Amorin-Woods, 2019). Thus, I reached out to this wide network of colleagues and invited them to join me in telling our stories. Most I invited responded enthusiastically to this initiative almost immediately. Regrettably, due to the tight deadline, a few were understandably overwhelmed with other priorities.

As a cross-cultural family therapist, my mission is to be diverse and inclusive when meeting the varied cultural needs of my clients, developing programs, delivering services, and working with families. This project was no different. As I heard the international collective voices it was thus vital to me that contributions were garnered from a cross-section of nations and continents as I wanted to honour different cultural backgrounds and language representation.

I believed that by tackling phase 1 – *sharing our experiences*, we could capture each of our cultural and ecological worldviews and thus unite in this process. Then, we could contemplate stepping into phase 2 – *regenerative process* in order to rebuild our own lives post-pandemic. After we are given the space to process the raw and organic

heaviness of our own experience, we are able to support our clients to come up with practical responses, but not before.

It was critical to put the stories together before the ‘immediacy’ of the raw accounts was lost. We are in the midst of the experience, in ‘situ,’ in confinement, confused, hypervigilant. We live in a world where we seem to ‘rush’ to come up with labels, treatments, and solutions to human distress, often bypassing our lived experience of suffering, loss, and isolation. I felt as if these early collections merged into one, represent the ‘holding, healing space’ that we as therapists need, before we dare consider what life may look like on the ‘other side.’ Without this, how could we support our clients in putting themselves, their families, and their lives back together, in even contemplating what a world of ‘functionality’ or ‘normality’ may look like?

While family therapists are aware of the importance of ‘unmasking’ to remain authentic to our clients and to self-disclose to deepen connection and trust, therapists do not often have the chance to share their accounts as they too travel through challenging life experiences. These reflections provide that opportunity.

Finally, any conversation about culture must include the element of language. Since the key transmission of culture is through language, organic reflections were sought in the practitioner’s primary language. As in therapy, authenticity of feelings and vulnerability cannot be truly transmitted except in the primary language (Amorin-Woods, 2020). However, since the main demographic of this journal speak English as their primary language, these reflections are translated and offered in English.

I am deeply appreciative to each contributor for responding as I reached out. From the bottom of my heart, thank you Andrea, Peter, Martine, and Susana.

Reflection 1

Life in the time of COVID-19

Deisy Amorin-Woods, Perth, Australia

This pandemic is a collective trauma event and its multi-faceted impact cannot be underestimated. This leads us to first acknowledge and respect the interconnectedness and relationship between systems, within our body, between us and our environment, and between one another. This also causes us to question the notion of permanence versus impermanence and certainty versus uncertainty.

As a cross-cultural family and systemic therapist, I have developed a thirst for collaboration within programs, across organisations, within communities, and across the globe (Lee, Thompson, & Amorin-Woods, 2009). As a migrant to Australia from Peru, I have always felt drawn to the idea of collectivism (Amorin-Woods, 2020), a sense of ‘being together’ and of ‘joining with the other,’ and that notion has never left me. Whether working in government, non-government organisations (NGOs), in private practice, or in academia, I have ensured I bring my ‘collective soul’ into my profession in the way I practice and in my teaching. I try to connect with the issues that impact on the lives of our families regardless of where they are located or where they originate (Amorin-Woods, 2016a, 2016b). The issues are varied and the systems diverse, whether a couple facing grief, families with intergenerational trauma, or refugees who have fled persecution.

When the news broke in early 2020 about a possible epidemic, I had not conceptualised either the extent or the utter devastation that was to follow. I was due to travel to Basel, Switzerland in early March to present at the World Congress of Family

Therapy under the International Family Therapy Association (IFTA). Ironically, my presentation was titled, *Therapeutic conversations and trauma informed systemic practice: Acknowledging meaning making in the backdrop of relentless fear and unpredictability*. Two days before my departure, the conference was cancelled due to the pandemic, which was rapidly spreading around the globe. In the weeks that followed, the whole world convulsed through a rapid period of change. The need to find refuge from this potent, yet invisible, force left us vulnerable, confused, distressed, fearful, and ambivalent. In my own space, due to the need to isolate, and the closure of state borders, I have not been able to see my daughters or embrace my little ‘grandies.’ This has left me profoundly sad and nostalgic.

Having family, friends, and colleagues around the world, many located in the countries worst hit, I was driven to connect, to check-in on how they were navigating through the crisis. I heard directly their accounts of anguish, dread, panic, powerlessness, loss, and grief. This virus was burning, just like the recent ignition of highly combustible dry eucalyptus trees in the Australian bush, spreading rapidly like a wild-fire, loud and forceful, the echoed thoughts keeping alive the nagging fear. People wondering, *Will I be next? Will I be a carrier and infect my loved ones?* Families losing parents, grandparents . . . a whole generation seemingly vanishing as in a puff of smoke. Listening to these raw and distressing stories became rather confronting. I found myself holding their collective pain in my arms and with a virtual embrace. I was attempting to ease their suffering.

Personally, these stories transported me back to a similar experience as a child living in Peru. This was a time of ‘Sendero Luminoso’ (Shining Path) a guerrilla group, along with ‘*Sinchis*’ an anti-subversive ‘police sub-group,’ both of whom were responsible for committing human rights violations, terrorising and decimating over 70,000 people, most of whom were Indigenous. This led to cases of intergenerational trauma, the stories of fear, sorrow, and confusion passed down as through the ‘mother’s breast milk’ for generations. These painful memories accumulate in one’s body becoming a historical site which is transported through time (Rueda, 2015). I remember my mother distraught as the situation evolved given my sibling was studying at the university at the epicentre. While not directly impacted by the war and the trauma, I felt them indirectly, yet latently, through the suffering of my mother and the stories told by my sibling who witnessed young students being murdered. This brings me back to the present time and leaves me concerned wondering whether we will see stories of pain and sorrow passed down as a result of the COVID-19 war? *Will this generation transmit trauma to those to follow?*

Professionally, as the epidemic evolved, so did the need to transition my practice from face-to-face to purely tele-health. While Australia has been fortunate not having been impacted as heavily as other countries, I have observed among my clients signs of anxiety and hypervigilance related to the fear of transmission, as well as new manifestations of suicidal ideation previously absent. These signs are connected to a number of issues: the stress related to job loss and financial uncertainty; the sadness and loneliness linked to the inability to see family and friends; grandparents’ sorrow not seeing their grandchildren, an embrace appearing so distant. Children unsettled, mothers feeling stressed and exhausted juggling extra roles, including home-schooling. While some people see isolation (‘iso’) as simply confinement, others see it as imprisonment, fearing the threat of imminent danger if leaving their safe and familiar bubble. For others the uncertainty, the not knowing, the unpredictable re-organisation of

families and communities, is too much to bear and leads to heightened levels of suicidal ideation. People ask themselves: *Will there be an end to this? Are we facing the end of the world?*

There is documented concern for heightened risk of suicide among communities continuing past the pandemic (Gunnell et al., 2020). Further to this, given my extensive experience working with people with acute mental health issues and with complex trauma, I am aware that people who have experienced trauma are highly impacted by threats about the safety and stability of the world (Brown, 2009; James & MacKinnon, 2012). I have also observed how vulnerable families (such as families with intergenerational trauma and child abuse survivors) are particularly at high risk, and consequently presenting with clear signs of re-traumatisation.

Throughout this pandemic transition, I have noticed various community stances rapidly forming. One that blames, with xenophobic undertones, pointing to race and culture as the original cause of the virus, discriminating against certain cultural groups. Another that labels, describing people as ‘paranoid’ or ‘hysterical’ as people frantically accumulate food supplies or simply voluntarily decide to self-isolate. A third, with traces of denial and avoidance about the existence or magnitude of the situation, that judges and ridicules those taking a more conservative approach. Within this stance, there is an underlying expectation and pressure from strangers or loved ones to ‘move on’ rapidly through the stages of grief (Kubler-Ross & Kessler, 2009) from shock and denial to acceptance, without recognition that people need to be allowed to ‘feel their feelings.’

On the other hand, I have also seen demonstrations of kindness, generosity, and solidarity for fellow community members, much of which has been led by children. Teddies perched in trees, messages of encouragement and hope written around neighbourhoods to lighten the tone and brighten people’s days. Boxes of fresh produce or non-perishables left to help others financially disadvantaged. I have observed some people viewing this pandemic as an opportunity to start over and live in a healthier, humble, more acknowledging and respectful way towards self, towards family and their environment. I have seen occasions when cut-off families have re-connected, and couples considering separation have learned to appreciate and not take each other for granted.

I have been mindful of being available for my clients, to provide the holding space to acknowledge and validate their feelings and allow them to process their experiences. The need for self-care and self-compassion takes on a new meaning in its recognition of our shared humanity. I thus ponder: *Are we able to provide clients with a holding space to process things if we are not connecting with ourselves? . . . even though we too are living amidst the chaos. We do not have to abnegate ourselves or our experiences and feelings to show we are capable practitioners, because when we abnegate ourselves we tell our clients to let go of parts of self in order to function, in order to accept themselves, in order to relate.*

We need to ‘be,’ before we can ‘do.’ Remaining authentic is key in therapy. I often say to my students and supervisees, *authenticity is to a therapist what breath is to life.* We need to be authentic with the families who come to us with hope and trust and this includes possessing heightened awareness of ourselves, hence the need to uncover the ‘self.’ I recall a similar description often during my fellowship at the Accademia di Psicoterapia della Famiglia in Rome. Andolfi would often make reference to ridding self of the mask and being fully self, fully human (Andolfi, 2012). It is only through such a process that we arrive to a place of recognition of what is ours and what is theirs. It is crucial that we are able to name and process our experiences in order to support our

clients to do the same, in order to provide the holding space they need, and joining-in with them (Minuchin, 1974). This then allows us to welcome the rich exchange between each other in order to develop an empathic connection and trusting relationship with them (Aponte, 1992), because how can we join in with families and trust be elicited without this important element?

This also helps not to transfer or project our experiences onto our clients (Lum, 2002). As systemic therapists we are in a privileged position as collaborators and partners influencing the family system and the environment and context where families are placed. This gives us the opportunity to awaken deeper knowledge and understanding within a given system, within the family who puts their trust in us. We become responsible in co-creating and co-constructing the therapeutic reality and in eliciting change (Von Foerster, 1981). We influence the environment whether we bring empathy, healing, anxiety, or fear. Understanding the self and understanding each other becomes the impetus for healing.

Around the globe, we are all living the experience of the COVID-19 pandemic as a collective trauma. The chaos is real to us all. We are dealing with challenges that are comparable yet distinct. While we are all impacted, the impact is different depending on where we are located, in our culture, our ecological system, and the politics of our day. A frequently used expression suggests *we are all in the same boat*; however, I would like to use the metaphor, *while we may be sailing the same storm, we are in different boats*. How robust our ship is, and how we manoeuvre it, may determine how we survive the storm.

In writing this I am mindful of families as they navigate through this pandemic. I am interested in supporting them to acknowledge their being ‘human,’ while rejecting reductionist ideas of ‘experiencing’ that rush them to numb or bypass their experience. Instead, it is time to pause and connect with the basics, our relationships. The lesson from Gregory Bateson was the importance of the interconnectedness of living things to their natural environment (Bateson, 1979). This is so relevant to our current situation. We hear loudly the desire of communities to go back to ‘normal’ . . . however, do we really want to go back to the normal that we knew? Or do we want to look at this as an opportunity for social change? For a change in direction? In the way we do things, in the way we relate to self, to other people, to other cultures, to our environment. Instead let’s nurture families and preserve relationships. Let’s propose a paradigm shift about the way we think of ourselves not as passive closed-off beings, but as active authors of our life, insightful, creative, purposeful, and connecting. Let us use this time to co-create a space for healing and holding the human spirit.

Reflection 2

Coping with COVID-19: A time to focus on the simple gifts of life

Peter Fraenkel², New York, United States

As news of the COVID-19 pandemic quickly grew in March of this year, I immediately found myself re-immersed in the traumatic disorientation of 11 September, 2001. Terrorist planes crashing into the World Trade Center launched New York City and the United States more generally, into what I termed ‘The New Normal’ (Fraenkel, 2001b). Yet this is different: an invisible virus with an unpredictable course, unseen yet life threatening. Where to go? What to do? The answers to those questions quickly were determined in March 2020 by the Governor of New York with guidance from federal and state health experts: *Go home, work at home*.

On 13 March, I delivered the last in-person workshop at the Ackerman Institute for the Family. Attendees spread out across the room as a safety precaution to decrease the likelihood of communicating the virus among us. None of the usual handshakes between newlymet colleagues, none of the usual hugs between old friends, my former students, and professional acquaintances. We carried on, focusing on effective techniques in couple therapy. But we all had a nagging sense, mostly at the periphery of our consciousness, that the world outside was growing increasingly fearsome, and that we were better off in here, held by the warm embrace of what Mary Pipher has called the 'shelter of each other.' As I wrote in another article after 9/11, we therapists were fortunate to be helped by the act of helping others – to belong to a community of care (Fraenkel, 2002).

I've specialised for many years in work with families traumatised by incest, domestic violence, and homelessness. In my private practice, I've specialised in what I've called 'last chance couples' – those who've often seen one or more couple therapists, without much improvement, and who are now on the brink of divorce or its nonmarried equivalent of relationship dissolution (Fraenkel, 2019). These two areas of my work now overlap: distressed, disengaged partners already strongly considering separating, or already living apart, now stuck together with kids and sometimes their elders and even other families. Precipitous layoffs and loss of income, infection with the virus, and in some cases, the known death of relatives, friends, or colleagues, have led to the kind of traumatic effects of living through a tsunami, gathering force every day with no end in sight.

At the same time, accurate information, guidance, and leadership from the Federal Government is sorely lacking, alarming in its own way – no comfort there. My clients are experiencing all the usual symptoms of psychological trauma: intrusive thoughts and nightmares, edginess and hypervigilance, sleeplessness, anxiety, and depression, as well as relational trauma and ruptures between couple partners, and among family members. The factor most clearly correlated with resilience in the face of trauma and other disruptive experiences – social support – is in short supply, despite inventive use of social media and online meetings, including teletherapy.

I have occasionally ventured into a nearby park with my percussion instruments to record myself playing along with inspiring songs about social justice and love, posting these videos on Facebook and Instagram. The response has been overwhelmingly one of gratitude and unexpected pleasure, and those responses have gratefully been received by me, giving me a slight sense that through my 'out-of-the-box' psycho-musical 'intervention,' I've helped others preserve their energy, hope, and capacity for joy. But I then return to my apartment, to be alone once again, as my kids are now attending college in Europe. We're in close touch, as I am with friends and colleagues, but I surely feel isolated; and when I occasionally venture out and on to the streets to shop or bank, there's the uneasy, unreal sense of being on another planet, or at least, a familiar but altered landscape, with fearful masked neighbours strolling six feet apart.

Coincidentally, just a few weeks prior to news about the coronavirus, I had started writing a book for the general public about lessons to be learned from Taoism about love and other relationships (Fraenkel & Akambe, 2020). As a long-time Buddhist and Taoist, I've practiced noticing the little, familiar things and accustomed events of life that can bring unexpected joy once brought into the gentle gaze of the 'Now.' For decades, I've tried to live my life as if inside a Haiku poem, taking pleasure just from being sensate, breathing, and alive.

Musing on the nature of existence, the creator of Taoism, 6th-century B.C. court librarian, philosopher, and social critic Lao Tzu, writes in the first passage of his classic text, *The Way of Life* (6th century BC):

*Existence is beyond the power of words
To define
Terms may be used
But are none of them absolute . . .
If name be needed, wonder names them both
From wonder into wonder
Existence opens*

I've been advising all my clients – individuals, couples, and families – to use this disorienting time to reflect upon the following Taoist suggestions, to look for opportunities to experience wonder, just as I have as a fellow traveller through this time. Specifically, I've suggested they:

Look for pleasure and joy in small, everyday experiences. I took a break from writing this article, went to the kitchen window in my fifth-floor apartment, and watched the rain falling upon the black-painted fire escape. It was beautiful. A few hours later, I took another break, and saw my two kittens, whom I adopted from a shelter in October, cuddled together in my furry chair, sleeping contentedly. It was beautiful. It calmed me down.

Slow down. Our usual life pace in NYC is frenetic, our lives overstuffed with aspiration, achievement, a never-ending quest for riches, possessions, and when we've accumulated enough of those, the relentless search for new experiences (which I've termed 'experience greed'), for unique travel destinations and novel experiences to empty our constantly refilling 'bucket list.' Lao Tzu (6th century BC) writes:

*Gravity is the root of grace,
The mainstay of all speed . . .
What lord of countless chariots would ride them in vain,
Would make himself fool of the realm,
With pace beyond rein,
Speed beyond helm?*

It's a time to stop, and look closely at what and who we already have in our lives. It's a time to breathe, walk, eat, and talk slowly, compassionately, and patiently with loved ones – those living with us or those whom the virus has separated from us. And while slowed down, take a good long look at your partner, your child, your parent, your friend, your neighbour, your colleague (online, most likely!) – listen to their voices, and enjoy their unique aliveness. In the timeless words of songwriter Cole Porter and a song made famous by Frank Sinatra ('I Get a Kick Out of You'), let yourselves 'get a kick' out of them (Fraenkel, 2001a). Look at them like there's no tomorrow for them, or for you.

Let go of control. On a related note, we cannot definitively avoid illness, and we cannot insure through our hand-washing and social distancing and mask wearing that we will survive this pandemic, or at least, leave it unscathed health-wise, financially, or emotionally. Nor can we avoid the suffering of learning that a family member, a neighbour, a student, a mentor, or a colleague is sick, or has died. Radical humility is called for in this troubling, unpredictable time. Take precautions, yes, but recognise that this virus is nature, and nature has its way of overcoming even *the best-laid plans of mice and men*.

Learn from persons who inhabit oppressed social locations. Lao Tzu (6th century BC) advocated wisdom over knowledge:

*Leave off find learning! End the nuisance
Of saying yes to this and perhaps to that,
What slightest use are they!
If one man leads, another must follow,
How silly that is and how false!*

Communities that have experienced generations of oppression due to race, ethnicity, geographic region/country, culture, and economic status have much wisdom to share about surviving and even thriving under hardship, and about how to make do with few resources. One hysterically funny video that circulated around the internet early in the emergence of the coronavirus came from the Philippines, in response to privileged Westerners' panic about running out of toilet paper. It was a lively music video, with dancing women behind the male lead singer, demonstrating how to use a little colourful plastic pot called the 'tabo' to wash up after defecating. It's high time we erase the terms 'First World' and 'Third World' and the power and knowledge hierarchy between the countries and cultures belonging to each politically constructed group. The world must come together to defeat this virus, and to survive, as a unified, mutually respectful people in harmony with the earth and nature itself.

My mother Mimi Bialostolsky Fraenkel, who died of cancer in 2001 just before 9/11, believed the world might eventually come together in a time she called 'creative chaos.' I think of her now, and whether this worldwide pandemic is enough to unite us in a common effort to live on. I'd like to hope so . . . but I'm not sure.

Reflection 3

Considerations about a systemic virus (Considerazioni su di un Virus Sistemico)

Andrea Mosconi³, Padua, Italy

What we are going through is not an ordinary crisis, this is an epochal crisis! It seems to me that it is the most obvious consideration which echoes with many. The question then may be the systemic one: *What do we do in each situation for every person who presents to us with a problem?* As I often say, a kind of systemic mantra: *Perfection, what does this allow me to learn?*

It is now clear that this virus has three aspects that makes it scary: 1) it is new and we cannot be immunised; 2) it also passes through healthy carriers who, even if they have a lower viral load, are still capable of contagion and therefore cannot be easily controlled; and 3) it is not a flu virus like most flu viruses. This virus directly attacks the lungs and therefore gives viral pneumonia; it also attacks many other

systems in our body. From this point of view, respect for the required government measures is essential as the only defence, while there is no effective drug or vaccine. The alternative is to build herd immunity, through a selection of the species. Only those with resistance will survive.

On the level of interaction between this virus and the social system, the question is: *How long will it last?* If we take into account the date of government measures, the fact that the need to tighten up has often been felt, and also the fact that it is always difficult both to impose and to accept strict rules and that the incubation time is 15 days, it is not difficult to hypothesise that the so-called 'peak' of the infections is still to be reached. From there, it takes time for the sick to heal and for additional time to pass before the virus is eliminated by the carriers. By putting all this together, I believe that we must accept that the current situation will last a long time. Epidemiologists seem to be moving increasingly in this direction, obviously, barring unforeseen events for the better and for the worse. Let's have patience!

However, let us look wider, at the macrosystem where all this happens. If we take into consideration the relationship between us, 'Homo sapiens,' and the natural system into which we are inserted, this story changes some rules of the relationship. It allows us to realise that we are not omnipotent, but that we are part of a system that can destroy us in a short time if we do not take into account the feedback that comes from the interaction with the other elements of the system itself. Its 'liberation' is part of this process of inappropriate invasion by us 'sapiens' of natural contexts not coordinated with the human system. From this point of view, this virus is a warning, it is almost a homeostatic mechanism that is produced in a system that is already at the limit of its range of possible interactions and is reaching a possible 'bifurcation point' (Prigogine, 2001 p. 160). This is a test of a general catastrophe, a global crisis. Basically there are other 'COVID' around which we do not want to be aware of and which can equally undermine our survival in a global way: global warming, pollution, deforestation, desertification, water consumption, economic imbalances within societies and between different parts of the world. Just like the case of 'COVID,' we pretend not to see them yet they advance in a hidden and creeping way until they explode. Just like COVID-19!

The 'good' thing we can say about the virus is that, unlike wars which can be taken out on someone who is considered guilty, the same cannot happen as this virus does not discriminate; it is a common enemy of the whole system. The virus applies equally to everyone, just like in the family systems with which we want to work. Just as the members of a family system at the end of a session should not be able to say who is right or who is wrong (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980), so as humans we are driven to look at each other, to confront each other, to even try to understand and help those, who until yesterday, rejected each other. Yes, there are those who, not understanding, continue to wave the flag of personal interest, or hunt the culprit, or act in their own defence, but for now they are exposed and forced to admit or to try to make amends. For now, solidarity prevails, and there is admiration for the commitment and generosity of those on the front line, a sense of being a community. And we see the increasingly clear signs that, where man takes a step back, the natural system of which we are part takes a breath, pollution decreases, and everything seems to show us what we must consider for development and the future. A great opportunity, don't you think? But several times I have said: for now . . . the real question is: *Will we be able to take this into account?*

This brings another consideration regarding the social system. In recent years, perhaps blinded by the race for well-being or perhaps because well-being itself had allowed many to take advantage of it incorrectly even in public structures, the focus has been *rebalancing national budgets* by destroying the network of structures that had functioned as the skeleton, blood, and neurological system of society by supporting and bringing food throughout the social system. I am talking about healthcare, public education, welfare . . . Let's consider what it means not to have continued to be aware of the value of these 'elements' of the social system. I say this both for those who have dishonestly taken advantage of it from within and for those who, from their own ideology, have fought them.

Here, this crisis can help us rearrange the scale of values regarding what is most important to preserve in a social system, counterbalancing the excessive importance given to the production system, to take into due consideration what is at the basis of a possible safe and civil coexistence. Even regarding the enormous development of the computer network that is becoming more and more the neuronal network of the planet: on the one hand it allows us to accelerate the feedback between parts of the system facilitating the possibility of co-building solutions; on the other hand tomorrow it will put us in the face of problems such as the enormous possibility of controlling, even more than now, individual lives and determining who and how to manage the enormous power that all this enters . . . and in whose hands? Of course, it is always the two polarities of the life of a system that must be balanced: the competitive system and the collaborative one. The same goes for natural selection which is the survival of the fittest and the other towards the idea that the average good of the most is better than the maximum good of the few. But here the question is: *Will we remember it later?*

And what does all this say about our systems of daily interaction, to our closest systems? Of course, stopping puts us in a position to change our position in the systems of which we are a part and the relationship rules change. We feel distant from those who were close to us, communicating virtually with those we used to touch, look in the face, caress, shake hands, pat on the shoulder, take by the arm. In contrast, we find ourselves living with those who we did not have close to us for so many hours or who we were even in conflict with, seeing him/her every day and maybe having to talk to each other. We can no longer take advantage of dissipative structures, as they are called, which diluted and differentiated, distributed the tensions of the systems: work, travel, school, various activities. Maybe if we choose to use the avoidance mechanism that is so useful to delude ourselves that there is a balance in relationships?

No, we can't back off now, we're in touch! And then? This is an opportunity to stop and listen to ourselves and others, try to look at them with different eyes, re-appreciate the small gestures, let things arise from building together and patiently look for solutions, not problems. So, in the infinite space we can perhaps rediscover the value of everyday life, of silence, of simple things, of doing together, of allowing our imagination to bring to mind an idea. Sometimes it's simpler than it seems!

And with our patients . . . 'clients?' Here too our position changes. From time to time we may find ourselves inventing different ways of making ourselves feel close, exploring new and different tools for staying in relationship and offering help, believing that, beyond the tool used, the relationship is what matters. Cecchin's words echo on us: *We all need to feel seen, and to feel seen we are willing to invent all the colors!* (Cecchin, 1987 p. 410). And then of course: hypothesis, circularity, and neutrality!

(Selvini Palazzoli et al., 1980). So, our patients will feel us present, even if in a different way, and they will appreciate our sincere and attentive commitment. As Milton Erickson (Erickson & Rossi, 1979, p. 87) said: *There are no difficult or incurable patients, there are only therapists who are able or unable to find a way to communicate with them.* Another thing comes to mind. Let's see how a small virus, which affects the system at a specific point, achieves great effects. This can be a teaching for our therapy. The 'saltology' mentioned by the Milan Team in the first pages of Paradox and Counterparadox comes to mind:

The results confirmed that, when it is possible to discover and change a fundamental rule of a system, pathological behavior can quickly disappear. This leads us to accept Rabkin's proposed idea: that in nature events of radical importance can happen suddenly when a fundamental rule of a system is changed. Rabkin proposes the term "saltology", that is saltology (from the Latin saltus) for the discipline that should study these phenomena. This finds its correspondence in the General Theory of Systems whose theorists speak of "P.s." as of that point of the system on which the maximum number of essential functions converges to a system, changing when obtaining the maximum change with a minimum of energy expenditure. (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1975, p. 12)

So, these are my reflections these days which I wanted to share. All this 'allows us to learn' and perhaps finally arrive. It is an opportunity to become aware what this COVID virus . . . offers us as systemic therapists.

Let's go ahead, let's build better times together!

Reflection 4

Small mood note from a French family therapist in times of pandemic (Petit billet d'humeur d'une thérapeute familiale française en temps de pandémie)

Martine Nisse⁴, Paris, France

The family therapy sessions I conduct are very rarely by videoconference. When they are, they involve my patients who, for one reason or another, have gone abroad to settle temporarily or permanently.

But since the arrival of the pandemic in France, one of my patients, herself a psychotherapist and familiar with consultations by videoconference, has pushed me towards this mode of therapy. Two days after the announcement of the confinement, I was equipped, and I launched the invitations to my patients. After researching what angle of view for my webcam would symbolically give an open message about the future, I decided to turn my back to my patio, so that the view behind me would lead them towards the sun and the plants. The weather is extraordinarily nice, the pollution in Paris has dropped dramatically, the sun is shining without any halo of pollution. Birds are heckling in the city. I half draw two curtains, in the colour of my therapy room, which has been abandoned since the confinement, and adjust lights towards my face to gently counterbalance the brightness of the outside. It is, finally, a kind of 'chiaroscuro' (light/dark) that makes my first affected and surprised patients say, *Keep going . . . it reminds us of Vermeer . . .*

The surprises are mutual, I arrive directly in their living room, or their office, even if they have passed through my 'virtual waiting room' of Zoom. I note that some have asked their spouse to use their one-hour right of exit during the consultation to

be quiet, others are gathered on the living room sofa, a cup of tea in hand with their pet. Sometimes a decorative detail jumps out at me, so ‘connected’ with the patient’s problem that I cannot avoid referring to it. One of these surprised patients says to me, *Do you want me to show you where I live?* I pose and respond, *No thanks*. Or ... maybe ... yes, you could ask all your patients to show you their home, you could learn a lot from that? ... Don’t you think so? ... mmm, no, I don’t think so. Holding the structure is one of the signatures of family therapy. Most of my patients have been exposed to violence that has broken into their psyche (Nisse, 2020; Nisse & Sabourin, 2004). Re-establishing boundaries or maintaining distance from others requires an ongoing effort. It requires constant therapeutic adjustment.

I find that they are grateful for the availability of their therapist. I find that after the first few sessions, I feel as if I am regenerated. Despite the shock of this epidemic, I have not forgotten anything about my way of being a therapist with each of them, nor their family history. My abilities as a therapist seem to be naturally at my disposal. The new and artificial proximity of the screen requires me to be attentive to maintain a therapeutic atmosphere (Nisse, 2020), in conformity with the pre-existing one: that is to say, intimate and respectful at the same time. I also note that since the beginning of the pandemic their psychological work seems to be more productive between sessions.

Some patients have refused videoconference sessions. They cannot imagine hearing themselves or me talking at home about the violence, especially sexual violence, for which they have consulted; they don’t have housing where it’s possible to really isolate themselves, or they are single women raising their children. Sometimes, a patient who has not responded to the offer checks in with her therapist with a fear of illness. Some of them tested positive for COVID-19. It is nothing too serious, but a great deal of fatigue and fear for the impact on others.

I don’t have a pre-established bilateral agreement for the therapeutic meeting by videoconference – this bothers me a little, but I know my patients, I trust them. It will be possible to establish it afterwards for the next sessions. The French or European family therapy societies provide support, stimulate reflection on this subject, offer platforms for exchange with family therapists, or platforms for helping families stressed by COVID-19 or affected by it and also affected by sudden bereavement.

A large part of our patient population is made up of children who have been placed in care by the juvenile judges. They come from all over France, and half of the country is currently in the ‘red zone,’ which means that children are not allowed to go to school or to travel more than 100 kilometres to go to court. As for each of the people living in this ‘red zone,’ sometimes, as I know from the supervisions I give by videoconference, a certain number of them paradoxically relax knowing they will not receive any more parental visits, mediated at the same time ...

Recently, the status of social workers has changed. They are now considered during this time of pandemic as health professionals, and as such they have the right to travel to meet with children. The idea emerges to organise family network therapy sessions by videoconference before the end of the confinement. The *Centre des Buttes-Chaumont* is again in demand. The conventions established with each of the participants in the network session and the therapeutic tandem usefully frame the new disturbing context for the most vulnerable among them, by calming the fears of abandonment, or on the contrary of dictatorial control through this means of communication.

A spontaneous energy flow appears as the homage 'at the windows' is paid every evening at 8 pm to the nursing staff. I too hit something, a shell casing from World War I (empty!) – it reminds me of the Spanish flu pandemic – and as a drumstick, a Saharan jewel offered – well, well, well! – by one of my former patients who went to the Sahel to offer solidarity to women. It makes a rather high-pitched bell sound, somewhat close to the bells of the Tibetan monks . . . Everything blends into this positive energy. A neighbour who is ill with cancer is the most alert to beat the call of the neighbours . . . her care continues during this time.

The calmness is conducive of *reflection*. What do I want to change in my life as a therapist? . . . Nothing, other than taking more time for myself. Sports, baking, tidying up, painting, talking . . . I miss my friends, but the family exchange is nicely intensifying. Confinement slogans tirelessly spread their message, one week, two weeks, three weeks, we don't count the weeks anymore, time has changed value, the pace has slowed down. Look, why don't I take the time to check my pension rights? No, I'd rather watch a good series . . .

Reflection 5

Humanity in times of pandemic (Humanidad en Pandemia)

Susana Muñoz⁵, Santiago, Chile

Therapists and patients living through times of pandemic have evolved in a context of threat and uncertainty. Due to the regulations to avoid contagion, family members have been forced to stay in the same space for indefinite times. The personal and group impact of this dynamic unfolds in multiple dimensions and has an unsuspected scope.

The experience of physical space has evolved as hours, days, weeks have passed. Although at first it could be perceived as a break from the whirlwind of everyday life, the 'forced' stay has turned into a kind of narrowing of the limits; of the physical space, of the psychic/corporal world, relational, bonding. No matter how many people inhabit a place, the members resent the isolation and helplessness on many occasions.

In some way, previous forms of relationship, ties and family, group, and social functioning have pointed out the dominant styles of behaviour in this type of closure (Muñoz, 2019).

Without external compensatory systems, which operate as sedatives of the sense and deniers of finitude, we observe how the first attachment style appears in a dynamic that goes through different levels depending on the global context and the verbal and non-verbal information that emerges from authority (Bowlby, 1993).

- Groups with primarily disorganised attachments generate contexts where friction, punishment, and violence emerge quickly as a way to relieve anxiety, fear, and tension.
- When the primary attachments are associated with anxiety and ambivalence, the group is submerged in fear that spreads through networks infiltrating the psychocorporal world, facilitating extreme care behaviours alternated with reckless risk behaviours that increase fear and anxiety.
- Systems with predominantly anxious-avoidant attachment tend to focus on demand and performance by amplifying effective control systems at the expense of body

and emotions. These are subject to the dominance of reason, dissociating body and its messages controlling fear, anxiety, and uncertainty.

- On the contrary, groups with predominantly secure attachments creatively and adaptively go through this turbulence at the pole of action, creating and recreating new realities and ways of living.

Then, the isolation gradually infiltrates the family system, so fear and emptiness take over the bonds, as a melody that silences with consumer products. Therefore, an impossible gap associated with the absence of meaning and a deep fear of damage and death is attempted to be filled. So, time becomes a waiting time.

Simultaneously, we witness an institutional and organisational crisis with the ensuing collapse of credibility and trust. A massive disconnection of people who in this paralysis have lost their jobs confirms those premises about the hope and credibility violated, and although cognitively it is explainable emotionally and affectively, the experience is overwhelming. Uncertainty, fear, and the experience of injustice increase in a context that is impossible to decode.

On the other hand, teleworking has been a way of maintaining continuity of work and staying on the move. However, in many organisations, this system has forced workers to be permanently available online. For executive women workers, the demand has increased exponentially due to the exercise of multiple roles that overlap and require time, effort, and dedication. Uncertainty in an emotional, relational, social, global context reduces security for people; groups, institutions, when faced with the threat, exacerbate control and defence mechanisms. They bring solutions that only increase the problem, generating fear and pain expressed in different ways. They deny mourning in the face of loss at all levels: stability, power, status, the lives of loved ones, and their own lives (Sluzki, 1993).

And the body? Often forgotten and uninhabited due to the predominance of the image, it becomes the repository of emotions that, given the context, are impossible to symbolise and integrate. Raising these emotions to consciousness reminds us that we hurt ourselves in bonds and heal in them, so that it is possible to agree to feel enough fear for self-care and care for others.

Holding the bond of intimacy that the therapeutic space provides in this transit that emerges as a new context from the face-to-face to virtual, implies an opening to newness. In turn, group networks that met in transit rituals establishing contact, providing support, direction, and meaning when assisting life and death, have also been impacted and injured. However, the voice and face have enhanced as a contact image and company (Sluzki, 1993).

The question of my being a therapist . . .

Being also a midwife refers me to processes and learning; my history and its multiple resonances weaved into a systemic psycho-dramatic tapestry that includes myself and humanity.

I feel that we cross a threshold similar to labour, being delivered and giving birth, simultaneously, in a channel whose timelessness is felt in our bodies. We are leaving a womb that could no longer contain us. Today by force of contractions, we remain at times with fear, compressed by narrow walls that adhere to the personal, group, social and human body, with fears of harm and death. Simultaneously and in another polarity, with an unknown force and with the survival instinct to the maximum, we open the virtual space in search of the exit.

Where are we going? Just like before we were born, it is a mystery; however, from another perspective I know that we will look to another territory, with keys, codes, and ways of survival different from what is known. A place where we will need to put into operation new approaches that, probably without much awareness, we have developed in this previous gestation process. These are bodily, personal, group, social, and of humanity. I feel that, as in any process, we may reach the other side crying, it is also possible that we remain detained in a space 'in-between,' without being able to advance. So, as humanity we are at risk; it is the essential trust, the conscience and bonding that sustains us to arrive someday at that 'other side.'

Nowadays, for me to be a therapist is to be a midwife, creating contexts that, in the intimacy of psychotherapy, allow me to accompany in uncertainty, in fear, in the pain of losses, in silence and respect for the expression of grief. I trust that the strength of the bonds will allow us to be born to other unimaginable dimensions from the prisms in which we contact today. I only miss hugging my son and daughter. I carry with me the nostalgia and smell of their bodies.

The loneliness of the therapist . . .

My being a therapist cuts across the many roles I carry out. With maturity and conscience, the person of the therapist talks and integrates with my entire person. On one level, I feel lonely, but, on another, it is a joy to feel the strength of the bonds of systemic therapists around the world to reach out.

Conclusion

This unique practice collection offers readers a glimpse into the professional and personal experiences and reflections of an international group of family and systemic therapists across the globe as they experience the first phase of the COVID-19 pandemic.

The world is navigating through unpredictable times. Therapists need to 'be,' before they can 'do.' Systemic therapists are able to heal and in turn support the healing of the families, couples, and individuals they work with through the process of reaching out to fellow therapists in shared experience. It is only then they can contemplate stepping into a next phase; the 'regenerative process' where they can rebuild their lives post-pandemic. There needs to be time to pose and consider; whether the familiar pre-pandemic 'normal' is the 'normal' that is desperately sought . . . or in fact whether this calls for the creation of new opportunities for social change.

The pandemic illustrates the reality that society remains at its essence 'collectivist.' *We are all in this together, as a collective humanity.* It is evident humans are inter-dependent on one another. There is an inescapable inter-connectedness and relationship between systems, within the body, between one another; humanity cannot separate from the environment, just as therapists cannot separate from their families or fellow therapists. This crisis may assist therapists to rearrange the scale of values regarding what is important. Beyond the interventions used, preservation of the relationship is what really matters. It seems ironic that an enforced need to 'stay apart' from one another (in order to stay alive), has birthed an invitation to be more human (in order to stay emotionally and relationally alive), and be closer to each other than ever before.

This collection illustrates now more than ever the importance of looking at the 'macro' issues presenting for people and society from a systemic perspective. The

more complex the issues, the more important they be considered and addressed through a systemic lens. Approaching these complexities from a sequestered, individual perspective is reductionist, invalidating, unrealistic, but also disrespectful to other cultures. This present challenge also causes a questioning of the notion of permanence and certainty to give room to impermanence and uncertainty; while distressing, and unsettling, this provides opportunities.

This is an unpredictable and crucial time. If there has ever been a need for systemic therapists and the 'world of systems' to advocate for systems change, this is the time. Humanity is part of a system that can destroy it in a short time if it does not listen to the feedback that comes from the interaction with the other elements of that system. As the pathway to the 'other side' is navigated, there is a need to value context, culture, collaboration, and connectedness in order to combat isolation and trauma while enhancing unity.

Implications for Family Therapy Practice and Research

Together we can begin to think about some of the implications and recommendations for family therapy practice and research in relation to COVID-19. First, family and systemic therapists are in a key position to advise stakeholders such as governments and health departments in developing and implementing a response to the COVID-19 pandemic. Second, there are numerous advantages to understanding the effects of the pandemic through a systemic lens. It is unrealistic, illogical, and unscientific to imagine that complex issues like COVID-19 can be considered simply by focusing on individuals. Third, this suggests an integrated approach to the management of pandemic trauma and suicide prevention utilising 'systemic thinking' as a foundation.

Future collaborative research could focus on:

- the collective nature of trauma to consider the consequences of traumatic events shared by a 'social collective,' and how this may differ from 'interpersonal trauma';
- mental health consequences that take into account the impact of pre-existing and co-existing mental health issues;
- the relational consequences of COVID-19 in exploring whether collective traumas create greater resilience given the collective shared experience;
- further rigorous qualitative and phenomenological studies to capture the experiences of family therapists honouring different cultural backgrounds and languages.

The authors look forward to further systemic themed papers on the family therapy response to COVID-19 such as focusing on the regenerative phase of the pandemic and the reporting of practice and practical responses.

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