Online Therapy for Children:
The Mediation in Cultural-Historical Psychotherapy
with Children in a Pandemic Context

Aline Muratore
Federal University of São Paulo (UNIFESP),
São Paulo, Brazil
Aline Guilherme de Melo
Ceará State University (UECE),
Fortaleza, Ceará, Brazil

Детская онлайн-психотерапия:
медиация с позиций культурно-исторического подхода
в условиях пандемии

Алине Мураторе
Федеральный университет Сан-Паулу (UNIFESP),
Сан-Паулу, Бразилия
Алине Гильерме де Мело
Государственный университет Сеара (UECE),
Форталеза, Сеара, Бразилия

Abstract. This article presents theoretical discussions and clinical practice based on the experience of online clinical sessions for children centered on the Cultural-Historical Psychology approach. The experience was set with patients from ages as of 4 to 11 years old, from the Hospital São Paulo and it took place at the Children's Mental Health Sector of the Department of Pediatrics (UNIFESP), at the outbreak of the COVID-19 pandemic. Due to the sanitary urgency of isolation, which made necessary the restriction of the outpatient care, the sector chose to attend to those patients via video calls. New mediation resources using technological and digital instruments had to be developed in order to continue Play Therapy on online sessions. As a result, Vygotsky's theory and his collaborators helped to expand the

usual techniques and the approach of children online therapy, necessary to continue their mental health care in the pandemic context.

Keywords: online therapy; child psychology; Cultural-Historical Psychology; telehealth

Аннотация. В статье представлен опыт проведения клинических онлайн-сессий для детей, разработка которых осуществлялась с опорой на идеи культурно-исторического подхода. Исследование проводилось в секторе психического здоровья детей отделения педиатрии (UNIFESP) во время пандемии COVID-19, в нем участвовали пациенты в возрасте от 4 до 11 лет больницы Сан-Паулу. В связи с вынужденной изоляцией, ограничившей возможность оказания амбулаторной помощи, для обслуживания пациентов сотрудниками сектора активно использовались видеозвонки. Возникла необходимость разработки новых медиативных ресурсов с применением технологических и цифровых инструментов, чтобы продолжить игровую терапию на онлайн-сессиях. В результате на основе теории Л. С. Выготского были расширены традиционные методы и разработана процедура терапии детей в онлайн-формате, необходимые для оказания им психологической помощи в условиях пандемии.

Ключевые слова: онлайн-терапия; детская психология; культурно-историческая психология; телемедицина

Introduction

The article is a report of the practice at the Children's Mental Health Sector of the Department of Pediatrics (UNIFESP) at the COVID-19 outbreak in the year of 2020. This is a psychological service for Hospital São Paulo patients referred from the pediatrics wards and the outpatient clinics that serves children from ages as of 4 to 11 years old, their caregivers and their close family members. The patient's profile is children with chronic illnesses who have some developmental disorder for comorbidity, an associated psychosomatic illness or psychological distress resulting from their underlying disease. Main services are psychodiagnosis, brief psychotherapies and family interventions.

With the emergence of the health crisis caused by COVID-19 in Brazil from the year of 2020 on, there was a greater request for mental health care related to the increase in symptoms of anxiety, depression, loss of sleep quality, fear and psychosomatic symptoms in the general population (Meirelles & Teixeira, 2021); and also a growing demand for reception and care for families with children and teenagers with identical complaints, in addition to altered patterns of development and diet, excessive fear and loss of school life (Mallmann et al., 2020).

In this scenario, in order not to interrupt the follow-up of children, The Mental Health Sector chose to use Information and Communication Technologies (ICTs) to maintain its outpatient care. The choice was based on following the Code of Ethics for Labor Categories and general information from professional councils and health authorities, in order to adapt compliance with the standards established in each segment.

Remote care, or telehealth, brought some advantages for providing psychosocial support during the COVID-19 outbreak, since it corroborates with recommendations of social distancing, quarantine and / or home isolation. Therefore, it is possible to avoid the unnecessary circulation of patients in the risk group and, at the same time, ensure quality psychosocial and / or psychotherapeutic care (Schimdt, Crepaldi, Bolze, Neiva-Silva, & Demenec, 2020).

However, this was not a service already provided by our hospital professionals. In addition, online psychological care with children itself was not an established practice before the COVID-19 pandemic. In this sense, it was necessary to develop new possibilities and understand the limits of the remote context. At the time, we started with many practical questions: can the therapeutic bond with children evolve in the online format? what playful resources can we use in this modality? what theoretical basis underlies the work of technology? The questions were answered as we sought theoretical support and planned the practice based on this new modality.

As a theoretical assumption, we used Cultural-Historical Psychology, developed by the Soviet psychologist L. S. Vygotsky and later several collaborators, and contemporary authors. It will be presented more of what the theory and knowledge offer on child development and clinical care with children, including using technology as a mediator. Hence, we expose the practice developed with the patients, exploring what was established as our first steps, how the development and strengthening of the therapeutic bond took place and what were the possibilities created over time.

Child Development and Care for Children through Cultural-Historical Psychology

L. S. Vygotsky was a Soviet psychologist and developed his theory mainly between the 1920s and 1930s. Its main pursuit was to create a general psychology, understanding how human develops from a historical-dialectical materialist basis. In this sense, a fundamental point of Cultural-Historical Psychology is to understand development in a mediated way. For L. S. Vygotsky, humanity differs from other animals by an ontological leap that allows the creation of culture and society life. Thus, men develop from the emergence of higher psychological functions — which occurs at first by an interpersonal way (through mediation with other people and culture) and then by an intrapersonal way, from the process of internalization or conversion, in which external elements become part of the subjectivity (Vygotsky, 2007).

According to L. M. Martins, A. A. Abrantes, and M. Facci (2017):

> In children, development occurs in an extremely accelerated way, because they reach a world in which there is a historical path already carried out by the generations that preceded them. The child comes to a world in which there are already socially elaborated tools and signs, so that their activity is to appropriate the existing ones and from there overcome it, turning the wheel of history. (p. 58)

For L. S. Vygotsky (2001), development happens throughout life, and childhood is an essential period for learning and the development of higher psychological functions — for example, language, mediated memory, attention, perception, emotions, etc. This means children can be taken as subjects in constant potential development who require the mediation of adults and culture to achieve the potential to become human. Thus, development is not comprehended as something given or natural, but as a result of the concrete and objective relationships established in society.

By not seeing child development as a natural process, L. S. Vygotsky does not lay down universal phases or stages that succeeds one to another in a straight way. On the opposite, he establishes periods of development in which the social reality of the child and their relationship skills change and configure crises that drive new achievements and developments (Vygotsky, 2013). However, the passage through these periods is not done in an atomistic way. In fact, the experience and overcoming of developmental crises happen from the dialectic between individual and social, human and nature. They depend, thereafter, on the mediation that the child receives in their developmental contexts. Thus, it is possible that crises extend or the child advances in age and reaches new crises without necessarily having overcome elements of the previous period.

In his childhood theory, L. S. Vygotsky presented four developmental crises: postnatal, first year, three years, and seven years. There are also two crises related to adolescence (called the transitional age): crisis of thirteen and seventeen years. The definition of ages for his periods does not imply an age rigor, crises can happen fluidly between ages, considering that development is not natural. Reinforcing the dialectic that underlies it, L. S. Vygotsky also states that crises happen in the child's life from the link between social status of development, the leading activity for each period and the arise of new skills emerging out of this context, pushing the child to the advent of new crises and so continuing to develop. This dynamic is explained by L. M. Martins, A. A. Abrantes, and M. Facci (2017):

> Neoformations, or complex syntheses of psychic functions, emerge from the social situation in which the child is inserted, which requires certain reactions. Such demands mobilize functions that are not yet fully developed, which are set in motion to meet external social requirements. In this process, the child activity is originated and modified, which reconfigures mental functions at new levels, instituting increasingly interdependent ways between them. (p. 53)

It is also necessary to understand that the development for L. S. Vygotsky alternates between more stable periods of evolution, and periods of crisis, of revolution. The first ones carry a quantitative accumulation of development — which culminates in a qualitative leap in critical periods. The crisis indicates a rupture — a process by which the child cannot deal with their social developmental situation in the same way they did before. Thus, it is necessary to develop new skills and activities. It is not possible to specify when each acute moment of crisis ends or begins. In addition, the overcome of crisis (with the development of new formations) is related to the concrete feature of the child's life — if

social relations remain steady with no proper mediation, the crisis can prolong and intensify (Vygotsky, 2013).

When addressing crises, in Cultural-Historical Psychology, we speak of something involving dialectics in between destruction and construction. New skills and trainings outweigh by incorporating the previous ones, so that the child continues to develop furthermore. Based on K. Marx, L. S. Vygotsky sees contradiction as the engine of development. The awareness of a different social situation — and the fact that the child does not yet have the necessary training to deal with it — that drives them to develop and acquire new skills. For example, language development is due to the need for more complex communication with caregivers (Vygotsky, 2001).

The concept of activity is crucial to guide and provide the development, defined by a live relationship, which generates a true bond between subject and world, allowing subjects to act on nature and on people, developing themselves in a dialectical way. All activity is driven by intention and seeks to respond to the subject's needs (Martins et al., 2017). That is the view of Cultural-Historical Psychology on a leading activity as the main character of each period of development. Activity allows the accumulation of learning and brings contradictions in order to drive the overcoming of crises. As to childhood crises, the dominant activities are direct emotional communication in the first year of life, manipulative object activity in early childhood (ages 1 to 3), role play at preschool age (ages 4 to 6) and study activity at school age (from 7 years on).

As it became clear, a cultural-historical comprehension of children's development starts from a child's global context and their mediations so we can understand psychic transformations, acknowledging they happen in different ways for different children. That is why specific elements can prolong or turn a crisis into a more complex situation. For instance, growing up with chronic diseases — as our outpatient clinic patients experience — can mean more challenges to overcome some developmental crises. In addition, depending on how mediation is offered to a child and the physical context where they interact, dysfunctions may arise throughout development — these dysfunctions represent more difficulties acquiring new cognitive and emotional skills.

Potential dysfunctions or difficulties can be overcome from mediations in reliable and stable relationships with people who are paying attention to the child's needs. As a result, psychotherapy is relevant — in particular — considering the pandemic circumstances. Specificities of contamination prevention have set boundaries on families and children such as contact with different people, a variety of environments to be exposed to, maintenance of established relationships, school frequency and its mediations, and others. In addition, there are many more elements related to stress, anxiety, and social and economic vulnerability.

A cultural-historical understanding of development and psychotherapy allows us to think of mediation strategies for development for children, considering the limited conditions the sanitary measures to contain COVID-19 has led us to. In a dialectical way of thinking, the need to offer mental health elements by distance have highlighted the need to seek new ways of doing psychotherapy with children. Until then, the resources

already used by us in the outpatient clinic space would not be enough for this new context. Soon, the crisis boosted new formations and the development of a new activity — this time with the mediation of technology.

The use of technology with children on clinical care was not so widespread previous the 2020 pandemic. Face to face mediation is the most usual way to be around children offering a safe place, among proper furniture, toys and board games used to assist clinical practice and to facilitate approaching them and evolve a therapeutic bond. However, we realized it does not mean that our practice can only occur on a physical place. Within the impossibility to receive our patients in person, online therapy became both essential and possible — the cultural-historical concept of mediation was crucial to come up with new techniques to apply.

For L. S. Vygotsky, development takes place in a mediated way, that is, the child's relationship with the world is mediated by cultural elements and relationships with other people. This mediation takes place by using instruments and signs. One refers to physical materials and objects, such as the room and toys on face to face care (or the mobile phone and computer, in online therapy). Signs, on the other hand, are psychological instruments from the symbolic systems used by human beings to represent other elements (language being our main symbolic system). Thus, we can understand how mediation is possible in an online set by using the very same tools usually applied, like drawings and toys (with the addiction of technological ones), and symbolic mediation.

Based on this theoretical assumption presented so far, it was possible to think about the first steps for the online clinical care of children and build new strategies along the process — which will be reported below.

First Steps

The flowchart at our outpatient facility is assembled by screening, then psychological evaluations and brief psychotherapies. We welcome patients through screening, which aims to refer them to a proper care (in our clinic or somewhere else) collecting a series of information: basic data, reasons that led the patient to seek psychological care, their life history, family and social relationships, cognitive and emotional development, school performance, support network, previous treatments, and expectations regarding our service.

The psychodiagnosis involves interviews with parents / guardians and the child, playful observation and psychological tests. In addition, to understand complaints and symptoms, other professionals involved in contact with the child (school, doctors, social work, therapists) can be contacted for the exchange and collection of information. Further conversations with family at the end of the process tend to promote reflection on family and child functioning. We pursue the mobilization of childrens' new resources to deal with psychic conflicts experienced while exploring its causes and dynamics, thus also

being an interventional service. At last, when indicated, patients and their families may start a brief psychotherapy focused on demand.

This flowchart had to be rethought and restructured after hospital guidelines cancelling face-to-face appointments for non-emergency outpatient services. The very first step was to conduct telephone surveys with families already in a psychotherapeutic process and collect data concerning their well-being and general condition of each patient. Many reported worsening of their condition with increased symptoms — and sometimes new ones, mainly fear, anxiety and changes in sleep and appetite. Different family dynamics appeared, since the pandemic brought simultaneously social *distancing* and family *closeness*, hence the home office and home school. Family bonds and affections were reorganized as well.

A protocol to address families was developed, with constant revisions and updates: *step 1* — telephone contact with parents or guardians in order to update complaints and demand for psychological care, current family routine and access to technology; *step 2* — video call contact with parents (or guardians) and children to establish a new service contract and familiarize children with the online sessions settings; *step 3* — weekly video calls with children to continue (or start) the psychotherapy process.

Establishing a Therapeutic Bond

For clinical practice with children, establishing a therapeutic bond can be even more important than with adults, since children are usually brought by their family, while adults voluntarily seek care. Regardless of the theoretical approach, there is a consensus that this alliance is essential for a good evolution of the psychotherapeutic process. The psychotherapist's characteristics and their management of the setting will determine a positive bond, such as: empathy, validation of the child's feelings and experiences, attunement, a pleasant touch with their inner child and responsiveness to the patient's affections (Carvalho, Fiorini, & Ramires, 2015).

The physical environment is no longer a shared room, at this point — and it most definitely can be an influence for therapy — therefore it must be managed. From the first telephone contact with parents, we must manage this variable by learning about their home organization, potential rooms for future therapy, family routine and their schedules, and, most importantly, technology available to the child and how they access it. By establishing a contract, or a new contract in the case of previously treated patients — including both family and patient — it became possible to define together a private physical place for the child to carry out the sessions, with toys and graphic material available, minimal noise and intrusions, and an electronic device with good internet access.

We believe it is extremely important to provide the child with a moment for mutual presentation of our physical places, since now it is duplicated. Knowing both rooms and their content allowed a closer approach and brought more comfort, as the child was able to know from which place their therapist was talking and access his playful material

available even if not exposed by the camera at the moment. On the other hand, the child could also gradually reveal and share a very intimate place (their bedroom, for instance) and his most valuable objects (toys, costumes, photos, etc.).

Building and Expanding Playful Resources

The playful has a crucial role in the child's development — playing is their main activity until around adolescence, according to L. S. Vygotsky (2008):

> The child plays without being aware of the reasons for the play activity. This is what essentially distinguishes play from other types of activity. In general, it must be said that the sphere of motives, actions, impulses is related to those less conscious spheres and becomes fully accessible to consciousness only at the transitional age. Only the teenager can answer why they do this or that. (p. 26)

Because of this particularity, play must be free in psychotherapy with children, with minimal guidance from the therapist, allowing the child to express and elaborate their psychic contents through their activity. The psychologist should, therefore, mediate (through language and play) the meanings associated with the child's actions.

We will describe ahead how some play resources used in face-to-face psychological practice could be adapted and expanded using digital devices, in addition to a new resource provided by the online experience — the electronic games on a virtual network. Through five case vignettes of online psychotherapy with children (ages 4 to 11) at our outpatient facility, we will illustrate some of the therapeutic possibilities achieved by such means.

Drawings

Drawing as language is constituted by a system of signs that designate words, concepts, relationships, gestures, events (scenes), which, in turn, are signs of real-life relationships and entities; they exemplify the whole world that concerns children's lives (Vygotsky, 2010).

As it is more accessible in terms of material, interactive dynamics at distance, familiarity and age group, drawing was the first option for a playful resource. Proposing a free drawing then engaging conversations and reflections about the drawings were ways to strengthen the bond, in addition to getting to know the child better.

When a child releases their memory repositories through drawing, they do so in the same way we speak; by telling a story (Longo & Narita, 2019). Drawing is a graphic language that arises based upon verbal language. While developing expressive activities, children use drawing to materialize and turn their emotions more objective, revealing feelings, values and aspects of self-awareness in the world. They expose their domestic

and school intimacy, along with their social and subjective life; at the same time, they attribute meaning to life experiences.

Self-portraits, different images of their therapist, fictional characters and make up superheroes are some of the drawings initially produced on sheets of paper and which gained complements and background stories enriching such productions.

The self-portraits reported recurring emotions and desires they felt in social isolation, such as: anger, homesickness, the desire to see friends and school, etc. Creating characters or superheroes were alternatives they found to express themselves through them. For instance, they were able to materialize the fear they felt when parents went out to work — as well as the desire of owning superpowers for solving all the problems of the world — at an external figure of a superhero cartoon fighting injustice.

The fact that therapy sessions were online and some of them did not take place in the clinic — since they were carried out during the home-office period — aroused fantasies about the psychologist's life and home. As mentioned before, the presentation of the room where the sessions are performed, and the toys displayed for it, is important for the bond of trust between patient and psychotherapist; but the child's curiosity can go furthermore. It is essential to establish clear limits on what is exposed in the room chosen for the session and what is shared. We must attempt to understand what the child's need at that moment is for wanting to know more about the psychologist's personal life.

Social isolation has brought, as the term itself indicates, the lack of socializing with other people, that is, there is very little diversity of people and environments for the child to interact. In addition to the family, characters from television shows and digital influencers were the role models for most children and adolescents who remained in quarantine during the pandemic period. By having contact with psychotherapists (or other therapists), an interest in knowing more about the other can be aroused.

In her drawings, in case 1, the child draws the scene of her psychologist scolding her daughter for messing with her toys, a scene similar to the one she lived with her own mother. In case 2, the child drew himself with the family inside the house while the psychologist was outside, reprsenting the real situation experienced (*Fig. 1*).

The case 1 shows a 9-year-old girl who had drawn the scene of her psychologist scolding her daughter for messing with her toys, a scene similar to the one she had been living with her own mother. Instead of drawing herself, she fantasies that a similar scene occurs with her therapist's daughter at home and then can express how she feels in the same situation without actually having to talk about herself. A different interaction between mother and daughter could be imagined and experienced from the outside, allowing her to have different perspectives.

The case 2 shows a 4-year-old girl's drawing of herself and her family inside a house while the psychologist was outside, representing the real situation she was experiencing. All of her fantasies of a hostile world outside the door could be brought up at her therapist's representation as well as the possibilities of good things coexisting (represented by the big flowers).

Figure 1. Demonstration drawings: case 1 — the left, case 2 — the right

Making Up Stories

Outside the clinic, playing is often limited and directed by the adult or even by the toy itself (which plays on its own as the child simply watches). Room for creation is minimized. Therefore, in children's psychotherapy there is an opening for the child to bring and direct what happens in that game, with minimal intervention. Freedom of choice is offered so they can choose how to use the therapeutic place.

The therapist, with toys in one room, and the child also with toys in another room, make up a playful situation through the interaction of people and objects, overcoming the distance via the Internet. Both child and psychologist begin a process of co-creation of stories and scenarios, each with its external elements (toys, dolls, everyday objects, the electronic device itself) and internal elements (experiences, doubts, desires, feelings). This process is then experienced in the body, reflected by the screen and seen from the outside as if it were a live video. Unlike a mirror, the electronic device, as a digital cultural instrument, provides a different experience full of different meanings.

The cell phone or computer screen, by offering the real-time image of both the interlocutor and oneself, can become a mediating instrument of the therapeutic work in the constitution of the Self and the psychological Other; an important stage in child development. Through the creation of a playful box with fantasies made by the mother at home, the child on the left photo (see *Fig. 2*) alternated her vision on the screen, sometimes to look at herself and perceive herself in different situations and expressions, and sometimes to see the psychologist perceiving her and reacting to it.

Between screens, psychotherapist and child can also leave the scene (in front of the camera) to enrich staging or establish dialogues between dolls and toys, allowing psychic contents to be materialized in these protagonist characters of the stories. With a role-play game, children can get in touch with what they experience in their real context and actively reconstruct their experiences through imagination. The imaginary situation makes it possible to achieve what in concrete reality they cannot (Guimarães, 2019).
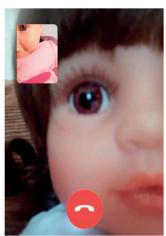
Figure 2. Demonstration photos

On the right photo (*Fig. 2*), for example, the 5-year-old child could not maintain direct contact with the therapist, however, he was able to develop productive and therapeutic dialogues between the two dolls, later evolving into a dialogue between the dolls' "mothers" (child and therapist). In this roleplay game, the therapeutic bond was facilitated by a virtual stage designed using the cellphone screen. It also made it possible to provide a different way of relating to what the child was used to, breaking a pattern of self-defense against new people approaching him.

Electronic Games

Electronic games allowed a new virtual interaction with the psychologist. Competitive, cooperative, adventure or strategy games — in which the child can get in touch with simulacra of their real context — can provide them to actively reconstruct their experiences through imagination and imaging. As well as literary productions, electronic games operate with narratives, but in the last one there are gaps in which the player will have to fill according to their own affections, "like a text that is an incomplete object to be updated by the reader" (Mendonça & Freitas, 2015, p. 238), while the psychologist acts as the mediator.

Just like the child expresses himself through dolls (*Fig. 2*, right), he expresses himself through video game avatars (*Fig. 3*).

The child brought up a demand for the development and maintenance of a safe and stable bond. His choice of electronic games was pairing up to compete with others (*Fig. 4*).

His fear of abandonment came out clearly when trying to protect his psychologist in the games he chose, as he sacrificed his own character as a shield, taking the shots for him. It was important to change the theme of the game so that he could realize that, even competing and destroying his psychologist, she was able to survive and maintain the bond with him (*Fig. 4*).

Figure 3. Brawl Stars mobile game of teams competing
in 2 × 6 formation (Supercell, 2018)

Figure 4. Farmassone mobile game for two players competing
with each other (LAN — GAMES EOOD, 2020)

Conclusion

Unlike many adults who still struggle with digital technology, children of this generation, digital natives, are appropriated by it (Buckingham, 2007). There is a digital playful culture, with productions of childhood meanings by children themselves, with real relationships through electronic games and the Internet (Ribeiro, 2015). The Internet, for example, is in itself a form of play: it proposes new and different forms of interactivity and simulated worlds in which we can be whatever we want. There is also the possibility of reinventing time and starting over at any moment you choose to (Velásquez, 2013). It allows the child to create and recreate playful activities from a representation of reality. Children develop games beyond the physical field, that is, they create, play, and interact in the virtual field. Therefore, it was possible for the virtual field to become a therapeutic field as well.

Due to the lack of research in the area, as it is a new and contemporary practice, the development of the online clinic with children occurred predominantly with praxis, by allowing to know and follow together with children this most familiar and known field

for them (the virtual); the role as a psychotherapist, the mediation of a place to construct meanings and senses, a place of resignification and creation of conditions for the necessary psychological transformations. Cultural-Historical Psychology was able to help us think about the development of new possibilities for remote therapeutic care while facing an unprecedented pandemic context — but with the advantage of new digital technological resources.

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About the authors:

Muratore Aline, Master's degree (in Pediatric Medicine), Federal University of São Paulo (UNIFESP), São Paulo, Brazil; Psychologist, Psychopedagogue; https://orcid.org/0009-0007-0806-2600; alinemuratore@live.com.

Melo Aline Guilherme de, Master's degree (in Education), Ceará State University (UECE), Fortaleza, Ceará, Brazil; Psychologist; https://orcid.org/0000-0001-6276-8523; alinemelo.psi@hotmail.com

Об авторах:

Мураторе Алине, магистр (в области педиатрии), Федеральный университет Сан-Паулу (UNIFESP), Сан-Паулу, Бразилия; психолог, психопедагог; https://orcid.org/0009-0007-0806-2600; alinemuratore@live.com.

Мело Алине Гильерме де, магистр (в области образования), Государственный университет Сеара (UECE), Форталеза, Сеара, Бразилия; психолог; https://orcid.org/0000-0001-6276-8523; alinemelo.psi@hotmail.com