ORIGINAL ARTICLE

Psychotherapy in the time of COVID-19 (psychotherapy changes shape and steps forward)

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Abstract

In this article, I articulate the challenges and reshaping that the global pandemic has brought to the practice and ethics of a relational transactional analysis psychotherapy. I describe the interweave of political, social and psychosocial contexts which have led to life-threatening emergencies within a society in which inequalities are endemic; and link the impact of these contexts to a relational transactional analysis practice using, as a compass, features of classical transactional analysis, radical psychiatry and feminist thought. I outline an approach to the work which accounts for the life-changing impact of the pandemic, which I call 'the COVID Third'. Speaking from the experience of COVID-19 in the United Kingdom, I imagine, other countries will have experienced different political situations but have associated emotional personal responses which are brought to psychotherapy.

1 | A NOTE ABOUT WRITING STYLE

I write, in part, in a personal voice which echoes an autoethnographic style, whereby I try to connect the personal, cultural, the social and the political within a relational psychotherapy practice (Ellis, 2004). Also, it happens to be a woman's voice. I write to uncover, better put, create myself and what I think, accounting for the phenomenological aspect of writing as I step into the space, inhabit and make contact with the subject that I am fully part of and marooned in, the pandemic.

I respectfully hold in mind the philosophies of feminist Helene Cixous (Cixous et al., 1976), and her ideas of 'Ecriture Feminine' which challenged a traditional structured writing—what she saw as a masculine gendered use of language in writing. An autoethnographic and feminist frame values the dimension of writing the 'I' and is close to

the feminist tradition of narrative and storytelling. Women's writing has historically posed certain difficulties concerning how, as therapists, we write about our practice; and indeed, practice from the position of being in the work and environment as distinct from being on the outside.

Politically speaking, this style may sit outside and exist on the margins of a frame that devalues a self-disclosing autoethnographic atmosphere, departing as it does from the traditional expectations, orthodoxy and conventions of say academic writing—a political act itself. This structure breaks the taboos of being over involved, of too much self-disclosure, of breaking boundaries, of being self-absorbed, of losing therapeutic distance. In other words, the therapist as a human being. It exposes the very power dynamics which are embedded in the subject I am writing about in this essay.

Psychotherapy and Politics International devoted its last edition to these problems, and a quote from its guest editor, Deborah Lee, illustrates the point of therapist writing of their work as a human being rather than 'expert'. Also writing in the time of COVID, Lee (2020) commented:

> perhaps there is no better time than at arguably the worst of times to offer a collection which clearly position therapists as human beings and to present doing so as a political act for our times. To set to rest once and for all maybe, notions that therapists who write the self are naive, troubled souls unethically oversharing as they struggle with difficult and unusual lives.

As I begin to write, Lee's words are like sweet music.

2 | THE POLITICAL CONTEXT

> We're all in this together. (A common, contemporary political slogan)

One of the most dramatic and truly shocking features of COVID-19 in the United Kingdom is the inequalities which have been revealed as the pandemic takes its course. At the time of writing, the vast majority of the United Kingdom citizens who succumbed and are succumbing to the virus were Black, Asian, Minority Ethnic (BAME), the old, those economically disadvantaged, and low-paid, unskilled workers, mostly women (i.e., supermarket shelf fillers and check out staff, care workers, refuse collectors and hospital cleaners). These workers, the 'non-shiny' if one looks at it from a neoliberal status driven frame, are the bones—the workforce and the very foundation which maintains the infrastructure of the United Kingdom.

There are a number of understandings of what neoliberalism actually stands for but, in brief, it may be defined as an overarching political, economically driven ethos and now phenomenon, which enables governments to turn away from state directed or supported economic planning, or social care intervention or responsibility; instead, implementing and encouraging a free and competitive market economy which at its height reached into every corner of human activity. Neoliberalism emerged from the mind and government of Margaret Thatcher and, un-surprisingly, has a moral and value driven imperative. It seeks to encourage and empower individuals to see themselves as entrepreneurs having a stake in the wealth of the nation by their own efforts and risk taking, rather than wage earners; being set free from the 'nanny state' to make their own way in life by their own efforts. This ideology gave rise to Thatcher's now notorious assertion and to some often misunderstood, that 'there is no such thing as society' (Keay, 1987). However, what might have been at one point a compelling common sense everyday logic of everyone having an equal stake, share, and responsibility for others in society, is now a distortion of that once difficult to argue with 'I'm OK, You're OK' philosophy in the advanced neoliberal frame of reference.

It is easy to see how today's lived reality of COVID illustrates the embedded systemic inequalities and, all too clearly, how those who I refer to as non-shiny would not flourish there. Part of neoliberal economic policy is 'austerity' and reduction in public spending. First in a line of public services which have been pared to the bone are

the National Health Service (NHS), and the social care system for older citizens and the socially deprived, which is itself on life support because of vicious cuts in public spending since 2010. The consequences of the cuts to the basic health and safety needs of the population is now all too obvious—the system is barely equipped to fulfil the job it was created to do by a Labour administration in 1948.

Those paying the price for saving lives with their own are suddenly but conveniently, and with barely disguised Machiavellian instincts, transformed by government rhetoric into Florence Nightingales. Despite accounting for just 20% of NHS staff, 94% of doctors and 71% of nurses who have died from COVID-19 were BAME. They are now essential key workers, rather than as 2 years before labelled black, foreign or scroungers who were, by definition, a drain on the British way of life. An example is that of nurses whose pay increases were voted down in the very parliament which now praises and literally applauds them as heroes. Whilst those who were here legitimately as refugees or EU citizens, who were made to feel unwelcome and so went home, are now called back to fill essential jobs (e.g., working in agriculture to save rotting crops from spoiling). In the midst of the lockdown, it became obvious that the United Kingdom government had been ill-prepared, slow to respond and lied about its response capabilities and forward planning. As a result, the United Kingdom is on course to be the least-prepared country in Europe, if not the world; its death rate second only to the United States (percentage wise).

It became equally clear that many people would die as much from this unpreparedness as the disease itself. Political spin, rhetoric, sought to tell a different story of fighting as one nation, of pulling together, taking the fight to the enemy. Slogans generated by politicians' advisers openly manipulated the British public's goodwill and wish to have faith in its leaders to see them through what some have named the worst global disaster since World War II (if one takes a western-centric view). This culturally driven familiar misplaced pride and patriotism brought cold comfort in the face of hollow promises and statements and barely disguised political power safeguarding. These genuine sentiments last mobilised and sent into psychological battle as well as actual war in the two World Wars are now hijacked, exhumed and their emotional integrity exploited by present day neoliberalism. A cathected collective trans-generational cultural ego state echoes the war years in uncanny parallel. Like a religion.

Across the world, the rise of the popular right in recent decades revealed a similar story, the only countries with higher death rates than the United Kingdom are the United States and Brazil where negligent and morally absent leaders have steadfastly refused to grasp the seriousness of the pandemic, have denied its existence much akin to climate change deniers. The driving force behind this discounting process being the economy, monetary profit and remaining in power. The go-it-alone mindset of 'Little Englanders'—defined as 'an English person who thinks England is better than all other countries, and that England should only work together with other countries when there is an advantage for England to do so' (Cambridge English Dictionary, 2020)—their ebullience, entitled, racist, xenophobic instincts previously held in check, once more emboldened since Brexit and a landslide election victory for right wing politics, acts as a stage for this recent barefaced insouciant hubris.

Thus, what might be seen as grandiose national narcissism, faces exposure and humiliation for what it is, empty and careless, in the face of other countries' responses, care of their citizens, and lower death rates. Mortifying, were it not for another feature of this crisis, the twin of grandiosity, dissociation or in transactional analysis parlance, discounting. Sitting as I am in the United Kingdom in early May amazingly, and showing the effectiveness of this 'opium', is the staggering statistic that the government's approval rating is over 50% specifically in the handling of the pandemic. That may change as the year wears on.

3 | THE PSYCHOLOGICAL IMPACT

We've only got ourselves to blame.

The most heart-breaking feature of the government's downplaying response to the pandemic which sits within these unequal class, race and economic divisions is, unsurprisingly, the personal human cost. As the playing of

citizens continues, 'others' are paying with their lives at worst and at best are losing careers, employment and future hopes. The vulnerability brought by an unfair social structure which was meant to hold and reassure, either through inability or negligence, is echoed in an internal response. Social collapse brings internal psychological collapse.

Mental health is stretched beyond breaking point and shows up in this context as loss, loneliness, trauma, depression, psychosis, vulnerability, anxiety, violence, suicide, delinquency, fear and abandonment. I could continue until this list included every facet of mental disturbance. For example, to cite just one aspect of this life-altering scenario, the mental anguish brought by enforced isolation, of dying alone and knowing ones loved ones are dying alone or in the hands of strangers, though kind and willing souls, themselves dangerously exposed, is nigh on unbearable.

In my experience, the features of this suffering and traumatic loss give rise to a particular and complex grief. Mingled with ordinary everyday loss and grief that predictable death brings is the unbearable unfairness, arising from a discriminating culture. It brings an embodied grief, coupled with the sickening knowing that if one lived, for example, in New Zealand or South Korea, one would survive. Similarly, structural racism sees black and ethnic minorities bear the majority of deaths, from black doctors to BAME care workers, who have little choice other than to turn up to work. A grief which sticks in the craw, wrenches the guts, so as to make one scream with rage at the waste, of lives squandered, not valued, and the heartbreak of powerlessness in the face of avoidable unfairness.

These levels of psycho-social consequences are seen by many as bordering on the criminal. Susie Orbach, feminist and relational psychotherapist, wrote in a national newspaper on how the state has functioned or rather not functioned during the 4 years running up to this pandemic, failing to take the precautionary measures when in full possession of reliable warnings of an impending and likely pandemic as long ago as 2016. The inevitable consequences, the unnecessary deaths of many people (Orbach, 2020).

Emblematic of these exploitative contradictory polarities and paradoxes which give rise to this complex grief is the story of Tom Moore, a one-time soldier who has raised the staggering sum of £33 million for the run down health services by walking round his garden on his walker 100 times in recognition of his hundredth birthday. Overlooking the fact that the NHS should have been properly publicly funded in the first place, at a personal level his walk is remarkable and kind. Typically, heroic of his wartime generation, he has been promoted to the honorary rank of colonel, given the freedom of the city of London, and knighted.

But a rebarbative tang diminishes the sincerity of this effort and our unalloyed celebration, as we are all cynically played by political opportunism. Because, at the same moment of Moore's endeavours, people of his generation are dying in huge numbers in care homes, their only abode, from COVID-19. Discharged in their many thousands by ill-equipped hospitals without the vital testing required to trace the virus, they are cared for by low-paid workers who have brought the virus to them by not having the protective personal equipment, long promised but not provided thus far by the health service management. Their deaths are overwhelmingly psychologically if not actually lonely, isolated; their funerals non-existent in any recognisable manner, functional, and unaccompanied. Their relatives unable to bid farewell, traumatised forever. Were it no so serious it would be snortingly risible.

As well as the emotional disturbances and the deep and lasting traumas of the complex grief I have named, no doubt, at some point in the future, will come the personal and collective outrage. It calls out of us a different loss reaction and expression of the complex grief I referred to earlier, making it disingenuous to grieve politely and mourn with quiet contained dignity and surrender in such an unacceptable avoidable situation. Recently the Archbishop of Canterbury reminded the United Kingdom of the need to lament—'a passionate expression of grief and sorrow' (Welby, 2020)—to cry, to rend one's garments and call to heaven in noisy, messy, wet, protesting prayer at the pity and powerlessness of such inequalities as well as the silent killer, COVID-19.

The avoidance of the pain, of this shadow in society, and our psychotherapy practice, is perhaps a reason and makes clearer the mysterious cyclical phenomenon of some people. Many of us are finding a blissfully renewed happiness, a phenomenological ego-state experience of childhood enjoying lockdown life, albeit wearing Pollyanna spectacles, pretty dresses and short pants. Only later to be plunged into apocalyptic despair and dread as is often

the case with dissociative processes. Many of us, myself included, have times of calm safe contentment, a polarised experience, finding a peace and a genuine comfort in others' kindnesses and being kind ourselves, and a slower pace of life reminiscent of the past which has been absent in pre-COVID society. A neoliberal society where advanced capitalism promotes, venerates and reveres cut-throat competitiveness and success, acquisitiveness, and superficiality offers a pervading atmosphere of trampling others on the way to the so called top, that has made life sometimes empty, vacuous, precarious, and not worth living. An example, if ever there was one, of the presence of dissociation from unbearable trauma and instability and retreat into happier memories and safer mind states.

4 | THE PSYCHOSOCIAL CONTEXT

It's enough to drive people mad.

Therapists will be familiar with some aspects of these psychological agonies; they appear regularly in consulting rooms. They are what psychotherapy is intended to address and 'make better'. The 'talking cure' previously dismissed as a luxury few could afford, within reach of only the moneyed classes, developed a reputation of being esoteric and navel-gazing. Now in the first decades of the 21st century, it has become mainstream, an increasingly trusted, respected and successful method of addressing psychologically the agonising experiences I describe above, which I expect and predict will be brought, magnified to our consulting rooms when this COVID-time is either past or becomes manageable.

As we get to grips with the impact of COVID-19, we are experiencing a psychotherapy which finds itself as changed and challenged as the society and time in which it sits. Rarely, with a few exceptions, has there been a time in the history and profession of psychotherapy which is more needful of an awareness of the social and political dimension in our work than now. These contexts, from which the psychological miseries were born, have sometimes been overlooked, discounted as 'out there', external.

The emergence of humanistic, feminist and relational theory and practice have their roots in the psychosocial and political contexts out of which they emerged. Practitioners who value them often have an integrated instinctive and personal resonance and understand that the political and social contexts have a profound and significant effect on mental health; in fact, they are the causal factors. Diagnosing and treating symptoms as entirely individual pathologies profoundly discounts the social psychological dimension described above. The root, the basic cause of mental ill health, and its origins in this COVID life, is all too glaringly obvious, its role in causing anguish and distress clear as day.

At its very worst, thankfully diminishing, these abuses of power, denial and reframing of those contexts into individual pathologies can be understood colloquially and ubiquitously as 'gaslighting'. That phenomenon, of psychological manipulation and psychological control in which the person doubts their own sanity or reality as it is redefined by a more powerful authority figure, gives rise to, for example, post-traumatic stress disorder (PTSD) symptoms, existential anxieties and worries. Now better understood, it is not only the actual trauma that damages but also the response to it. Often this response, or rather non-response or reframe is more damaging than the event itself.

5 | RADICAL PSYCHIATRY, FEMINIST PSYCHOTHERAPY AND RELATIONAL TRANSACTIONAL ANALYSIS

Making common cause.

The intersectional philosophies of humanist, feminist and relational approaches to these matters considers their psycho social and political aetiology, and their resolution and 'cure' through understanding power dynamics,

consciousness raising, personal empowerment, and acknowledging and validating the human need for healthy attachment, connection and validation.

Transactional analysis has, from its inception, embraced the societal and political aspects of emotional disturbance linking it with both social and psychological ill health. In particular, the work of Claude Steiner and Hogie Wyckoff and what they called 'radical psychiatry' (Steiner, 1975) addressed these dimensions. They worked in the period of great political upheaval—the 1960s and 70s—including a challenge to the exponential growth of psychiatry, psychology and psychoanalysis. Part of these political challenges was the anti-psychiatry movement which questioned the aetiology of so called psychiatric illness and its diagnosis and treatment methods. It believed that the traditional treatment of so called psychiatric illness caused life-long damage, denying an individual of their self-hood and institutionalising them in 'asylums'. In many cases, the now called 'patients' were neglected, incarcerated against their will, and subjected to terrifying experimental treatments as well as denying them their rights to liberty in certain circumstances. Through radical psychiatry, Steiner, Wyckoff and colleagues sought to undo the effects of pathologising and medicalising mental anguish. The opening of their book 'Radical Psychiatry' addresses their position head on, 'The practice of psychiatry has been usurped by the medical establishment. Political control of its public aspects has been seized by medicine and the language of soul healing (ψυχή + ιατρεία) has been infiltrated with irrelevant concepts and terms' (Steiner et al., 1975, p. 3).

They sought, successfully in my view, to undo the effects of a medical model of treatment which had found its way from psychiatry into psychoanalysis and psychotherapy. Their simple formula, first described in the 1970s, fits perfectly with the now time of COVID-19. *Alienation = Oppression + Mystification*. Alienation they see 'is the result of oppression about which the oppressed has been mystified or deceived' (Steiner et al., 1975, pp. 11–12). In essence, they understood and placed power dynamics at the core of all psychiatric conditions as well as less severe forms of emotional distress and oppression.

It is a small leap to contextualise and frame the current situation (i.e., the management of COVID and its aftermath) using the politics and dynamics of radical psychiatry. It is easy to see how the mental anguish, trauma, the emotional impact of not only COVID, but also its gross mis-management by government policy, will fit into their psychosocial and political construction; at least as it is in the United Kingdom.

At the same moment as Steiner et al. (1975) were thinking about these matters, feminists were naming oppression and abuses of power (i.e., inequality as leading to alienation and a loss of women's human rights). They made links between power structures and hierarchies both formal and informal; that is, the state, education, employment, economics, and psychology, abusive relationships, gender, sexuality, and the abuse of women's bodies and their mental health, amounting to an all pervasive denial of, and access to, equal rights in women's personal and public lives. They experienced and understood that women's lives are considered less valuable.

The heart of their feminist philosophy and ethical frame is that all people including women are of equal value and worth. Meaning that they have, or should have, rights to control their own lives, bodies and destinies; have their perspectives accounted for; and have an equal stake in society. The early straightforward formulation first coined by second wave feminists was and still is 'the personal is the political'. This deceptively straightforward memorable slogan belies its life challenging and changing potential and impact. Their formulation moves through time and differing contexts. Called 'waves of feminism', it changes shape to account for its psychosocial contexts. The first wave of feminism fought for women's suffrage, the second wave addressed inequalities and abuses of women's sexuality, and women's rights in the workplace. The third wave dealt with emerging individualism of women's identities, what feminism actually means, and described intersectionality or the overlapping layers of oppressed groups (i.e., gender, race and class). The current and fourth wave of feminism is focused still on intersectionality and the empowerment of women to organise through, for example, social media to address abuses of power across gendered norms.

At its heart, through all the waves, is the emancipation of women; as is, incidentally, a feminist psychotherapy—taking the form of consciousness-raising, empowerment, self-agency and equality of opportunity and mental health freedom and value of women. At the same time, a feminist politics has a deep appreciation of, and resonance with,

the function of attachment needs as well as economics as they operate in conjunction with power. These inequalities are still relevant today in the COVID life of women who are faring very badly. Predictably, they are bearing the burden of COVID lockdown and its socio-economic consequences. Often paid less than male counterparts in more precarious traditional women's work roles and its gendered divisions means women are economically undervalued and their labour more expendable.

Economically disadvantaged, they endure domestic violence. Extreme abuse against women including murder has increased exponentially in lockdown (Panorama, 2020). Perhaps understood as the failure of the conventional divisions of labour within a traditional marriage which rests upon home life continuing as normal (i.e., housework, cooking, sex and child care), proceeding without interruption or cognisance of the increased burden that this places upon women. When expectations are not met, both partners struggle to adjust to their changed dynamics and new reality.

Transactional analysis, radical psychiatry, as well as feminism, communicated their theories and philosophies in simple everyday language, deliberately, rather than using an obfuscating complicated manner which alienates, oppresses and mystifies. That they did so is itself a politically radical act. Equally as radical were, and still are, the efforts of these political movements to challenge and dismantle the normative and performative power dynamics inherent in the more traditional forms of psychotherapy, typically the medical model, which sees the client as sick and the therapist as well. In this model, the therapist is the holder of knowledge and dispenser of cure and chooses the mode of understanding and diagnosing and treating mental illness and other less severe anxieties. From this asymmetrical power dynamic such a therapist gave a formulation and interpretation of 'symptoms', we might say anxiety, depression, PTSD, schizophrenia and other life altering conditions as having their genesis entirely within the person (i.e., ourselves whilst ducking any meaningful examination of the externally generated environment, the context in which these agonies are being endured).

Relational psychotherapy including relational transactional analysis grew out of and is part of this movement, and has a variety of interpretations, theories, and approaches. My own view is that although relational transactional analysis has its roots in the radical psychiatry and feminism, and is potentially as radically challenging as its antecedents, a new approach to relational transactional analytic practice would recognise and include its political contexts as more central by focusing on the connectedness of the internal psychological and the external social world of clients, ourselves, and the world we live in.

6 | PSYCHOTHERAPY PRACTICE

Greater than the sum of its parts.

Our relationships with the past and present, with ourselves, others, the world in which we live, is central and fundamental in the formation of our characters, mental health and well-being, and behaviours. In classical transactional analysis we would think about Script and view relationships as attachments or connections in this context. The power dynamics embedded in these relationships reflect the psychosocial contexts in which they were formed, and over time become integrated and ritualised. Although no two psychotherapies are alike, and are a unique pairing of therapist and client, placed within their own time frame and social context and place, nevertheless the power dynamics sometimes show up and are felt and repeated unconsciously as well as more or less in awareness in psychotherapy.

When the philosophies of radical psychiatry, feminism and relational transactional analysis are accounted for in the social contexts in which they are experienced, and when they are embraced and integrated, they translate into a particular relational therapeutic action and psychotherapy. Intersecting at the therapeutic meeting, they reframe and expand the narrow traditional monadic idea of the therapeutic relationship, as they account for particular

contexts, historic, personal, social and political in which each psychotherapeutic encounter sits, including the experiences of the therapist.

In addressing these multiple relational or interconnected realities between therapist and client, not simply nor exclusively what transpires co-transferentially between the working pair, allows them to become the 'change agent' and is the heart of what I see as a feminist/relational transactional analysis. Using Clarkson's (1992) model of a multiplicity of therapeutic relationships as a template, and right of way, is to legitimise their existence and significance as therapeutically essential to their resolution, where they might otherwise be condemned as abusive exploitative or simply unfocussed undesirable dual relational dynamics.

A therapeutic attitude which keeps these relational dynamics in mind as well as using philosophical principles of radical psychiatry, feminism, and relational transactional analysis central as guiding framework and a container for the work lay at the heart of each unique therapeutic process. Clinically, this means the therapist addressing the presence of alienation, oppression and mystification, the formula of radical psychiatry using the relational dynamics and philosophies of a feminist frame of reference described earlier. It also means accounting for the external contexts, the social. This amounts to not so much what I do, as a formula or set of techniques, as much as my political and personal and professional frame of reference, attitude. Mine aspires to a feminist political mindset, demeanour, and set of beliefs. Feminist psychotherapy is characterised by the translation of these into action.

7 | CASE EXAMPLE

My client, a hard-working mother, completely believed that her care of her husband was paramount to her own needs and was her role in life. She had self-referred long before COVID struck, because of feeling extremely depressed and hopeless about herself. In session she was steadily raising her awareness about power dynamics, gendered expectations and beliefs, and had started to question their part in her unhappiness. All reflected back by me as a result of the contexts in which she lived rather than her own individual pathology. At no point did we speak about our relationship but she knew my view, concern for her safety, dislike of her apparent unequal position, and compassion for her frustration and tears.

Lockdown had magnified the tensions of inequality in their relationship and she was caught between her husband's misery and her own needs, she could see it was emblematic of so much of her life. As COVID bit, her husband lost his job and was abusing alcohol, and started to abuse her. Normally he had control of their finances and much else in their relationship. Now he had no purpose and was terrified that he would catch COVID, whilst at times denying its existence and their need to socially distance. She was exhausted trying to please him and look after him and reassure him about the pandemic. She found a 'demeaning' part-time job to pay bills and found him most days watching TV, drinking and waiting for her to return from work and look after him, always in a filthy mood and spoiling for a fight. She was convinced she was a bad person and a failure as a partner, as she had been when labelled a naughty, lazy girl when young. Her general practitioner (GP) prescribed anti-depressants which helped with her miserable feelings but she knew this was not a long term solution. She was spreading herself very thin.

Money became tight, she could not pay for her therapy sessions and she had no privacy to attend online. Her husband was hostile to the idea of her therapy at the best of times, now his brooding presence in the next room unnerved us both. The denouement came in an online session when he burst in, came straight up to the screen as we were working, demanded her presence outside, whilst all the while glaring at me. He shouted that he hoped I was making her more aware of her duties and what a 'mad bitch' she had become and did I realise how much all this was costing? Without waiting for a reply, he slammed out, leaving us both shocked. It was a moment of extreme pressure for all of us. I had felt exposed and vulnerable myself, worried about COVID and my own family and security. A great friend of ours had contracted terrible COVID and his life, personal and professional, was changed forever. It unnerved me.

She too was concerned for our therapy, for my welfare, my reflections, and that I would think she was a bad person. Not denying the trauma of what we had just been part of was confirmatory essential and helpful. I stood as a witness to her anguish which followed, rather than deny it or redefine it. That process was fundamental to her being compassionate to herself. It empowered her to leave, be safe. As we addressed the psycho social contexts and meaning of this traumatic event she finally moved from disempowering herself to one of understanding and taking action. She moved out.

Later, we reflected on the multiple social identities and expressions of her life and the sacrifices she had made; that is, her unsafe, dangerous personal life, her precarious financial economic situation, her low self-esteem, her traditional gendered beliefs, her depression as she tried to make ends, both practical and emotional, meet; as well as the pathologising of herself and the GP medicating her into acceptance of an abusive relationship. The inter-subjective dynamics because of the shared reality of that was illustrated in a vividly unusual manner as we were caught up in the effects of the pandemic. Her personal was becoming her political. Far from our sessions being sunk by it, they were strengthened.

8 | 'THE COVID THIRD'

Psychotherapy steps up and changes shape.

As my case example shows, the impact of COVID and its psychosocial and political contexts has stretched and reshaped psychotherapy. It means a re-examination and perhaps change in therapists' values and understandings of what constitutes a professional therapy. The pandemic can be seen as a major rupturing event in a person's psychotherapy, the implications of which will be long lasting and which I am calling the 'The COVID Third'.

The Third, a theoretical concept is a triangular space between self and other in psychotherapy and is under-stood variously as a potential developmental space, as a place of mutual recognition and an analytic space where deep contact between therapist and client is possible. 'Lockdown' circumstances mean no physical meeting has been allowed, possible or even wanted. Therapy is conducted by what has been dubbed working remotely or virtually, online using various platforms or by telephone. This changed mode of clinical work has raised its own ethical professional, clinical, and temperamental emotional challenges. For example, hitherto the therapist might consider carefully the use of self-disclosure. Although of course there is the idea that the therapist cannot help but unintentionally self-disclose non-verbally for example, but when it is in the service of the work clinically speaking, it is within a separate-but-together therapeutic space, referred to as the container, or the frame in psychotherapy.

Also being reconsidered is the sense generated by professional organisations and in trainings that working online is in some way unethical and intrinsically unprofessional, unsafe and inferior to face-to-face sessions. Lost apparently are the subtleties of emotional and embodied resonances which occur simply by being physically together. In these ways, the advent of COVID has stretched psychotherapy, brought it under extreme pressure and tested its power to survive and contain external storms.

Similarly, the realisation of the psychological and economic impacts of COVID has seen the advent of a movement of psychotherapists volunteering to help with the impact on essential workers. Understanding that being financially economically disadvantaged is as much to do with the neoliberal politics discussed at the beginning of this article, as any personal shirking or laziness, psychotherapists are reducing or waiving their fees to address the difficulties their current clients find themselves in and so ensure the continuation of sessions and the survival of the therapy. This perhaps in the name of social justice and in recognition of the situation, that we are all in part involved in the social contexts of COVID and its impacts as well as economic inequalities.

This present day initiative has its roots and heritage in the early days of psychoanalysis. Europe in the early 1900s was also a time of great political upheaval and change. In recognition of its social contexts, Freud and his

colleagues Ferenzi, Reich, Klein, Fromm, Horney, Adler Deutsch, among others established clinics offering free psychoanalysis by donation of time (Danto, 2005). This unappreciated fact is in contrast to its later reputation of being only available to the rich or privileged.

So, this present-day movement initiative feels like a continuation of, connection to that ancestry and heritage of social justice and activism. Psychotherapy sessions online, virtually, in the time of the pandemic magnify the shared vulnerability of the impact of lockdown and reveal and re-affirm the notion that we are not separate from our clients. All too clearly we share with each other psychosocial and political contexts which are now foreground. For example, disturbances of threats to survival, anguish, fear, loss, fragility, trauma, grief, broken online reception and economic changes sit within this shared vulnerability and seem to have brought to sessions an expanded phenomenological mutually influencing intersubjectivity, as my case study revealed.

Similarly, to return to language and writing the passion and personal words of this article I referred to in my introduction, reveals that I am not separate from that which is impacting my clients. I too am a subject of the pandemic and all that it has brought. These passions and vulnerabilities will inevitably have their resonances between us and how we account for them between us in sessions and are examples of the COVID Third in political therapeutic action.

These are examples of the presence and impact of the COVID Third which test, stretch psychotherapy and its ethics and practice, and the therapeutic relationship and have brought it under extreme pressure to account for the social economic and political contexts in which the psychotherapy is taking place. It has also presented us with the opportunity to engage with those changed circumstances and contexts in a therapeutically positive frame.

So although slogans of 'we're all in this together' are revealed as hollow and politically driven and colloquially expressed as we are all on the same stormy sea but not in the same boat, and some have no boats at all as I have been at pains to illustrate here, there is a much deeper more relevant truth about all being in this together. What we do have in common is a more obvious shared vulnerability and collective trauma.

The Shoa of World War II and its ongoing transgenerational implications comes readily to mind as a shared collective trauma. Other genocides and crimes against humanity (e.g., partition in India by the British occupation and colonisation) will have the same impact, as will the decimation of Native Americans by white colonisers, genocides of the Khmer Rouge in Cambodia and civil war in Rwanda, Stalin's dictatorship in Russia, Mao's Cultural Revolution in China and the civil war in Syria, all indelibly tattooed so to speak on minds and bodies and existences. These are times when life as it is understood changes forever. It will come to be understood that, in my view, COVID-19 is among those collective traumas, connected as it is with climate changes and the plundering abuses of the planet for profit.

It seems to me, accounting for and attending to shared vulnerabilities and ruptures and their meaning when they become apparent between therapist and client without losing the power of the therapeutic relationship is the therapeutic task. This means using the multi-dimensional relationships of the COVID Third to strengthen the 'what is' of that container rather than what it theoretically should be. Part of that task from a feminist relational perspective is to acknowledge, accept and face the shared vulnerability without losing the self-agency of the therapeutic relationship, and without it collapsing into a merged non-therapeutic situation. In other words, not just survive but in some way be empowered to thrive.

This involves an acknowledgement of the situation rather than pretence that in some way the therapist is outside of the shared reality in which both find themselves; in this case, the worldwide pandemic and the changed times of COVID. When this distinction is accomplished with candour and confidence by both, it is possible to lean into the shared place of mutual recognition of the COVID Third. The hollowness of the therapist as expert, a doer done to dynamic, will not serve here. Benjamin (2007) spoke of the difference between being coerced into and submissive to that acknowledgement of the external and to surrender to it, and has implied that there is no such thing as a safe container. Her idea of the third as a mutually created influencing dynamic, is usually created from a vantage point outside the two, a good enough container, where the therapist is both in the work and out of the

work at the same time (Benjamin, 2007). In action, it amounts to taking co-responsibility for and co-ownership of the work and space, and dismantles, in part, asymmetrical power dynamics between the working pair as my case example shows.

9 | CONCLUSION

The robustness and endurance of the therapeutic relational space, albeit under immense strain bent out of shape and vulnerable certainly, is sometimes strengthened rather than weakened born out of the exigencies of the COVID time in which it finds itself. This survival and strengthening is a surprising outcome of the commitment of both, despite all its limitations. Including, I have found, those who cannot afford expensive psychotherapy ordinarily or where reductions are made. There is somehow a strong connection of mutual egalitarian need perhaps which deepens the work and both come to it 'with gravity and good faith'. This phrase, often used by me and never fails to move me, is relevant here, from one of the greatest poems of the 20th century, '*In a Disused Shed in County Wexford*' by Mahon (2011). In times of great loss and disturbance, confusion and oppression, poetry, art, can sometimes articulate the unsayable, as it exists in the embodied spaces between clarity and confusion. Mahon's remarkable work pleads for remembrance of powerless, subjugated and forgotten civilisations, naming their human suffering and loss. It is poignantly applicable to the political present where the ordinary, the 'non-shiny' who for the most part are forgotten, but waiting.

In this way, the labour of the therapeutic pair is also approached with gravity and good faith and where the COVID Third, with all its battered shape, is also emblematic of what has happened to this collective life, the whole in this world pandemic and whereby, in its survival, there is a bearing witness and having an emotional resonance with and to this collective cultural effort. It recognises again that psychotherapy is part of, not separate from, the personal and political life in which it exists.

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