Hope in Corona Times in Israel

"Squills Boom in Dry Soil" (Ilan Sheriff)

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Abstract

This work was conducted as a phenomenological study to summarize the current issue entitled *The Psychological Aspects of Corona Times in Israel*. Seven themes were identified in an analysis of the three articles and eight interviews in this issue. A model, based on grounded theory principles, was developed on the basis of these seven themes and their interrelations among them, specifically the interrelations among the emotional aspects of the Corona experience, the intense use of technologies, and the challenges facing practitioners and clients. The model highlights how —despite these challenges, and sometimes as a response to them — new opportunities are emerging on both on the individual and the societal levels, offering some hope in these dark times. The model that summarizes this study and the issue as a whole present a conceptual framework for gaining understanding and planning research and practice during the current Corona times in Israel, and that is also applicable to future similar crises.

Introduction

In March 2020, the World Health Organization (WHO) published a document on the psycho-social aspects of the Covid-19 outbreak. This important publication acknowledged the mental stress of health care workers, team leaders, and the general population, and encouraged people to take special care of their physical and mental well-being and to initiate communications with other people who might be in need, as much as possible. Like many other places, Israel has been suffering from the Covid pandemic since February 2020, and little research has been conducted on the various psychological implications of this crisis.

The purpose of this paper is twofold: It offers a conclusive closure to this issue of the *Future Professional Psychology* (FPP) entitled *The Psychological Aspects of Corona Times in Israel*, and proposes an interpretive integration of the contributions contained in this issue. At the same time, it aims to open horizons for future research.

The first section introduces the basic conceptual framework comprising four theoretical foundations that seem to be fundamental to psychological practice in Israel in the context of the Covid-19 pandemic. The Covid-19 pandemic extensively transformed life on many levels, affecting individuals, families, communities, countries, and even humanity. In this study I will refer to these changes as a crisis, and therefore the first theoretical foundation is 'coping with crisis'. Since this paper focuses on Israel, the second foundation is the political situation in Israel, as unfortunately political considerations play an integral role in influencing institutional decisions, public trust, and public opinion and debates. The third and most important foundation refers to individuals' fear, stress, and anxiety and other emotional reactions to the pandemic: These were already addressed in the WHO publication mentioned above and, of all aspects of the Covid-19 crisis, have attracted the most attention in the professional literature. The final foundation addresses technologies, especially

in view of the widespread use of virtual communication platforms, and technology's potential to change the world after the pandemic has ended.

The second section introduces the methodology of this paper, which evolved during work on editing this issue, as I awaited the completion and delivery of all the contributions. The third section presents the results of a phenomenological content analysis and offers a simple model based on grounded theory (GT; Glazer and Strauss, 2017), which presents and explains the various aspects of psychological practice in Israel that are reflected in all the contributions to this issue. One unique aspect of this study is that all the analyzed data are transparent and accessible in the issue itself. The brief final section summarizes this study, and offers research future directions.

Three remarks for the reader: First, the interviews were conducted in Hebrew and therefore the translations include minor additions of words in brackets for the sake of clarity. Second, since the common expression for Covid-19 in Israel is 'Corona' or coronavirus, these terms will be used interchangeably. Third, all the participants in this issue are practitioners in various fields of psychology (and are not necessarily licensed psychologists in Israel). Therefore, in this study, participants are referred to as practitioners or therapists and their beneficiaries (who may be students, supervisees, or consultees) are referred to as clients.

Conceptual Framework

Coping With Crisis

The Covid-19 pandemic affects all areas of life: Individuals are exposed to a severe unknown disease, families are thrust from lockdown to quarantine, and sometimes their financial situation is radically changed for the worse. The status of entire communities is impaired: In Israel, for example, the Haredi (ultra-orthodox) community was forced to drastically realign its priorities in order to respond to the existential risks facing the healthcare system and the economy. In this study I will discuss the Corona crisis on two levels: the individual level and the societal level in Israel. The relatedness of these two levels is highlighted in these times, where a crisis that affects individuals is reflected in public opinion and in institutional considerations and decisions, and these affect individuals in turn. I will introduce the concept of crisis at the individual and societal levels as a conceptual foundation for this discussion.

Vigh (2008) defines a crisis as "an isolated period of time in which our lives are shattered," as a result of which we lose balance in our lives and feel unable "to control the exterior forces influencing our possibilities and choices" (p. 5). The term crisis has many definitions; all refer to a sudden imbalance, a temporary situation from which individuals are ultimately expected to regain serenity and balance. I chose Vigh's definition because I believe that it best fits our current reality, which has unexpectedly shattered the lives of many people. Lerbinger (2012) identified eight features of crises: sudden, unanticipated and unwanted, ambiguity surrounding cause, requires rapid decision making, triggers additional problems if no action is taken, and generates significant psychological stress (see comments on stress and anxiety, below).

People have different styles of coping with crises and different means and resources to do so. Ayalon and Lahad (2000) summarize a study on children who, as residents of Israel's northern border region,

were continuously exposed to extensive periods of Syrian rocket attacks. The researchers, who devoted many years of research to this topic, offer a model of six clusters of resources for coping with stress, uncertainty, and crisis. According to this model, individuals with a physical/bodily coping style cope and respond primarily through their body and through physical responses and bodily sensations. The coping language of such individuals may include meditation, physical activity, eating, and sleeping. In contrast, people whose preferred coping style is cognition and cognitive mechanisms will typically collect information, solve problems, and make plans. The remaining four clusters of coping resources are emotions, belief systems, social resources, and imagination. In coping with a crisis, every person uses coping mechanisms from more than one cluster, and their combination creates the person's individual coping pattern.

Already in the 1960s, Caplan (1964) defined a crisis as a loss of balance between a problem's severity and the resources available for its resolution. More recent studies (e.g., Lating & Bono, 2008) note that while some people who experience a traumatic event manage to prevail and return to their routine lives, others continue to suffer from the event for a prolonged period.

The term resilience is used to describe the availability of one's coping mechanisms in stressful situations. Resilience is a mental state and sense of efficacy and belief in one's ability to successfully cope with crises and pressure of life's challenges and rise above adversity (Wolin & Wolin, 2010). Wolin and Wolin propose a model of six traits and skills that comprise resilience: insight, independence, relationships, initiative, humor, creativity, and morality. It is rare to find individuals who have all the traits and skills, or in which all these traits are expressed. According to this model, in order to help people in a crisis find their inner strength, overcome adversity, and reground themselves, therapists should assess and develop their clients' latent coping potential.

The impact of Covid-19 is not, however, limited to the individual level. Let us proceed to look at the societal level. Rosenthal, Boin, and Comfort, (2001) define a crisis as a situation in which political-administrative elites perceive a threat to the core values of a society and/or life-sustaining systems in that society that must be addressed urgently under conditions of deep uncertainty. Both parts of the definition appear to refer directly to the Covid pandemic, whose greatest threat for many countries including Israel is the collapse of the healthcare system and the collapse of the economic system as a result of Covid-related restrictions. In a recent article, Boin, Ekengren, and Rhinard (2020) define the Covid-19 crisis as a 'creeping crisis,' which is a specific species of trouble to which modern society is especially vulnerable. A creeping crisis carries the potential for societal disruption that is not fully understood:

> "*A creeping crisis is a threat to widely shared societal values or life-sustaining systems that evolves over time and space, is foreshadowed by precursor events, subject to varying degrees of political and/or societal attention, and impartially or insufficiently addressed by authorities*".

An aggregation of creeping crises can erode public trust in institutions. According to Boin et al.'s (2020) interpretation, public trust declines when public authorities fail to perform their obligations and develop solutions that protect the public from the threat of a creeping crisis. The authors do, however, state that in the current situation, public authorities are unable to effectively deal with threats such as Covid-19 because politicians are dependent on experts and advisors and lack the

relevant conceptual framework and systemic understanding required for decision making in relevant fields. Furthermore, politicians are oriented to the short term and are not oriented to resolving deep problems that require long-term planning and preparations. I believe that it is difficult to accept this explanation because the Covid-19 pandemic, even if it is a persistent creeping crisis, and even if its effects are the outcome of long-term neglect, governments are nonetheless required to devise urgent solutions in the short term. Whatever the root cause, it is clear that public trust in Israel has clearly declined as a result of authorities' inadequate handling of the pandemic and its social and economic implications.

The Political Situation in Israel

Maor, Sulitzeanu-Kenan, and Chinitz, (2020) have recently argued that Prime Minister Netanyahu deliberately employed disproportionate policy responses to the Covid-19 crisis, or what is known as an overreaction rhetoric style of communication. They emphasized that Netanyahu seized the 'creeping crisis' (Boin et al., 2020) to continually step up existential warnings to the public, by envisaging a plague of medieval proportions. Netanyahu combined this rhetoric with an appeal to his opposition rival Benny Gantz, to join him in an "emergency unity government" to help save Israel from the virus. The Israeli government successfully curbed the spread of the first wave of the virus through a combination of governmental steps implemented in the early stages of Covid-19 spread in Israel, which included stringent social distancing measures, complete closure of the education system, cessation of passenger flights to Israel, strict curfews and lockdowns, and an almost complete shut-down of the economy.

At the time, in late January 2020, the Israeli government was experiencing a constitutional crisis that was exacerbated by a year-long electoral impasse: Following two consecutive elections held prior to the pandemic, and a third that was held immediately after its initial outbreak, the government – comprising right-wing and ultra-Orthodox religious parties – fell short of winning the majority required to form a new coalition government. This unprecedented string of inconclusive elections occurred amidst the growing global and local anxiety regarding the spread of the coronavirus, and resulted in great public uncertainty. The situation was further aggravated by the fact that the head of Israel's provisional government, Benjamin Netanyahu, was scheduled to appear in court on March 17, 2020, to face charges of fraud, bribery, and breach of trust.

Thus, the conditions were ripe for an intermingling of political considerations in defining policy problems, as well as in the selection of policy measures in the fight against Covid-19. Although Israel has faced serious emergency management challenges in the past, especially during wars and major terrorist attacks, its healthcare system was unprepared for an epidemic. The State Audit Report published on March 23, 2020 concluded that the healthcare system including and country's hospitals were inadequately prepared for a pandemic flu outbreak despite a 2005 government decision on the need for preparedness. The report also highlighted the shortage of hospital beds, isolation rooms, staffing, and medications, in addition to ill-equipped intensive care units and a lack of cooperation between the MoH and the Ministry of Defense (Office of the State Comptroller and Ombudsman of Israel, 2020, p. 518).

It is important to note that Maor et al. wrote their paper in May 2020 when the Covid-19 pandemic in Israel appeared to be under control, with limited damage. However, the second wave of the pandemic soon arrived, and infection rates in Israel became one of the highest in the western world, and the political situation has deteriorated steadily. Ever-changing regulations, which part of the population views as motivated by political rather than health-related interests, and the growing social protests and demonstrations against the government and especially against Prime Minister Netanyahu, have become an integral part of the Israeli reality.

This situation seems to align with Boin et al.'s (2020) conceptualization of a creeping crisis that erodes public trust in institutions that are unsuccessful in handling public crises, such as the Covid-19 crisis. On one hand, according to Maor et al. (2020), the authorities in Israel are using various tactics to exacerbate the fears and anxiety that the pandemic evokes, and on the other hand, social protestors wave banners of "We're sick of you – you're disconnected," accusing officials of being out of touch with people's lives, which is in alignment with what Boin et al. (2020) regard as insufficient attention by authorities to the pandemic and its consequences. The following sub-section refers to the negative emotions that characterize "Corona times."

Fear, Stress, and Anxiety

In a report published in early 2020, the European branch of the World Health Organization (WHO) stated, "As the coronavirus pandemic rapidly sweeps across the world, it is inducing a considerable degree of fear, worry, and concern in the population at large and among certain groups in particular, such as older adults, care providers, and people with underlying health conditions" (WHO, 2020). Since early 2020, several articles on individuals' mental health and emotional responses to the pandemic have been published. Discussed below are several that are relevant to the current study.

Already in March 2020, Mertens, Gerritsen, Duijndam, Salemink, and Engelhard, (2020) reported the results of an Internet survey involving 437 participants, conducted to trace predictors of Covid-19-related fears. These researchers claim that while fear is an adaptive emotion that mobilizes the energy required to cope with potential threats, fear can be maladaptive when it is disproportionate to the actual threat. For instance, excessive fear may have detrimental effects both at the individual level (e.g., mental health problems such as phobia and social anxiety) and at the societal level (e.g., panic shopping or xenophobia).

Insufficient fear may also result in harm for individuals and society (e.g., leading to people's disregard of government measures to slow the spread of coronavirus or reckless policies that ignore the risks). Mertens et al. (2020) found that increased fear was related to perceived risks to loved ones and health anxiety. However, as Kumar and Nayar (2020) concluded, fear may be one of the most significant underlying elements that potentially lead to impaired well-being and mental health outcomes. Mertens et al. (2020) also found that increased fear was related to regular and social media use. They conclude that the media might heighten fears, but given that there are different styles of coping with stress (Ayalon & Lahad, 2000), for some people, social media use might also be an effective way of coping with the negative impact of the coronavirus on their well-being.

A study conducted in early 2020 unsurprisingly showed that the Covid-19 outbreak caused increased fear and worries, focusing mainly on health anxiety (Asmundson & Taylor, 2020a). For example, 24.9% of Chinese college students experienced some level of anxiety due to the coronavirus (Cao, Fang, Hou, Han, Xu, Dong, & Zheng, 2020), and considerable stress, anxiety, and depression have

been reported among the general population in China (Qiu, Shen, Zhao, Wang, Xie, & Xu, 2020). Similar findings have been reported in other locations, including the UK (Harper, Satchell, Fido, & Latzman, 2020), Singapore (Tan, Chew, Lee, Jing, Goh, Yeo, ... & Shanmugam, 2020), and Russia (Sorokin, Kasyanov, Rukavishnikov, Makarevich, Neznanov, Lutova, & Mazo, 2020).

Kazmi, Hasan, Talib, and Saxena, (2020) surveyed 1,000 respondents in India, and found that individuals are going through a crisis and have lost a sense of control of their lives due to Covid-19 lockdown and related restrictions. Young adolescents and adults face uncertainty with respect to their careers, professional lives, and earning capacity. Fear of infection created panic. Increased levels of anxiety, stress, and depression were found especially in the age range of 15 to 35, although previous studies have shown that anxiety, stress, and depression are typically more prevalent in the older age group (40-49 years). The results of this survey are also consistent with the findings of the 2016 National Mental Health Survey of India, which suggested that anxiety is higher in females whereas males are more depressed and stressed compared to females. There is also a significant difference in stress levels of employed and unemployed individuals, although both groups report similar levels of anxiety.

In Israel, Zolotov, Reznik, Bender, and Isralowitz, (2020) surveyed 370 Israeli students and found that fear was associated with other measures of well-being. Bitan, Grossman-Giron, Bloch, Mayer, Shiffman, and Mendlovic (2020), who validated the Hebrew version of *The Fear of Covid-19 Scale* (FCV-19S), conducted a survey of 639 participants and found that Covid-19-related fears were also connected to stress, anxiety, and depression. In their extensive online study, Barzilay, Moore, Greenberg, DiDomenico, Brown, White, ... and Gur (2020) compared Israeli and US samples (1,197 and 1,607 participants, respectively). Their findings show that, in general, the US participants were more worried or stressed about Covid-19. US participants were specifically more concerned about themselves (contracting Covd-19, dying from Covid-19, and currently having Covid-19) compared to Israel participants, who showed no difference between the level of worries about themselves and worries about others (family members contracting Covid-19/infecting others) or concerns about financial hardship caused by Covid-19.

Israel participants scored higher overall on resilience, while US participants were more likely to meet screening criteria for anxiety and depression. All the differences were statistically significant ($p < .001$). It is important to note that these somewhat surprising findings are based on data collected in the first quarter of 2020, when the Covid-19 pandemic in Israel appeared to be under control. Unfortunately, since mid-year, Israel has become one of the most dangerous countries, a fact that might affect future comparisons. The daily press in Israel reported an increase in the number of suicidal calls to Eran, a mental health hotline (Yaron, 2020). According to this source, the number of suicidal calls to Eran peaked in October 2020, during Israel's second lockdown. The deepening economic crisis was cited much more frequently as the backdrop to callers' personal distress than any other aspect of the crisis, including the fear of infection itself.

Technologies

Covid-related health regulations, including social distancing and lockdowns, prompted extensive use of virtual communication technologies. These platforms, mainly Zoom and WhatsApp video, were widely adopted by businesses, professionals, and for private communications. Zou, Zhao, and Siau (2020) observed that many businesses developed their online presence during the Covid-19 pandemic, and in many respects, mobile and teleworking technologies have been employed to keep

the world functioning. They claim that this newfound exposure to, and experience with, innovative technologies for remote work and online education options will likely propel the world's businesses into a new phase of technology innovation, evolution, and revolution. The result of this technological shift will be that work from home (or from other remote locations) will become common, and management of remote employees and distributed teams will require a new repertoire of technological and managerial skills. These authors offer a new perspective on managerial development, but we can imagine that for many people, workers, and managers, the need to meet new job requirements constitutes an additional source of stress and anxiety.

Restrictions and self-protecting measures triggered by the Covid-19 pandemic have created a huge need for remote healthcare services across the world. Before the Covid-19 pandemic, telemedicine and eHealth approaches were being developed and tested in a gradual fashion, with many studies focusing on lessons learned and barriers to the use of digital solutions (e.g., Zachrison, Boggs, Hayden, Espinola, & Camargo, 2020). Overnight, however, it has become imperative to develop means that allow healthcare providers to remotely treat or support people with non-urgent or long-term conditions. As a result, healthcare systems are being transformed. Telemedicine is being used to demand-manage the flow of patients with respiratory distress accessing emergency departments; video consultations are being introduced in multiple settings; and the use of social media is being discussed positively for its potential to direct people to trusted resources, to counteract misinformation, and to provide psychological first aid (Eccleston, Blyth, Dear, Fisher, Keefe, Lynch, ... & de Williams, 2020). These researchers, for example, provide guidelines and specific guidance for healthcare professionals caring for patients with chronic pain, attempting to rapidly transition to remote care with technology.

The situation in psychology is somewhat similar to medicine. Remote psychological diagnosis and treatment has been available and studied with moderate interest over the last two decades. Brown (2002) developed a remote psychological diagnosis and monitoring system almost two decades ago, many tools to support online practice have been developed, and research works on this topic have been published since then, including the groundbreaking book by Weinberg and Rolnick, *theory and practice of online therapy: Internet-delivered interventions for individuals, families, groups, and organizations*, published in 2019.

Although the potential importance of remote psychological interventions has been acknowledged for many years and several very extensive works, such as this book, have been published, online practice has not yet realized its full potential due to the reluctance and resistance of therapists and consultants (Silberberg, 2016). In psychology, like in medicine, the Covid-19 pandemic created a twofold demand for remote psychological interventions. There is a demand for treatment of the stress, anxiety, and fears elicited by the pandemic (see e.g., Jiang, Deng, Zhu, Tao, Liu, ... & Ji, 2020, who studied crisis intervention during the Covid-19 pandemic in China), yet there is also a need for new solutions to support ongoing interventions that could not proceed as usual because of restrictions and protective measures by practitioners and patients (e.g., Liu, Gu, Shao, Liang, Yue, Cheng, & Zhang, 2020).

As the concluding article of this issue, the current work describes and explaining the various Aspects of psychological practice during Covid-19 pandemic in Israel in the summer and fall of 2020, from the perspective of practitioners specializing in different areas of psychology, who have participated in this issue.

Methodology

After I decided that my summary to the issue will be a phenomenological study, all the articles and video interviews in this issue were subjected to content analysis using a grounded theory' approach (Glazer & Strauss, 2017). The data were divided into categories and then classified into themes. The themes are presented in the next section, followed by a simple grounded theory model that describes and explains the various aspects of practicing psychology in Israel in the times of the Covid-19 pandemic and the relations among the themes, as represented in the materials appearing in this issue. This issue includes three articles and eight interviews, including an interview with two practitioners – all in all, 12 authors and interviewees, to whom I refer in this study as participants.

The 12 practitioners who took part in this study have active practices in different fields of psychology. Participants included practitioners with a background in clinical psychology, educational psychology, medical psychology, art therapy, social work, education, group therapy, family and couple therapy, biblio-therapy, and animal-assisted therapy. All have experience with the Professional School of Psychology (PSP): one is a lecturer and supervisor and 11 are PsyD graduates. All were invited contributed an article to this issue of *Future Professional Psychology* or were interviewed by me on Zoom. Interviews were edited into short videos of about 15 min each and are presented in this issue. In this study I used eight abbreviated videos and three articles, which all appear in this issue. Participants gave their consent to publish their interview and/or article.

Results and Discussion

This section presents the main aspects of psychological practice in Israel during the Covid-19 pandemic, as reflected in all the materials featured in this issue. All the data were analyzed as described above and seven main themes were identified. All the themes are illustrated by excerpts from the articles and interviews. This chapter concludes with a grounded theory model that summarizes the themes that emerged from the materials and highlights the relationships among them.

The Covid-19 Experience

The first theme, **the Covid-19 experience,** encompasses the emotional experiences that participants describe in this issue. As you can see from the conceptual framework introduced above, the professional literature emphasizes the fear, anxiety, and stress that are caused by the Covid-19 pandemic (e.g., Asmundson & Taylor, 2020a; Kumar & Nayar, 2020; Mertens, et al., 2020). The participants in this study, however, described a much broader range of emotions. While the Covid-19 experience is described differently by the contributors of this issue, their experiences included an element of surprise and multiple unfamiliar — and not necessarily unfavorable — components. Orit described this point well:

"Suddenly the entire world was on vacation. There was something fantastical about it. In my home I felt as if I was in a movie, I and my family. There was something exciting [about the situation], a sense that "many really new and special things are about to happen to me." It wasn't a standpoint of fear, my position was one of curiosity. There was some kind of fascinating fantasy going on here."

Orit refers to the suddenness of the situation and emphasizes the strange, fantastic "movie-like" nature of the new reality, yet at the same time the shared experience created a sense of affinity to the world at large ("The entire world was on vacation"). Such an experience of a living in a fantasy or being swept away by the circumstances of the situation is consistent with findings by Kazmi et al. (2020), who connected the experience of the pandemic to loss of control, anxiety, and stress. In her article, Sheerie describes a similar experience:

"The increase in numbers of people diagnosed positive with Covid-19 was called: GAL. In Hebrew GAL means wave, a vibration of energy that transfers in the water. While swimming in the ocean, we can jump over a wave, decide to go under, or at times, we are left without a choice as the waves decide for us. There is neither familiar rhythm, speed, or direction. The idea of being in control vanishes. Much like in a whirlpool, you can't fight it but rather let it take you and lead you to a new place in space. The whirlpool of COVID-19 has led us to a new space in a new reality."

The lack of control, similarly to what one feels when one is swept away by ocean waves, as Sheerie describes, was implied by several participants, though not directly mentioned, almost as if the experienced loss of control is taken for granted. Orly wrote, "…the fact that you have no control. We talk about a state of loss of control today, in the Corona [pandemic], it's what we know…we've lost control over a basic capacity…"

Loss of control is an unpleasant feeling associated with anxiety and stress (Kazmi et al., 2020), yet participants made little mention of how they cope with these feelings. Ilan, for example, referred to participation in demonstrations against the government as an experience that, among other things, reinstated his sense of control (see section on Social Protest). In general, participants in this study did not explicitly report their own personal fears and anxiety, but they emphasized their clients' experiences of these emotions. For example, Gil generalized, "It seems that the Corona can lead to an increase in the anxiety levels of clients and therapists."

Martha, for example, recounted that one of the more typical phenomena she currently encountered in, in the Bowlby Center, which she manages, was the children's fears, and that in the zoological setting [in the Bowlby Center], children gain a better sense of control by working to overcome their fear of animals. Ziva similarly noted that, of all the emerging issues, anxiety related to the sense of uncertainty was one of the more prominent issues that demanded a group intervention in the psychodrama group that she facilitates:

"Here, [pointing to the first chair] sites anxiety. A sense of uncertainty. A sense that we wanted something but did not get what we wanted. Both in our studies and in general. We are in a place where we don't know what's going to happen next. What name to give this feeling.

> [It is] Something very chaotic that disrupted our everyday routine and turned it into something unclear and nameless."

The dramatic change in all facets of realty, and the experience of uncertainty and loss of control, undermine beliefs in conventional truths about the personal and professional self and about significant relationships. Participants noted that they were posing significant questions about key aspects of their own identity and the identities of other groups, including clients. As the pandemic caused a collapse of truths and norms and sense of control, participants questioned their true calling in life, their professional orientation, and their role in their family. Orit, for example, recounted that she reexamined her personal and professional identity:

> "I suddenly had very many questions about myself, about my professional world, about my personal world. All kinds of questions about what I've done until now and where am I going. Suddenly the thought of tomorrow was less important because nothing was in my control anymore."

Gil described a deep identity crisis in the field of education:

> "In the Corona period, two phenomena came to light. One, it's really not so terrible if my students "missed" material. Material can be made up in ways that don't require them to come to school, and in some cases they can go on without making up the material at all. The second phenomenon is the strong need to watch the kids so that their parents can go to work… these two phenomena emphasized … something that "turns the stomach" of any educator: The education system is necessary as a babysitter for the kids. This feeling was very perceptible during the lockdown and made it very difficult for educators because of the identity crisis that it created for them."

Gil believes that this crisis may drive schools to develop more significant learning, and especially more social learning. Dimona offered an example of such a novel approach, in her description of innovative methods for emotional and social group learning within the education system.

Participants also reported changes in their relationships with others, including their family members, and in the dynamics of those relationships. In several cases, the situation in Corona times yielded insights about changes in one's role in one's family, and strengthening the relationship between partners and within the nuclear family. Said, for example, said of himself, "In the Corona period [the first lockdown] …. I felt that it was a good time for me. It came to me as if to tell me, 'Said, look at your family.'"

Said described one of his clients as another example of this insight. The client, after many years of efforts to build up her professional status, discovered during the first lockdown that she felt best at home, with her family. Said wrote of his meeting with the client, with his responses in parenthesis:

> "… a woman's place is in the home…. I am independent. I earn a salary. I go out, I leave, but….for the first time I felt that my family … I was never in this situation … it actually gave me space to fell my family. I never had that [space] in my life."

In contrast to the cases in which relationships were strengthened by the pandemic, changing life circumstances sometimes exposed unfamiliar, and even repulsive, sides of close acquaintances and

others. Said offered an illustration that contrasts the first, quoting another client whose relationship with her husband was transformed and unsettled by the pandemic:

> "All the time, my husband sits at home like a king or a prince and merely gives orders – and that is also irritating…Said, the moment I leave for work, it gives me space to relax. To ventilate, talk with my girlfriends. Now, when I'm at home…. It's as if everything is under his camera [lens] and he tells me "Why were you talking so long?" "Who were you talking to?" …The problems that [the pandemic] caused were the opposite of what she had thought [would happen]. She thought that they would enjoy being together, the house would be a warm place, [but] she discovered things that she had not considered."

As this example illustrates, the intensity of being together in the lockdown sometimes changes the balance in a relationship and creates an opportunity to view family members in a new, perhaps more realistic, light, for better or for worse. Orit, for example, offered an example of an adolescent who might not have been referred to therapy in the absence of Covid-19:

> "… Suddenly when it's impossible to leave the house, and you can't stay in your room all the time… suddenly they noticed that he was very dejected, he was feeling very bad about himself, he was very disconnected from whatever was happening around him."

Since this study focuses on the practitioners' perspective, each of the examples represents an opportunity for therapeutic work and change (For more on the treatment opportunities that Covid-19 created and continues to create, see section on Treatment Opportunities below). From a broader perspective, disruption of the status quo during the pandemic, and specifically during lockdown, frequently leads to serious domestic crises that may include rage and violence.

Several studies published in recent months (e.g., Bhullar, Durkin, Gyamfi, & Jackson, 2020) focused on the increase in domestic violence incidents during lockdown in various European countries, and on the authorities' failure to control this trend. In Israel, no such study has been published, but the daily press in Israel has reported an increase in the frequency of domestic violence incidents. For example, according to the Ministry of Welfare the number of domestic violence cases in Israel increased 300% during the Corona pandemic in comparison to the previous year (Tamir, 2020).

A unique aspect of the Corona experience involves clients' self-image and their own feelings about their family members and their environment. Said offered a description:

> "…I became ill with Corona… I reached Taybeh in my own car, I stood outside my home … [my elderly parents] look at me from the balcony. I say a few words to them and leave. I can't go inside because I simply want to protect them. [My dad] calls me all the time so that I won't feel guilty. Really, I don't want to feel guilty…I constantly wish him well and pray that it will get better."

Similarly to Said who so poignantly shared how he doesn't want "to feel guilty," many clients are aware that the guilt they feel is irrational yet they continue to experience these emotions, especially with respect to close family members in high-risk groups. While no research on this topic has yet been published, it has been reported in the Israeli press (Smechayov, 2020).

In general, the situation's complexities and hardships are compounded with respect to one's close family members or friends in a high-risk group. The more we stay away from our at-risk loved ones in order to protect them, the more they are subject to the dangers of loneliness. Two participants reported initiating a support and therapy group for people in high-risk populations. Their forced isolation created a powerful need for emotional discourse, and in some cases technology proved to be a solution (also see section on Technologies, below). These groups include the group facilitated by Orna and Daniella with women over 80 in their local community, and Orly's group for stoma patients. In both cases, the therapists are themselves members of the community in question. Orna and Daniella stated that the participants in the older-adult group they facilitate stated that "loneliness is more of a threat to us than Covid." I was so moved by this declaration that I chose it as the subtitle of the entire issue.

In summary, the Covid-19 experience reflected in this study appears to be a non-realistic experience that combines loss of control, fear, anxiety, and stress, as well as potential loneliness, a threat that increases for members of at-risk populations. In general, Covid-19 fundamentally disrupts people's lives. The experience reflected in participants' descriptions certainly evokes a sense of "shattered lives."

The Technologies – Zoom, WhatsApp, Video, etc.

All the practitioners who appear in this issue addressed the use of technology in their psychological practice during Corona times. Even the interviews for this issue were conducted on Zoom. Even though most participants mentioned various difficulties they encountered in the use of technology, which are discussed in the section on Challenges for Patients and Therapists, the transition to a virtual platform was relatively easy for them because they all had some experience with the Zoom platform prior to the Covid-19 pandemic.

It is important to note that all participants, including myself, are connected to the Professional School of Psychology, where Dr. Haim Weinberg established a distant learning doctorate program for Israeli students and initiated the use of the Zoom platform as a basic methodology for learning and experiencing group work (Weinberg & Rolnick, 2019). As a result, participants' experience with remote treatment and learning modalities was much greater compared with the general population of practitioners in various fields of psychology.

Social distancing, which has been forced on everyone in Corona times, created an enormous need for intimacy in general, and emotional intimacy in particular. Primarily Zoom, but also other virtual platforms such as WhatsApp video, and even telephone calls, became everyday means of communication in general, including for individual and group therapy. Some people continue to resist the use of these technologies even more than six months after the outbreak of the pandemic (I will elaborate on this point below), yet most people have successfully transitioned to virtual platforms. In the absence of other alternatives, these are an excellent solution for addressing the communication-related issues of the Covid-19 experience, and especially the ensuing loneliness. Orly summed up this point as follows:

> "I keep on repeating this sentence to myself, that in times like these it is not the smart person who survives and not the strong person, but rather the person who is able to respond to change quickly and effectively. This group, and Zoom groups in general, offer a relatively

rapid solution to the changes, and people really don't have to remain alone. [they can and should] create their [own] interactions."

All the participants conducted both individual and group therapy sessions on Zoom. Orit described individual therapy:

"I would like to talk about the stages in which we didn't work in my office, we worked like we are talking now [on Zoom]. I had to create some significant, intimate connection through the camera. It was really a far from simple challenge. But a different kind of intimacy was created. [For example,] my patients know what my office looks like but I never saw their rooms, and they managed to create a lot of intimacy. They showed me many things in their rooms …. And they also showed me many texts that they wrote. Maybe, in some way, it was more comfortable for them to show them to a person inside a camera. I also felt that we created a kind of shared kingdom. Some kind of entity was created…"

As a member of a small group of therapists who organized for this purpose, Ilan works as volunteer, conducting remote individual trauma therapy sessions for people who were injured by police violence during demonstrations:

"As a therapist, I joined a small group that gives [remote] therapy to trauma victims who were injured as a result of police violence... the traumatic injuries that they experience…[it's] really complicated. The group actually offers 2-3 sessions of…trauma therapy…. to anyone who feels that they have some symptoms or problems hours, a day, or even days later, and they want someone to support them."

Participants also described their use of technology in group settings:

Ziva's experiences included teaching and guiding psychodrama in groups: "… on Zoom, in Zoom conversation …. I brought in two chairs. I brought my computer into the kitchen and placed two chairs there and said, anxiety is sitting here, and here is uncertainty…"

Judith started working on Zoom in all her work settings:

"…We wanted to take a moment to re-organize before we decided to return to our meetings. For one and a half months we met on Zoom and after one and a half months I rented another place. A giant space, a dance studio, and we've been meeting there since… When I worked on Zoom, I worked with everyone on Zoom. Both the therapeutic group and individual sessions, and the training groups."

Sheerie used the telephone or WhatsApp video with her clients in the outpatient clinic, and also held remote group sessions. Gil started to conduct his therapy sessions in all fields on WhatApp video: in his clinic, in public services, and in the education system. In her paper, Dimona described how she shifted an entire program to Zoom, involving the teachers and students in her group social education learning (SLE) program:

"…the pandemic and its far-reaching consequences forced a sudden shift to online group interventions, …The innovative **Synchronous Growth Model** … consists of two modules: a student-centered module and teacher-focused module. …The group facilitators discussed options for conducting the course during lockdown, and the majority decided to continue the meetings online. The facilitators raised concerns such as whether students from under-resourced communities could communicate adequately online, how to maintain the attention

of students with special needs and how to reframe group goals….The shift to online group meetings was successful. Most of the students participated in the group meetings; activities were designed for online environments; and group goals were modified from enhancing personal skills to addressing situations caused by the lockdown and uncertainty – focusing on relaxation, stress relief and anxiety reduction."

Orly set up a support group for stoma patients on Zoom:

"This group is a support group…After Passover Seder, we all tried Zoom, which I know about from my doctoral studies … This gave me the drive to then suggest a short-term group of 4-5 sessions …slowly but surely …. in the second and third sessions …. our sessions started to feel like real support sessions. Sessions had a growing sense of intimacy… The option for me [a group member] to join in and speak, and even if I think that no one understands me, in this group people can better understand me, my loneliness…"

And last but not least, Daniella and Orna organized a therapy-based support group for older women over age 80, which was active on Zoom for some time:

"Our group was born out of a need. During Covid, Dani and I really wanted to contribute to the community where we live, and we offered to organize a support group for people…over 80. The women in the group range from 80 to 90 years old…We worked on Zoom for a month and a half and then we shifted to face-to-face meetings."

Although the facilitators reported that the women in the group preferred to meet in person, I find it amazing that there was a strong demand for Daniella and Orna's group for women over 80, and that the group met on Zoom during the first lockdown period of six weeks. I think that the fact that the facilitators managed to work with a group of older women on Zoom suggests that the facilitators' confidence in working on virtual platforms in general and specifically on Zoom played a significant role in the group's success.

According to participants, during the pandemic virtual platforms such as Zoom and WhatsApp video are not only used for therapy work — for individuals, families and groups — but also as a means of communication and consultation among therapists who effectively were left without any support of their own, specifically in this period in which therapists were forced to use their resourcefulness and ingenuity to develop unconventional solutions for the practice. Martha recounted:

"In this case, Zoom was in our favorite because it allowed therapists to communicate among themselves, process emotions, and then bring it to reality, and we decided to maintain our ties with the children on Zoom. Here is whether the therapists' creativity came into play – each one adapted herself and her method of work to her specific clients."

Judith also described her own professional support group on Zoom:

"I used new things, from new perspectives, and I consulted with colleagues, which I typically don't do anymore, and we created a kind of training group for ourselves on Zoom. It was great fun. Things that I really haven't done in years – [all of us are] old wolves."

In sum, technology allowed all participants to practice as therapists, continue ongoing therapy sessions, and to treat issues that arose as a result of the new situation. Technological platforms filled the need for a variety of treatment settings: individual, family, and group therapy. Below I also address the challenges and the unique opportunities that these technologies created.

The Political Situation in Israel

The emotional experience of Corona, described above, consisted mainly of a sense of surprise, of a dreamlike existence, uncertainty, loss of control, anxiety, loneliness, and the unraveling of one's beliefs, relationships, and roles. This unique emotional state is also accompanied by economic hardship and social and political frustration. These three dimensions — emotions, finance, and politics — feed into and intensify each other. As noted in the introduction, the eruption of the Covid-19 pandemic in Israel coincided with a period of political instability after a series of three national elections without a decisive outcome. The Prime Minister continued to serve as a result of what was either a brave, naïve, or ill-advised decision by the leader of the second largest political party (which received the majority of votes in the election yet was unable to compose a coalition government) to work with the Prime Minister in a unity government rather than bring the country to its fourth elections during the pandemic.

The Prime Minister is serving under a cloud of controversy and is accused of grave criminal acts of corruption, while his partner, the alternate Prime Minister, is the target of bitter criticism from his supporters for his decision to cooperate with the Prime Minister, a decision they consider to be betrayal. The government's measures to address the pandemic incited public anger and frustration due to their lack of consistency and the suspicions that they were based on political rather than health-related consideration, and triggered a grave trust crisis in which all population groups feel injured by the government's disregard of their needs and values. Ilan accurately described the situation:

> "We are in a wild trust crisis between citizens, residents, individuals — and everyone else who is higher above on the chain. And there is some kind of feeling that decision making is not being handled professionally, and in the best-case decisions are based on political considerations, and in the worst case – they are merely whims…"

At the other end, Daniella and Orna reported the feelings shared by their group of older women, who had many complaints against the regulations and especially the obligation to wear masks. Orna and Daniella, the facilitators, decided to use the masks for creativity and elaboration, and in the following session proposed that group members would use their ordinary COVID masks to create festive masks with which they performed a masquerade:

> "To settle the score with these masks or what they represent. The mask is a representation of what they have been going through recently … one of the women in the group designed a mask that clearly referred to the political situation in Israel. [Her mask represented the feeling] of not being heard, and they [the authorities]don't even want us to voice our concerns, and she created the mask according to that. With x's and … the colors were very dark. I am saying it's not only … Covid, it's also what's happening around us in the environment. By the way, certainly some of the themes that arise and recur in many sessions concern the political situation in Israel. Uncertainty, anger, yearning for a place that once existed and is gone. And then, everything mixes together…"

The descriptions by Ilan and by Daniella and Orna are consistent with findings of Maor et al. (2020), who described the government's lack of credibility and partisan decision making in the early stage of the pandemic. Moreover, their article was written in May 2020, when Israel was in an excellent state in terms of controlling the pandemic. Between May and November, however, the situation in Israel deteriorated to the point where a second lockdown period was declared. The public's despair

deepened. The government's decisions, designed to lower infection rates, exacerbated people's sense of loneliness and economic hardship. The anxiety and uncertainty triggered by the early phase of the pandemic were aggravated by economic strife.

Frequently reversed decisions heightened the sense of uncertainty and mistrust, and health-related instructions were increasingly interpreted as the whims of an undependable ruler that should be rejected. In Daniella and Orna's report, masks represent people's government authorities that are the cause of the anger and disappointment. Their group members' anger is channeled to the desire to "settle the score" with the masks. Emotions such as these led to the wave of social protest on which I elaborate below. From a societal perspective, the social protest can be seen as an expression of the desire to "settle the score" with the government officials in power.

Challenges for Patients and Therapists

Covid-19 caused changes and created hardship in all areas of life, including psychotherapy. The new social distancing guidelines had a dramatic impact on familiar therapeutic settings, as Judith described with reference to her private clinical work, and how the crisis completely transformed her therapeutic routine:

> "Our first [group] meeting (since Covid erupted) took place with masks. It was very strange. It was very different — both in the discourse and in the tension, what was allowed, what was forbidden. It more or less shuffled the cards and the setting."

Therapists in the public healthcare system were also forced to deal with dramatic changes, as Sheerie described:

> "Hospitals were forced to adjust, adopt and adapt to the Ministry of Health's ever-changing regulations in the COVID-19 wave. All outpatient groups have been stopped, and patients have received one-on-one interventions only. At the same time, inpatient group are minimized to small, four-person groups that must maintain two meters of space from each other."

Some clients left therapy altogether, which affected therapists' workloads. In her interview summary, Judith described why several new clients left therapy:

> "It is also interesting to note that in my clinic, new patients "declared a break" and actually dropped out. … Moving to Zoom made it so much more complicated to create safe space for them. In addition, the Covid19-related economic anxiety also contributed to the decision to quit treatment."

Others, such as Martha, reported continuity of treatment, especially after the end of the first lockdown:

> "After lockdown ended, the therapists at the Bowlby Center joyfully returned to therapeutic work in the zoological setting yet were overwhelmed by uncertainty regarding who would be returning and who would not continue. First to return were most of the children. This speaks to our connection [with them] and the importance of the field in their lives."

There were also many patients who came to therapy with a deep intention of doing the work. I elaborate on this point below, under therapeutic opportunities.

The challenges mentioned by participants can be generally divided into two categories: challenges related to technology, and challenges related to the psychological and health-related aspects of the pandemic.

Challenges Related to Technology

Some clients resisted the use of virtual platforms, and some don't use the Internet at all. Ziva, who works with single women from the Haredi community in Jerusalem, stated, "Several of my Haredi women [patients] don't even have an Internet connection."

Gil also described the fundamental objections to Internet use and referred to the educational settings:

> "…Here in Jerusalem, where I work and live, many educational institutions are religious. This led to a new conflict between objections to technology and the Internet, and the need to use the Internet and video for remote learning. Quite a few teachers did not have WhatsApp for the same reasons, and the new dependency on websites, video, and WhatsApp created a considerable crisis. Internally and practically. [For these educators] one of the basic principles is to promote unmediated communications in general, and specifically to distance themselves from social media and the Internet, [yet] these educators were forced to use social media and websites that offer videoconferencing in order to communicate with their students, and at the same time they were forced to deal with their students' questions about the use [of these tools], and what was no less difficult — with their own internal questions related to this dilemma."

Several patients had trouble working with virtual platforms, especially video-based platforms. Orit reported that "some clients adamantly refused to work with a camera. Under any circumstances."

Sheerie spoke of one of her clients in the outpatient department whom she contacted on the day of the group's scheduled session. "She asks me to keep it only on voice call; 'No video,' she says".

Other clients and therapists who lacked a computer used their smartphone to participate in group sessions, despite this tool's limitations for Zoom and WhatsApp video calls. Gil described the situation:

> "I and most of the therapists I spoke with conducted their sessions holding their mobile phone in their hand, and over time I discovered that this involves a (rather large) blind spot: our failure to seriously address the technical issues that impact our ability to feeling the other person's presence, even through their body language, [these things are] affected when you work on video, and certainly when you work on your mobile phone (which you have to hold in your hand throughout the therapy session)."

Several participants reported that remote therapy affects the dynamics of the therapy session. This was especially prominent in group work. Several participants reported that discourse in the virtual groups was shallow. Gil attributes this to the fact that group sessions are conducted on smartphones:

> "The fact that most participants stayed home and joined the session on their mobile phone, was a serious impediment to group interactions, because not everyone could see everyone else. This led to the development of large group's typical dynamic within a small group process. The topics were more "basic," such as men/women, us/them, etc., and were not specific or [related to the] interpersonal relations among group members themselves. Interactions more [frequently] took the form of alternating monologues. The effect was

completely flat and was reflected in extremely long periods of silence or a peak in the form of a very emotional discussion in which participants were on the verge of losing control…. It should also be noted that even when there were no technical problems and everyone was present, it was very difficult to manage "group discourse" due to the impaired dynamics, where each person had to speak separately, and when one group member interrupted another (even in error, because she thought that the speaker had finished), this cut off the national flow [of the discussion]. An increasing number of group members chose to be passive. It seems that groups were less able to support an "independent center of initiative," as Kohut taught us."

Judith also encountered "flat discourse," even when sessions were conducted on PCs and laptops. She described the phenomenon in her interview summary:

"… it was often difficult to motivate the group to e-motion, to real action. As if we froze behind the screens, missing the human and emotional, intra-personal and interpersonal encounter. However, and this is an important reservation, despite the difficulties, we succeeded to work…The Zoom did not allow spontaneous discourse. I noticed a minority of conversations between the group members. I found myself encouraging the participants to relate to each other and give and receive feedback, much more than usual".

Therapists also expressed some resistance to using Zoom, even in groups that had some prior experience working with Zoom and had a relatively large degree of openness to remote psychotherapy work. Yehudit courageously described her feelings in the early stage of the pandemic:

"I came with a fear of [working on] Zoom. I came with a lot of reluctance, both conscious and unconscious, about handling Zoom and initial attempts to impose my [psychodramatic] techniques on something that I didn't think was going to work…"

Gil also explains:

"I should note that I have been conducting therapy on video for several years. Mainly with clients who live far away. At first I objected to therapy on video because I didn't feel that it could offer us the ability to feel the connection, which is necessary in therapy. But, over the years I learned that if we have already met and experienced therapy face-to-face, considerable parts of the therapy can be conducted on video with good results. I should note that in the Corona period, this was the first time…that my entire practice in my private and public clinic was [conducted] on video."

Gil elaborated on his challenges as an individual and a professional dealing with the new situation and with all his tasks at home and work through the complicated experience of continuous work on video:

"In this period, I was also in a different emotional place. Beyond my feelings revolving around the changes in everyday routines, which we all experienced, my own conduct in my clinic was fundamentally different. All day I sat in my office alone, although my patients were on video, but I mostly felt alone. This weighed on me, and I think that I was more sensitive about the issue of my clients' loneliness because I myself experienced loneliness. In addition, the sessions become more "business-like." The absence of the inviting smile in the waiting room and the lack of time clients spent in the clinic kitchen affected the emotional tone of the sessions. At first I thought that this was positive, because there was less escape

into the defenses that the setting afforded, but in practice, it had an adverse effect on the intimacy and sense of comfortableness… All these things also affected my fatigue from the video conversations. I ended a day of therapy depleted of all my strength, I felt both physically and mentally tired, not like I felt on my days of face-to-face therapy."

In remote therapy work, clients were located in different places rather than in the familiar therapy room where the therapists typically continued to work. Gil describes this as another challenge:

"In addition, clients sat in a different place. They no longer sat on the couch in the clinic, but tried to find an intimate space in their home where they could conduct a video conversation (which was challenging in itself when other family members were at home). The interesting thing was that women were inclined to meet me in their bedroom while men chose sites outside the home (primarily in their car, parked near their house). Of course clients' location and their sense of intimacy and security also affected the sessions themselves, and their content, but especially the transference, and feelings of insecurity, hesitance, and anxiety."

Sheerie offered a picturesque description of a remote group meeting whose participants had already become somewhat accustomed to working in the new circumstances.

"During the third week of lockdown, we managed to meet on WhatsApp video. It felt as though they were prepared better this time, wanting for this session to succeed. "E" with her young kids smoking in her kitchen, "D" has found a quiet room with reception, and "M" in her own kitchen."

Remote therapy work appeared to create quite a few challenges for people who lacked sufficient experience or skills. However, it seems that many professionals in the field of psychology in Israel transitioned to remote interventions, and this was especially true for the group of professionals who participated in the current study. This study clearly illustrates how the participating professionals used their resourcefulness and creativity to make a rapid, successful transition to virtual platforms. As Weinberg and Rolnick (2019) argue, it is possible to conduct significant remote psychological interventions using technological means, but this requires that professionals address their own internal resistance to change, and acquire experience and receive proper training.

Challenges Related to Health and Mental Health issues

First of all, according to government guidelines, clients must wear masks in face-to-face sessions, which makes it difficult to develop intimacy and impedes fluid communications, as Daniella and Orna described:

"They can't stop talking about the masks. How much they bother them, and how difficult it is in the group…. And some of them also don't hear well… so this whole business with the masks was very disconcerting for them."

In addition, participants in group sessions are required to maintain a distance and avoid any physical contact, as Judith noted, "The difference is… that today… in Covid… the hugs were virtual."

In many cases, a new space was required to continue the therapeutic "routine" under the new guidelines. This was obviously a significant challenge for group work. Therapists were forced to demonstrate resourcefulness, flexibility, and creativity. An excellent example is described by Sheerie, who is referring to her movement therapy group with patients of a psychiatric hospital:

"I decided to maintain the group and change groups' location to the basketball court outside. It is springtime, and the weather is comfortable… I have my mask on; it is not easy to breath and move. We get together in a circle, music in the middle, a person (patient from another unit) looks at us. Others lie down on the grass, stating that they are tired from the morning medication, while others want to go back to the unit as they feel weak. How do I start? …. I guided them to breath in and out, inhale and exhale while the attention was on the rhythm of the breathing, like the body playing music that they are aware of how no music is being played. The breath was like waves that can move away; thoughts were not ignored but rather put aside and breathed away…. In fact, we skipped from stage one of the model to the last stage and engaged in a breathing exercise. The reactions were good; they did not manage to verbalize their experience, yet their body seemed less restless, they all stayed together, breathing, looking up to the sky to the trees above, quietly loosening up."

With respect to the contents of therapy, it might have been expected that more therapeutic attention would be devoted to the emotional experiences of Covid and especially the anxiety that it evokes, in addition to masks and social distancing. In fact, most participants reported less direct work on the Covid reality. Martha described this as follows:

"The entire team mentally prepared themselves for how to treat regression, how to talk to children about fears, about what was going on at home. We were all surprised that, when they arrived [at the zoological setting after the lockdown ended], the children were not inclined to talk about what was going on at home…I saw it in the children's eyes, eyes that darted across the animals' enclosures…what they wanted was to connect with the animals…and they re-connected as if these two months were erased, and therapy continued [according to the therapy plan defined before the pandemic], and that was something that surprised us all. I would say that this was a case of positive dissociation."

In the Covid era, it is interesting to note that one of therapists' challenges is the new sense of "shared destiny" of clients and therapists: Both clients and therapists are affected by the threat of Covid, all are forced to deal with dramatic changes, and share the experience of existential and economic anxiety, and personal and employment instability, among other things. As Judith commented, "this is a challenging time, a very challenging time for me."

Gil's quote above demonstrates how the shared feeling of loneliness and intensity of changes in daily life changed the therapist's attitude. In Gil's case, the effect was a positive one, as he felt more empathic to his patients. Gil concluded that "…Therapy sessions were affected by the interaction between Covid's effect on them and on myself."

That is to say, beyond the individual differences that affect therapy, success in therapy was largely dependent on the mental state and resilience of both parties — therapists and clients — and their ability to cope with the situation. Although a sense of shared fate contained another challenge, but it is possible that, as Gil wrote, it also afforded an opportunity for more precise empathy for clients. Orit also addressed the issue of shared fate from the perspective of loss of control, and she explained by describing how she uses the same techniques to help her clients that she uses for herself. Orit stated that the use of fantasy and long-term goal-setting helped both her and her clients overcome their sense of uncertainty and loss of control:

"Suddenly, thinking about what will happen tomorrow was less important because nothing was in my control. Therefore, one of the things that happened to me during Covid is that I started to work on projects and think about things that would happen one year or two years in the future. I wrote one book, and then another. I mean, all the time my idea was to think on a much longer timescale. Because everyday reality was so unclear, I decided to fantasize…It's exactly what I always try to do in the therapy room, and certainly during Covid … It's like ignoring the bumps and gazing into a much distant future. This is also true for the clients I worked with during Covid. We set very, very distant goals, even unrealistic ones."

This period created many new challenges, both for patients and for therapists. To sum up the theme of challenges, it is important to note that no research has yet been conducted on the challenges that Covid-19 has posed for professionals in the field of psychology, and this is a very important topic for future research. In addition to technological challenges and health-related challenges, this study found that therapists not only were involved in therapeutic work that directly addressed the Corona experience (e.g., anxiety), but were also engaged in deep therapeutic work focusing on the psychological issues that of the Corona experience evoked. In a large number of cases, the social and personal dimensions of the Corona experience created an opportunity for significant work on critical personal issues whose significance extended far beyond the circumstances of the pandemic. I elaborate on this point and on the corresponding processes of therapists and clients in the following section on treatment opportunities.

Treatment Opportunities

First of all, several participants in this study noted that they received more new referrals in this period than usual, an outcome they attributed directly to the Corona situation: Orly and Daniella and Orna experienced a surge in the demand for their support groups, and Ilan also reported a strong demand at the short-term trauma center for individuals who experienced trauma as a result of police violence during social protests. Self-referrals were mainly initiated in response to needs created directly by the Corona experience, although several participants mentioned new clients who came to therapy for fundamental work. During the pandemic and especially during and immediately following the lockdown, these individuals had gained a new perspective on their lives and issues, and were more able to devote efforts to significant, deep-rooted problems that did not necessarily stem from the Corona experience. Orit described this:

"In addition to the more typical "emergency" referrals, which I get many times, this time [Corona time] I actually received referrals of people who didn't really know how to respond to this [Corona experience] but from this lack of understanding they started to think about themselves, they started to deliberate. They started to talk, [and this process led them to therapy]."

The need and the imperative for alternative communication platforms for therapy created opportunities to overcome the therapists' and clients' resistance and convince them to try virtual therapy.

Said describes how these barriers broke in the population of Arab women:

"Arab women have a problem …it's difficult for them to speak on the phone or on Zoom … First of all, in terms of ….[making sure] that their husband doesn't catch them…. on the phone, which would be a problem, that she supposedly is speaking with a man, because it's difficult ... for them to understand that she's in therapy …. In Covid, I was surprised to

> discover that they were also willing to meet on Zoom…and on the phone. It was really …amazing. And even now [after lockdown is over] I am doing [meeting] by phone and on Zoom. Once, not a single woman was willing [to try that], but today…they're willing."

Said's description of Palestinian women offers an indication of the changing norms of virtual therapy work in Israel's population in general. Dimona also reported a very high attendance rate in the SEL group that she conducted on a virtual platform during the pandemic. She wrote:

> "In the group counseling sessions of the group-facilitator course, the **attendance rate** was 95% …. Participants described the weekly meetings as "an island of sanity" during the difficult period of lockdown and restrictions. The student-meeting **attendance rate** was 85%. Most participants showed up to meetings on time (tardiness was due at times to poor connectivity). Yet, while dropouts are common in face-to-face programs, no students dropped out of the online program."

Gil also addressed this issue:

> "To my surprise, most of my clients shifted to a video-based setting rather quickly and easily… One of the most interesting phenomena was that quite a few introverted clients, who have intimacy-related issues, expressed greater openness on video. One possible explanation is that the sense of distance created by the video functioned as a kind of "shield" that allowed them to get closer to the materials."

Despite the challenges described in the previous section, most therapists and clients apparently transitioned to virtual platforms with considerable ease. For some clients, virtual meetings afforded greater intimacy and openness, as Gil described. Moreover, in some cases, the use of technology affected relationships and clients' engagement due to individual differences in technological skills and in personality. Dimona reported that this was the case for the members of her SEL group:

> "Some participants performed differently while meeting online than when face-to-face. Some commented that the virtual environment enabled them to interact within the group while others argued that the setting was restrictive. The course evaluators believed that these behaviors were influenced by personal characteristics such as openness and intimidation. Moreover, as described earlier, online group meetings enabled individuals to enhance their social skills to better engage in the process."

Judith, for example, referred to the changes in therapist-client relations in her interview summary:

> "Sometimes, I felt like reversing roles with patients who "controlled" the tool better and helped me. In a way, it felt like losing my 'parental' position. On the other hand, it gave a lot of strength and satisfaction to my patients, especially the younger ones."

Role reversal is also evident to some degree at the general societal level. During the pandemic, metaphorical children-father relations changed: We typically look toward our metaphorical father — the state and its institutions — to protect and support us, and guarantee our security. However, during the pandemic, general disappointment with the metaphorical father in Israel evolved into a leaderless social protest (see below in the section on Social Protest).

Assuming personal responsibility is one of the treatment issues that emerged in this period and created an opportunity for change. Many participants discussed issues related to change and personal responsibility in their clients and groups. Dimona, for example, wrote:

> "For some students, this period was an opportunity to flourish as they took upon themselves roles in organizing the meetings and reminding their peers to attend meetings on time."

Gil also described group work that resulting in group members assuming responsibility to initiate contact with other group members in need.

It is also interesting to note that, in many cases, the issues related to the Corona experience that arose in individual or group therapy served as a trigger and lever for deep individual work. Most important of these issues is flexibility — of therapists and clients both. The Corona crisis imposed many changes in people lives that required adjustment and adaptation. It is possible that the need for change and flexibility to cope with the constraints of the situation allowed people to reexamine and modify their regular behavioral patterns, and adopt a more fluid attitude and approach to life. Gil accurately described this opportunity:

> "The tension between flexibility to boundary maintenance is especially exacerbated during the lockdown. There was an enormous need to make changes in clients' scheduled sessions: mothers…students… the therapist's own personal daily schedule changed due to the need to care for family needs. The challenge of the conflict between flexibility and boundaries is a treatment opportunity to experience uncertainty and cope with this axis in life. This is also the case with respect to anxiety and loss of control, [which also constitute] treatment opportunities."

Ziva discussed the corresponding work that she and her client did on the issue of flexibility:

> "…I thought to myself that [as a therapist] I am very rigid. I don't do anything that is against the rules… I feel that this is an important point. I feel that there is really some kind of rigidity in this specific client [an unmarried Haredi women, who, during the first lockdown, decided to explore the Internet for potential partners for the first time] …Especially in these times and in [our] capsule, you get this feeling that something is closing in on you…suddenly it afforded a kind of flexibility. For her, too."

Another manifestation of change related to therapists' flexibility is described in Gil's contribution. It seems that therapists developed greater openness to the use of alternative virtual media, when the need arose, even after the lockdown ended. Gil discusses how therapists developed much greater flexibility regarding changes in scheduled sessions and in the transition to virtual platforms as a solution to the restrictions, even when face-to-face meetings were permitted:

> "One interesting phenomenon is that after the lockdown when we [in the public sector] returned to regular face-to-face work, whenever a session was cancelled because the client or the therapist was unable to physically come to the unit, it was understood that the session would be conducted on video. That never happened before the lockdown… There were also efforts (by therapists and clients) to change the setting… for example, to schedule an alternative session on video in the evening, which would never have been considered an option before the lockdown. At some point it seemed appeared that the public service might even improve as a result of the Corona crisis."

On the other hand, in some cases, the personal materials that emerged were symbolic representations of societal phenomena. One example might be participants' reports of work on personal loss. This was described by Daniella and Orna and by Orly, who wrote:

> "One participant paid a very high price for being a stoma patient. She never married or had children. Her participation in the group made it possible for her to grieve over this a little … I think that the internal and external become intertwined in this period. People are constantly talking about loss of control, which for us [stoma patients] is an element of [daily] life."

Patients' decisions to work on the significance of loss in their personal lives also represents a societal phenomenon: After all, the pandemic era is not only characterized by loss of control, but also loss of trust, loss of economic and health security, and loss of the cultural and artistic components of personal and public life..

Treatment opportunities featured prominently in the materials analyzed in this study, and this theme is a fascinating topic for future conceptualization and research. Both Dimona's paper and the paper by Donitsa, Schmidt, and Ramot (2020) address the opportunities for remote interventions in the field of education in Israel, yet further research on this issue in the general therapeutic context is warranted. One example of such research was conducted by Stefana, Youngstrom, Jun, Hinshaw, Maxwell, Michalak, and Vieta (2020), who consider the Covid crisis an opportunity for clients diagnosed with bi-polar disorders.

The main treatment opportunities that were identified in this study refer primarily to the use of technology for remote interventions, which opens up new, as-yet under-researched options. Research on technology use in therapy encompasses many dimensions, including the professional's position, qualifications, and experience; the client's technological literacy; various technical aspects of the features of the technology and methods of use; and others. The findings of this study highlight that individual differences play a powerful role in this context, and will probably attract research attention in the future.

The findings of this study also indicate that the Corona experience may heighten clients' awareness of pre-existing issues that the individual may now be ready and willing to address. Moreover, the complicated reality offers opportunities to develop new coping skills with respect to key issues such as personal responsibility, flexibility, and coping with anxiety and loss of control, which are prominent components of the Corona experience. It is interesting to note that the participants in this study identified opportunities for change both for their clients and for themselves.

Social Protest

A wave of social protest commenced in Israel in early summer 2020. This protest is different from anything known in all of Israel's years of existence, including protests in the previous decade. Ilan described the situation in his contribution:

> "First of all, young people joined the active protests. This was very different from our own protests. Very different. Their protest taught me a lot — I love them. We [the elder generation] come to protests that are organized, and where you need a speaker on a podium, and some retired general to explain how people should conduct themselves. But here, they are bringing something chaotic, something that's sometimes joyful, with no leadership. And it's just amazing to see this wonderful activism. How you can both be happy and work for a certain goal. It really gave me a lot of satisfaction to support them and help them."

It seems that the most prominent feature of this social protest is its multigenerational character. Younger and older people come to the demonstrations and respect and create space for the young style of protest and absence of explicit leadership. I believe that the colors of the flags they wave reflect the protestors' diversity: On the one hand there are blue and white national flags that express protestors' basic allegiance, which is supposed to be the common denominator of the entire public and its leaders. Alongside them are the black flags, which represent more mature activism that grieves the loss of democracy and also perhaps the loss of the values that once represented the Israeli ethos. They also represent what the seniors in Daniella and Orna's group described as "yearning for a place that no longer exists." Alongside these are the pink flags and balloons, mainly held by younger protestors. These symbolize the aspiration for a positive "rose-colored" future. All the other groups view them with affection, and make room for them.

Beyond its political goals, the current social protest serves several needs that are directly related to the Corona experience, such as the need to feel significant and effective, and thus constitutes a way of coping with the sense of helplessness and loss of control that people experience. As mentioned earlier, participation in the social protest is one way of coping with perceived loss of control at the individual level, which is exacerbated by the political leadership's perceived loss of control and their failure to effectively manage the crisis. Ilan described this:

> "In some sense, going to a demonstration is taking your destiny in your hands and feeling that at least I did my part. Confronting this thing, this craziness, and this systemic disruption, I know that I walked out with my sign and said "No more." … I think that this is a kind of experience that creates some order. These demonstrations are a step in the opposite direction of sinking into despair. There is something very fortifying about them. Very invigorating…"

Role reversal, or at least a rebellion against the metaphorical father, involves grief and renunciation of authority, but it can also be interpreted as assumption of responsibility at both the societal level and the personal level. Ilan offered an example of how the protests increased after every incident of police violence against protestors:

> "Every time police violence occurs, the protest only grows stronger… Without warning, the police created a situation in which people were enclosed in a certain area with no exit, and then drenched with water or pushed without reason or decision…You might think…that people would be scared. But…I don't see fear…the problem is not the police but… the person who issues those orders."

Furthermore, it seems that when a social and cultural vacuum exists, protests constitute a legitimate social and cultural meeting place, within a situation that prohibits or restricts social and cultural meetings and even contact between family members. Participation in demonstrations is the opposite of social distancing, dissociation, and isolation. In a fundamental sense, social protest is expressed not only through participation in demonstrations but even in the refusal to obey incoherent orders or instructions that are politically motivated and not based on medical considerations (see reference above to masks in Daniella and Orna's group). We can only hope that this topic will be conceptualized and researched in the future.

Hope

The final theme identified in this study is hope. According to the participants, the tension between despair and hope is a very salient component of the Corona experience. The pandemic evokes despair, yet also hope and empowerment. This contrast creates a key theme that features in

therapeutic opportunities and in the social protest in Corona times in Israel. Martha illustrated this in an example from therapeutic work with a sight-impaired child, where the treatment message is "Don't give up!"

Several participants believe that creating hope and empowerment in the current circumstances is their special power. In the spirit of Yalom's 11 therapeutic factors, Judith viewed her optimism and the hope she brings as the secret of her professional success, even when the challenges of the current situation are unbearable:

> "Optimism and hope have so much power, and they prove themselves [to be effective] …in the end…we got through it! .... but I continuously held on to this optimism …the more I build up my own strengths and self-efficacy through creativity, spontaneity, and authenticity – it works!... the hope I plant is like Yalom and his 11 factors."

On this approach, a significant part of the therapist's role, especially in the current period, is to raise clients' hopes. In some cases, however, therapists themselves are inspired and gain hope in the course of their therapeutic work, as Orna summarized:

> "One's connection to passion, creativity, and play…. does not disappear after age 80. You just have to give it a platform. You have to imagine it; and this gives [me] a lot of hope."

Hope is also an integral component of the social protest, which perhaps functions as a type of self-emergent complex system-wide intervention, as Ziva described:

> "The demonstrations against the situation…are located 10 minutes from my home…and the thing that … became clear to me during the pandemic is the right to shout. Suddenly I understood that the right to shout is an important right…I looked around and saw people from all four corners [of the country] and all styles. No one was labeling or categorizing anyone, and I thought that this was the only way that there could be hope. When we don't categorize people and when we let people shout out their pain."

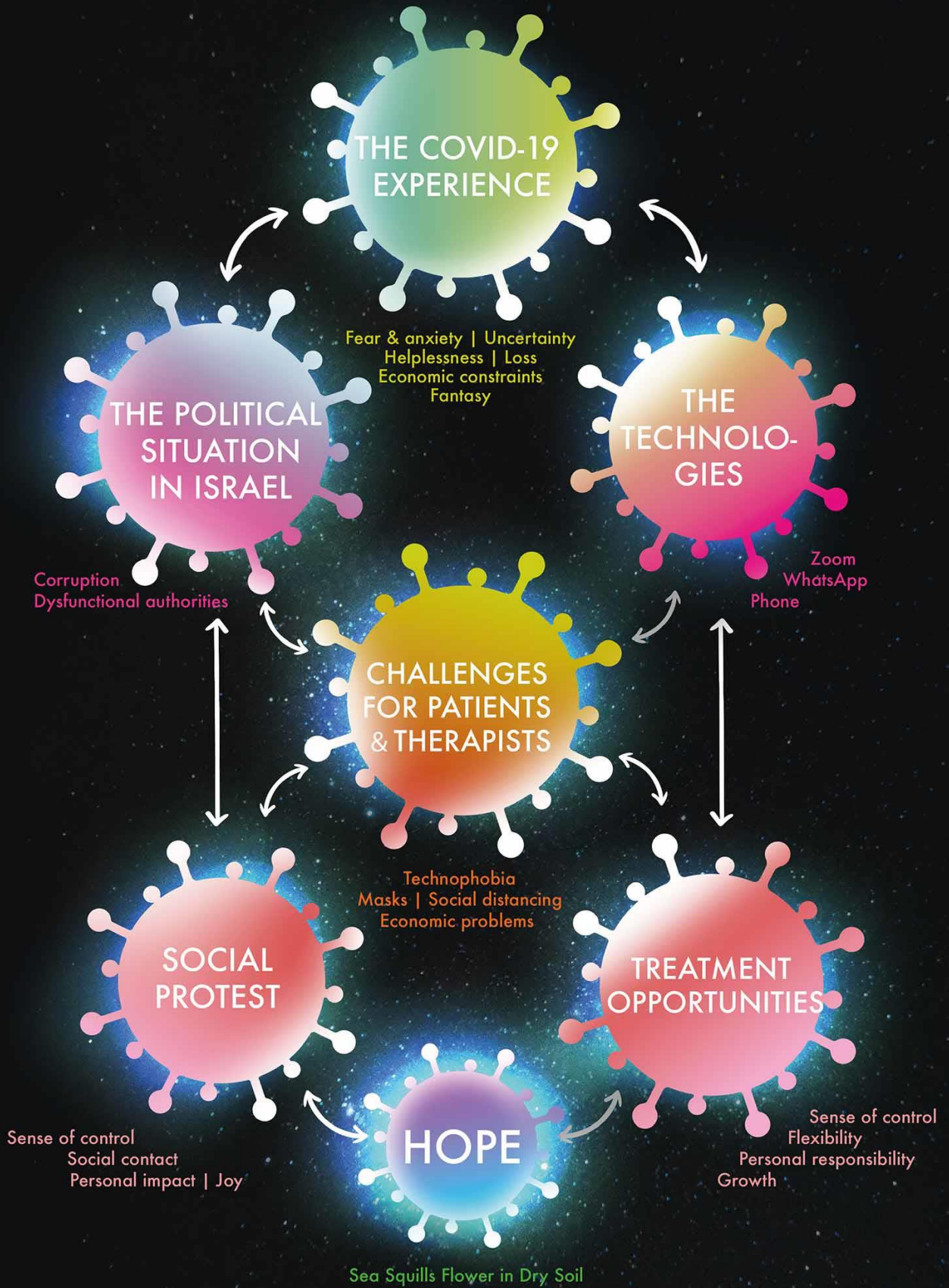Observing and attending demonstrations creates a hope of a better future. As Ilan noted:

> "From my perspective, the fact that it's already more than just a few isolated groups…. 100-200 people in Petah Tikva who are saying "Enough!" Now there are tens of thousands of people who are taking to the streets every week. In my opinion that changes reality. And reality changes, I don't know how. I have no idea what's going to happen next. I'm there in the street with this crazy humidity and crazy energy."

Like some demonstrators, I prefer to view the social protest and demonstrations as an expression of hope. This is the reason I decided to use words from Ilan's summary ("Squills bloom in dry soil – Believe it, it's happening!") as the subtitle of this article. Perhaps like the squills, whose beautiful blooms herald the winter rains, the social protest signals a favorable change in Israel's social reality.

The Model – Psychological Aspects of Corona Times in Israel

Figure 1, Psychological Aspects of the Corona Times in Israel, presents a model of the main themes and their interrelations that were identified in this study and discussed above, based on an analysis of the interviews and articles in this issue. This section summarizes the themes and emphasizes their interrelations.

PSYCHOLOGICAL ASPECTS OF 'CORONA TIMES' IN ISRAEL

THE COVID-19 EXPERIENCE

Fear & anxiety | Uncertainty
Helplessness | Loss
Economic constraints
Fantasy

THE POLITICAL SITUATION IN ISRAEL

THE TECHNOLO-GIES

Zoom
WhatsApp
Phone

Corruption
Dysfunctional authorities

CHALLENGES FOR PATIENTS & THERAPISTS

Technophobia
Masks | Social distancing
Economic problems

SOCIAL PROTEST

TREATMENT OPPORTUNITIES

HOPE

Sense of control
Social contact
Personal impact | Joy

Sense of control
Flexibility
Personal responsibility
Growth

Sea Squills Flower in Dry Soil

As the model shows, the first three themes —the Covid-19 experience, technology, and the political situation in Israel — are interrelated and constitute the three main dimensions of this systemic crisis. This first three themes of the crisis created challenges for both patients and therapists, who employed talent, creativity, and resourcefulness to overcome these challenges, as Sheerie concluded in her article: "…. creativity and 'thinking out of the box', were the main healing factors identified as essential for coping with the strict hospital regulations related to groups."

The practitioners who participated in this study demonstrated significant creativity and resourcefulness in responding to treatment challenges and encouraging new therapeutic opportunities, which is the fifth theme. It is interesting to note that already Vigh (2008) argued that we need to see crisis as a new kind of 'context' -a terrain of action and meaning rather than an aberration. However, the crisis also triggered societal forces and social protest in Israeli society, which is the sixth theme. Treatment opportunities and social protest represent what appears in this study to be the most important theme of this era, which is hope. Treatment opportunities foster hope at the individual and group levels, while the social protest provides hope on both the individual and systemic levels.

Conclusions

The effects of the current Covid-19 crisis differ from what we already know about coping with crises, and the research on its psychological outcomes is in its infancy and focuses mainly on fear and anxiety. The complexity of the Covid-19 crisis is partly due to the fact that it is a multi-dimensional crisis that not only affects the individual, community, and social levels, but also has implications for a broad range of fields including health, politics, and the economy, all of which are reflected in the psychological aspects of the Corona experience. The Corona experience is characterized by basic emotional responses such as fear and anxiety, which are accompanied by stress, helplessness, loss of control, surprise, loneliness, and sense of a fantastical reality.

The Corona experience changes previously existing equilibria in relationships within families, communities, and social groups. The Covid-19 outbreak added extra entanglement to the already complex political situation in Israel, while existing technologies for remote meetings offer an effective platform that resolves imposed loneliness and isolation. Despite difficulties and challenges, all participants in this issue used a variety of technologies, mainly Zoom and WhatsApp video, to continue existing treatments and start new individual and group interventions.

The first three themes identified in this study —the Corona experience, the intense use of technology for remote interventions, and the political situation in Israel, create new challenges for therapists and clients, and expose new individual differences. At the same time, the crisis created opportunities for change and growth for both therapists and patients, especially in areas of flexibility, control, anxiety, and personal responsibility. The chaotic political situation in Israel triggered a wave of intergenerational social protest , through which people take responsibility for their lives in an effort to make an impact on society, find some sense of control, and feel joy and empowerment. These two parallel themes provide hope for a better life: new treatment opportunities offer support and hope at the individual level, while involvement in social protest and activism is designed to make an impact at the societal level.

This simple GT model offers a conceptual framework that describes and explains the main psychological aspects of the Covid-19 crisis in Israel, and their interrelations, as expressed by the participants of this issue. It is a novel conceptualization of Covid-19 in general and in Israel in

particular. The model offers a better understanding of the familiar phenomena that we are all currently observing and experiencing. As practitioners in various fields of psychology, we believe that better understanding is important for better coping. Since the research in this area is so young, published findings are still sporadic, and at this early stage of research, this model offers a preliminary conceptual platform for more integrative research and conceptualization in the future. One of the aims of this study is to encourage future research in this area. Since this journal addresses practitioners, I hope that this model will inspire future research to identify additional connections between theory, data, and practice.

This study offers many ideas for future research, which can be found throughout the text above. I would like to list several ideas, to illustrate the broad scope of the work ahead:

- Enhance our understanding of the variables that affect well-being versus stress and despair in Corona times.
- Develop and evaluate different treatment strategies for this situation, especially for common and acute phenomena like loneliness.
- Map the variables that affect remote treatment processes and treatment outcomes. This map should include technical variables, skills, interpersonal differences, intervention modalities, and other factors.
- Deepen our understanding of the "shared fate" experienced by therapists and patients in times of crisis such as this. Conceptualize and evaluate the best ways to channel parallel experiences to benefit treatment.
- Test conventional truisms regarding treatment boundaries and question their effectiveness and implications during crises such as the current pandemic.
- Analyze motivations for participation in the social protest and their therapeutic impact on individual and societal levels.
- Conceptualize emerging styles of leadership based on networking, compassion, personal responsibility, and social responsibility.
- Extend research on hope and its specific features in Corona times.

I would like to conclude this study with some critical thoughts. This study was written in autumn 2020, during Israel's second quarantine, and working on this project gave me a personal sense of significance and vitality. My emotional involvement may have exceeded the recommended scope for phenomenological study. One effect of my over-involvement is the identification of two themes (the political situation and the social protest), although based on data from only four (of the 12) participants. Nonetheless, I felt that the data are very powerful, and that these two themes are crucial for an understanding of the situation in Israel during this period. Obviously, other researchers might have interpreted these data differently, yet I feel obligated to highlight my own perspective.

This study offers a summative integration of the materials in this issue. In line with the interactive nature of this journal, as readers and participants you are invited to create your own concluding summary, and share your thoughts, ideas, suggestions, and reservations.

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