Zooming Alone?: A Quantitative Pilot Study of an American Reform Jewish Community

in the Midst of the COVID-19 Pandemic

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Abstract

This pilot study sought to identify the primary clinical and theological impacts of COVID-19 on a medium-sized American Reform synagogue in the New York City suburbs. The primary hypothesis of this study was that the quarantine being observed during the coronavirus pandemic had strengthened American Jews' bonds with their synagogue communities. Secondarily, the investigator hypothesized that a relationship existed between increased depression/anxiety and increased sense of distance between temple members and their clergy/community.

Four months into the pandemic, the investigator distributed a 41 question inventory (via surveymonkey.com) to a Reform synagogue with approximately 350 member households. 101 complete responses were returned. The investigator used statistical analysis to study the results. A professor at a major northeastern university with an expertise in analytic research methods helped perform a distribution analysis on the entirety of the data, a multivariate statistical analysis on selected subsets of the data, a statistical correlation analysis on those subsets, and created several general linear models to better understand congregants' relationship to clergy.

The first hypothesis of this study was that the experience of quarantine observed during the coronavirus pandemic had strengthened American Jews' bonds with their synagogue communities. The results strongly affirmed this hypothesis, evidenced most clearly by the 96.09% likelihood of a significant positive correlation between respondents' grief of loss of way of life and sense of closeness to clergy following the onset of the pandemic.

The second hypothesis explored whether a relationship exists between increased depression/anxiety and increased sense of distance between temple members and their clergy/community. This hypothesis was affirmed as well, and is evidenced most clearly by the

99.72% likelihood of significant negative correlation between respondents' level of interest in people/things and respondents' level of emotional investment in Jewish life.

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Statement of the Problem

The COVID-19 pandemic which swept across the United States in March of 2020 (and beyond) caused a societal disruption of life as we knew it (Lopez-Castro et al., 2020). Among the communal institutions impacted by the novel coronavirus has been the house of worship (Villa, 2020).

The non-Orthodox synagogue faces a unique set of challenges in the midst of the pandemic crisis. The synagogue as an institution was already experiencing a dramatic shift, and an emerging set of challenges, prior to COVID-19 (Wertheimer, 2018): American Jews were increasingly assimilated into American secular life, often choosing to live out their core identities outside of a Jewish communal/institutional framework (Pew Research Center, 2013).

Just as the pandemic raises existential questions for the future of American cultural life more generally (Valys, 2020), so too does it raise existential questions for the future of the American synagogue. Will the circumstances of the pandemic further increase American Jews' assimilation and their distance (spiritual and physical) from the synagogue? Or will the pandemic signal a turning point in American Jewish spirituality, marking a return, and renewal of, Jewish communal life?

Where is the Need?

The need, theologically, is to identify more precisely how and why American Jews affiliate with synagogues in the 21st century. To what degree have their spiritual needs changed as a result of the pandemic?

There is a pressing urgency to this question on a purely pragmatic level.

The future of the American synagogue is linked to the Jewish community's ability to correctly predict/align institutional offerings with where its member-stakeholders are at. There is

no better way to discern whether synagogues are 'in alignment' with their constituents than to undertake a quantitative study to measure the question.

And on the clinical side: if synagogues are not thriving, one result is that members of the Jewish community lose a key component of their psychological support system (namely: the clergy that provide and organize pastoral care and support).

The critical role of clergy in supporting and delivering mental health care has already been documented (Chalfant et al., 1990; Weaver et al., 2003). Beyond the pressing nature of mental health in general, there are, of course, the life and death implications of suicidality, made even more relevant during the current coronavirus pandemic (Gunnel et al., 2020; Reger et al., 2020). Hedman (2016) and Mason (2019) have documented the unique role that clergy can play in suicide prevention. The question before us in this study is the degree to which clergy are better positioned, or impinged, in this work as a result of the pandemic.

Durkheim concluded his *Suicide* (1897/1951) by noting:

The abnormal development of suicide and the general unrest of contemporary societies spring from the same causes. The exceptionally high number of voluntary deaths manifests the state of deep disturbance from which civilized societies are suffering, and bears witness to its gravity. It may even be said that this measures it. When these sufferings are expressed by a theorist they may be considered exaggerated and unfaithfully interpreted. But in these statistics of suicide they speak for themselves, allowing no room for personal interpretation. The only possible way, then, to check this current of collective sadness is by at least lessening the collective malady of which it is a sign and a result. We have shown that it is not necessary, in order to accomplish this, to restore, artificially, social forms which are outworn and which could be endowed with

only an appearance of life, or to create out of whole cloth entirely new forms without

historical analogies. We must seek in the past the germs of new life which it contained,

and hasten their development. (p. 391)

It seems obvious to this investigator that clergy are well-positioned as primary candidates for

doing this most urgent work. We must make use of the most effective life-affirming tools of our

social, cultural, and religious past, in order to draw forth a new renaissance of hope and healing

for the future.

The need, then, is pressing: not just for American synagogues to be able to thrive so that

Judaism will thrive. But also because American Jews are counting on their clergy to help

support them pastorally during seasons of crisis.   What are American Jews looking for, and what

do they need, during this liminal moment? And is the typical synagogue of today equipped to

offer it?

History of the Issue

The Pre-COVID Challenges of the American Synagogue

The state of the American non-Orthodox synagogue in the months and years prior to

COVID-19 can best be understood within the wider context of early 21st century American life.

Robert Putnam's 2000 study, *Bowling Alone*, is critical to establishing this reading. As Putnam

exhaustively illustrates, the social capital of Americans was on the decline at the end of the 20th

century, and declining rates of participation in all forms of social/communal connectivity

(religious institutions being chief among them) reflect this.

To what degree is that documented trend a prophetic indication of the medium to long

term future? Putnam reminds us that the history of American social capital isn't just graphed as

a phenomenon of continuous decline:

Debates about the waxing and waning of "community" have been endemic for at least

two centuries. "Declensionist narratives" - postmodernist jargon for tales of decline and

fall – have a long pedigree in our letters. We seem perennially tempted to contrast our

tawdry todays with past golden ages. We apparently share this nostalgic predilection

with the rest of humanity. As sociologist Barry Wellman observes,

> It is likely that pundits have worried about the impact of social change on
>
> communities ever since human beings ventured beyond their caves...In the [past]
>
> two centuries many leading social commentators have been gainfully employed
>
> suggesting various ways in which large-scale social changes associated with the
>
> Industrial Revolution may have affected the structure and operation of
>
> communities...This ambivalence about the consequences of large-scale changes
>
> continued well into the twentieth century. Analysts have kept asking if things
>
> have, in fact, fallen apart. (Putnam, 2000, pp. 24-25)

Putnam's observations about social capital in America mirror similar observations about

the state of American Jewish life today. As Jumpstart, The Natan Fund, & The Samuel

Bronfman Foundation (2011) put it: "In every era the Jewish community seeks to create the

institutions it requires, often forcing existing structures to adapt to new realities or risk

marginalization" (p. 1). This truth – about the constancy of change – has been one of the grand

themes of Jewish history.

The Challenges Facing the American Synagogue: In Historical Context

Judaism's resilience and ability to adapt is partially rooted in its unrelentingly repetitive

exposure to existential danger. The late Jewish historian Simon Rawidowicz (1967/1986)

opened his seminal essay with these words:

The world makes many images of Israel, but Israel makes only one image of itself: that of

a being constantly on the verge of ceasing to be, of disappearing.

The threat of doom, of an end that forecloses any new beginning, hung over the

people of Israel even before it gained its peoplehood, while it was taking its first steps on

the stage of history. Indeed, it would often seem as if Israel's end preceded its very

beginning. Almost from the first meeting in the desert between Moses and Israel, when

the prince of prophets uttered the dread admonitions of Deuteronomy, to the

pseudoprophetic outbursts of Bialik in the twentieth century, its seers and mentors have

time and again pronounced the dire warning: "Israel, thou art going to be wiped off from

the face of the earth; the end is near – unless and if..." There were many "ifs," and yet

they were always the same. (p. 53)

The crises of Judaism's past primarily revolved around antisemitism and the dramatic

change that comes with being militarily conquered by an outside power. Certainly this was true

during Judaism's single most transformational crisis and turning point: the destruction of the

Second Temple in Jerusalem by the Roman Empire in the year 70. That cataclysm forced Jewish

Tradition to undertake a radical paradigm shift, transitioning from a faith that revolved around

the offering of animal sacrifices into a tradition that lifted up the study of Torah, communal

prayer, and acts of lovingkindness (M. Avot 1:2).

Writing of the direct umbilical connection between the visionary founders of a post-

Temple Judaism 2000 years ago and modern Judaism today, Jakob Petuchowski (1970) notes:

The modern Jew is the heir of the Pharisees. The two millennia which separate him from

the last of the biblical books do not represent a vacuum. Modern Judaism does not take

up the thread where the Bible left off – although, throughout Jewish history, there have

been sectarian movements which have occasionally attempted to do so. For the majority

of Jews, the biblical thread has never been interrupted. There is a direct connection

between the Jew of today and his biblical ancestors.

The link which connects the modern Jew with the canonical literature of his

Hebrew forbears is the religion of the Pharisees, the teachings of the scribes and sages

who began their activity during the days of the Second Temple, and the result of whose

monumental labors has been preserved in the vast literature of the Talmud and in the very

fabric of Jewish life. Looking upon themselves as mere "interpreters" of the Torah, those

scribes and sages, in fact, initiated a process of continuous reform, adapting the biblical

provisions to the ever changing circumstances of life and laying the foundations of the

whole post-biblical evolution of Judaism. Strictly guarding the heritage entrusted to them

against the harmful influences emanating from the outside world, they nevertheless

endowed Judaism with enough elasticity to be ever receptive to such environmental

factors as would contribute to its own strength and survival. (pp. 3-4)

The elasticity that Petuchowski refers to is the key to the Jewish Tradition's ability to evolve and

thrive under difficult and quickly-changing circumstances. As a result, Jews have survived

genocides and wars that are literally too numerous to count.

This pilot study, then, is less concerned with the question of the Jewish Tradition's

(presumed) survival, and more concerned with what that Judaism of the future (and its

synagogues) will look like.

Rabbi Eugene Kohn, one of the early 20th century's most prominent disciples of

Reconstructionist Judaism's Rabbi Mordecai Kaplan, raised this question decades ago:

The conditions under which Judaism must maintain itself, if it is to survive in the modern

American environment, are so different from those that have confronted the Jewish

people in other times and places that Jews naturally ask themselves what sort of Judaism

will emerge as a result of Jewish efforts at adaptation. (Gordis, 2019, p. 7)

Will the synagogue-as-we-know it survive the COVID-19 crisis of 2020? The answer to that

question is important because its reverberations will simultaneously have clinical and theological

impacts on American Jews.

Literature Review: Clinical Aspects of the Issue

Psychological Overview

Attachment

As the investigator prepares to explore the range of anxieties, and shades of depression,

that have shown themselves during the trauma of the coronavirus pandemic, Attachment Theory

is a useful lens for making sense of those phenomena.

Growing out of the work of Darwin and Freud (Holmes & Slade, 2018), Attachment

Theory focuses on the nature of the early parent-child relationship to determine an individual's

attachment style, which sheds light on that individual's ability to navigate the vicissitudes of

later life.

John Bowlby (1988), the father of Attachment theory, explained that psychotherapy

could give a patient:

 a secure base from which he can explore the various unhappy and painful aspects of his

life, past and present, many of which he finds it difficult or perhaps impossible to think

about and reconsider without a trusted companion to provide support, encouragement,

sympathy, and on occasion, guidance. (p. 138)

Such a "secure base" is desperately needed by individuals who do not healthily attach (or bond) with their parents during infancy. This is further reflected in the work that has been done over the ensuing decades to confirm the validity of Bowlby's assertions (for example: Beebe & Lachmann, 2013; Schore & Schore, 2008; Slade, 2004; Tronick, 2007).

Winnicott (1971) uses the notion of healthy mirroring to bring Bowlby's notion of attachment to light:

> The mother gazes at the baby in her arms, and the baby gazes at his mother's face and finds himself therein […] provided that the mother is really looking at the unique, small, helpless being and not projecting her own expectations, fears, and plans for the child. In that case, the child would find not himself in his mother's face, but rather the mother's own projections. This child would remain without a mirror, and for the rest of his life would be seeking this mirror in vain. (p. 89)

The secure base offered by the therapist, then, is the holding up of the mirror that the individual never found during infancy. Winnicott (1971) notes that:

> Psychotherapy is not making clever and apt interpretation; by and large it is a long-term giving back to the patient what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. (p. 158)

These ideas are also expressed in Tronick (2018), where he writes that the enterprise of meaning making is a systemically-necessitated function of human life. Sometimes, meaning can be generated internally via meditation, reflection, and dreaming. But Tronick particularly privileges the meaning making that we humans are able to do dyadically:

> When meanings are dyadically organized a dyadic state of consciousness emerges

between the individuals – something akin to Vygotsky's (1967) zone of proximal

development – which contains new co-created meanings that in turn can then be

appropriated by each individual into their own state of consciousness (Tronick, 2007).

Successful creation of new meanings leads to an expansion of the complexity and

coherence of the individual's state of consciousness. (p. 4)

One way Tronick explains his theory is by observing face-to-face parent/infant mirroring: the

more that parent and child are able to mirror one another, the more effectively they're able to

make sense of the other, and of themselves, thereby generating a greater sense of meaning.

Similarly: the analyst-analysand relationship also functions as a dyadic space in which meanings

are able to be re-worked and re-generated over time.

Bowlby (1988) warned that it would be a danger for society to minimize the importance

of secure attachment. He feared that the long-term societal consequences of parental

distraction/neglect would be enduring and significant:

Man and woman power devoted to the production of material goods counts a plus in all

our economic indices. Man and woman power devoted to the production of happy,

healthy, and self-reliant children in their own homes does not count at all. We have

created a topsy-turvy world. […]. The society we live in is […] in evolutionary terms

[…] a very peculiar one. There is a great danger that we shall adopt mistaken norms.

For, just as a society in which there is a chronic insufficiency of food may take a

deplorably inadequate level of nutrition as its norm, so may a society in which parents of

young children are left on their own with a chronic insufficiency of help, take this state of

affairs as its norm. (p. 2)

The literature on this question, regarding parent-child attachment during the pandemic, is just emerging now (Stienwandt et al., 2020).

Aloneness

Any discussion about the clinical impact of quarantine, social distancing, and our corresponding migration to online communication platforms involves consideration of clinical issues connected to aloneness. Winnicott (1958/1965) famously established his notion of "the capacity to be alone" (in his article of the same name), noting that:

> Although many types of experience go to the establishment of the capacity to be alone, there is one that is basic, and without a sufficiency of it the capacity to be alone does not come about; *this experience is that of being alone, as an infant and small child, in the presence of mother*. Thus the basis of the capacity to be alone is a paradox; it is the experience of being alone while someone else is present. (p. 30)

Winnicott provides us with a psychoanalytic lens for understanding the psychological impact of the COVID-19 quarantine and its accompanying isolation. The quality of the "mothering" and attachment we received in early infancy impacts our ability to tolerate aloneness.

Aloneness can be better understood by subdividing it into two more specific categories. We tend to think of the one who is comfortable being alone, perhaps deriving pleasure from that aloneness, as being in solitude. And the one who struggles to be alone is described as lonely.

James (1917) noted that solitude is a necessary pre-condition for experiencing God in the world, defining solitude as "those feelings, acts and experiences of individual men in their solitude so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (p. 32). But the underbelly of aloneness, loneliness, can be an upsetting, and even

frightening, condition. Drawing on Winnicott's aforementioned observation, loneliness can be understood as an "inability to experience a maternal presence" (Modell, 1993, p. 124).

Klein's (1932/1960) differentiation between "the good breast" and "the bad breast" is useful here. In the earliest stages of infancy, when a child cannot even grasp the concept of external people in the world, all the child knows is the pleasure that comes from the presence of the breast ("the good breast"), and the pain that is associated with its absence ("the bad breast"). Psychological maturity comes with the child's later ability to accept that the mother isn't entirely good or entirely bad, a developmental milestone that will ultimately inform how that person goes on to navigate aloneness.

Beyond the role of the mother, Modell (1993) notes that one antidote to loneliness is "a passionate investment in something outside the self […]. Interests are something to live for; they make it possible to survive extremely punishing environments in which the solace afforded by human relationships is utterly lacking" (p. 131). Thus, one of the questions this investigation will seek to examine is the extent to which a typical Reform Jew thinks of their Jewish identity as a "passionate investment" outside of the self that can sustain them through this period of isolation.

There are other clinical phenomena related to loneliness that underscore how individuals are experiencing life in quarantine. We will touch briefly, here, on anxiety, isolation, shame and its relationship to suicidality, and depression.

Anxiety

Anxiety is another important indicator of mental health in the face of enormous stress. Sigmund Freud (1924/1953) believed that anxiety had its roots in the trauma of birth and the original separation of child from mother:

We think it is the experience of *birth* – an experience which involves just such a

concatenation of painful feelings, of discharges of excitation, and of bodily sensations, as

to have become a prototype for all occasions on which life is endangered, ever after to be

reproduced again in us as the dread or 'anxiety' condition. The enormous increase in

stimulation effected by the interruption of the renewal of blood (the internal respiration)

was the cause of the anxiety experience at birth – the first anxiety was therefore toxically

induced. The name *Angst* (anxiety) – *angustice, Enge,* a narrow place,[1] a strait –

accentuates the characteristic tightening in the breathing which was then the consequence

of a real situation and is subsequently repeated almost invariably with an affect. It is very

suggestive too that the first anxiety state arose on the occasion of the separation from the

mother. We naturally believe that the disposition to reproduce this first anxiety condition

has become so deeply ingrained in the organism, through countless generations, that no

single individual can escape the anxiety affect… (p. 404)

Anna Freud (1937/1966) situates anxiety within Sigmund Freud's understanding of the

psyche as constituting id/ego/superego and notes:

The human ego by its very nature is never a promising soil for the unhampered

gratification of instinct. I mean by this that the ego is friendly to the instincts, only so

long as it is itself but little differentiated from the id. When it has evolved from the

primary to the secondary process, from the pleasure-principle to the reality-principle, it

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[1] Freud's reference to a "narrow place" calls to mind the Rebbe Nachman of Bratslav (1772-1810) and his famous observation that: "Know, too! a person must cross a very, very narrow bridge. The main rule is: Do not be frightened at all!" (*Likkutei Moharan* Part II, 48:7). Rebbe Nachman invokes a narrow passageway in order to represent both transition and suffering. As documented by Green (1981) and others, Nachman likely suffered from bipolar disorder.

has become, as I have already shown, alien territory to the instincts. Its mistrust of their

demands is always present but, under normal conditions, hardly noticeable. It is lost

sight of in the much more tumultuous warfare waged within its domain by the super-ego

and the outside world against the impulses of the id. But, if the ego feels itself

abandoned by these protective higher powers or if the demands of the instinctual

impulses become excessive, its mute hostility to instinct is intensified to the point of

anxiety. (pp. 58-59)

Anna Freud's notion of 'anxiety as defense mechanism' is particularly useful when we

consider how anxiety functions in the face of trauma. Wallin (2007) introduces trauma by

writing:

Clinicians know the exorbitant costs of their unresolved patients' efforts to "exile" past

trauma or loss. Such patients feel perpetually threatened from within and without,

burdened by an ongoing vulnerability to dissociation, overwhelming emotion, and an

external world made dangerous by the projection outwards of unbearable internal

experience. In addition, their capacity for metacognitive monitoring is profoundly

limited – because looking deeply into themselves or others risks bringing to light what

must, of emotional necessity, remain hidden. (p. 96)

Herman (1992) addressed, in detail, how anxiety functions as a result of such trauma:

The normal regulation of emotional states is similarly disrupted by traumatic experiences

that repeatedly evoke terror, rage, and grief. These emotions ultimately coalesce in a

dreadful feeling that psychiatrists call "dysphoria" and patients find almost impossible to

describe. It is a state of confusion, agitation, emptiness, and utter aloneness. In the

words of one [trauma] survivor, "Sometimes I feel like a dark bundle of confusion. But

that's a step forward. At times I don't even know that much." (p. 108)

Herman argues that anxiety is merely an intermediate way station on a journey that could begin

with trauma-induced unease, but end in an unfeeling despair:

> The emotional state of the chronically abused child ranges from a baseline of unease,
>
> through intermediate states of anxiety and dysphoria, to extremes of panic, fury, and
>
> despair. Not surprisingly, a great many survivors develop chronic anxiety and depression
>
> which persist into adult life. The extensive recourse to dissociative defenses may end up
>
> aggravating the abused child's dysphoric emotional state, for the dissociative process
>
> sometimes goes too far. Instead of producing a protective feeling of detachment, it may
>
> lead to a sense of complete disconnection from others and disintegration of the self. The
>
> psychoanalyst Gerald Adler names this intolerable feeling "annihilation panic."
>
> [Eleanore] Hill describes the state in these terms: "I am icy cold inside and my surfaces
>
> are without integument, as if I am flowing and spilling and not held together any more.
>
> Fear grips me and I lose the sensation of being present. I am gone." (pp. 108-109)

As Herman vividly illustrates, anxiety is a frightening and potentially life-threatening state,

aggravated and amplified by trauma.

In the face of a life-threatening pandemic, one must also acknowledge the unique anxiety

that comes with a heightened awareness of one's own mortality – in other words: "death

anxiety." Yalom (2008) describes it by noting:

> It's not easy to live every moment wholly aware of death. It's like trying to stare the sun
>
> in the face: you can stand only so much of it. Because we cannot live frozen in fear, we
>
> generate methods to soften death's terror. We project ourselves into the future through

our children; we grow rich, famous, ever larger; we develop compulsive protective

rituals; or we embrace an impregnable belief in an ultimate rescuer.

Some people – supremely confident in their immunity – live heroically, often

without regard for others or for their own safety. Still others attempt to transcend the

painful separateness of death by way of merger – with a loved one, a cause, a community,

a Divine Being. Death anxiety is the mother of all religions, which, in one way or

another, attempt to temper the anguish of our finitude. God, as formulated

transculturally, not only softens the pain of mortality through some vision of everlasting

life but also palliates fearful isolation by offering an eternal presence, and provides a

clear blueprint for living a meaningful life.

But despite the staunchest, most venerable defense, we can never completely

subdue death anxiety: it is always there, lurking in some hidden ravine of the mind.

Perhaps, as Plato says, we cannot lie to the deepest part of our selves. (pp. 5-6)

To what degree is the spike in COVID-induced anxiety, so clearly evident in this project's study,

a result of that most basic human emotion: the underlying, ever-present fear of our own

mortality?

Isolation

Anna Freud (1937/1966)*,* argues that repression is one of the ego's primary defense

mechanisms. But underneath the 'meta-category' of repression fall a variety of other defense

mechanisms, including isolation. Freud's assertion of isolation as a defense mechanism grants

us an additional understanding of people's multiple responses to quarantine. And our

understanding of Freud's approach is broadened further by considering Jung's writing on the

different "psychological types" including introverts and extroverts (Jung, 1921/2017). While

extroverts may be suffering from a lack of direct human contact, introverts are perhaps experiencing quarantine in the opposite sense: as a reprieve from the exhaustion of being "on" in the presence of others.

Shame and Suicidality, In the Context of Isolation

Tangney and Dearing (2002) are also interested in the psychological meaning of isolation. For them, isolation is connected to shame:

> One option is to withdraw – escaping the shame-inducing situation and hiding the horrible self from the view of others. Research has consistently shown that feelings of shame are often associated with a desire to hide or escape (Barrett et al., 1993; H. B. Lewis, 1971; Lindsay-Hartz, 1984; Tangney, 1993b; Tangney, Miller, & Flicker, 1992). The withdrawal strategy, however, is apt to be only partially effective. In reality, the shamed, withdrawn individual is still saddled with a loathsome self. When it comes to a shamed self, there is some truth to the notion that "You can run but you can't hide!" (p. 92)

The noted Jungian psychoanalyst Erich Neumann (1973) sought to establish shame and guilt within the Jungian framework which divides the psyche into the unconscious 'shadow' and the conscious 'persona,' by noting that individuals who are struggling with ethics and morality will often form:

> two psychic systems in the personality, one of which usually remains completely unconscious, while the other develops into an essential organ of the psyche, with the active support of the ego and the conscious mind. The system which generally remains unconscious is the shadow; the other system is the "façade personality" or persona […] the persona, the mask, what one passes for and what one appears to be, in contrast to

one's real individual nature, corresponds to one's adaptation to the requirements of the

age, of one's personal environment, and of the community. The persona is the cloak and

the shell, the armour and the uniform, behind which and within which the individual

conceals himself – from himself, often enough, as well as from the world. It is the self-

control which hides what is uncontrolled and uncontrollable, the acceptable façade

behind which the dark and strange, eccentric, secret and uncanny side of our nature

remains invisible. (pp. 37-38)

For further reflections on the way that shame and isolation interact theologically, see the

Theological section of this Literature Review.

Given the pervasiveness of shame in our society, it's only natural to wonder to what

degree the pre-pandemic synagogue was an institution that was safe and welcoming of

individuals who were seeking connection and support. More specifically, if that sense of shame

was tied to an awareness of a mental health challenge: to what degree did stigma prior to the

pandemic prevent individuals from receiving the support they were searching for in their house

of worship setting?   It is not the goal of this project to comprehensively examine this question.

Bushong (2018) establishes that stigma around mental illness in the Jewish community is

statistically similar to the stigma that exists in Christian and Muslim communities in America,

which is to say: significant stigma continues to exist. Religious communities' misinformed

attitude towards mental illness unwittingly helped to spread the stigma of various mental health

conditions over the years. Individuals' shame, and that of their families, may very well have

prevented them from seeking/receiving pastoral support (or a referral to a licensed clinician) in

the context of pre-pandemic synagogue life.

These questions are made more urgent, given the looming threat of suicide. Tangney and

Dearing (2002) write of the relationship between shame and suicidality:

> In addition, studies investigating precipitants or causes of suicide have identified feelings
>
> of shame as triggers of suicide. Using data from coroners' case files, Hassan (1995)
>
> found that the most common cause of suicide was "a sense of failure in life." Hassan
>
> defined this category as a history of many things "going wrong" that were associated with
>
> a sense of failure and giving up on life. Many of the examples given (i.e., a combination
>
> of factors such as loss of employment, loss of face, failure to meet family obligations, and
>
> failure in a business or profession) are commonly associated with significant feelings of
>
> shame or guilt. Similar results were observed in an earlier study of 400 completed
>
> suicides in Singapore (Hassan, 1980). Thus, feelings of shame may be of central
>
> importance in understanding suicidal behavior. (p. 137)

Suicidality is also informed by a person's connection with others:

> In suicide, the subject is pulled apart by contrary desires to be wholly separate *and*
>
> wholly fused, but gives up on both. The subject vengefully repudiates the tension he or
>
> she foresees or inertly collapses. In both addiction and murder the subject's interest in
>
> both separateness and union still sustains the person. The best killers are experts in
>
> manipulating the isolated egoistic needs and the merger needs of others. Addicts tend to
>
> content themselves with making a fetish of solitude, a seemingly impenetrable solitude
>
> punctuated by the most bizarre stimulus blitzkreigs. Here extreme states are not
>
> integrated but nonetheless offer a remarkable sense of achieving the impossible, a state in
>
> which suicide becomes superfluous. A murderer is more apt than an addict to commit
>
> suicide because the murderer's trade is bodies to begin with: she or he values

materialistic signs of affection or power. The addict is more apt to aim after an inner

experience rather than material good as such. (Eigen, 2004, p. 200)

We see, then, that shame and suicidality are bound up in questions of isolation and

connectedness. To what degree is this quarantine spurring on a mental health crisis which

stimulates feelings of aloneness, and makes those individuals more vulnerable to the possibility

of suicide (Gunnel et al., 2020; Reger et al., 2020)?

Two Readings on Depression: Alice Miller and Wilfred Bion

We now turn our attention to depression, here described by McWilliams (2011):

A clinical depression is pretty unmistakable. Many of us have had the bad luck to have

suffered the unremitting sadness, lack of energy, anhedonia (inability to enjoy ordinary

pleasures), and vegetative disturbances (problems in eating, sleeping, and self-regulating)

that characterize the disorder. Freud was the first writer to compare and contrast

depressive ("melancholic") conditions with normal mourning; he observed that the

significant difference between the two states is that in ordinary grief, the external world is

experienced as diminished in some important way (e.g., it has lost a valuable person),

whereas in depression, what feels lost or damaged is a part of the self. Grief tends to

come in waves; between the episodes of acute pain when one is reminded of a loss, one

can function almost normally, whereas depression is relentless and deadening. The

mourning process ends in slow recovery of mood, whereas depression can go on and on.

(p. 236)

Interestingly, as we examine responses to the pandemic, to what degree is the clinical

differentiation between depression and grieving useful, if the depression of this season was

induced by a traumatic, society-wide loss (namely: the loss of our freedom, our routines, and our ability to freely interact with others in person)?

Miller (1979/2007) describes depression as "a feeling of emptiness and self-alienation, and a sense that their life has no meaning" (p. 5). It is, in Miller's worldview, a symptom of a larger psychological trauma: of not being loved for who they were in childhood, but rather for what they did/what their mother wanted or needed them to be. She explains it as follows:

> Because grandiosity is the counterpart of depression *within* the narcissistic disturbance, the achievement of freedom from *both* forms of disturbance [narcissism and depression] is hardly possible without deeply felt mourning about the situation of the former [younger] child. This ability to grieve – that is, to give up the illusion of his "happy" childhood, to feel and recognize the full extent of the hurt he has endured – can restore the depressive's vitality and creativity and free the grandiose person from the exertions of and dependence on his Sisyphean task. If a person is able, during this long process, to experience the reality that he was never loved as a child for what he was but was instead needed and exploited for his achievements, success, and good qualities – and that he sacrificed his childhood for this form of love – he will be very deeply shaken, but one day he will feel the desire to end these efforts. He will discover in himself a need to live according to his true self and no longer be forced to earn "love" that always leaves him empty-handed, since it is given to his false self – something he has begun to identify and relinquish. (p. 60)

The virtue of the psychotherapeutic experience is the opportunity, according to Miller, for the patient to encounter, know, and accept the imperfect reality of one's childhood, and to grieve the loss of the self-narrative that had once been held so close.

Bion (1977) offers an alternative approach, arguing (based on epistemology) that one can, by virtue of faith, *experience* one's emotional reality, but one cannot ever fully *know* it. The purpose of psychoanalysis is to gain a more heightened faith in being able to experience one's feelings. Central to Bion's approach is his designation of the importance of "O" in the pursuit of self-awareness and self-growth:

It [O] stands for the absolute truth in and of any object; it is assumed that this cannot be known by any human being; it can be known about, its presence can be recognized and felt, but it cannot be known. It is possible to be at one with it. That it exists is an essential postulate of science but it cannot be scientifically discovered. No psycho-analytic discovery is possible without recognition of its existence. (p. 30)

Eigen (2004) elaborates:

We develop a phenomenology of intimations of emotional truth formulated with conviction and with the realization that we may be wrong. We aim in faith to connect with what is beyond our representations, as we use our representations to light up the mystery of who we are. […] Communion with O is an imaginative adventure, not an acquired certainty to be taken for granted. This realization helps keep us honest, at the same time that it provides fresh stimulus for inspired groping. (p. 125)

At its best, according to Eigen, that "inspired groping" is what the psychotherapeutic experience can be. As it pertains to depression and despair, the counseling experience becomes an opportunity for the patient to become more "attentive" to one's feelings. "If one stays with this [psychotherapeutic] process, an evolution even in the quality of despair may begin to be perceived, since despair itself is never uniform" (Eigen, 2004, p. 133). From Bion's vantage

point, then, healing doesn't just come from grieving the loss of something; it comes, instead,

from gaining a heightened faith in the sense of who one is, and what one is feeling.

The Clinical Context of Pastoral Work: The Role of Clergy

Miller-McLemore (1993) helpfully establishes the context for understanding the clergy's

role in pastoral care today:

> The focus on care narrowly defined as counseling has shifted to a focus on care
>
> understood as part of a wide cultural, social and religious context. This shift is evident in
>
> a variety of recent publications, among them James Poling's *The Abuse of Power*, Pamela
>
> Couture's *Blessed Are the Poor* and Larry Graham's *Care of Persons, Care of the World.*
>
> Anton Boisen's powerful metaphor for the existential subject of pastoral theology was the
>
> "living human document." Today, the "living human web" suggests itself as a better
>
> term for the appropriate object for investigation, interpretation and transformation.
>
> Public policy issues that determine the health of the human web are as important as issues
>
> of individual emotional well-being. Psychology will serve a less exclusive (though still
>
> important) role, while social sciences such as economics or political science will become
>
> powerful tools of interpretation.
>
> The world of parish ministry has offered a little-recognized wealth of insight for
>
> teaching, and recent congregational studies have also begun to confirm the
>
> congregational nature of pastoral care. Aware of the limits of relying on one-to-one
>
> counseling and the expertise of the pastor, the pastoral care curriculum has focused
>
> increasingly on how congregations provide care and on clergy as developers of networks
>
> of care rather than as the chief sources of care. (p. 366)

Understanding the Influential Role of Clergy: In the Context of Trauma Care

The investigator is more particularly interested in how and why clergy occupy such a unique position of influence within their respective 'networks of care.' One answer to that question grows out of the literature speaking to the best way to care for those who have experienced trauma. Consider, for example, two components of a healing process for those who have been touched by trauma: safety and a sense of re-connection.

Herman (1992) reflects about the importance of safety:

Patients often wonder how to judge their readiness to move on to the next stage of their work. No single, dramatic event marks the completion of the first stage. The transition is gradual, occurring in fits and starts. Little by little, the traumatized person regains some rudimentary sense of safety, or at least predictability, in her life. She finds, once again, that she can count on herself and on others. Though she may be far more wary and less trusting than she was before the trauma, and though she may still avoid intimacy, she no longer feels completely vulnerable or isolated. She had some confidence in her ability to protect herself; she knows how to control her most disturbing symptoms, and she knows whom she can rely on for support. The survivor of chronic trauma begins to believe not only that she can take good care of herself but that she deserves no less. In her relationships with others, she has learned to be both appropriately trusting and self-protective. In her relationship with her therapist, she has arrived at a reasonably secure alliance that preserves both autonomy and connection. (p. 174)

Herman makes it clear that a necessary pre-condition for trauma recovery is for the individual to feel safe and secure, as they begin to re-navigate the rhythms and relationships of life. A "secure alliance" (which, by is its very definition, implies a sense of safety and security) between patient

and therapist becomes a vehicle for the patient to test, and ultimately trust, this newfound sense of safety.

Another component of trauma care includes the hopeful possibility of re-connection: with the past, to be sure, but also to all of the extraordinary opportunities that are bound up in one's unknown future. Herman (1992) observes:

> The course of recovery does not follow a simple progression but often detours and doubles back, reviewing issues that have already been addressed many times in order to deepen and expand the survivor's integration of the meaning of her experience.
>
> The survivor who has accomplished her recovery faces life with few illusions but often with gratitude. Her view of life may be tragic, but for that very reason she has learned to cherish laughter. She has a clear sense of what is important and what is not. Having encountered evil, she knows how to cling to what is good. Having encountered the fear of death, she knows how to celebrate life. Sylvia Fraser, after many years spent unearthing childhood memories of incest, reflects on her recovery:
>
>> In retrospect, I feel about my life the way some people feel about war. If you survive, then it becomes a good war. Danger makes you active, it makes you alert, it forces you to experience and thus to learn. I know now the cost of my life, the real price that has been paid. Contact with inner pain has immunized me against most petty hurts. Hopes I still have in abundance, but very few needs. My pride of intellect has been shattered. If I didn't know about half my own life, what other knowledge could I trust? Yet even here I see a gift, for in place of my narrow, pragmatic world of cause and effect…I have burst into an infinite world full of wonder. (p. 213)

The investigator is struck by the deep resonance between principles like safety and hopeful re-connection, which form the bedrock of a meaningful trauma treatment, and the everyday work of clergy. Clergy, not just in the formal space of a pastoral counseling encounter, but in the regular warp and woof of their daily work, are expected to conduct themselves, and build relational community, in a way that is informed by principles like safety and hopeful re-connection. (More specific reference to relationality as a core concept of contemporary/Relational Judaism is addressed in the Theological section of this Literature Review.)

In this current investigation, the question before us is how the role of clergy has been impacted, given that *everyone has suddenly been touched by trauma*. To what degree does this strengthen clergy-congregant relations, and to what degree does it weaken it?

Concluding Thoughts

The isolation of the pandemic, the pronounced presence of shame, depression, and the possibility of suicide that can grow from either, and the distance from clergy support and mental health infrastructure have created a 'perfect storm.' This pilot study will attempt to discern whether the unique circumstances of a virtual house of worship might allow for the removing of some of those barriers amongst those in need of support.

<p align="center">**Literature Review: Theological Aspects of the Issue**</p>

Introduction

Rabbi Joseph Soloveitchik, the intellectual giant of 20th century Orthodox life in America, opens his essay *The Lonely Man of Faith* (1965/2006) with these words:

> The nature of the dilemma can be stated in a three-word sentence. I am lonely. Let me
>
> emphasize, however, that by stating "I am lonely" I do not intend to convey to you the
>
> impression that I am alone. I, thank God, do enjoy the love and friendship of many. I

meet people, talk, preach, argue, reason; I am surrounded by comrades and

acquaintances. And yet, companionship and friendship do not alleviate the passional

experience of loneliness which trails me constantly. (p. 3)

Soloveitchik is speaking of the existential loneliness that comes from being a religious person in

a modernity that has largely given itself over to secularism. Beyond the clinical loneliness that

we have already addressed above, this project is concerned with existential loneliness,

concerning the ramifications of the pandemic on Jewish communal identification and

participation.

An Illustration: The Conservative Movement's Legal Rulings on Virtual Worship

To introduce the reader to the complexity of theological implications on Jewish

communities during this current pandemic, we would begin by referring to Dorff and Barmash's

(2020) *CJLS Guidance for Remote Minyanim in a time of COVID-19* issued by the Committee

on Jewish Law and Standards (CJLS) of the Conservative Movement's Rabbinical Assembly.

The document represents the Conservative Movement's initial attempt to offer Jewish legal

advice to rabbis and congregations on the question of permitted and prohibited online worship

modes, a question that was of primary relevance during the early months of the pandemic, when

synagogues everywhere were effectively shuttered for in person gatherings (Pink, 2020).

The primary question on the table was whether the *mitzvah* (Jewish legal

commandment/obligation) of thrice-daily weekday prayer could be fulfilled via videoconference

instead of in person.[2] As Dorff and Barmash note, the CJLS permits weekday online prayer –

but not with the complete/normative liturgical content one would encounter in a typical

---

[2] Note that only the question of weekday prayer is addressed here. Virtually all Conservative and Orthodox rabbinic authorities have historically prohibited online prayer on Shabbat because the use of technology would entail breaking traditional rules of Shabbat observance (like engaging with objects that rely on electricity) (Nevins, 2012).

synagogue prayer service. Even during this season of "emergency," in which Jewish law can become more lenient, the CJLS affirmed that selections from the traditional liturgy that require a quorum (of ten adult Jews) present in the same physical space be omitted from weekday prayer services where worshippers are gathering exclusively online, because most CJLS rabbinic authorities do not believe that an online gathering like Zoom is equivalent to being with others in person. Therefore: a quorum of worshippers who gather together to pray a weekday service online *are* permitted to gather. But they *are not* permitted to recite prayers that require an in person quorum gathering. Most notably, this means that traditional Jews who are grieving are effectively prevented from reciting Mourner's Kaddish, the primary liturgical expression (and requirement) when marking a loss.

On the question of grief, Austad (2009) teaches us that:

Grief can be normal or abnormal. Interpersonal psychotherapy deals with the depression that results when the client fails to progress through the phases of normal mourning. Abnormal grief can be evident when the client has endured multiple losses, has inadequately grieved, has avoided or denied a significant death, has feared the illness that caused a death, or has a lack of social support during bereavement. The interpersonal psychotherapist helps the client to reconstruct the patient's relationship with the deceased, which facilitates the mourning process. (p. 446)

The conundrum, then, of the CJLS position is a question of competing values: the obligation to honor longstanding norms of traditional Jewish law and authority on the one hand (for example: that one can only fulfill the obligation of Mourner's Kaddish by being in the physical presence of a prayer quorum), and the mental health imperative to healthily mourn one's loved ones as fully as possible on the other. In the age of the coronavirus, we know that we can't always gather with

one another in person to offer/receive comfort. But the initial CJLS position raises a further complication, by preventing Conservative mourners from being able to fully Jewishly grieve.

Interestingly, several months into the pandemic, the CJLS liberalized its approach by creating a Jewish legal path forward for permitting the livestreaming of Jewish prayer services on Shabbat (Heller, 2020). The ruling hinges on the presumption that worshippers set up their computer equipment before the arrival of Shabbat, so as to minimize physical contact/manipulation of electronic equipment on Shabbat.

Heller's ruling perfectly illustrates the tension between the competing values of Jewish Tradition vs. "meeting the community where it is at," a tension that is at the very heart of the Jewish communal situation in modernity. Indeed, in this sense, the Dorff and Barmash (2020) guidance and Heller's (2020) ruling aren't just about the legal questions presently on the table; rather they become a lens through which to understand the larger struggle of the pandemic and the post-pandemic synagogue.

Lay leaders and clergy alike are currently trying to make sense of the current predicament. Do American Jews find the current virtual expression of their synagogues to be meeting their needs, or not? And if they are: will American Jews prefer a mostly online option for synagogue engagement in their future, regardless of how much that constitutes a significant shift away from the historical/traditional norms of Judaism?

The Rise of Technology and the Corresponding Ethos of 'Open-Source' Judaism

In previous generations, leading communal stakeholders would have exercised 'top down' authority to define the future of American Jewish life. But even before the arrival of the pandemic, Wertheimer (2018) noted:

After surveying the three major sectors of Orthodoxy, we conclude with another assertion – in this case about an emerging commonality: across the spectrum of American Judaism the ethos of individualism and freedom of choice has spread throughout the Jewish populace. That this is self-evident among non-Orthodox Jews hardly needs elaboration. We have already noted in previous chapters the liberties non-Orthodox Jews take, picking and choosing from Jewish religious options. More surprising, perhaps, Orthodox Jews also are exercising a significant degree of autonomy in their religious lives.

Rabbis across the spectrum of Orthodoxy speak of congregants who have been shaped by the modern ethos of personalism and autonomy. "What rabbis say does not matter" is a refrain I have heard repeatedly. "Authority is in retreat," declares one rabbi; says another, "People like traditional davening (prayer) and singing; but when it comes to *halakhah* [Jewish law] impinging on them, they resist." (p. 99)

Over the last few years, we have witnessed the dawning of a new era in our secular and religious culture. The earlier "top-down" model of leadership is disappearing. In its place: an "open-source" culture that mimics the democratization and collaboration of open-source technology platforms like Wikipedia and Firefox. Pastor Landon Whitsitt (2011) describes the "open-source" paradigm in this way:

Open source, when referring to software, particularly, simply means that the basic instructions for a program are open for anyone to see and edit. This is in contrast to closed source software, which is closed off to everyone except a privileged few.

Like software, churches can also be open or closed. Many of us have experienced a closed church. These are the churches where a select few people seem to run the show.

Often nothing gets done without their approval, but occasionally it is merely their input

that is solicited, input that carries significant weight in the decision-making process. An

open source church, however, is one in which the basic functions of mission and ministry

are open to anyone. Members feel free to pursue their callings from God without being

forced to jump through hoops in order to do so. They do not need to sit through multiple

committee meetings for approval, and they run the risk of being told no only if what they

propose to do violates a common, basic understanding of what God has called the church

to be and do. (pp. 1-2)

A related characteristic of "open source" organizational life is a willingness to take risks by

fundamentally turning convention and "what we're used to" on its head. Rabbi Hayim Herring

(2012) explains:

The rabbis we interviewed all serve in congregations where both lay leaders and rabbis

agree about the need to take risks and deviate from the "accepted way" things were done.

One rabbi hyperbolically described his congregation's orientation toward

experimentation as, "If it ain't broke, break it." These leaders were not enamored with

innovation for its own sake, but they were not slaves to tradition and congregational

culture. Several of them suggested that congregational leaders would feel disappointed if

their synagogues did not experience periodic failure in trying new approaches.

Synagogues can be notoriously risk-averse. Congregational history,

organizational culture, and an expectation of denominational conformity – all of these

factors can weigh down a congregation's willingness and ability to change. Start-ups and

younger congregations have an easier time with change, because they have no history that

anchors them to traditions and because they benefit from the creative energy required to launch a new congregation. (pp. 98-99)

The Theology of Martin Buber and the Importance of Relational Judaism

Our theological reflection on this project would not be complete without comments about the work of Martin Buber (1878-1965). Buber's landmark *I and Thou* (1958/2000) articulated his Jewish theology of relationality. His book has become a guidebook for multiple generations of liberal Jewish skeptics who no longer believe in a supernatural deity, but who are nonetheless searching for a way to understand, find, and experience God's presence in the modern world.

Buber's theological worldview is grounded in the belief that all of life is primarily experienced through relationship. And all human relationships, according to Buber, can be described as "I-It" or "I-Thou". An I-It relational experience is one of objectification, or of using another. An I-Thou relational experience is when two individuals are fully present, each for the other. Indeed, according to Buber, we realize the fullest extent of our own selves when we are in an "I-Thou" encounter with another:

> Through the *Thou* a man becomes *I*. That which confronts him comes and disappears, relational events condense, then are scattered, and in the change consciousness of the unchanging partner, of the *I*, grows clear, and each time stronger. To be sure, it is still seen caught in the web of the relation with the *Thou*, as the increasingly distinguishable feature of that which reaches out to and yet is not the *Thou*. But it continually breaks through with more power, till a time comes when it bursts its bonds, and the *I* confronts itself for a moment, separate as though it were a *Thou*; as quickly to take possession of itself and from then on to enter into relations in consciousness of itself. (pp. 39-40)

Where does God (the "eternal *Thou*") fit into this largely humanistic construct concerned about how one human being relates to another? Buber explains:

> The extended lines of relations meet in the eternal *Thou.*
>
> Every particular *Thou* is a glimpse through to the eternal *Thou*; by means of every particular *Thou* the primary word addresses the eternal *Thou*. Through this mediation of the *Thou* of all beings fulfilment, and non-fulfillment, of relations comes to them: the inborn *Thou* is realised in each relation and consummated in none. It is consummated only in the direct relation with the *Thou* that by its nature cannot become *It.* (p. 77)[3]

Buber offers us a radical and revolutionary (non-supernatural) conception of God. God is the "eternal *Thou"* - the only presence in the universe that is always ready and available to relate in an "I-Thou" mode. And the way that human beings experience that sense of the Divine is by way of engaging in "I-Thou" relations with other human beings.

Buber's work isn't just pivotal when it comes to understanding the theology of individual liberal Jews in the 21st century. Buber's work has also fundamentally altered how we understand the institution of the contemporary synagogue. Thanks to Buber's pervasive influence, we now think primarily of the synagogue in 'relational' terms.

On a micro-level, Buber's teaching speaks to how critically important it is for a synagogue to be responsive to the feedback of its stakeholders. In a world where feedback is constantly being offered on social media, the 21st century synagogue has to listen. As Kanter and Fine (2010) note:

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[3] For a clinical parallel, see Jung (1959) on the notion of the 'collective unconscious.'

The purpose of listening and engaging is to build relationships between an organization and its supporters, potential supporters, and other organizations in their ecosystem. As Danielle Brigida at National Wildlife Federation says about building relationships as an organization, "I treat maintaining my professional relationships very similarly to how I maintain my personal friends. To me there is very little difference (everyone is my friend). I find time to incorporate them and I get to know what the person cares about and what their strengths are. I contact them when I have questions and I always am sure to follow up if I can." (p. 65)

But on a more macro level, we see that Buber's thought has influenced an entire re-envisioning of the very purpose of the synagogue. Indeed, there was a time when we thought that synagogue success might be measured by way of attendance at a worship service or adult education program. And yet Ron Wolfson, in his important book *Relational Judaism* (2013), argues that high attendance statistics are irrelevant if attendees are passing through the synagogue, but are not actually socializing with, or relationally engaging with, one another:

> In the end, the purpose of Judaism – the purpose of relationships – is to love the other and the Other, the thou and the Thou. When you do, you find *meaning* - an understanding of the significance of life; you find *purpose* - an imperative to do what you are put on earth to do during your life; you find *belonging* - a community of people who will be there for you and with you; and you find *blessing* - a feeling of deep satisfaction and gratitude, a calendar and life cycle of opportunities to celebrate the gifts of life. It *is* all about relationships...and creating and deepening them is the challenge to our Jewish communal institutions. It is time to set about the task. This is the moment to broaden our vision to embrace a Relational Judaism for the twenty-first century. (p. 241)

We see, then, that Judaism can be understood in social and relational terms. Each in their own way, Soloveitchik and Buber teach us that the existential loneliness of modernity can be overcome by engaging in relationships with others, and perhaps more primarily with those in our faith communities.

As the content of the survey instrument indicates, this investigator is interested in how the clinical realities of pandemic either mitigate or strengthen a sense of connection with others. But, as our discussion here of Buber indicates, the results are not just humanistic and clinical. The results also speak to the spiritual impact of pandemic. How one feels about their relationship with others also (according to Buber) reveals how one feels about God and the Ultimate.

Exile: A Range of Theological and Relational Implications

Over the long course of Jewish history, the notion of *galut* (exile) has dominated Jewish religious discourse.[4]

Geopolitically-speaking, exile is the notion of the Jewish People being forcibly removed from their historic homeland in the Land of Israel. Exile was a punishment imposed on the Jewish People at two fundamental turning points in history: by the Babylonian Empire (coinciding with the destruction of the First Temple) in 586 BCE, and by the Roman Empire (coinciding with the destruction of the Second Temple) in 70 CE.

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[4] With regards to the clinical notion of exile, see Schwartz (2001).

But *galut* can also be understood in broader terms that are not strictly limited to the question of geography. *Galut* is a theological condition suggesting existential loneliness and distance from God. Consider, for example, the words of Psalm 137:1-6:

By the rivers of Babylon, there we sat, sat and wept, as we thought of Zion.

There on the poplars we hung up our lyres,

for our captors asked us there for songs, our tormentors, for amusement, "Sing us one of the songs of Zion."

How can we sing a song of the LORD on alien soil?

If I forget you, O Jerusalem, let my right hand wither;

let my tongue stick to my palate if I cease to think of you, if I do not keep Jerusalem in memory even at my happiest hour.

The psalmist effectively blends geopolitical exile with spiritual exile in describing the traumatic sense of loss that the ancient Israelites were feeling, as they were forced to uproot their lives and trek hundreds of miles eastward, to modern day Iraq. In doing so, the Israelites separated physically and spiritually from the traditions, and the God, that were dear to them.

The contemporary theologian Rabbi David Wolpe (1990) expands on this:

God is not physically displaced, having dwelt once in Israel (as though He could be temporally located!) and now dwelling in a foreign land. Rather, God is separated from humanity, whether by sin or simple lack of care. This is the human exile of God. In this critical separation lies the greatest and deepest exile, and this is the summation of human exile from self and from the cosmos.

God comprehends both exilic forms because exile from the Creator is exile from the self, as well as exile from the Author of the universe, and so estrangement from the world. We have now left geographical exile behind and are in the fullness of existential, spiritual loss.

In the Jewish tradition one cannot be truly home, no matter the geographical circumstances, if one is separate from God. Conversely, one cannot be fully exiled if with God. This magic of endurance granted Jews the ability to survive exile. Although there was a physical exile, the spiritual homecoming was ever imminent. The sense of being at home with God that suffused the prayers and daily life of the Jew, in whatever land at whatever age, was the true homecoming. I cannot call on God, feel that He is present, and still see myself as fully alien to the world around me. (pp. 133-134)

Wolpe reminds us that there is an incredibly important, organic interdependence between a person's sense of self, their sense of connection to others, and their sense of connection to God. This study will look to see how that interdependence expresses itself in light of the current pandemic.

Shame and the Scapegoat: A Paradigm for Overcoming Spiritual Exile

Let us return to the question of shame, this time within the context of its theological implications.

Tangney and Dearing (2002) helpfully articulate the dichotomy between shame and guilt. Guilt is a feeling tied to a specific behavior, whereas shame is a feeling involving "fairly global negative evaluations of the self" (p. 24).

In the Clinical section of this project's Literature Review, the investigator established a clear relationship between the question of shame and that of isolation: human beings often choose isolation as a defense mechanism against having to experience their "negative evaluations of the self" within the public domain.

The wholesale isolation that our society is experiencing and witnessing at this moment raises important questions about whether individuals' sense of shame is being unconsciously triggered by the pandemic, and what, if anything, we should do to respond to it.

The Jungian analyst Sylvia Brinton Perera (1986) reflects historically on that question by suggesting that Judaism's initial scapegoat ritual (like other neighboring cultures') was an example of an early phenomenon that allowed ancient civilizations to conquer the emotional and theological isolation that came with shame by engaging in a healing rite. She notes: "We forget that originally the scapegoat was a human or animal victim chosen for sacrifice to the underworld god to propitiate that god's anger and heal the community" (p. 8).

The Torah's detailed description of the original observance of Yom Kippur can be found in Leviticus 16. The Biblical Author's approach to the subject grows precisely out of the psychological and theological belief that healing can be brought about by excising a community's sense of shame and guilt. As Leviticus 16:7-22 describes it:

> Aaron shall take the two he-goats and let them stand before the LORD at the entrance of
> the Tent of Meeting; and he shall place lots upon the two goats, one marked for the
> LORD and the other marked for Azazel. Aaron shall bring forward the goat designated
> by lot for the LORD, which he is to offer as a sin offering; while the goat designated by
> lot for Azazel shall be left standing alive before the LORD, to make expiation with it and

to send it off to the wilderness for Azazel. Aaron shall then offer his bull of sin offering,

to make expiation for himself and his household. He shall slaughter his bull of sin

offering, and he shall take a panful of glowing coals scooped from the altar before the

LORD, and two handfuls of finely ground aromatic incense, and bring this behind the

curtain. He shall put the incense on the fire before the LORD, so that the cloud from the

incense screens the cover that is over [the Ark of] the Pact, lest he die. He shall take some

of the blood of the bull and sprinkle it with his finger over the cover on the east side; and

in front of the cover he shall sprinkle some of the blood with his finger seven times. He

shall then slaughter the people's goat of sin offering, bring its blood behind the curtain,

and do with its blood as he has done with the blood of the bull: he shall sprinkle it over

the cover and in front of the cover. Thus he shall purge the Shrine of the uncleanness and

transgression of the Israelites, whatever their sins; and he shall do the same for the Tent

of Meeting, which abides with them in the midst of their uncleanness. When he goes in to

make expiation in the Shrine, nobody else shall be in the Tent of Meeting until he comes

out. When he has made expiation for himself and his household, and for the whole

congregation of Israel, he shall go out to the altar that is before the LORD and purge it:

he shall take some of the blood of the bull and of the goat and apply it to each of the

horns of the altar; and the rest of the blood he shall sprinkle on it with his finger seven

times. Thus he shall cleanse it of the uncleanness of the Israelites and consecrate it. When

he has finished purging the Shrine, the Tent of Meeting, and the altar, the live goat shall

be brought forward. Aaron shall lay both his hands upon the head of the live goat and

confess over it all the iniquities and transgressions of the Israelites, whatever their sins,

putting them on the head of the goat; and it shall be sent off to the wilderness through a

designated man. Thus the goat shall carry on it all their iniquities to an inaccessible

region; and the goat shall be set free in the wilderness.

Rabbi Jonathan Sacks (2015) elaborates on the function of the scapegoat in Judaism[5] as a

mechanism for expunging shame:

Shame cannot be removed by forgiveness. The victim of our crime may have forgiven us,

but we still feel defiled by the knowledge that our name has been disgraced, our

reputation harmed, our standing damaged. We still feel the stigma, the dishonor, the

degradation. That is why an immensely powerful and dramatic ceremony had to take

place during which people could feel and symbolically see their sins carried away to the

desert, to no-man's-land. A similar ceremony took place when a leper was cleansed. […]

Judaism is a religion of hope, and its great rituals of repentance and atonement are

part of that hope. We are not condemned to live endlessly with the mistakes and errors of

our past. That is the great difference between a guilt culture and a shame culture. But

Judaism also acknowledges the existence of shame. Hence the elaborate ritual of the

scapegoat that seemed to carry away the *tumah* [ritual impurity that resulted from sin],

the defilement that is the mark of shame. It could only be done on Yom Kippur because

that was the one day of the year in which everyone shared at least vicariously in the

process of confession, repentance, atonement and purification. When a whole society

confesses its guilt, individuals can be redeemed from shame.

The significance of the Leviticus 16 ritual wasn't limited to its ability to ameliorate the

sense of shame and spiritual exile that the Israelites were grappling with. The Leviticus 16 ritual

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[5] For a Christian gloss on these themes, see Pattison (2000).

also became a paradigm for Judaism's ongoing spirit of creativity, so as to imagine new rituals in every generation that are similarly aimed at creating a mechanism to overcome that existential loneliness, and the inner shame that is so often linked with it.

Two thousand years ago following the destruction of the Second Temple, the rabbis did just that when they established the tri-partite approach of the giving of *tzedakah* (acts of charity), the recitation of *t'filah* (prayer), and the doing of *teshuvah* (authentic apology and repentance) to replace the original scapegoat ritual.[6] And that spirit of invention and creativity has persisted during this season of pandemic, when new ritual practices like reciting a Hebrew blessing for putting on a face mask (Knopf, 2020) and a blessing for receiving the COVID-19 vaccine (Rullo, 2021) have been created so as to address the needs of the Jewish community in this present moment.

Concluding Thoughts

The coronavirus pandemic raises a host of pressing theological questions to consider, beginning with the central one of modernity: what does it mean to be an existentially lonely person of faith? More particularly, the present health crisis forces religious communities to continue to grapple with the role of technological change: to what degree can institutions that have functioned a certain way for decades, centuries, and even millenia suddenly switch gears to accommodate new technological realities? How will those decisions impact these institutions' abilities to serve the pastoral needs of its members? How will those decisions impact the quality of relationship between those members, and between those members and God?

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[6] This approach is 'canonized' in the well-known High Holiday prayer from the medieval period known as "Uneh Taneh Tokef." Discussion of earlier source material for the prayer can be found in Golinkin (2005).

This crisis also demands that we reflect on the spiritual sense of exile that comes with this pandemic's forced isolation. To what degree can Judaism's historic use of the scapegoat ritual serve as a paradigm for the creation of new rituals in this present moment to mitigate the sense of shame and isolation that is part and parcel of spiritual exile?

This pilot study will attempt to document one community's early responses to these pressing questions. The results of such a study will better enable this community, and others like it, to make more informed decisions about the best way to lead, serve, and function during the latter parts of this pandemic and beyond.

Methodology

Overview

The primary hypothesis of this study is that the quarantine being observed during the coronavirus pandemic has strengthened American Jews' bonds with their synagogue communities. A second hypothesis is that a relationship exists between increased depression/anxiety and increased sense of distance between temple members and their clergy/community.

This study will use quantitative assessment to evaluate the impact of the COVID-19 pandemic on individual Jewish identity and engagement in Jewish communal life. Leavy (2017) observes that, "Quantitative approaches are most commonly used in explanatory research investigating causal relationships, associations, and correlations" (p. 87). A quantitative study is uniquely well-suited to this investigation.   The survey is a questionnaire that sought "…information from a sample at one point in time" (p. 101).

The Survey

The survey (see Appendix C) consisted of 41 multiple choice questions. Participants were only able to select one answer per question, and every question had to be answered for the survey to be completed.

Questions 1-6 explored background demographics:

1. Please indicate your age

    a. 13-19

    b. 20-29

    c. 30-39

    d. 40-49

    e. 50-59

    f. 60-69

    g. 70-79

    h. 80-89

    i. 90-99

2. To which gender identity do you most identify:

    a. Male

    b. Female

    c. Non-Binary

    d. Transgender Male

    e. Transgender Female

    f. Not Listed

3. Which of the following describes your relationship status:

   a. Single

   b. Married/Partnered

   c. Divorced

   d. Widowed

4. Please select the highest level of education that you have completed:

   a. Currently attending High School

   b. Graduated High School

   c. Vocational Certification

   d. Bachelor's Degree or equivalent

   e. Master's Degree or equivalent

   f. Doctorate or equivalent

5. Prior to the onset of COVID-19, my employment status was:

   a. Full Time

   b. Part Time

   c. Not working

   d. Retired

6. Following the onset of COVID-19, my employment status is:

   a. Full Time

   b. Part Time

   c. Not working

   d. Retired

Questions 7-9 specifically inquire about respondents' religious identity:

7. Please select the statement that best describes you:

    a. I am Jewish.

    b. I am actively preparing for conversion to Judaism.

    c. I am not Jewish myself, but I identify as part of a Jewish household/family.

8. My religious affiliation prior to joining this synagogue would have been best described

    as:

    a. Reform Jew

    b. Reconstructionist Jew

    c. Conservative Jew

    d. Modern Orthodox Jew

    e. Post-Denominational Jew

    f. Unaffiliated Jew

    g. Not Jewish

9. I have been a member of this synagogue for the last:

    a. 1-5 years

    b. 6-10 years

    c. 11+ years

    d. I am a former synagogue member.

    e. I have never belonged to a synagogue.

Questions 10-23 inquire about respondents' psychological status. Note that questions 19-21

come directly from the Beck Depression Inventory (BDI-II) (Beck et al., 1996).

10. Prior to the onset of COVID-19, I would describe my typical amount of anxiety as:

    a. None at all

    b. A small amount

    c. A moderate amount

    d. A significant amount

    e. An overwhelming amount

11. Following the onset of COVID-19, I would describe my typical amount of anxiety as:

    a. None at all

    b. A small amount

    c. A moderate amount

    d. A significant amount

    e. An overwhelming amount

12. Prior to the onset of COVID-19, I was feeling isolated:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

13. Following the onset of COVID-19, I am feeling isolated:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

14. Prior to the onset of COVID-19, I was happy:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

15. Following the onset of COVID-19, I am happy:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

16. Prior to the onset of COVID-19, I felt alone:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

17. Following the onset of COVID-19, I feel alone:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

18. Which of the following best describes your experience of aloneness since the onset of the pandemic:

    a. I never experience aloneness.

    b. I am managing my aloneness well.

    c. I am struggling with my aloneness and am having trouble managing it.

    d. I am neither managing my aloneness, nor struggling with it.

19. Which of the following best describes your level of agitation today?

    a. I am no more restless or wound up than usual.

    b. I feel more restless or wound up than usual.

    c. I am so restless or agitated, it's hard to stay still.

    d. I am so restless or agitated that I have to keep moving or doing something.

20. Which of the following best describes your level of interest in people or things today?

    a. I have not lost interest in other people or activities.

    b. I am less interested in other people or things than before.

    c. I have lost most of my interest in other people or things.

    d. It's hard to get interested in anything.

21. Which of the following best describes your level of energy today?

    a. I have as much energy as ever.

    b. I have less energy that I used to have.

    c. I don't have enough energy to do very much.

    d. I don't have enough energy to do anything.

22. Have you experienced the loss of a loved one as a result of the pandemic?

    a. Yes

    b. No

23. Which of the following statements best describes your experience of grief during the

    pandemic, connected to the loss of your pre-quarantine way of life:

    a. I am not experiencing any grief.

    b. I am experiencing a little bit of grief.

    c. I am experiencing a moderate amount of grief.

    d. I am experiencing a significant amount of grief.

    e. I am experiencing an overwhelming amount of grief.

Questions 24-36 explore respondents' religious identity profile:

24. Prior to COVID-19, my typical frequency of participation in worship services at my synagogue was:

    a. Weekly

    b. Monthly

    c. A few times throughout the year

    d. Only for the High Holidays

    e. Never

25. Following the onset of COVID-19, my typical frequency of participation in online worship at my synagogue was/is:

    a. Weekly

    b. Monthly

    c. Less than monthly

    d. I expect that it will be only for the High Holidays.

    e. I don't expect to worship online.

26. Prior to the onset of COVID-19, I thought of my Jewish life/identity as:

    a. A primary defining aspect of myself – one of the most important parts of me.

    b. Part of a larger group of important identities within myself, but not the defining aspect of myself.

    c. Not particularly important to me.

27. Following the onset of COVID-19, my Jewish life/identity is:

    a.   A primary defining aspect of myself – one of the most important parts of me.

    b.   Part of a larger group of important identities within myself, but not the defining aspect of myself.

    c.   Not particularly important to me.

28. To what degree do you think of yourself as being emotionally invested in Jewish life?

    a.   I do not think of myself as being invested.

    b.   I am slightly invested in Jewish life.

    c.   I am moderately invested in Jewish life.

    d.   I am passionately invested in Jewish life.

29. Which of the following best describes your "pre-pandemic" relationship with God:

    a.   I did not believe in God.

    b.   I was actively struggling/questioning whether I believed in God.

    c.   I believed in God.

30. Following the onset of COVID-19, the following best describes my belief in God:

    a.   I do not believe in God.

    b.   I am actively struggling/questioning whether I believe in God.

    c.   I believe in God.

31. Which of the following best describes your feelings toward God now, as compared to prior to the onset of the pandemic?

    a.   I feel less angry with God now than I used to.

    b.   I feel more angry with God now than I used to.

    c.   The amount of anger I feel toward God is unchanged as a result of the pandemic.

32. Prior to the onset of COVID-19:

    a.   I felt socially disconnected from the other members of my Jewish community.

    b.   I felt neither socially disconnected from nor socially connected to the other members of my Jewish community.

    c.   I felt socially connected to the other members of my Jewish community.

33. Following the onset of COVID-19:

    a.   I feel socially disconnected from the other members of my Jewish community.

    b.   I feel neither socially disconnected from nor socially connected to the other members of my Jewish community.

    c.   I feel socially connected to the other members of my Jewish community.

34. Prior to the onset of COVID-19:

    a.   I felt distant from my community's clergy.

    b.   I felt neither distant nor close to my community's clergy.

    c.   I felt close to my community's clergy.

35. Following the onset of COVID-19:

    a.   I feel distant from my community's clergy.

    b.   I feel neither distant nor close to my community's clergy.

    c.   I feel close to my community's clergy.

36. In looking ahead to life after the pandemic, which of the following best describes your

thinking:

    a. Synagogue buildings and in person gatherings no longer seem important. The

        future of Jewish communal life should be moved online.

    b. Jewish life is best lived out in person. Online engagement should be

        discontinued.

    c. A hybrid model makes sense: we'll need to retain buildings and in person

        gatherings, but we'll also need to ensure there are online options for those who

        want/need it.

Questions 37-41 inquire about how respondents engage with video-call based technology:

37. Which of the following best describes you today?

    a. Accessing online programming is difficult because I cannot afford Internet access

        and/or technology hardware like a computer, tablet, or smartphone.

    b. I have access to the Internet and the requisite hardware, but I don't know how to

        use it.

    c. I have a "basic" understanding of technology that enables me to access some/most

        Zoom and other online programming.

    d. I am comfortable with technology.

38. Since the onset of the pandemic, have you utilized video calling technology for one or

more counseling sessions with your clergy?

    a. Yes

    b. No

39. Which of the following statements best describes your online counseling experience with

your clergy:

    a. I have not participated in an online counseling experience with my clergy.

    b. I found the online setting to be more effective/meaningful than a typical "in

       person" setting and would prefer to continue online in the future.

    c. I found the online setting to be neither more effective nor less effective and am

       neutral as to whether I would consider continuing online in the future.

    d. I found the online setting to be less effective and would strongly prefer an "in

       person" setting in the future.

40. Since the onset of the pandemic, have you utilized video calling technology for one or

more counseling sessions with a licensed mental health provider (like a social worker,

psychotherapist, psychologist, psychiatrist, or psychoanalyst)?

    a. Yes

    b. No

41. Which of the following statements best describes your online counseling experience with

   a licensed mental health provider?

   a. I have not participated in an online counseling experience with a licensed mental

      health provider.

   b. I found the online setting to be more effective/meaningful than a typical "in

      person" setting and would prefer to continue online in the future.

   c. I found the online setting to be neither more effective nor less effective and am

      neutral as to whether I would consider continuing online in the future.

   d. I found the online setting to be less effective and would strongly prefer an "in

      person" setting in the future.

Participants

Participation in this study was open to the email distribution list of a single Reform

congregation in Westchester County, NY, affiliated with the Union for Reform Judaism. The

approximate size of the congregation is 350 families. The email list is dominated by current

members of the synagogue, but also includes a small number of recently-resigned members who

still desire to receive email communication from the congregation. Given the prevalence of

interfaith marriage in American Reform Jewish life (Pew Research Center, 2013), some

respondents are not Jewish themselves, but do actively participate in the life of their nuclear

family's Jewish home. Participants' data has been kept highly secure. Consent forms linking

participants' name and code number are stored on a separate password protected server from the

password protected server containing survey results. Access to the consent forms is limited to

the investigator and his Faculty Advisors at Hebrew Union College.

Procedure

The questionnaire was advertised by email (see Appendix A) to the congregation's membership on the day that the survey opened (July 14, 2020). Any member of the congregation, age 13 and above, was invited to participate. In the case of households with multiple individuals who participated in the study, each individual participating in the survey was to fill out their own questionnaire. Emails included a link for participants to click on, which took them to the questionnaire at surveymonkey.com. The survey was live and available to receive responses for a period of seven days from the morning of July 14 through the evening of July 20, 2020. Participants were informed that completion of the Survey Monkey would take approximately ten minutes. Survey Monkey reports that the average time participants required to complete the survey was 8 minutes 18 seconds. Although no compensation was offered, all participants were entered into a drawing. Two randomly selected winners received $50 Amazon gift cards to incentivize participation.

Surveymonkey.com is a web-based platform that allows users and subscribers to create, distribute, and analyze different kinds of questionnaire data. The investigator had the option of reviewing collected results through Survey Monkey's own web-based portal, or downloading all of the collected data to Microsoft Excel for Mac 2019. The investigator downloaded all of the collected data to Excel. Although Surveymonkey offers limited aspects of its product for free, the investigator opened a paid student account to conduct this survey research.

The investigator used statistical analysis to explore a relationship between the traumatic onset of the COVID-19 pandemic and a shift in the way American Jews relate to their spiritual identity and house of worship. To reach that end, a professor at a major northeastern university with an expertise in analytic research methods helped perform analysis on selected subsets of the

collected data. The professor provided the investigator with a distribution analysis of every

survey question; provided a multivariate correlation analysis that indicated potential positive and

negative correlations on a subset of the collected data; ran statistical correlation analysis that

quantified correlation probability of positive or negative correlation of analyzed variables within

the aforementioned subsets; and created a series of general linear models to examine potential

predictors of congregants' online worship attendance during COVID-19.

Results

Snapshot of Participant Demographics

101 respondents completed the survey. They ranged in age from their 20s to their 90s,

with a mean age of between 50-59. 59 respondents were women and 42 were men. More than

three quarters were married. The mean level of respondents' completed education was a

Bachelor's degree. The mean of respondents' working status both before and after COVID was

part-time employment. Nearly all of the respondents were Jewish. Nearly three quarters of

respondents were Reform Jews prior to their affiliation with the Reform synagogue. The mean

tenure of synagogue membership for respondents was 6-10 years.

Detailed Survey Results

Question 1 asked about respondents' ages. No respondents were 13-19; two (2%) were in

their 20s; one (1%) in their 30s; 15 (14.9%) in their 40s; 17 (16.8%) in their 50s; 29 (28.7%) in

their 60s; 27 (26.7%) in their 70s; eight (7.9%) in their 80s; and two (2%) in their 90s. These

results are illustrated in Figure 1.

Figure 1

Age of Respondents
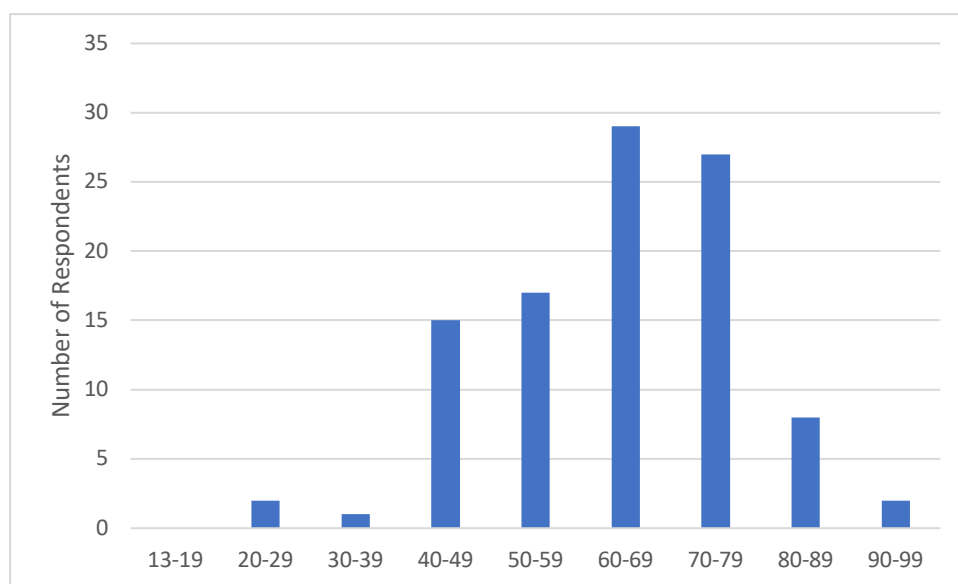
Question 2 inquired about gender identity. 59 (58.4%) identified as female; 42 (41.6%) identified as male; no respondents identified as Non-Binary, Transgender Male, or Transgender Female; and no respondents chose Not Listed. These results are illustrated in Figure D1.

Question 3 measured marital status. Five (5%) were single; 77 (76.2%) were married; four (4%) were divorced; and 15 (14.9%) were widowed. These results are illustrated in Figure D2.

Question 4 asked respondents about the highest level of education completed. None of the respondents were current high school students; three (3%) graduated high school; one (1%) earned vocational certification; 24 (23.8%) earned a Bachelor's Degree; 50 (49.5%) earned a Master's; and 23 (22.8%) earned a Doctorate. These results are illustrated in Figure D3.

The correlation analysis revealed a 98.07% likelihood of a significant positive correlation between level of attained education and amount of time (following the arrival of the pandemic)

that respondents felt alone. The correlation analysis also indicated a 97.42% likelihood of a significant positive correlation between level of attained education and a respondent's sense of struggle with aloneness. These results are illustrated in Table E1.

Question 5 inquired about employment status prior to the onset of COVID-19. 18 (17.8%) were employed part-time; 41 (40.6%) were employed full time; 9 (8.9%) were not working; and 33 (32.7%) were retired. These results are illustrated in Figure D4.

Question 6 sought information about respondents' employment status following the onset of COVID-19. 19 (18.8%) are working part-time; 35 (34.7%) indicated that they are currently working full time; 15 (14.9%) are not working; and 32 (31.7%) are retired. These results are illustrated in Figure D5.

The correlation analysis revealed that there is a 96.46% likelihood of a significant negative correlation between the number of hours respondents were working post-pandemic and the amount of grief they were experiencing vis a vis the loss of their pre-pandemic way of life. The correlation analysis also revealed a 95.34% likelihood of a significant positive correlation between number of hours worked after the pandemic's arrival and the level of agitation that respondents were feeling on the day of the inventory. These results are illustrated in Table E2.

A closer examination of the responses for Questions 5 and 6 reveals that one respondent (1%) is working more following the arrival of the pandemic; 10 respondents (10%) are working less. The relationship between responses to Questions 5 and 6 is illustrated in Figure 2.

Figure 2

Comparison of Employment Status Before and After COVID-19
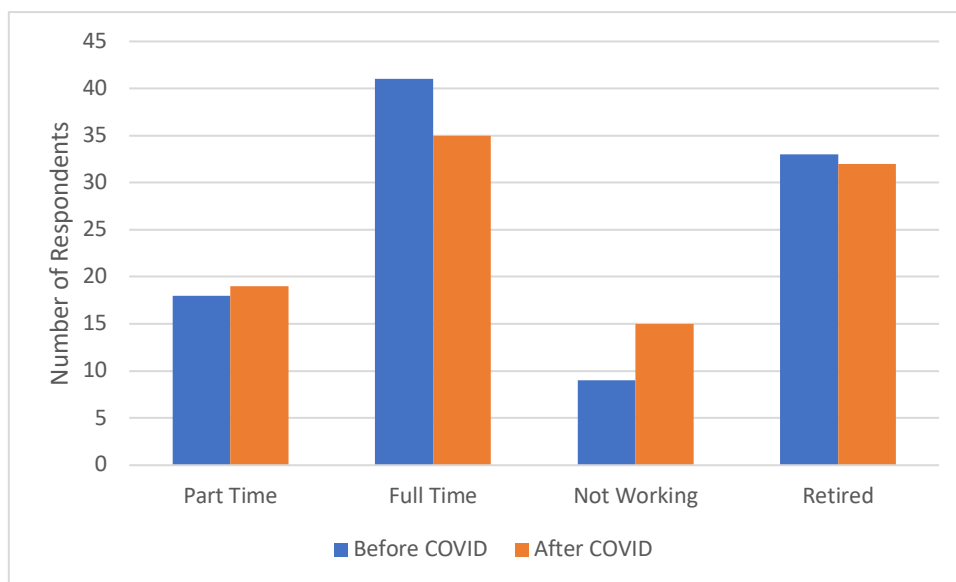
Question 7 explored respondents' religious identity. Four (4%) were not Jewish themselves but identify as part of a Jewish family; one (1%) is actively converting to Judaism; and 96 (95%) identified as Jewish.   These results are illustrated in Figure D6.

Question 8 measured religious affiliation prior to joining this (Reform) synagogue. Five respondents (5%) identified as non-Jewish; eight (7.9%) identified as unaffiliated Jews; one (1%) identified as Reconstructionist; 72 (71.3%) identified as Reform; 14 (13.9%) identified as Conservative; none of the respondents were Modern Orthodox; and one (1%) identified as post-denominational. These results are illustrated in Figure D7.

Question 9 inquired about how long respondents had been affiliated with the synagogue. Three (3%) have never been members of a synagogue; four (4%) described themselves as former members of the synagogue; 13 (12.9%) have been members for 1-5 years; six (5.9%) for 6-10

years; and 75 respondents (74.3%) have belonged to the synagogue for 11 or more years. These results are illustrated in Figure D8.

Emotional Profile

Question 10 asked respondents to describe their typical anxiety prior to the onset of COVID-19. 88 respondents (87.1%) indicated feeling some amount of anxiety prior to COVID. 13 (12.9%) indicated that they did not have any anxiety pre-COVID; 59 (58.4%) described having a small amount; 27 (26.7%) had a moderate amount; two respondents (2%) had a significant amount; and none of the respondents indicated that they had an overwhelming amount of anxiety prior to COVID-19. These results are illustrated in Figure D9.

Question 11 measured respondents' anxiety after the onset of COVID-19. 99 respondents (98%) indicated feeling some amount of anxiety following the onset of COVID. Two (2%) indicated no anxiety at all; 19 (18.8%) described feeling a small amount of anxiety; 53 (52.5%) feel a moderate amount of anxiety; 25 (24.8%) now feel a significant amount of anxiety; and two respondents (2%) now feel an overwhelming amount of anxiety.   These results are illustrated in Figure D10.

The correlation analysis revealed a 99.98% likelihood of a significant positive correlation between level of anxiety after the onset of COVID-19 and loss of way of life as a result of the pandemic. These results are illustrated in Table E3.

A closer examination of individual respondents' answers for Questions 10 and 11 indicated that 74 respondents (73.3%) felt a heightened level of anxiety after the onset of COVID, in comparison to before. One respondent (1%) indicated feeling less anxiety after the onset of COVID, in comparison to before. These results are illustrated in Figure 3.

Figure 3

Comparing Anxiety Before and After COVID-19
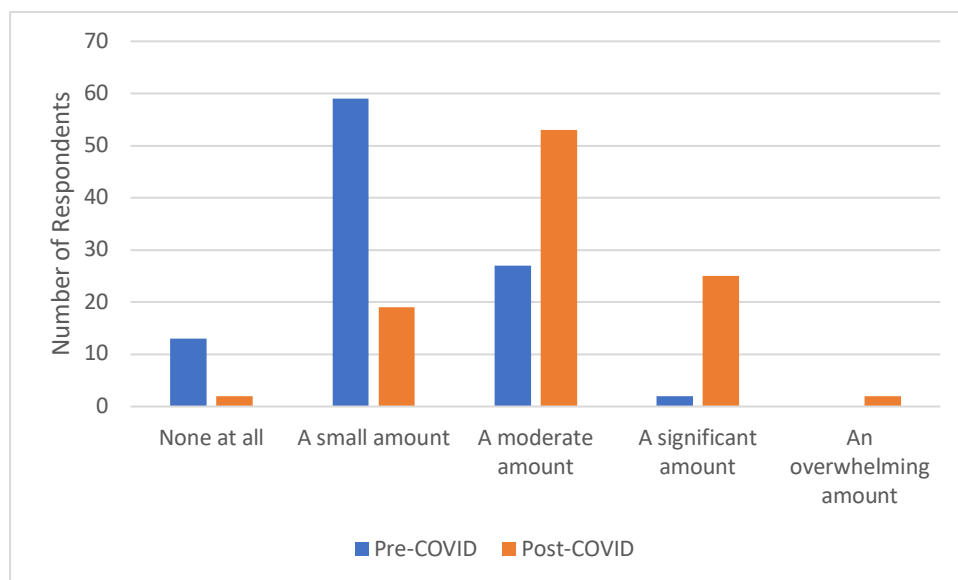
Question 12 asked respondents to describe their level of isolation prior to the onset of

COVID. 47 respondents (46.5%) indicated feeling some amount of isolation prior to the onset of

the pandemic. 54 (53.5%) never felt a sense of isolation prior to COVID; 33 (32.7%) indicated

feeling isolated a little bit of the time; 12 (11.9%) felt isolated some of the time; two (2%) felt

isolated most of the time; and no respondents felt isolated all of the time. These results are

illustrated in Figure D11.

Question 13 asked about isolation after the onset of COVID-19. 85 respondents (84.2%)

reported feeling some amount of isolation after the onset of COVID-19. 16 (15.8%) are not

feeling any sense of isolation following the onset of the pandemic; 25 (24.8%) are feeling

isolated a little bit of the time; 46 (45.5%) feel isolated some of the time; 14 (13.9%) feel isolated

most of the time; and no respondents indicated feeling isolated all of the time. These results are

illustrated in Figure D12.

The correlation analysis indicated a 96.78% likelihood of a significant positive correlation between isolation after the onset of the pandemic and magnitude of loss of way of life as a result of the coronavirus. These results are illustrated in Table E3.

A closer examination of individual respondents' answers to Questions 12 and 13 indicated that 76 (75.2%) were feeling a heightened amount of isolation after the onset of COVID-19; four respondents (4%) indicated feeling less isolated after the onset of the pandemic, as compared to before. These results are illustrated in Figure 4.

Figure 4

Comparing Isolation Before and After COVID-19
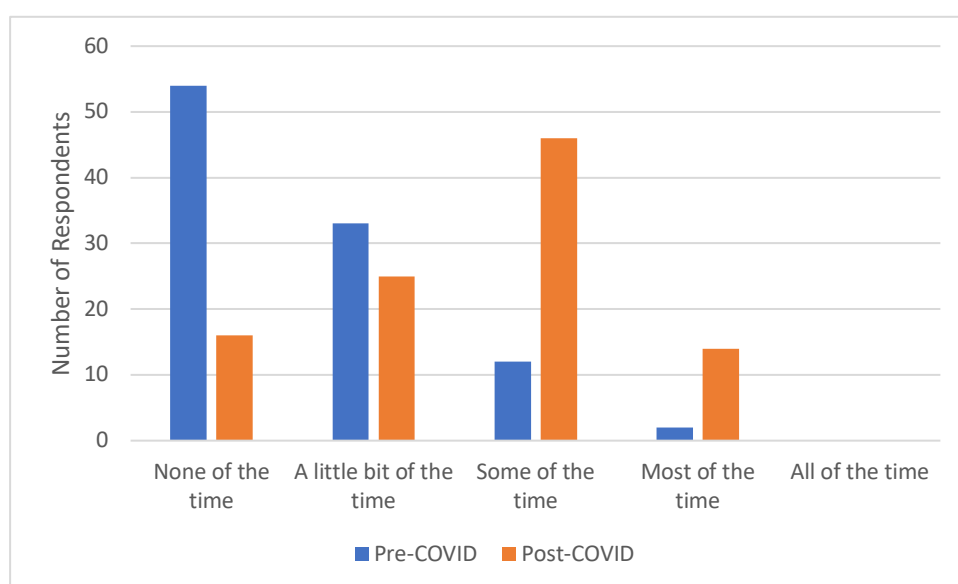
Question 14 explored the happiness that respondents felt prior to the pandemic. 101 respondents (100%) reported feeling some amount of happiness prior to COVID-19. No respondents indicated feeling happy none of the time; one (1%) felt happy a little bit of the time; 17 (16.8%) felt happy some of the time; 79 (78.2%) felt happy most of the time; and four

respondents (4%) felt happy all of the time, prior to the pandemic. These results are illustrated in Figure D13.

Question 15 inquired as to respondents' happiness after the arrival of COVID-19. 99 respondents (98%) reported feeling some amount of happiness after the arrival of the pandemic. Two (2%) indicated never feeling happy; 10 (9.9%) feel happy a little bit of the time; 48 (47.5%) feel happy some of the time; 39 (38.6%) feel happy most of the time; and two (2%) feel happy all of the time. These results are illustrated in Figure D14.

The correlation analysis revealed that there was a 99.51% likelihood of a strong positive correlation between happiness after the arrival of the pandemic and sense of closeness to the Jewish community after COVID's arrival; similarly: there was a 98.54% likelihood of a strong positive correlation between happiness after the start of the pandemic and sense of closeness to clergy. These results are illustrated in Table E4.

A closer examination of individual respondents' data pertaining to Questions 14 and 15 reveals that 50 (49.5%) feel less happy now, as compared to how they were feeling prior to the onset of COVID; none of the respondents feel more happy post-COVID, as compared to pre-COVID. These results are illustrated in Figure 5.

Figure 5

Comparing Happiness Before and After COVID-19
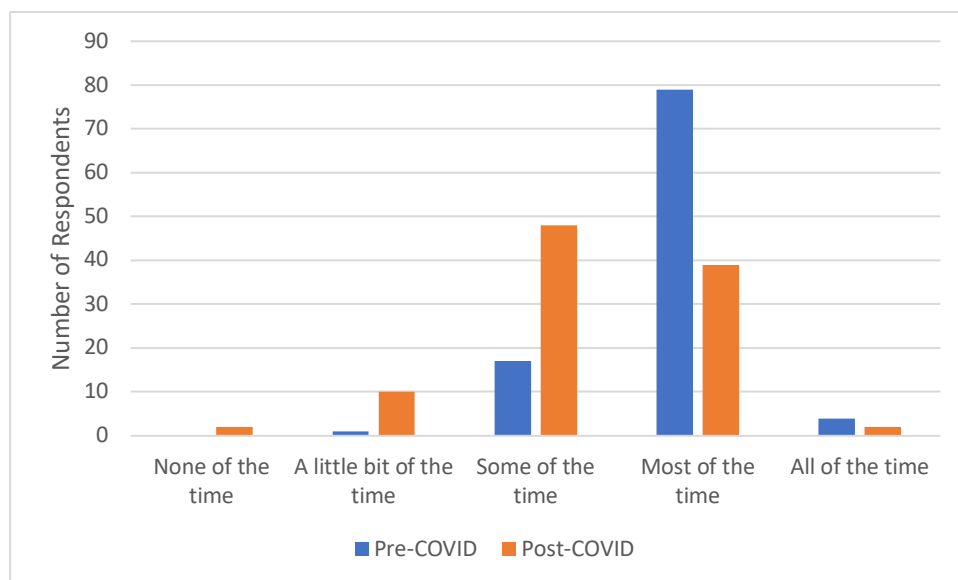
Question 16 asked respondents to measure their feelings of aloneness prior to the onset of the pandemic. 57 (56.4%) respondents indicated that they felt some amount of aloneness prior to COVID-19. 44 (43.6%) reported never feeling alone; 36 (35.6%) indicated feeling alone a little bit of the time; 20 (19.8%) felt alone some of the time; no respondents felt alone most of the time; and one respondent (1%) reported feeling alone all of the time. These results are illustrated in Figure D15.

Question 17 sought to measure aloneness after the onset of COVID. 76 respondents (75.2%) feel some amount of aloneness following the onset of the pandemic. 25 (24.8%) reported that they never feel alone; 33 (32.7%) indicate that they feel alone a little bit of the time; 33 (32.7%) indicated that they feel alone some of the time; 10 (9.9%) feel alone most of the time; and no respondents indicated that they feel alone all of the time. These results are illustrated in Figure D16.

A closer examination of respondents' individual responses to Questions 16 and 17 reveal that 41 (40.6%) feel more aloneness following the onset of COVID-19, as compared to prior to the coronavirus's arrival; one respondent (1%) indicated feeling less alone. These results are illustrated in Figure 6.

Figure 6

Comparing Aloneness Before and After COVID-19
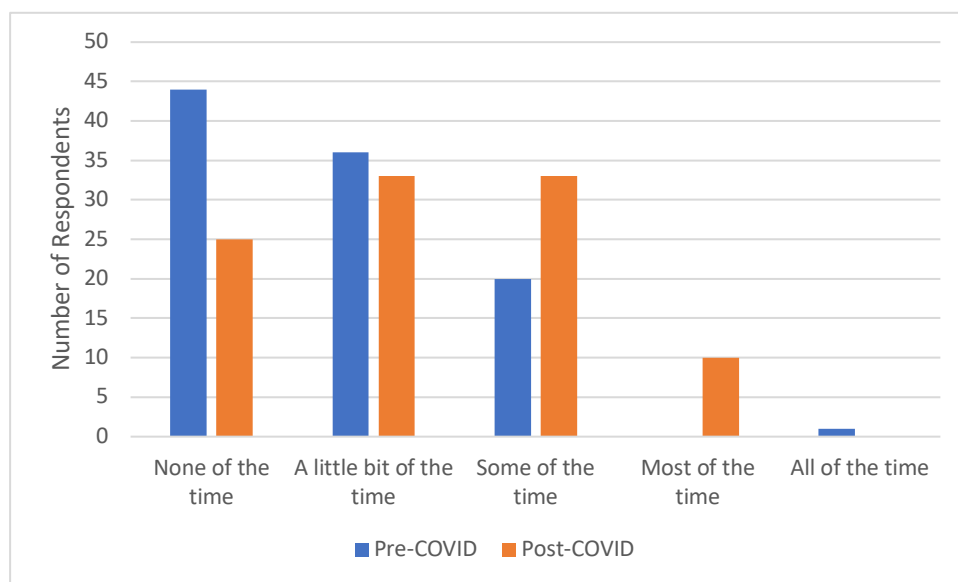
Question 18 explored the degree to which respondents felt they were struggling with, or managing, their aloneness. 28 (27.7%) noted that they never experience aloneness; 59 (58.4%) noted that they are managing their aloneness well; 11 (10.9%) are neither managing nor struggling with their aloneness; and three (3%) are struggling with their aloneness and are having trouble managing it. These results are illustrated in Figure D17.

Questions 19, 20, and 21 were taken directly from the BDI-II instrument (Beck et al., 1996), which helps clinicians measure signs of depression. Question 19 asked respondents to indicate their current level of agitation on the day they took the inventory. 43 (42.6%) indicated

signs of agitation.   58 (57.4%) noted that they did not feel any more restless or wound up than

usual; 42 (41.6%) felt more restless or wound up than usual; one (1%) felt so restless or agitated

that it was hard to sit still; and none of the respondents indicated that they were so restless or

agitated that they had to keep moving or doing something. These results are illustrated in Figure

D18.

Question 20 inquired about respondents' level of interest in people or things on the day

they took the inventory. 23 (22.8%) indicated signs of loss of interest in people or things. 78

(77.2%) indicated that they had not lost interest in other people or activities; 22 (21.8%) noted

that they were less interested in other people or things than before; one (1%) indicated that they

had lost most of their interest in other people or things; and no respondents noted that it was hard

to get interested in anything. These results are illustrated in Figure D19.

Question 21 asked participants to measure their energy level on the day they took the

inventory. 46 (45.5%) indicated signs of loss of energy. 55 (54.5%) noted that they had as much

energy as ever; 44 (43.6%) indicated that they had less energy than they used to; two respondents

(2%) shared that they don't have enough energy to do very much; and no respondents indicated

that they don't have enough energy to do anything. These results are illustrated in Figure D20.

43 participants responded to Question 19 affirming signs of agitation; 23 participants

reported loss of interest in people/things in Question 20; and 46 individuals reported decreased

energy in Question 21. 10 participants (9.9%) indicated signs of all three.

The investigator took a closer look to discern who these 10 were. Seven (70%) were

men. This data point is particularly interesting, given that 58.4% of all survey respondents were

women. Six of the 10 (60%) indicated that they had participated in online counseling with a

licensed mental health provider since the onset of the pandemic, as compared to only 18.8% of

all survey respondents. As for the age spread of these 10: one (10%) is in their 20s, as compared

to 2% of overall respondents; two (20%) in their 40s, as compared to 14.9% of all respondents;

three (30%) in their 50s, as compared to 16.8% of all respondents; and four (40%) in their 60s, as

compared to 28.7% of all respondents. Only one of the ten experienced a downgrade of working

status as a result of the pandemic, and only one of the ten lost a loved one as a result of the

pandemic.

Questions 22 and 23 sought to collect data on different aspects of respondents' loss and

grief. Question 22 inquired as to whether respondents had lost a loved one due to the pandemic.

Eight (7.9%) indicated that they had suffered such a loss; 93 (92.1%) did not. These results are

illustrated in Figure D21.

Question 23 asked respondents to characterize the amount of grief they had experienced

during the pandemic, as connected to the loss of their pre-pandemic way of life. 84 respondents

(83.2%) indicated some amount of grief as a result of their pre-pandemic loss of way of life. 17

(16.8%) noted that they were not experiencing any grief; 59 (58.4%) were experiencing a little

bit of grief; 19 (18.8%) were experiencing a moderate amount of grief; six (5.9%) were

experiencing a significant amount of grief; and no respondents indicated that they were feeling

an overwhelming amount of grief. These results are illustrated in Figure 7.

Figure 7

Grief Regarding Loss of Way of Life During Pandemic
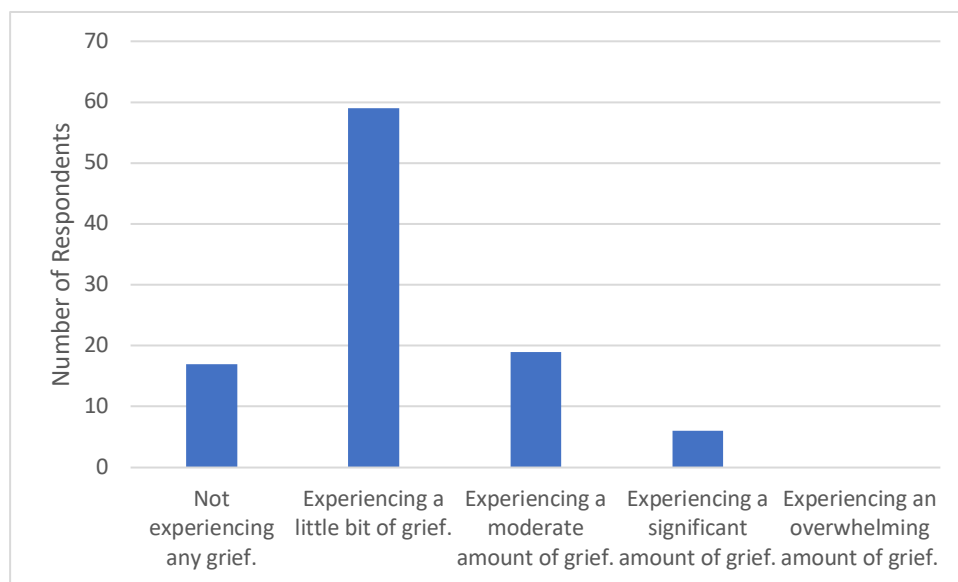
Spiritual Profile

Question 24 asked respondents to describe their worship attendance prior to the onset of the pandemic. 96 (95%) noted that they worshipped at least occasionally. Five (5%) indicated that they never participated in worship prior to COVID-19; 10 (9.9%) attended only during the Jewish High Holy Days of Rosh HaShanah and Yom Kippur; 47 (46.5%) attended a few times throughout the year; 26 (25.7%) attended monthly; and 13 (12.9%) attended worship weekly. These results are illustrated in Figure D22.

Question 25 asked respondents to indicate frequency of worship attendance online[7] following the onset of the pandemic. 93 (92.1%) noted that they do/will worship at least occasionally online. Eight (7.9%) noted that they wouldn't be praying online at all; 19 (18.8%)

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[7] All of this synagogue's worship has been online since the start of the pandemic.

indicated that they would only log in for worship during the High Holy Days; 35 (34.7%)

attended less than monthly; 15 (14.9%) worshipped online monthly; and 24 (23.8%) attended

weekly. These results are illustrated in Figure D23.

The correlation analysis revealed that there was a greater than 99% likelihood of

significant positive correlation between online worship attendance after the arrival of the

pandemic and all of the following: importance of Jewish life/identity following the arrival of

COVID; degree of emotional investment in Jewish life; sense of social connection to other

members of the Jewish community after the arrival of the virus; and closeness to clergy after the

arrival of the pandemic. The correlation analysis indicated a 97.58% likelihood of a positive

correlation between online worship attendance after the onset of the pandemic and a

respondent's happiness after the arrival of COVID. These results are illustrated in Table E5.

The correlation analysis also indicated that the single most likely correlating factor to

frequent online worship attendance after the onset of the pandemic was a respondent's sense of

closeness to clergy. This is indicated by a greater than 99.99% likelihood of positive correlation

between online worship and sense of closeness to clergy (both after the arrival of COVID).

These results are illustrated in Table E5. And this finding is reaffirmed by a general linear model

of respondents' data indicating that the predictive relationship between online worship

attendance and sense of connection to clergy is even stronger than factors like anxiety after the

arrival of the pandemic, happiness after the arrival of the pandemic, and sense of connection to

Jewish community after the onset of covid. This finding is illustrated in Figure 8.

Figure 8

General Linear Model: The Correlative Relationship Between Q25 (Online Worship Attendance After the Arrival of the Pandemic) and Q35 (Closeness to Clergy After the Arrival of the Pandemic)
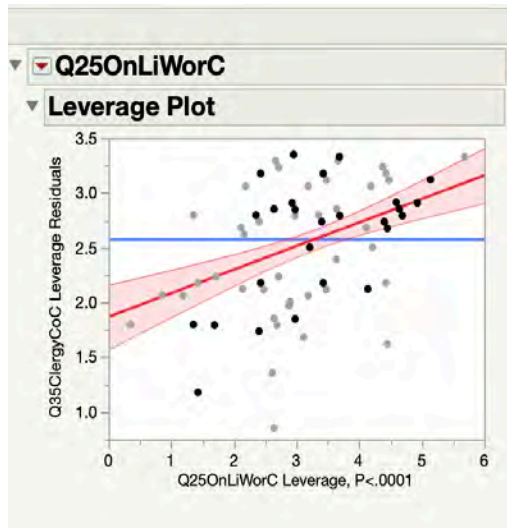
A closer examination of individuals' responses to Questions 24 and 25 revealed that 21 (20.8%) respondents are worshipping more frequently now than prior to the coronavirus; 23 (22.8%) are worshipping less frequently than they were before. These results are illustrated in Figure 9.

Figure 9

Comparing Worship Frequency Before and After COVID-19
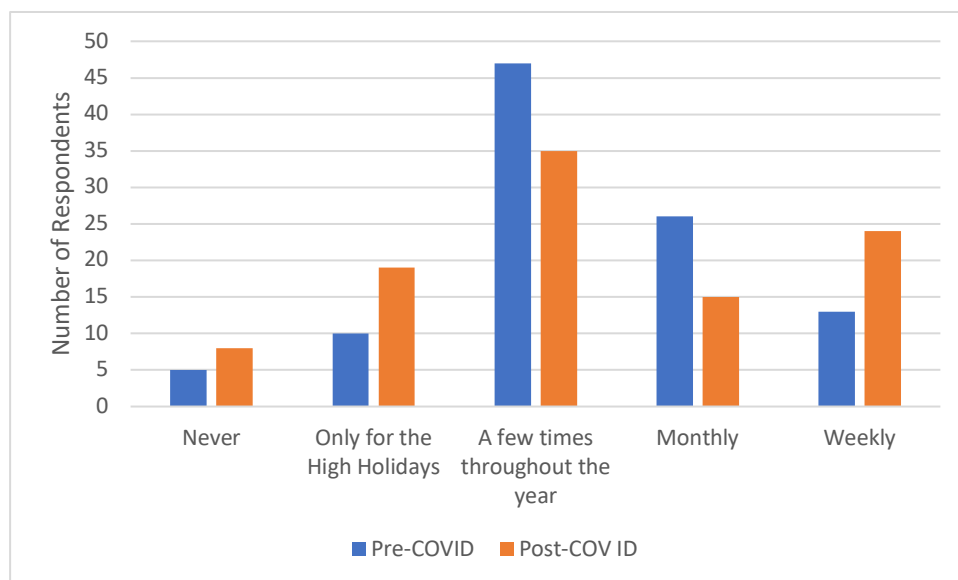
Question 26 invited respondents to characterize the role/importance of their Jewish life and identity prior to the onset of COVID-19. Four respondents (4%) indicated that their Jewish identity was not particularly important to them; 58 (57.4%) noted that their Jewish identity is part of a larger group of identities, but not the defining aspect of themselves; and 39 (38.6%) described their Jewish identity as a primary defining aspect of themselves. These results are illustrated in Figure D24.

Question 27 asked respondents to consider the role that their Jewish identity is playing following the onset of the coronavirus. Six respondents (5.9%) noted that their Jewish identity was not particularly important to them following the onset of COVID-19; 53 (52.5%) noted that their Jewish identity is part of a larger group of identities, but not the defining aspect of themselves; and 42 (41.6%) described their Jewish identity as a primary defining aspect of themselves. These results are illustrated in Figure D25.

The correlation analysis found a 99.89% likelihood of positive correlation between importance of Jewish life/identity after the onset of the pandemic and belief in God following the arrival of COVID. A similar likelihood of positive correlation was found between importance of Jewish life/identity after the onset of the virus and closeness to clergy after the arrival of the pandemic. A slightly smaller likelihood of positive correlation (98.68%) was found between importance of Jewish life and closeness to members of the synagogue community. These results are illustrated in Table E6.

A closer examination of the responses to Questions 26 and 27 revealed that four respondents' (4%) Jewish identities became more important to them following the onset of COVID; three respondents' (3%) Jewish identities became less important to them as a result of the pandemic. These results are illustrated in Figure 10.

Figure 10

Comparing Status of Jewish Identity Before and After COVID-19
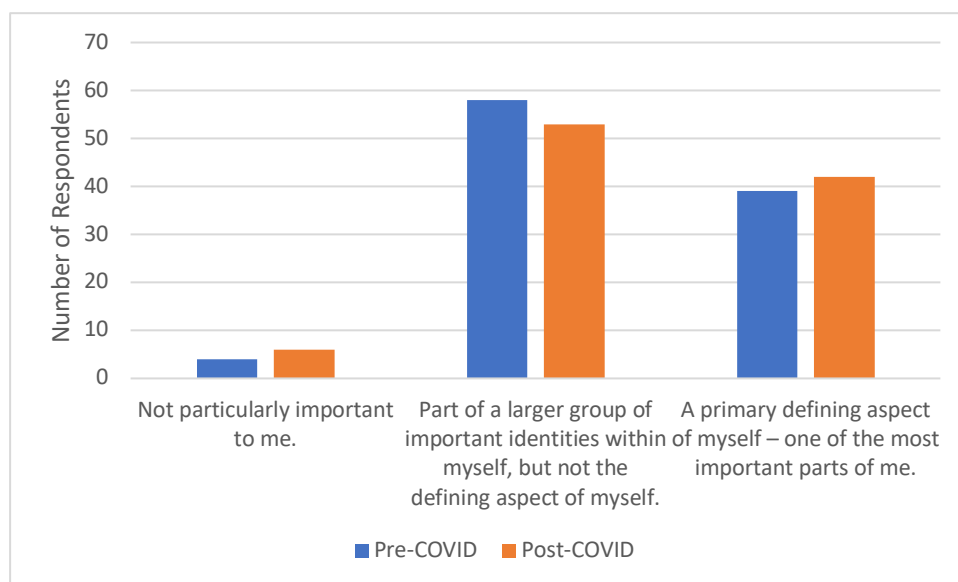
Question 28 asked respondents to describe their level of emotional investment in Jewish life. 97 (96%) indicated some degree of emotional investment in Jewish life. Four (4%) do not think of themselves as being invested; 14 (13.9%) were slightly invested in Jewish life; 64 (63.4%) indicated that they were moderately emotionally invested in Jewish life; and 19 (18.8%) described themselves as being passionately invested in Jewish life. These results are illustrated in Figure 11.

Figure 11

Emotional Investment in Jewish Life
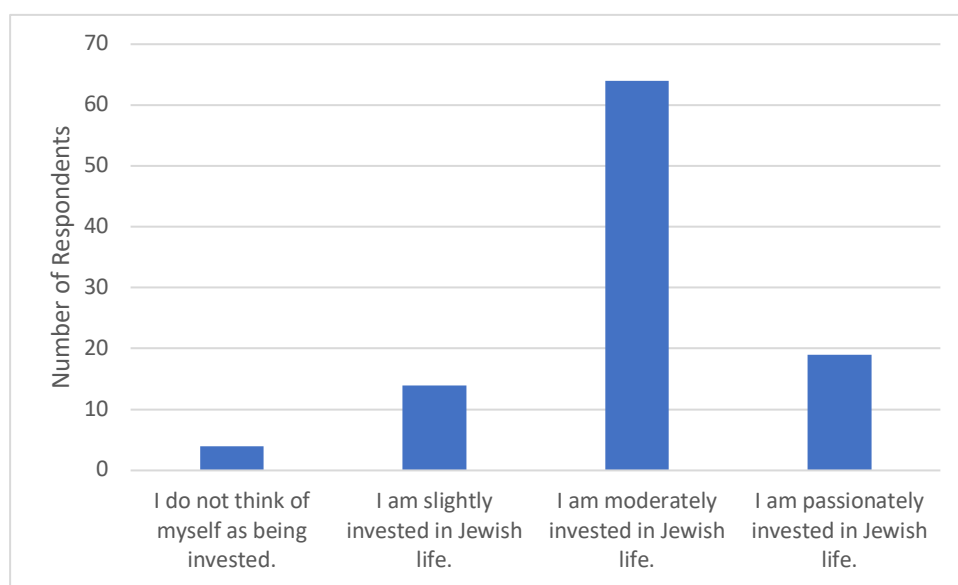
The correlation analysis revealed a 99.95% likelihood of significant positive correlation between sense of investment in Jewish life and closeness to other members of the community following the onset of COVID-19. And the analysis indicated a 99.98% likelihood of positive correlation between sense of investment in Jewish life and closeness to clergy following the arrival of the pandemic. These results are illustrated in Table E7.

A few observations about the 19 respondents who described themselves as being passionately invested in Jewish life: 5 of 19 (26.3%) were in their 50s; 8 of 19 (42.1%) were in their 60s; and 6 of 19 (31.6%) were in their 70s. 11 of the group (57.9%) were women; 8 (42.1%) were men. The vast majority of them (16 of 19, or 84.2%) were married. 89.5% of this group had Master's or Doctorate degrees, as compared to 72.3% of all survey respondents.

The variable that singularly characterizes this group is length of temple membership. 18 of the 19, or 94.7%, have been members of the synagogue for 11 or more years. This is a contrast to the 74.3% of total survey respondents who have been members for that length of time.

31.6% of this group of invested temple members noted that they were worshipping more frequently than they did prior to the pandemic, as compared to 20.8% of all survey respondents. Similarly, in our group of 19, only 10.5% are worshipping less frequently now, as compared to 22.8% of all survey respondents.

Question 29 asked respondents to describe their belief in God prior to the pandemic. 18 (17.8%) did not believe in God; 31 (30.7%) were struggling/questioning whether they believed in God; and 52 (51.5%) indicated that they believed in God. These results are illustrated in Figure D26.

The correlation analysis revealed that there was a 97.04% likelihood of a strong positive correlation between belief in God prior to the pandemic and sense of social connection with other members of the Jewish community prior to COVID. These results are illustrated in Table E8.

Question 30 asked about belief in God following the onset of the coronavirus. 17 (16.8%) no longer believe in God; 34 (33.7%) are struggling/questioning whether they believe; and 50 (49.5%) believe in God. These results are illustrated in Figure D27.

The correlation analysis indicated a 96.59% likelihood of a significant positive correlation between belief in God *after* the arrival of COVID and sense of social connection to other members of the Jewish community *before* the arrival of the pandemic. No such correlation was found to exist between belief in God *after* the arrival of the pandemic and sense of connection to others *after* the pandemic. The correlation analysis revealed a 98.28% likelihood of positive correlation between belief in God after the arrival of COVID and online worship after the arrival of COVID. These results are illustrated in Table E9.

A closer examination of individuals' responses to Questions 29 and 30 indicate that the onset of the pandemic did not have significant theological consequences. One respondent's belief in God grew stronger; two respondents' beliefs grew weaker. These results are illustrated in Figure 12.

Figure 12

Comparing Belief In God Before and After COVID-19
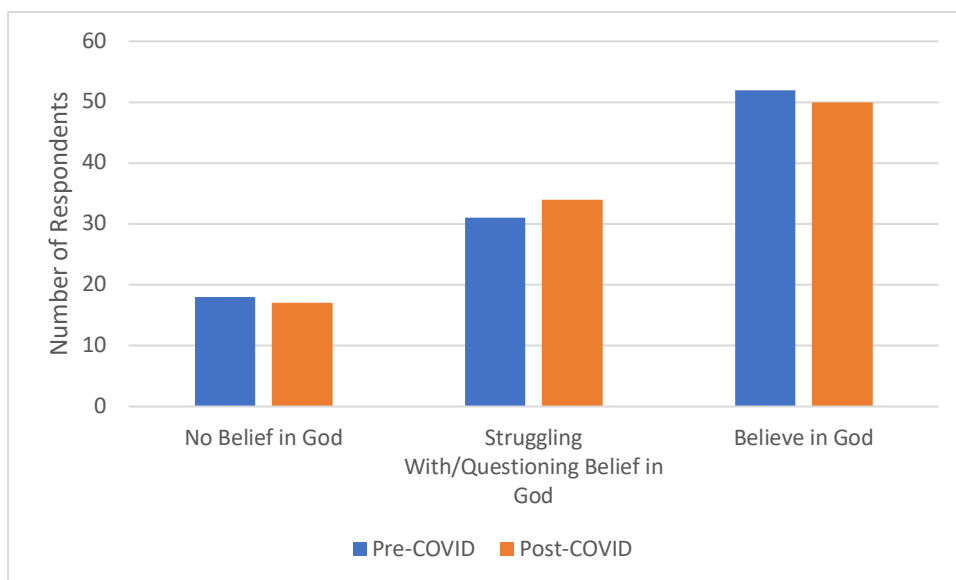
That observation is echoed in Question 31, which investigated respondents' anger at God post-pandemic, in comparison with pre-pandemic times. Four respondents (4%) feel less angry with God now than they used to; 95 (94.1%) indicate that the amount of anger they feel towards God now is unchanged as compared to before the pandemic; and two (2%) are more angry with God than they used to be. These results are illustrated in Figure 13.

Figure 13

Comparing Anger Towards God Before and After COVID-19
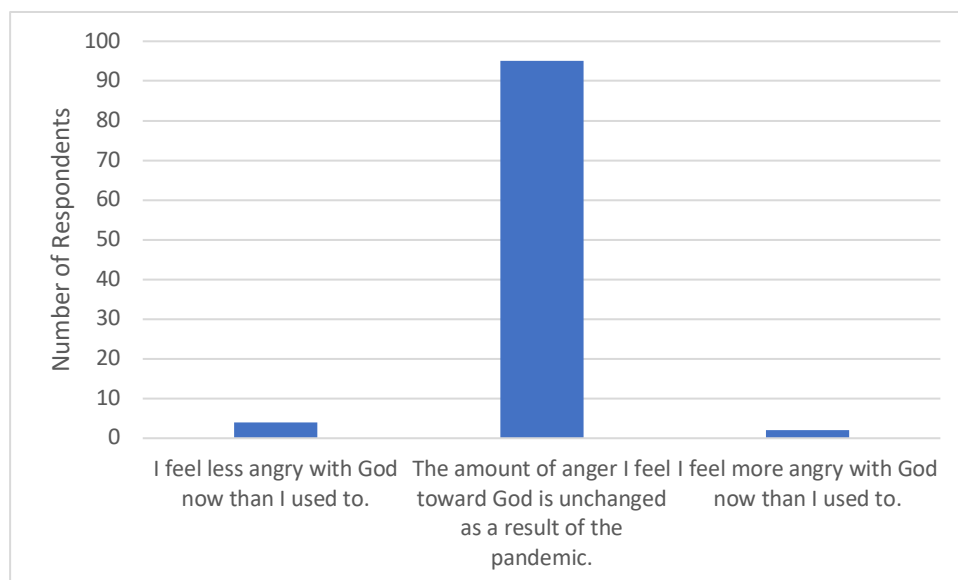
Question 32 asked respondents to measure their social connection to the Jewish community prior to the coronavirus. Four (4%) felt disconnected; 35 (34.7%) felt neither connected nor disconnected; and 62 (61.4%) felt socially connected to the other members of their Jewish community. These results are illustrated in Figure D28.

Question 33 inquired about social connection to the Jewish community after the onset of the pandemic. Eight (7.9%) felt disconnected following the arrival of COVID; 41 (40.6%) were neither disconnected nor connected; and 52 (51.5%) felt connected. These results are illustrated in Figure D29.

A closer examination of individuals' responses to Questions 32 and 33 indicates that 14 respondents (13.9%) feel less connected as a result of COVID-19; and five respondents (5%) felt more strongly connected to their Jewish community as a result of the virus. These results are illustrated in Figure 14.

Figure 14

Comparing Social Connection to the Jewish Community Before and After COVID-19
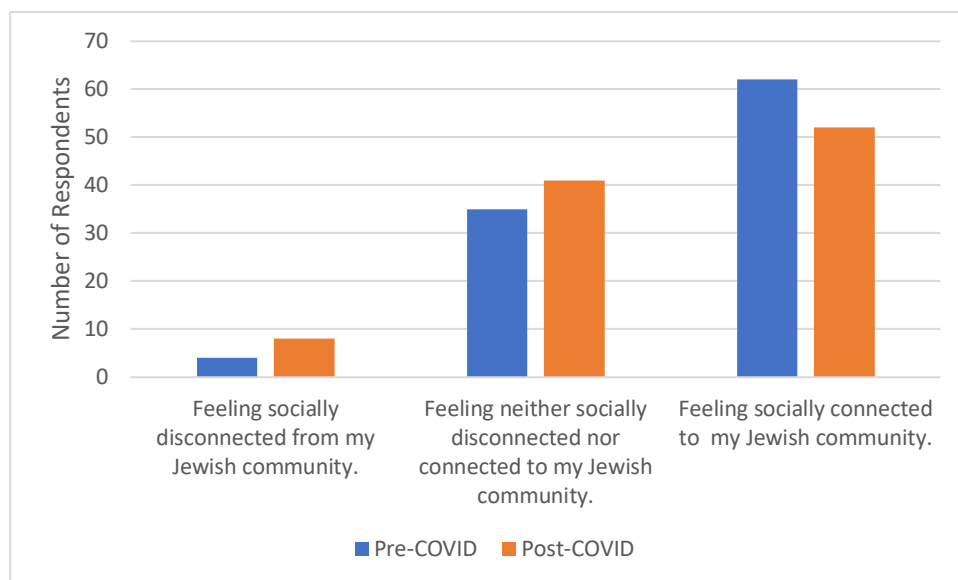
Question 34 asked respondents to indicate their sense of closeness to their clergy prior to COVID-19. Two respondents (2%) felt distant from clergy; 31 (30.7%) felt neither distant nor close; and 68 (67.3%) felt close to clergy. These results are illustrated in Figure D30.

Question 35 inquired about closeness to clergy following the onset of the pandemic. Four (4%) felt distant; 35 (34.7%) felt neither distant nor close; and 62 (61.4%) felt close to clergy. These results are illustrated in Figure D31.

A closer examination of individuals' responses to Questions 34 and 35 revealed that 10 respondents (9.9%) felt more distant from their clergy as a result of the pandemic; and three (3%) felt closer. These results are illustrated in Figure 15.

Figure 15

Comparing Closeness to Clergy Before and After COVID-19
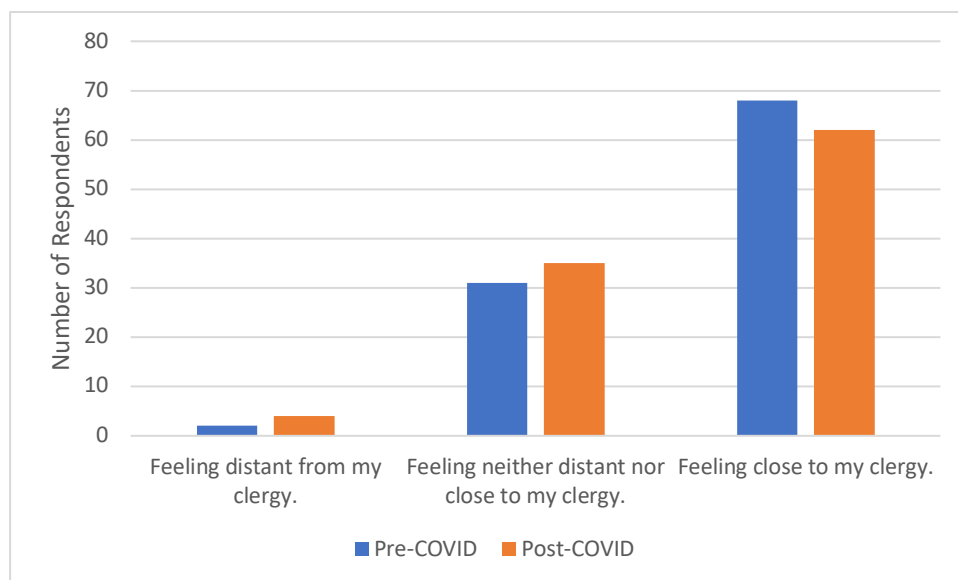
Question 36 asked respondents to look ahead to life after the pandemic in assessing the importance of in person and virtual synagogue engagement. No respondents indicated that Jewish life should be moved exclusively online; 92 (91.1%) favored a hybrid model that embraces both in person and online opportunities; and nine (8.9%) indicated that Jewish life should be lived out exclusively in person. These results are illustrated in Figure D32.

The correlation analysis revealed a 98.27% likelihood of a significant negative correlation between those who want online Jewish engagement to end once the pandemic is over and respondents' sense of emotional investment in Jewish life. The analysis also indicated a 95.06% likelihood of a significant negative correlation between those who want online Jewish engagement to end and sense of Jewish identity prior to the onset of the pandemic. These results are illustrated in Table E10.

Engaging with Video Call Technology

Question 37 asked respondents to describe their comfort using online technology. No respondents indicated that finances were a reason that they could not access technology; two (2%) indicated that they had Internet access and the requisite device, but did not know how to use it; 24 (23.8%) indicated a basic ability to access Zoom technology; and 75 (74.3%) indicated a comfort with technology. These results are illustrated in Figure D33.

Question 38 inquired as to whether respondents had utilized video technology for one or more counseling sessions with clergy since the onset of the pandemic. 91 respondents (90.1%) had not; 10 (9.9%) indicated that they had. These results are illustrated in Figure D34.

Question 39 explored the effectiveness of pastoral counseling via online videoconference. 93 (92.1%) indicated that they had not participated in such a meeting; two (2%) found online counseling to be less effective than an in person session; five (5%) found online to be neither more nor less effective; and one (1%) found the online setting to be more effective than in person. These results are illustrated in Figure D35.

Question 40 sought information about respondents' engagement with a licensed mental health clinician online since the onset of the pandemic. 82 (81.2%) respondents had not worked with a clinician online over the last few months; 19 (18.8%) had. These results are illustrated in Figure D36.

Question 41, the final one on the inventory, explored the effectiveness of online videoconferences in comparison to in person work with a licensed clinician. 81 (80.2%) noted that they had not worked with a clinician online since the onset of the pandemic; six (5.9%) found the online setting to be less effective; 14 (13.9%) found it to be neither more nor less

effective; and none found the online setting to be more effective than an in person meeting. These results are illustrated in Figure D37.

Discussion

Support of Original Hypotheses, and Primary Learnings

The first hypothesis of this study was that the experience of quarantine observed during the coronavirus pandemic had strengthened American Jews' bonds with their synagogue communities. I found that respondents' data support this hypothesis most clearly in the correlation between Questions 23 (measuring grief of loss of way of life) and 35 (closeness to clergy after the arrival of the pandemic). The data there indicates a 96.09% likelihood of a significant positive correlation, suggesting that the greater the grief that a respondent was experiencing from the pandemic, the closer they felt to clergy.

A secondary indicator affirming that the pandemic strengthened Jews' connection to their house of worship can be seen in the relationship between respondents with heightened levels of anxiety and those who are worshipping more frequently following the onset of the pandemic. Of the 21 respondents who are worshipping more frequently, 81% of them are experiencing an increased sense of anxiety. This is a notable increase beyond the 73% of all survey participants who report increased anxiety, thus indicating a likely relationship between increased anxiety and increased worship attendance. And yet, at the same time, I would note that this observation is not as visible when one looks at the entire sample. Further study, with perhaps a larger sample size, would be required to better discern the nature of the relationship between anxiety and connection to religious community.

The second hypothesis explored whether a relationship exists between increased depression/anxiety and increased sense of distance between temple members and their clergy/community.   The results clearly affirmed this hypothesis. For example, there is a 99.72% certainty of significant negative correlation between Questions 20 (measuring level of interest in people/things) and 28 (level of emotional investment in Jewish life), meaning that the more uninterested respondents were in people/things, the less emotionally involved they were in Jewish life.

Furthermore, there is a 97.6% certainty of significant negative correlation between Questions 20 (level of interest in people/things) and 35 (distance from clergy after the arrival of the pandemic), meaning that the more uninterested respondents were in people/things, the less close they felt to their clergy. This finding suggests isolation, understanding that isolation is a "turning inward" and a defense mechanism against the loneliness of the pandemic.

Secondarily, the second hypothesis is supported by virtue of the data surrounding the 74 respondents who affirmed a heightened level of anxiety as a result of the pandemic. Of those 74, 17.6% felt more socially disconnected from their Jewish community as a result of the pandemic, as compared to 13.9% of all survey respondents. This finding was echoed in my closer examination of the 66 respondents who showed at least one sign of depression in response to the three questions on the survey (Questions 19, 20, and 21) from the Beck inventory (Beck et al., 1996) concerning agitation, level of interest in people/things, and level of energy respectively (see Appendix C for the full questionnaire). Of those 66, 15.2% felt more socially disconnected from their Jewish community as a result of the pandemic, as compared to 13.9% of all survey respondents. Similarly: among the 66 who showed at least one sign of depression, 13.6% felt more distant from clergy as a result of the pandemic, as opposed to 9.9% of all survey

respondents. All of these results underscore my hypothesis that the mental health impact of the pandemic served to further distance synagogue members from their communal ties with fellow members and clergy.

Timing of the Survey

This survey was conducted in July of 2020, approximately four months into the outbreak of the COVID-19 pandemic in the United States.

Beyond the pandemic (and its mental health, cultural, and economic impacts), the run up to the American presidential election of 2020 was occurring, and the United States was navigating significant racial justice protests in the wake of the tragic killing of George Floyd on May 26, 2020. If I were to conduct further pandemic-related research in the future, it would be important to discern how the mental health impact of the pandemic changed from Month 4 (when this survey was conducted) to Month 10 etc.

On July 15, 2020 (24 hours into data collection), I realized that I had been the victim of an email spam attack that sent a malicious phishing request (impersonating me) to many in the surveyed congregation. The spam attack was consistent with the kinds of attacks that synagogues around the country (and in Westchester County) had been experiencing in the months immediately prior (Feldman, 2020). A notification was sent to the congregation's email list, and clarified that the request to participate in the survey sent a day earlier was wholly legitimate. It is impossible to know to what degree the spam diminished further participation in the survey.

Participants and Their Demographic Profile

101 respondents completed the survey. Survey Monkey registered eight additional people who participated in, but did not complete, the survey. All 109 granted consent. As for the eight respondents who did not answer all of the questions (referred to here as Respondents A-H):

- Respondent A, a divorced woman in her 60s, only filled out the demographic questions (1-9). The respondent indicated in post-survey follow-up that the subsequent questions made her uncomfortable and self-conscious.

- Respondent B, a 14 year old young man, was by far the youngest respondent. He filled out the consent portion, and then abandoned the survey.

- Respondent C, a married man in his 70s, filled out the demographic questions and then abandoned the rest of the survey.

- Respondent D is a married woman in her 60s. She answered all of the questions on the survey until discontinuing the questionnaire at #24. Questions 22-23 explore issues of grief, and so I wonder as to whether the respondent may have been particularly sensitive to that theme and chose not to continue as a result.

- Respondents E and F were the same person. For reasons unknown to me, the individual logged in to the survey on two separate occasions to fill out the consent form, and so was counted as two separate respondents. She did not answer any of the survey questions.

- Respondent G is a married woman in her 70s. She answered the demographic questions on the survey before discontinuing the instrument. When I phoned her shortly after the survey closed to inquire, she explained that she had grown suspicious about the "authenticity" of the survey, in relation to the aforementioned spam attack.

- Respondent H gave consent, but did not answer any of the survey questions.

With regards to the 101 who completed the survey, I was not surprised by participant demographics. Active members of American Reform congregations, particularly in the suburbs, tend to skew older and female (Fishman & Parmer, 2008).

The mean level of education completed (Bachelor's Degree) belies the somewhat astounding fact that 72% of respondents attained either a Master's or Doctorate, as compared to 12% of adults nationwide (United States Census Bureau, 2019). It is critical to remember that this pilot study was conducted in Westchester County, New York, a wealthy and highly-educated bedroom community of New York City.

The results of this pilot study raise important questions about the relationship between attained education and what Winnicott (1958) called 'the capacity to be alone.' The finding of a significant positive correlation between level of attained education and amount of the time (following the arrival of the pandemic) that respondents felt alone *and* the finding of a significant positive correlation between level of attained education and a respondent's sense of struggle with aloneness are both worthy of note. If I pursue future research in this area, I would look to more closely discern the degree to which socioeconomic and educational status influence respondents' mental health profiles as well as respondents' strength of relationship to their house of worship community.

The survey also inquired about respondents' working status before and after the arrival of the pandemic. Our finding of a significant negative correlation between the number of hours respondents were working post-pandemic and the amount of grief they were experiencing vis a vis the loss of their pre-pandemic way of life is noteworthy. This suggests that those who have

more free time on their hands are more impacted by the isolating ramifications of quarantine.

Further study would be required to discern whether that is a phenomenon that we see across a

larger sample of the American population. The correlation analysis also revealed a significant

positive correlation between number of hours worked after the pandemic's arrival and the level

of agitation that respondents were feeling on the day of the inventory. At first glance, I found

these findings to be somewhat paradoxical: if agitation and grief are two related signs of

depression, how could it be that number of hours worked is positively correlated to one, and

negatively correlated to the other? Wouldn't we expect a greater level of consistency with

regards to the broader question of relationship between number of hours worked and degree of

signs of depression?

After further reflection, I would hypothesize that the data reveals fundamental differences

(rather than similarities) in comparing agitation and grief. The data collected suggests that we

think of those emotional responses as being discrete, with their own textures and identities, rather

than mistakenly presuming that they belong in the same 'emotional bucket.' Future work is in

order to better discern these differences.

10% of respondents were working less following the arrival of COVID-19. This group of

10 respondents represents the group whose employment was negatively impacted by the

pandemic. I took a closer look at these respondents' answers to Question 20, measuring loss of

interest in people/things (as one sign of depression) to discern whether those whose jobs were

negatively impacted by the pandemic were more vulnerable to depression and anguish. 22.8% of

all respondents showed signs of loss of interest as compared to 50% of this group. The stark

contrast suggests a link between employment status and mental health (Murphy & Athanasou,

1999; Zivin et al., 2011; Dooley, 2003). Further study on the matter is in order if I take up future research.

Clinical Observations

The primary clinical focus of this project was on the different ways in which the coronavirus impinged on respondents' emotional health. But at the outset of this Discussion, I would note that this was a population of individuals who were already 'hurting' to some degree prior to the onset of the pandemic. We see this in the 87.1% who were experiencing anxiety before COVID-19; the 46.5% who were feeling isolated before the pandemic; and the 56.4% who experienced aloneness before COVID. Further study is called for to better discern how these trends compared to more widely observed patterns of Americans' emotional health in the years leading up to 2020. Additionally, further study is in order to better understand how the strength of one's emotional health before the pandemic impacts one's ability to cope and navigate a post-pandemic world.

I was not surprised to learn that 73.3% of respondents were feeling more anxious following the arrival of the pandemic, and that 75.2% were feeling more isolated. That coincides with what we would expect to see during a life-threatening international health crisis. More surprising is the reality that only 49.5% are less happy, and that only 40.6% are feeling more alone. I'm curious as to whether these phenomena were muted as a result of Westchester's unique socioeconomic profile. Alternatively: perhaps anxiety and isolation fall into one 'bucket' of mental health phenomena, and happiness/aloneness are in another, which could explain why this sample was impacted by one group of emotions but not the other (Winnicott, 1958). Further study is required.

With regards to happiness, I'm not just wondering about the role of socioeconomics; there is also the question of location/distance to a prominent urban core. Given the fact that all of the participants in this study were residents of the northern suburbs of New York City, I'm curious: is happiness increased or decreased in relation to proximity to a prominent urban core (Berry & Okulicz-Kozaryn, 2011; Burger et al., 2020)? A further study encompassing urban, suburban, and rural samples could shed light on that question.

The correlation analysis revealed a strong positive correlation between happiness after the arrival of the pandemic and sense of closeness to the Jewish community after COVID's arrival; similarly: we found a strong positive correlation between happiness after the start of the pandemic and sense of closeness to clergy. Both of these findings underscore our earlier assertion of the illustration of our second hypothesis, which argued that emotional positivity correlates to communal connection in the shadow of the pandemic.

It's worth pointing out that the onset of the pandemic didn't just make things worse for respondents. In the case of one participant, the pandemic seems to be a positive thing! This individual reported feeling less anxiety and less aloneness. And four respondents indicated feeling less isolated (presumably as a result of the connection that platforms like Zoom enabled between people, even when they were not able to congregate in person).

I would call attention to the wording, and answers, of Questions 17 and 18. Question 17 inquired about aloneness after the onset of the pandemic, and 25 respondents indicated that they feel alone "none of the time." Question 18 similarly asked "which of the following best describes your experience of aloneness since the onset of the pandemic" and 28 respondents indicated "I never experience aloneness." I'm curious about the discrepancy that is indicated here. Why would three respondents indicate never feeling alone in Question 18, but not in Question 17? I

wonder about the ways in which "aloneness" is a loaded term. Perhaps respondents are in denial about their loneliness as a defense mechanism, resulting in the high number of people who describe themselves as never feeling alone in these two questions. Alternatively, perhaps respondents (if they are living with others) presumed that since they are living with others, aloneness is a state of mind/experience that doesn't, or shouldn't, apply to them. A revision of the wording of these questions might be in order if I pursue further study.

> We now turn our attention to depression, here described by McWilliams (2011):
>
> A clinical depression is pretty unmistakable. Many of us have had the bad luck to have suffered the unremitting sadness, lack of energy, anhedonia (inability to enjoy ordinary pleasures), and vegetative disturbances (problems in eating, sleeping, and self-regulating) that characterize the disorder. Freud was the first writer to compare and contrast depressive ("melancholic") conditions with normal mourning; he observed that the significant difference between the two states is that in ordinary grief, the external world is experienced as diminished in some important way (e.g., it has lost a valuable person), whereas in depression, what feels lost or damaged is a part of the self. Grief tends to come in waves; between the episodes of acute pain when one is reminded of a loss, one can function almost normally, whereas depression is relentless and deadening. The mourning process ends in slow recovery of mood, whereas depression can go on and on.
>
> (p. 236)

I wonder: to what degree is the clinical differentiation between depression and grieving useful, if the depression of this season was induced by a traumatic, society-wide loss (namely: the loss of our freedom, our routines, and our ability to freely interact with others in person)?

To more closely plumb the extent of prevalent signs of depression in this small scale pilot

study, I chose to use three questions from Beck's (1996) 21 question BDI-II instrument, a

standard clinical instrument for measuring indicators of depression. If I were to pursue this

project in the future, careful consideration ought to be given to using all (or an expanded subset)

of the BDI-II to more effectively measure for signs of depression among survey participants.

Question 23 (discerning magnitude of loss of way of life as a result of the pandemic)

yielded several interesting results in the correlation analysis. First: we would note that there is a

significant positive correlation between Questions 11 (level of anxiety after the onset of the

pandemic) and 23. There is also a significant positive correlation between Questions 13 (level of

isolation after the onset of the pandemic) and 23. Or to put it another way: anxiety and isolation

seem to predispose respondents to experiencing a high degree of grief over loss of way of life as

a result of the pandemic. At the same time: I would note a decreased likelihood of significant

positive correlation when it comes to the data on Questions 15 (happiness after the advent of

COVID) and 23; and on the data pertaining to Questions 17 (aloneness after the advent of

COVID) and 23. These observations echo my earlier assertion that anxiety and isolation seem to

be impinging on respondents more noticeably than unhappiness or aloneness. Further study

discerning these differences is in order.

Theological Observations

When it came to respondents' worship attendance, I was not surprised to observe that

there is a significant positive correlation between online worship attendance and all of the

following: Questions 27 (importance of Jewish life/identity following the arrival of COVID), 28

(degree of emotional investment in Jewish life), 33 (sense of social connection to other members

of the Jewish community after the arrival of the pandemic), and 35 (closeness to clergy after the

arrival of the pandemic). Those results make sense: the closer a person is intertwined with their

Jewish identity and community, the more likely they will be moved to connect with that

community and identity via worship.[8]

I also explored whether there was a relationship between a person's emotional profile and

their frequency of online worship. The finding regarding a positive correlation between a

respondent's happiness (after the onset of COVID) and the frequency of their worship attendance

buttresses the assertion of this project's second hypothesis: that more happiness correlates to

more closeness to one's religious community.

My analysis revealed that of all of the data points used to identify potential correlation

with online worship after the onset of the pandemic, the single most likely correlating factor was

a respondent's sense of closeness to clergy. This constitutes one of the most significant findings

of this project, and speaks particularly of the pivotal centrality of clergy-congregant relationship

building in the work of any sacred community. This learning regarding the fundamental

significance of relational closeness to clergy is a strong affirmation of my own personal

commitment to the project of Relational Judaism (Wolfson, 2013), and the clergy's unique role

in the relationship building work that helps to make synagogue social and spiritual networks

thrive.

Respondents' data also revealed a significant positive correlation between Question 25

(frequency of online worship after the arrival of the pandemic) and Question 30 (belief in God

after the arrival of the pandemic), which is to say: that even at a time when 23% of American

Jews indicate a lack of belief in God (Pew Research Center, 2013), worship attendance patterns

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[8] For a broader discussion about American Jewish worship patterns, see Pew Research Center (2013).

are still fueled – at least in part – by spiritual belief, not "just" factors of social

relationship/connectedness.[9] Further investigation into the role of social networks in religious

life is in order (Putnam & Garrett, 2020; Putnam & Feldstein, 2003; Putnam, 2000).

Not surprisingly, belief in God after the onset of the pandemic (Question 30) also

informed the results of Question 27 (importance of Jewish life and identity after the onset of the

pandemic). I note the strong likelihood of significant positive correlation between those sets of

responses, as well as those between Questions 27 (importance of Jewish life and identity after the

onset of the pandemic) and 35 (closeness to clergy) and the slightly smaller likelihood of positive

correlation between Questions 27 (importance of Jewish life and identity after the onset of the

pandemic) and 33 (closeness to members of the synagogue community). These findings further

underscore my earlier observation that closeness to clergy is a defining factor when it comes to

individuals' sense of Jewish self and connection. This is most certainly a subject that I'm

interested in taking up in the future.

As indicated in the Clinical Literature Review, Arnold Modell (1993) suggests that a

"passionate investment in something outside of the self" was a strong antidote to loneliness. I

specifically crafted Questions 13 (isolation after the arrival of the pandemic), 17 (aloneness after

the arrival of the pandemic), 18 (comparing experience of aloneness before and after the arrival

of the pandemic), and 28 (measuring degree of "passionate investment" in Jewish life) in

response to Modell's comment. Based on Modell's assertion, we might have expected there to

be a strong negative correlation between degree of isolation/aloneness and degree of passionate

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[9] This discussion calls to mind the oft-told story of the Jewish man who goes to synagogue regularly to talk to God, and his good friend, who comes to synagogue regularly in order to talk to him.

investment in Jewish life. Or to put it differently: we would have expected those who are passionately invested to exhibit lower degrees of isolation/aloneness.

The correlation analysis performed on these data points did not affirm Modell's assertion. I found that there was no statistical correlation (positive or negative) between Questions 28 and 13, 28 and 17, or 28 and 18. Future research, perhaps making using of a larger sample size, would be in order to further test Modell's theory.

Similar to the correlations mentioned above with regard to Question 27, I would observe that there were also very strong positive correlations between Questions 28 and 33 (sense of closeness to other members of the community, and between 28 and 35 (closeness to clergy). As noted above, closeness to clergy remains the even stronger correlative factor.

Questions 29 and 30 explored respondents' relationship with God before and after the arrival of the pandemic respectively. Reflecting on Buber's theological assertion that God's presence in the world is experienced by way of our relationships with other people (Buber, 1958/2000; see Theological Literature Review), I would observe that there was a strong positive correlation between Questions 29 (relationship with God before the arrival of the pandemic) and 32 (sense of social connection with other members of the Jewish community prior to the arrival of the pandemic). Similarly, there was a strong positive correlation between Questions 30 (relationship with God *after* the arrival of the pandemic) and 32 (sense of social connection with other members of the Jewish community *before* the arrival of the pandemic). Unexpectedly, however, those correlations drop off when it comes to Question 33 (sense of social connection with others *after* the arrival of the pandemic). I'm curious as to what it is about the experience of pandemic which seems to have disrupted the relationship between personal theology and sense of closeness to others. We already observed that respondents' theology remained essentially

unchanged as a result of the pandemic (one respondent's belief grew stronger, two grew weaker, the rest were unchanged). Is the drop in correlation related to respondents' inability to be with each other in person, and the power of touch that is experienced in those encounters (Durkin et al., 2020; Kerr et al., 2019; Hertenstein & Weiss, 2011)? To the sense of isolation that respondents were navigating? These are questions worthy of further study.

When it comes to the question of the future of Jewish life after the pandemic is over, I found a strong negative correlation between Questions 28 (emotional investment in Jewish life) and those who wanted all online engagement to end in Question 36. The negative correlation indicates that the less passionate respondents were about their sense of Jewish investment, the more they want to engage exclusively in person in their future Jewish life. This finding is also echoed in the strong negative correlation between Questions 26 (sense of Jewish identity prior to the arrival of the pandemic) and those who wanted online engagement to end in Question 36.

There is much to consider about this observation. I might have expected that less engaged Jews might prefer online options (because it's easier to log in to an online experience than to get dressed up and drive back and forth). But the data here suggests otherwise: that those most passionately engaged in their Jewish identities were most willing to experiment with online Jewish life, and to potentially find meaning there. As I gave further thought to these questions, the less surprising this observation became. For those who were less passionate about their Jewish identities: Jewish engagement is far more social/humanistic (rather than theological; see Pew Research Center, 2013). These respondents are likely not in search of the numinous; they are in search of (in person?) social connections. During pandemic, if they can't be with others in person, then they have far less incentive to be Jewishly engaged. Further study about this phenomenon is in order.

A brief word about the results for Questions 38 and 39, which inquired as to whether respondents had made use of video calling technology for pastoral counseling sessions. I would like to note a discrepancy between the 91 respondents who indicated they had not had an online counseling session with clergy in Question 38, as compared to the 93 who indicated the same thing in Question 39. I would similarly call attention to a discrepancy between the 82 who indicated that they had not had an online session with a clinician in Question 40, as compared to the 81 who noted that in Question 41. If future work is done in this area, closer attention should be paid to the wording of the questions so as to better ensure consistent results.

Concluding Thoughts

Personal Theological Reflections

It's true that I have undertaken this project because of my academic interest in the matter. But the question has also been a personal spiritual one for me.

The high point of the week for me during this pandemic season has been our Shabbat evening worship (on Zoom) every Friday night. But it hasn't been the content of the worship that I have been looking forward to: it's been the magical moments of connection and conversation in the 15 minutes before the service begins, and the 15 minutes after the service ends. In a way that feels fundamentally different to me than the conversations I used to have with worshippers on Friday nights in person, these Zoom interactions are imbued with an energy and meaning and playful delight that carries me into the next week. The miraculous joy of being able to see people under these difficult circumstances...to know that my circle of people are okay...is a revelational experience that is difficult to put into words. It has also been a salve to my own pandemic-imposed sense of isolation.

Where Will I Go From Here?

Miller-McLemore (1993) firmly situated clergy at the focal point of a congregational "network of care" that could be pastorally deployed to support a congregation that was hurting. In the early phases of the pandemic, in addition to the pastoral care that I was offering one-on-one, and publicly (in worship, for example), I also collaborated with key volunteers to deploy two different 'networks of care.' One group of volunteers were on "stand by" to do grocery shopping for folks who weren't able to shop on their own. And another group of volunteers committed to occasional phone calls to check in on our oldest members (those age 75 and above).

Additionally, I launched a new weekly adult education initiative. The effort was educational, but it was also relational and pastoral. All of these efforts were extraordinarily well-received.

Moving forward, I am planning three additional initiatives that were informed by the results of this study.

First: the realization that the future of American Jewish life after the pandemic will need to be a fused hybrid of both online and in person engagement opportunities. This will be true because of the successful 'Zoom Revolution' that has changed the way that we think about how Internet experiences can be meaningful, inclusive, and engaging. At the same time, this study clearly indicated that online engagement doesn't meet everyone's needs. People are hungering for in person contact and the unique relational opportunities embedded in them.

Second: the documented evidence that clergy are the relational focal point of congregational life has given me pause to re-evaluate the way that I do relationship building with

my community. How can I deploy my time and the congregation's resources to make the most

of this transformative opportunity to strengthen congregants' connections to me (and to our

larger community as a result)?

Finally: I was deeply struck by the results indicating that there is a quiet emotional

suffering among men in contemporary American Jewish life. I am looking forward to partnering

with our congregation's well-established Brotherhood to better discern how I and the

congregation can more effectively support men as they travel forward on their emotional and

Jewish journeys.

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Appendix A: Invitation to Participate

21 Tamuz 5780
July 13, 2020

Dear Friends:

As you may know, in the fall of 2018, with the full support of our Board of Trustees, I embarked on an unusual sabbatical. I have spent my Mondays studying at Hebrew Union College, enrolled in their Interfaith Doctor of Ministry Program for Education in Pastoral Care. I am now conducting a study to better understand how the COVID-19 pandemic has impacted religious life. This study is in partial completion of the Doctor of Ministry degree.
I am writing to invite you to assist me with my research by filling out the survey which can be found at [INSERT WEBSITE HERE]. The survey will take approximately 10 minutes to complete, and will be available for completion from Monday July 13th until Sunday July 19th.

The survey collects information on one individual. Other members of your household (age 13 and older) should complete their own questionnaire. Survey participants' identities will be kept strictly confidential. Participation in the survey is voluntary. Although no compensation will be offered, all participants will be entered into a drawing. Two randomly selected winners will receive $50 Amazon gift cards.

If you have any questions or concerns, please feel free to reach out to me at rabbibrown@sstte.org. Thank you for your assistance and consideration of this important matter.

Sincerely,

Rabbi Jeffrey Brown

Appendix B: The Consent Agreement

Code # _____

I consent to participate in this survey study.

This is a survey study conducted in collaboration with our synagogue and its volunteer and professional leadership team. The survey is intended to better understand and measure how the COVID-19 pandemic has impacted religious life. The results of this survey could serve as a basis for creating other programs for temple members, or modify the way in which the synagogue relates to temple members in the shadow of the pandemic.

The investigator (Rabbi Jeffrey Brown) will guard information collected and the identities of all participants will be kept anonymous by substituting a code number for each name. Your name will only appear on this consent agreement, which will be removed before the data is tabulated. All materials will be anonymous and held in confidence by this investigator. Please be as truthful as possible.

This study is a requirement for the degree of Doctor of Ministry, and is done under the supervision of Hebrew Union College-Jewish Institute of Religion, Doctor of Ministry Program. The investigator, Rabbi Jeffrey Brown, can be reached at 914-725-5175 or at rabbibrown@sstte.org. Information gathered about the community's needs will be reported by the investigator to the congregation, or upon request to individual participants.

Participants' name and initials shall constitute the granting of consent to the investigator.

Name of participant_____

In lieu of your electronic signature, please enter your initials here to convey consent. ____

Please enter the date _____

Appendix C: The Questionnaire

Please select one answer per question. Please note that Survey Monkey requires that each question be answered in order to complete and submit the survey.

1. Please indicate your age

    a. 13-19

    b. 20-29

    c. 30-39

    d. 40-49

    e. 50-59

    f. 60-69

    g. 70-79

    h. 80-89

    i. 90-99

2. To which gender identity do you most identify:

    a. Male

    b. Female

    c. Non-Binary

    d. Transgender Male

    e. Transgender Female

    f. Not Listed

3. Which of the following describes your relationship status:

    a. Single

    b. Married/Partnered

    c. Divorced

    d. Widowed

4. Please select the highest level of education that you have completed:

    a. Currently attending High School

    b. Graduated High School

    c. Vocational Certification

    d. Bachelor's Degree or equivalent

    e. Master's Degree or equivalent

    f. Doctorate or equivalent

5. Prior to the onset of COVID-19, my employment status was:

    a. Full Time

    b. Part Time

    c. Not working

    d. Retired

6. Following the onset of COVID-19, my employment status is:

    a. Full Time

    b. Part Time

    c. Not working

    d. Retired

7. Please select the statement that best describes you:

   a. I am Jewish.

   b. I am actively preparing for conversion to Judaism.

   c. I am not Jewish myself, but I identify as part of a Jewish household/family.

8. My religious affiliation prior to joining this synagogue would have been best described

   as:

   a. Reform Jew

   b. Reconstructionist Jew

   c. Conservative Jew

   d. Modern Orthodox Jew

   e. Post-Denominational Jew

   f. Unaffiliated Jew

   g. Not Jewish

9. I have been a member of this synagogue for the last:

   a. 1-5 years

   b. 6-10 years

   c. 11+ years

   d. I am a former synagogue member.

   e. I have never belonged to a synagogue.

10. Prior to the onset of COVID-19, I would describe my typical amount of anxiety as:

    a. None at all

    b. A small amount

    c. A moderate amount

    d. A significant amount

    e. An overwhelming amount

11. Following the onset of COVID-19, I would describe my typical amount of anxiety as:

    a. None at all

    b. A small amount

    c. A moderate amount

    d. A significant amount

    e. An overwhelming amount

12. Prior to the onset of COVID-19, I was feeling isolated:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

13. Following the onset of COVID-19, I am feeling isolated:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

14. Prior to the onset of COVID-19, I was happy:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

15. Following the onset of COVID-19, I am happy:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

16. Prior to the onset of COVID-19, I felt alone:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

17. Following the onset of COVID-19, I feel alone:

    a. None of the time

    b. A little bit of the time

    c. Some of the time

    d. Most of the time

    e. All of the time

18. Which of the following best describes your experience of aloneness since the onset of the pandemic:

    a. I never experience aloneness.

    b. I am managing my aloneness well.

    c. I am struggling with my aloneness and am having trouble managing it.

    d. I am neither managing my aloneness, nor struggling with it.

19. Which of the following best describes your level of agitation today?

    a. I am no more restless or wound up than usual.

    b. I feel more restless or wound up than usual.

    c. I am so restless or agitated, it's hard to stay still.

    d. I am so restless or agitated that I have to keep moving or doing something.

20. Which of the following best describes your level of interest in people or things today?

    a. I have not lost interest in other people or activities.

    b. I am less interested in other people or things than before.

    c. I have lost most of my interest in other people or things.

    d. It's hard to get interested in anything.

21. Which of the following best describes your level of energy today?

    a. I have as much energy as ever.

    b. I have less energy that I used to have.

    c. I don't have enough energy to do very much.

    d. I don't have enough energy to do anything.

22. Have you experienced the loss of a loved one as a result of the pandemic?

    a. Yes

    b. No

23. Which of the following statements best describes your experience of grief during the pandemic, connected to the loss of your pre-quarantine way of life:

    a. I am not experiencing any grief.

    b. I am experiencing a little bit of grief.

    c. I am experiencing a moderate amount of grief.

    d. I am experiencing a significant amount of grief.

    e. I am experiencing an overwhelming amount of grief.

24. Prior to COVID-19, my typical frequency of participation in worship services at my synagogue was:

    a. Weekly

    b. Monthly

    c. A few times throughout the year

    d. Only for the High Holidays

    e. Never

25. Following the onset of COVID-19, my typical frequency of participation in online worship at my synagogue was/is:

    a. Weekly

    b. Monthly

    c. Less than monthly

    d. I expect that it will be only for the High Holidays.

    e. I don't expect to worship online.

26. Prior to the onset of COVID-19, I thought of my Jewish life/identity as:

    a. A primary defining aspect of myself – one of the most important parts of me.

    b. Part of a larger group of important identities within myself, but not the defining aspect of myself.

    c. Not particularly important to me.

27. Following the onset of COVID-19, my Jewish life/identity is:

    a. A primary defining aspect of myself – one of the most important parts of me.

    b. Part of a larger group of important identities within myself, but not the defining aspect of myself.

    c. Not particularly important to me.

28. To what degree do you think of yourself as being emotionally invested in Jewish life?

    a. I do not think of myself as being invested.

    b. I am slightly invested in Jewish life.

    c. I am moderately invested in Jewish life.

    d. I am passionately invested in Jewish life.

29. Which of the following best describes your "pre-pandemic" relationship with God:

    a. I did not believe in God.

    b. I was actively struggling/questioning whether I believed in God.

    c. I believed in God.

30. Following the onset of COVID-19, the following best describes my belief in God:

    a. I do not believe in God.

    b. I am actively struggling/questioning whether I believe in God.

    c. I believe in God.

31. Which of the following best describes your feelings toward God now, as compared to prior to the onset of the pandemic?

    a. I feel less angry with God now than I used to.

    b. I feel more angry with God now than I used to.

    c. The amount of anger I feel toward God is unchanged as a result of the pandemic.

32. Prior to the onset of COVID-19:

    a. I felt socially disconnected from the other members of my Jewish community.

    b. I felt neither socially disconnected from nor socially connected to the other members of my Jewish community.

    c. I felt socially connected to the other members of my Jewish community.

33. Following the onset of COVID-19:

    a. I feel socially disconnected from the other members of my Jewish community.

    b. I feel neither socially disconnected from nor socially connected to the other members of my Jewish community.

    c. I feel socially connected to the other members of my Jewish community.

34. Prior to the onset of COVID-19:

    a. I felt distant from my community's clergy.

    b. I felt neither distant nor close to my community's clergy.

    c. I felt close to my community's clergy.

35. Following the onset of COVID-19:

    a. I feel distant from my community's clergy.

    b. I feel neither distant nor close to my community's clergy.

    c. I feel close to my community's clergy.

36. In looking ahead to life after the pandemic, which of the following best describes your

thinking:

    a. Synagogue buildings and in person gatherings no longer seem important. The

       future of Jewish communal life should be moved online.

    b. Jewish life is best lived out in person. Online engagement should be

       discontinued.

    c. A hybrid model makes sense: we'll need to retain buildings and in person

       gatherings, but we'll also need to ensure there are online options for those who

       want/need it.

37. Which of the following best describes you today?

    a. Accessing online programming is difficult because I cannot afford Internet access

       and/or technology hardware like a computer, tablet, or smartphone.

    b. I have access to the Internet and the requisite hardware, but I don't know how to

       use it.

    c. I have a "basic" understanding of technology that enables me to access some/most

       Zoom and other online programming.

    d. I am comfortable with technology.

38. Since the onset of the pandemic, have you utilized video calling technology for one or

more counseling sessions with your clergy?

    a. Yes

    b. No

39. Which of the following statements best describes your online counseling experience with your clergy:

    a. I have not participated in an online counseling experience with my clergy.

    b. I found the online setting to be more effective/meaningful than a typical "in person" setting and would prefer to continue online in the future.

    c. I found the online setting to be neither more effective nor less effective and am neutral as to whether I would consider continuing online in the future.

    d. I found the online setting to be less effective and would strongly prefer an "in person" setting in the future.

40. Since the onset of the pandemic, have you utilized video calling technology for one or more counseling sessions with a licensed mental health provider (like a social worker, psychotherapist, psychologist, psychiatrist, or psychoanalyst)?

    a. Yes

    b. No

41. Which of the following statements best describes your online counseling experience with

a licensed mental health provider?

    a. I have not participated in an online counseling experience with a licensed mental

       health provider.

    b. I found the online setting to be more effective/meaningful than a typical "in

       person" setting and would prefer to continue online in the future.

    c. I found the online setting to be neither more effective nor less effective and am

       neutral as to whether I would consider continuing online in the future.

    d. I found the online setting to be less effective and would strongly prefer an "in

       person" setting in the future.

Appendix D

Additional Figures

Figure D1

Gender Identity
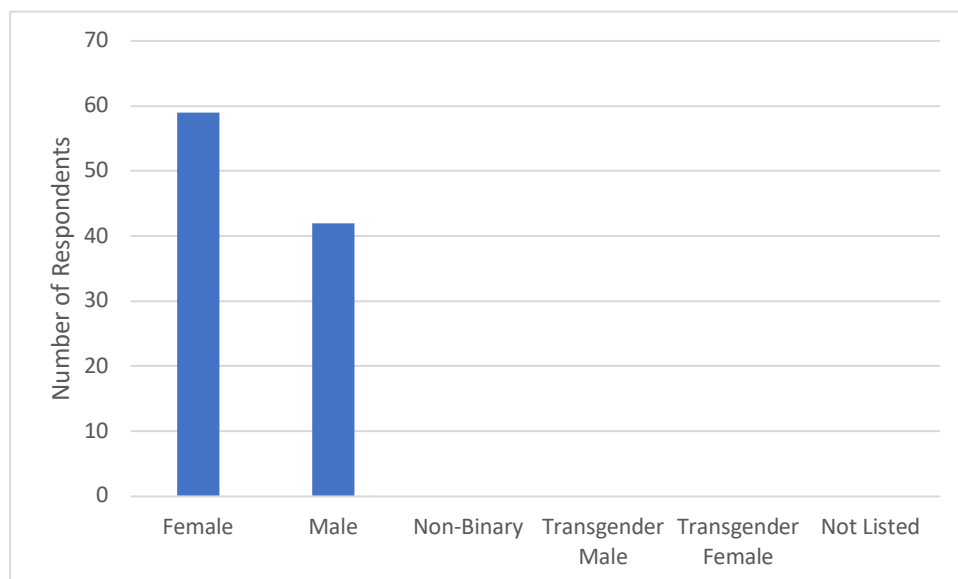
Figure D2

Marital Status
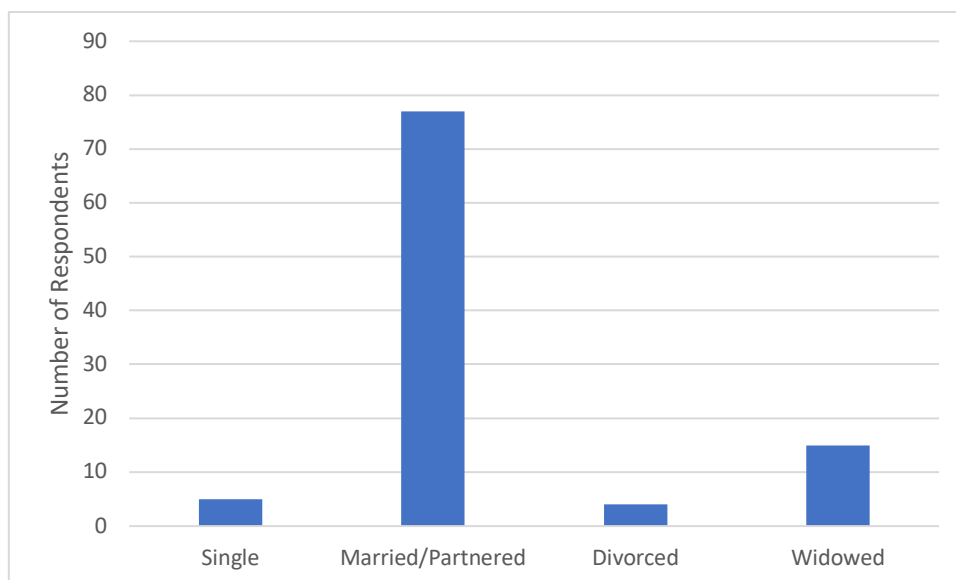
Figure D3

Education
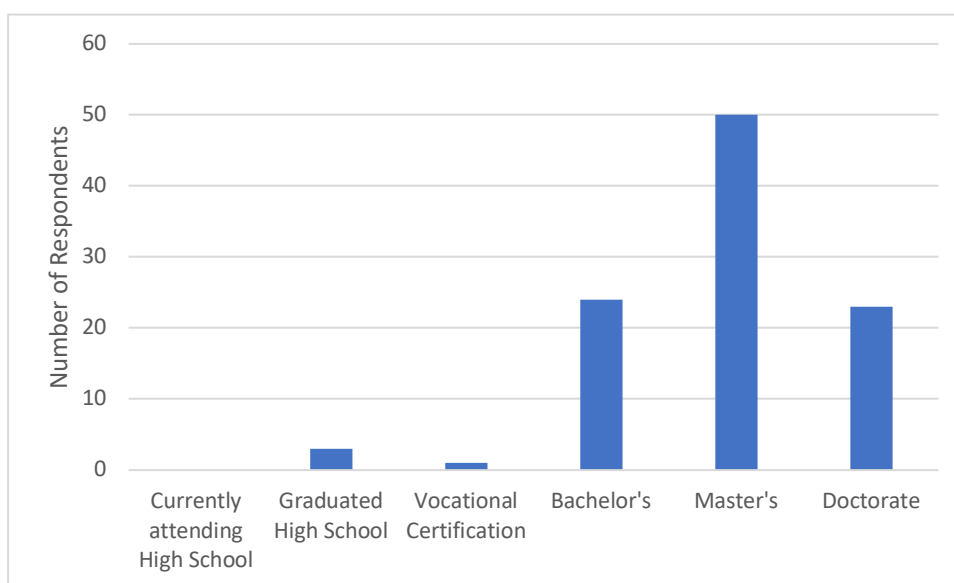
Figure D4

Employment Status Prior to COVID-19
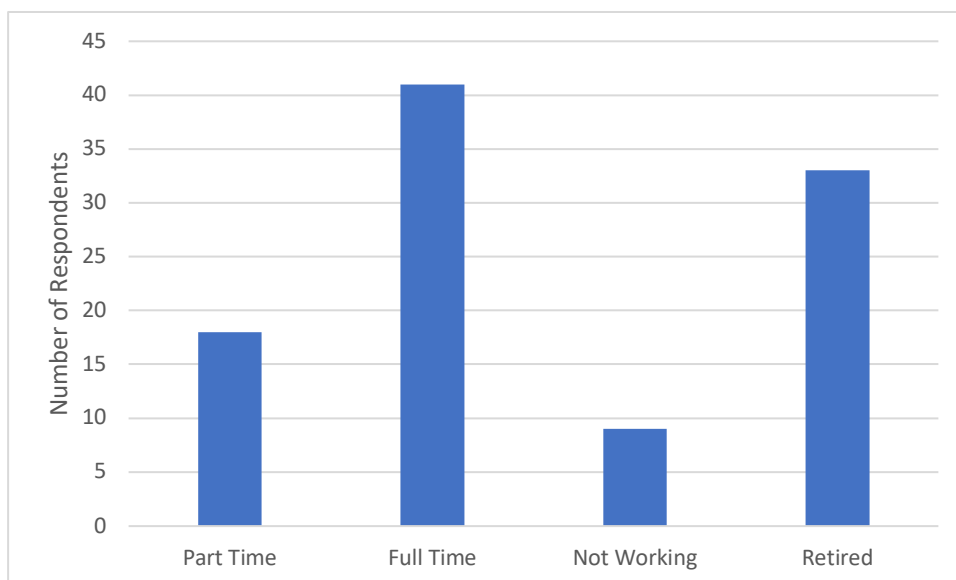
Figure D5

Employment Status After COVID-19
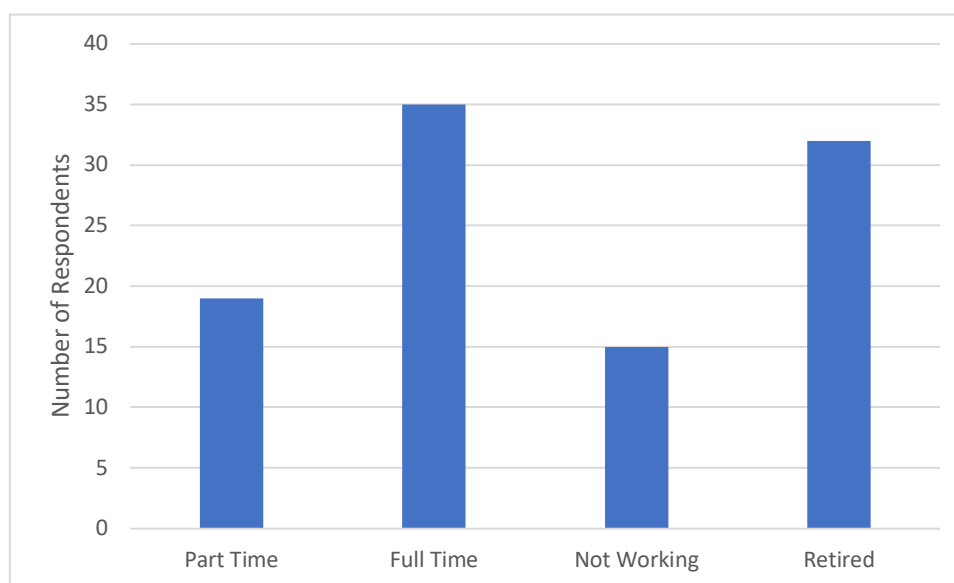
Figure D6

Spiritual Identity of Respondents
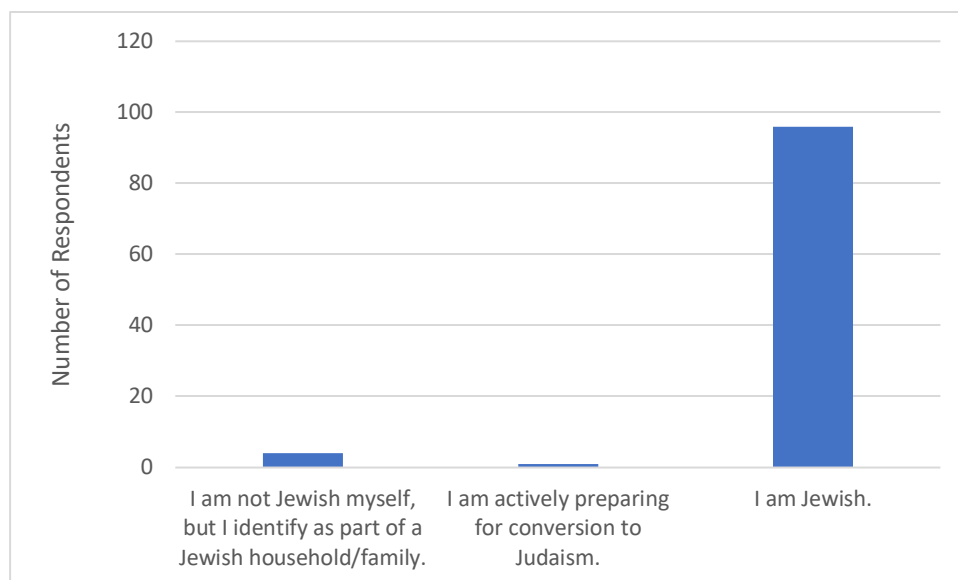
Figure D7

Spiritual Affiliation Prior To Joining The Synagogue
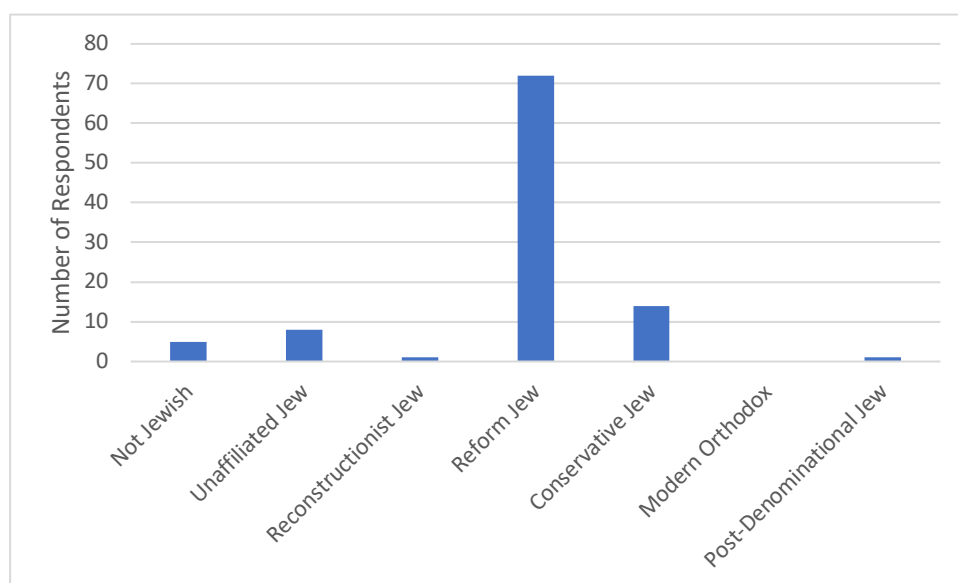
Figure D8

Length of Synagogue Membership
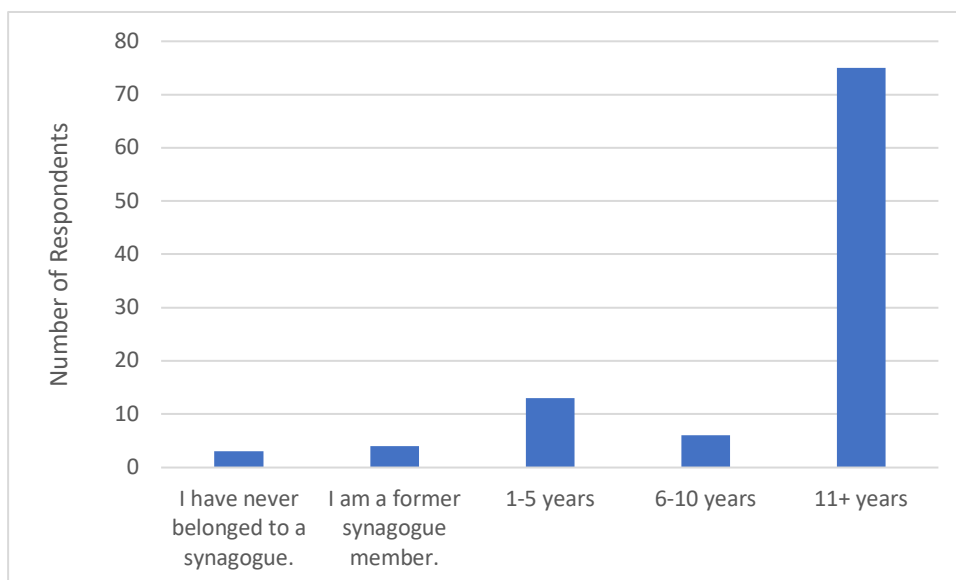
Figure D9

Anxiety Before COVID-19
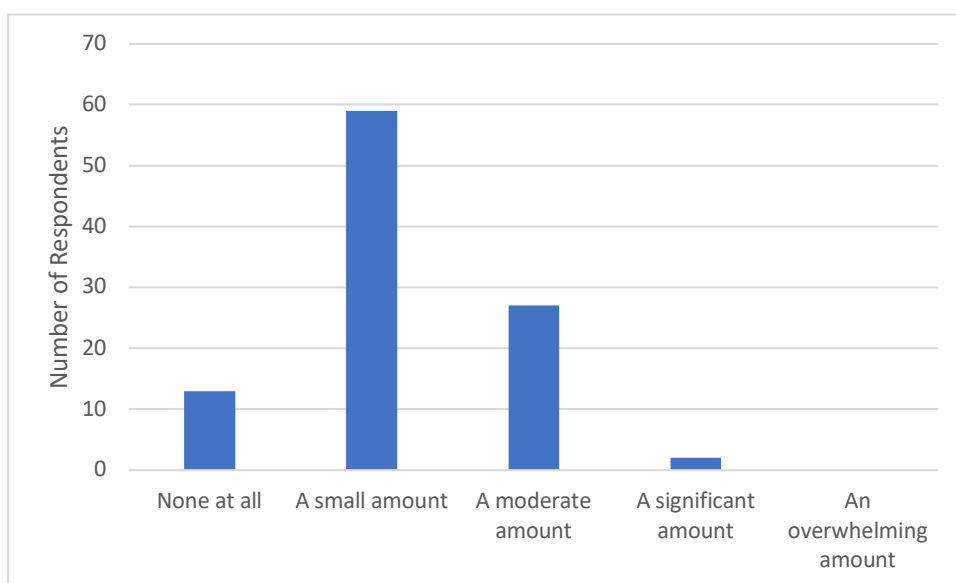
Figure D10

Anxiety After COVID-19
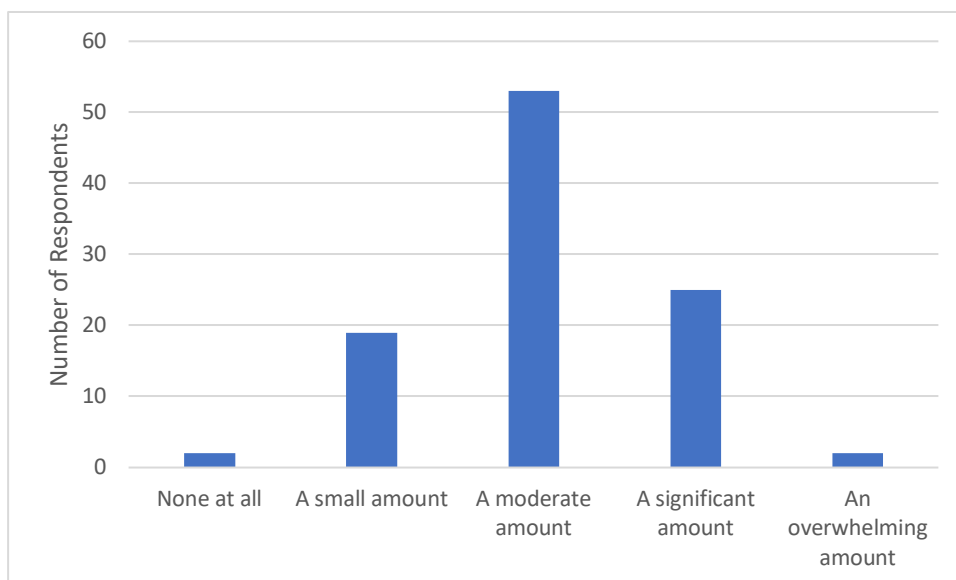
Figure D11

Isolation Before COVID-19
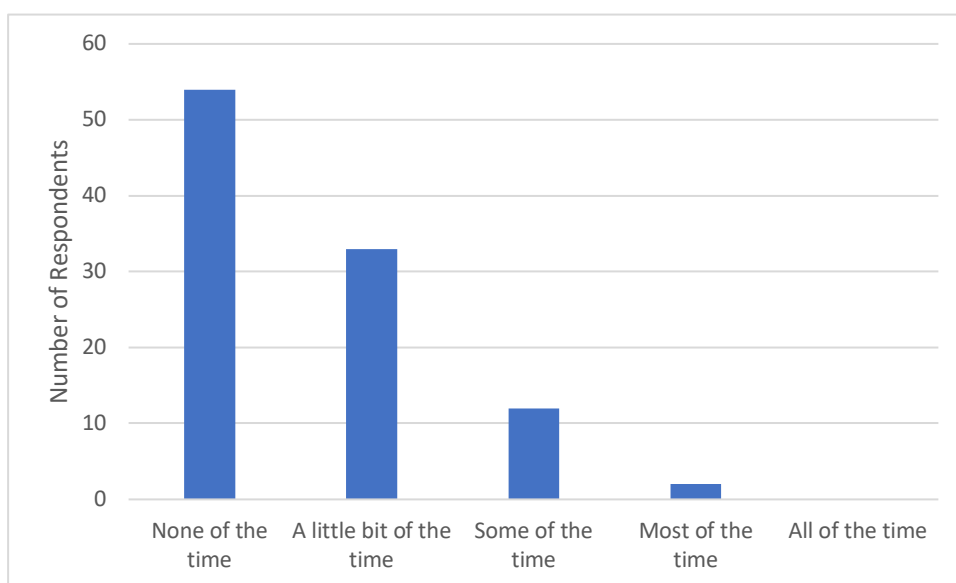
Figure D12

Isolation After COVID-19
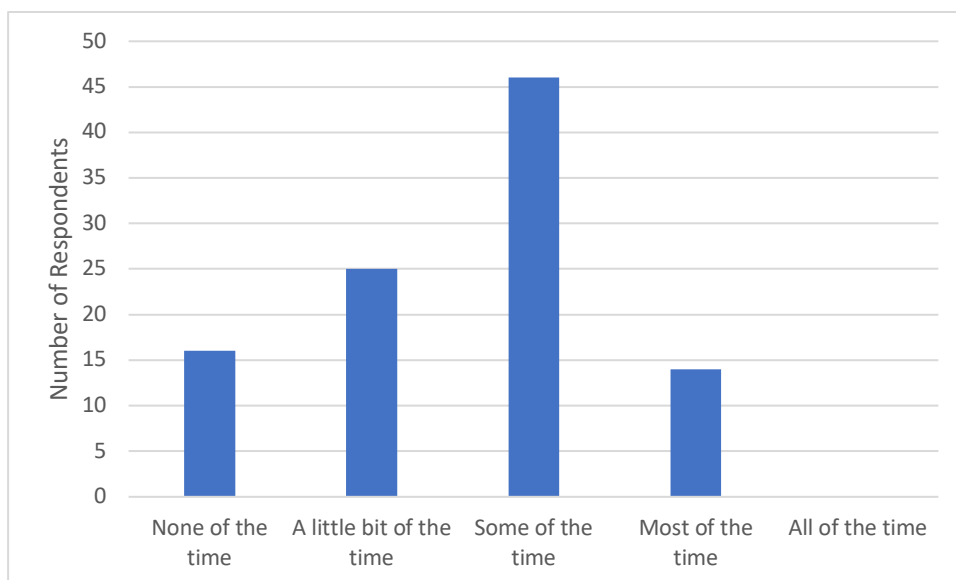
Figure D13

Happiness Prior to COVID-19
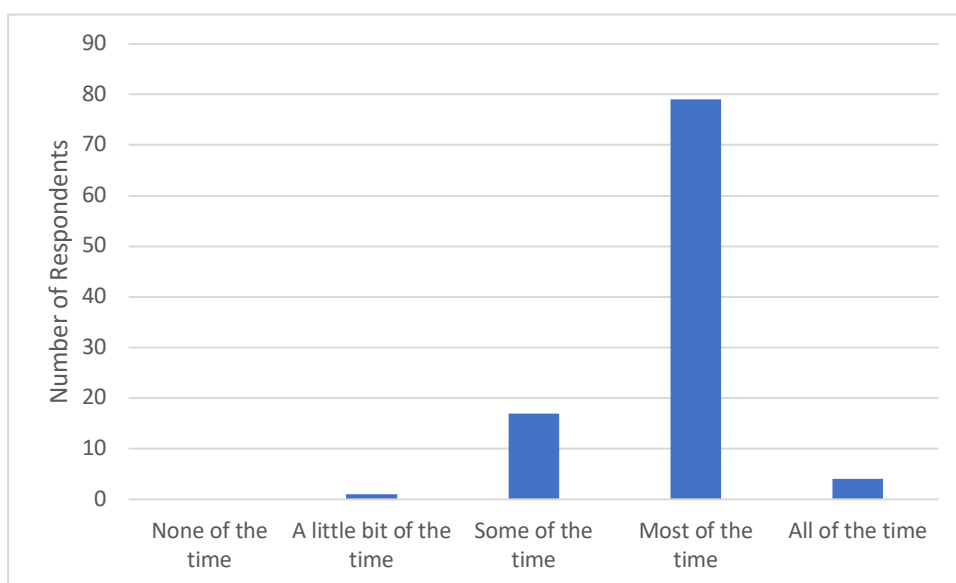
Figure D14

Happiness After COVID-19
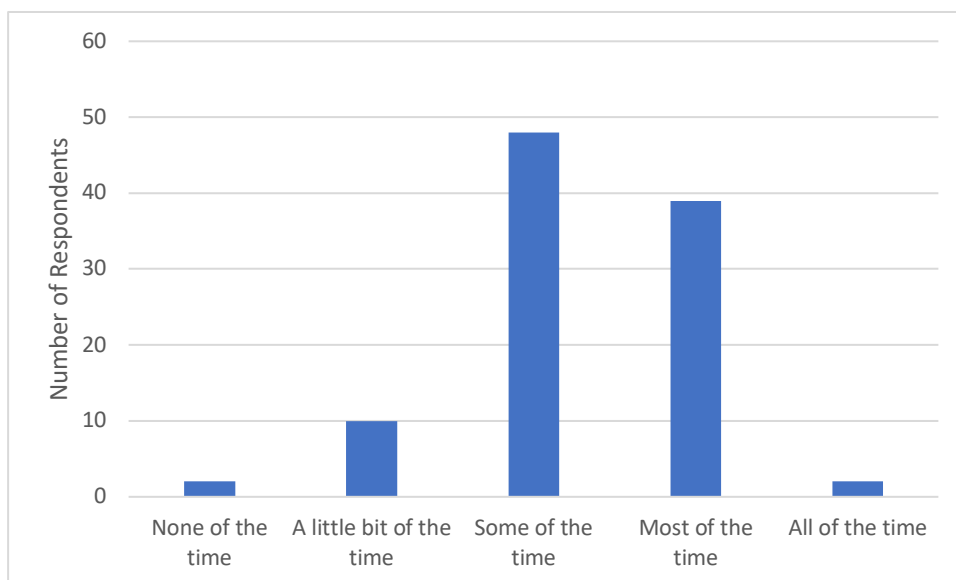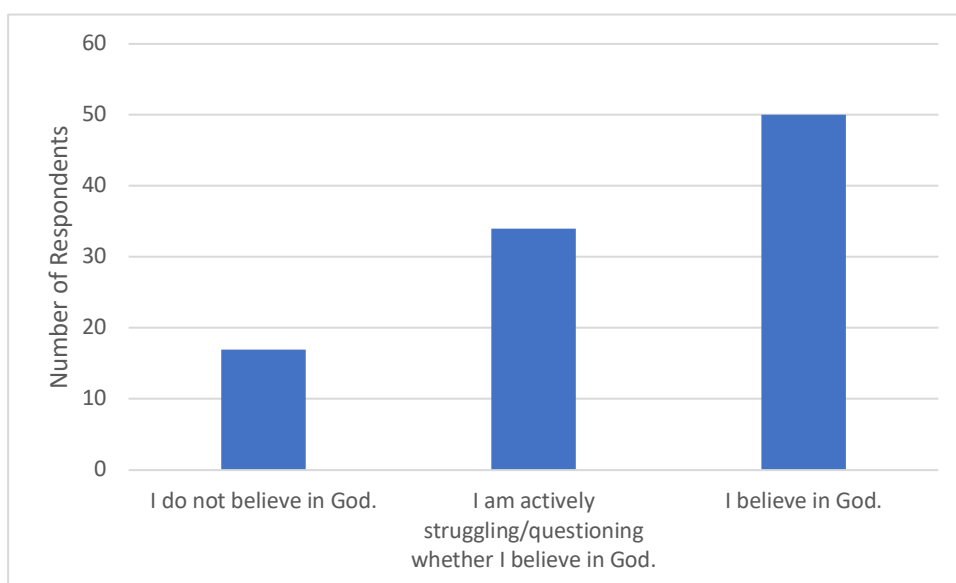

Figure D15

Aloneness Prior to COVID-19
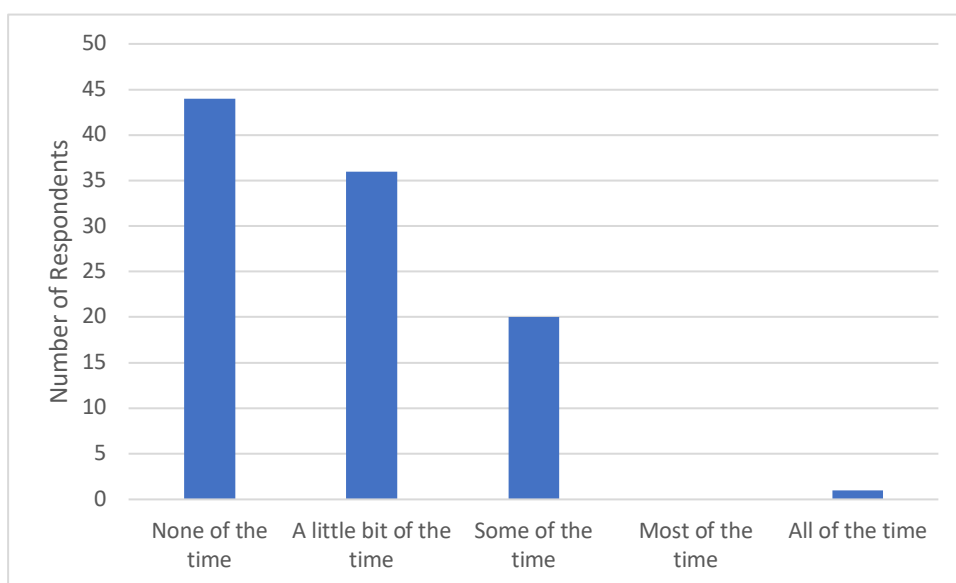
Figure D16

Aloneness After COVID-19
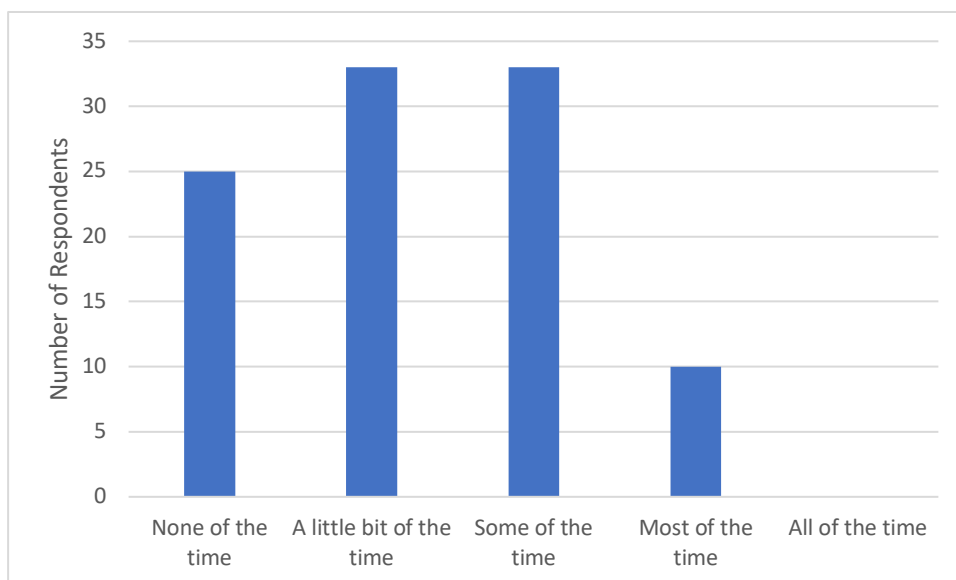
Figure D17

Experience of Aloneness Since the Pandemic
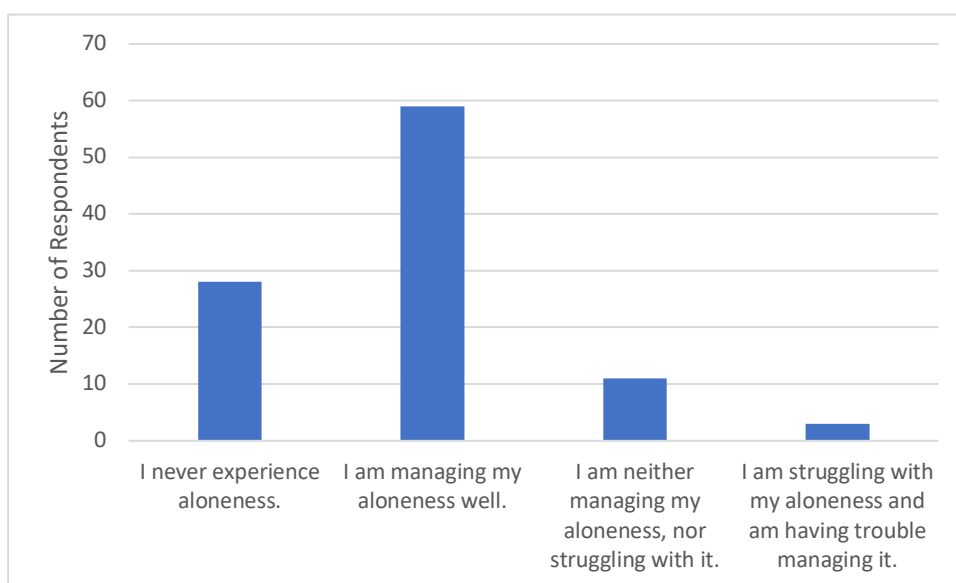
Figure D18

Level of Agitation
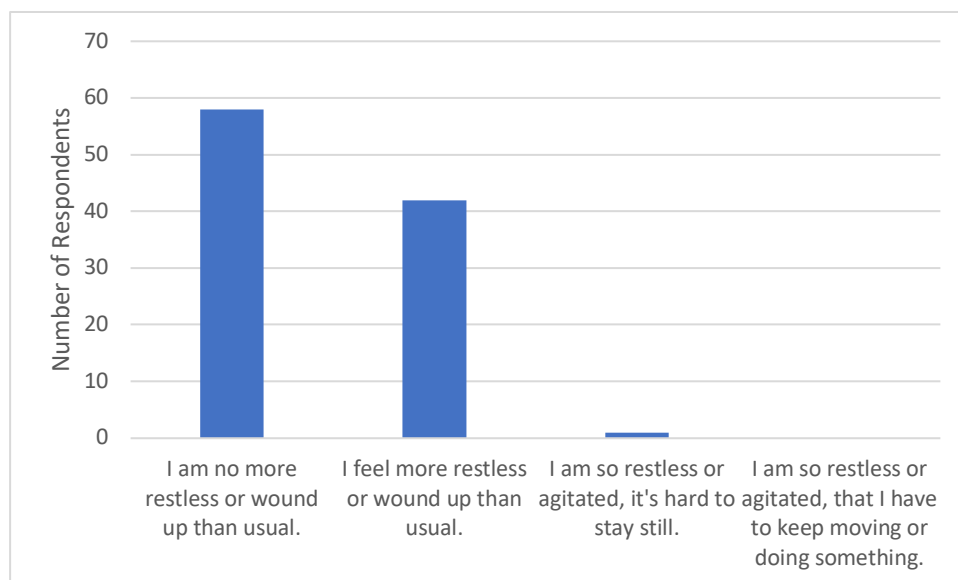
Figure D19

Level of Interest in People or Things
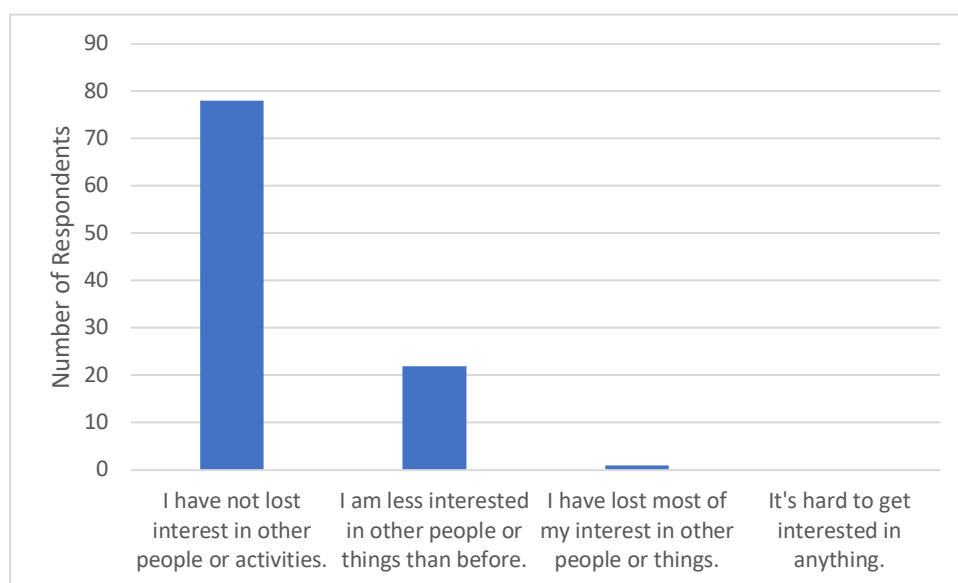
Figure D20

Level of Energy
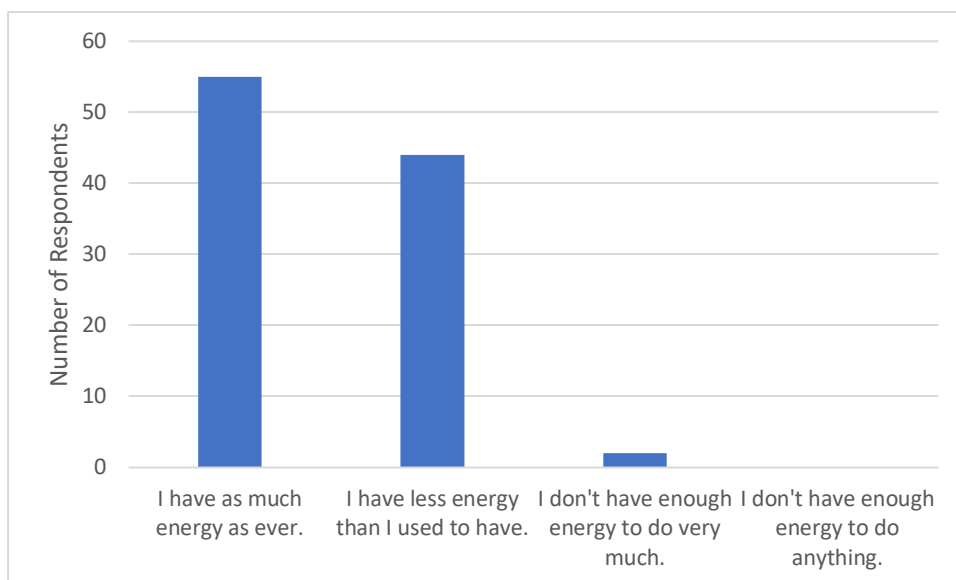
Figure D21

Experienced a Loss As a Result of Pandemic
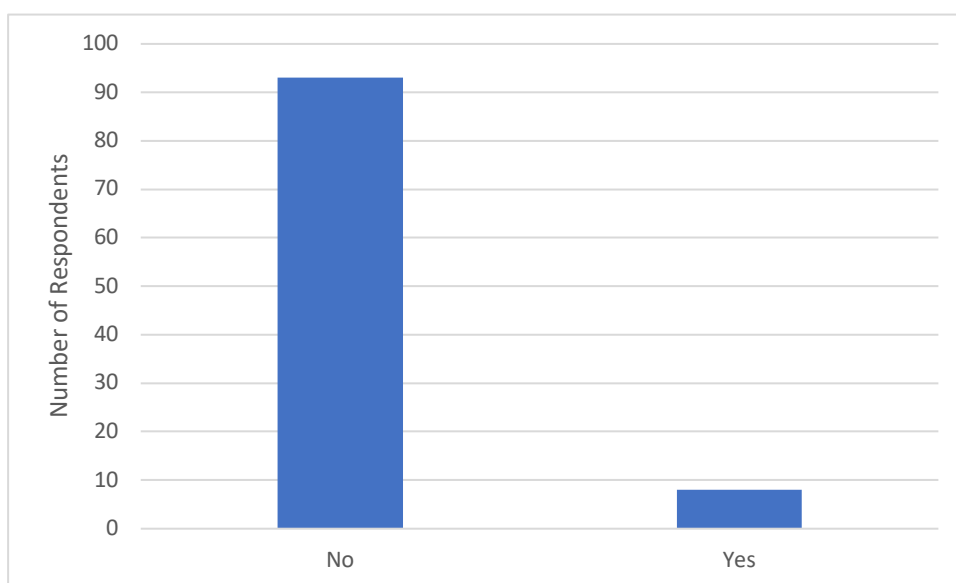
Figure D22

Pre-COVID Worship Attendance
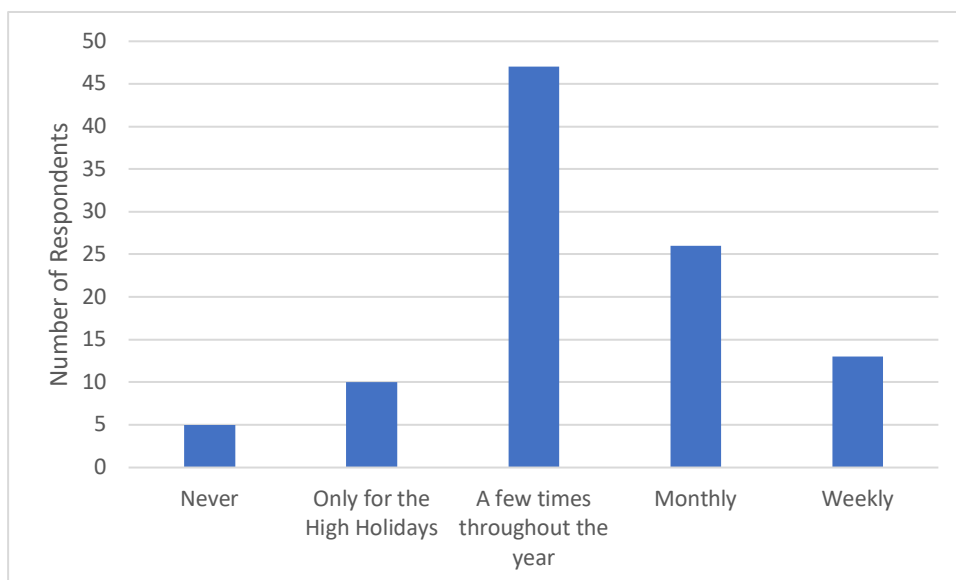
Figure D23

Worship Frequency After COVID-19
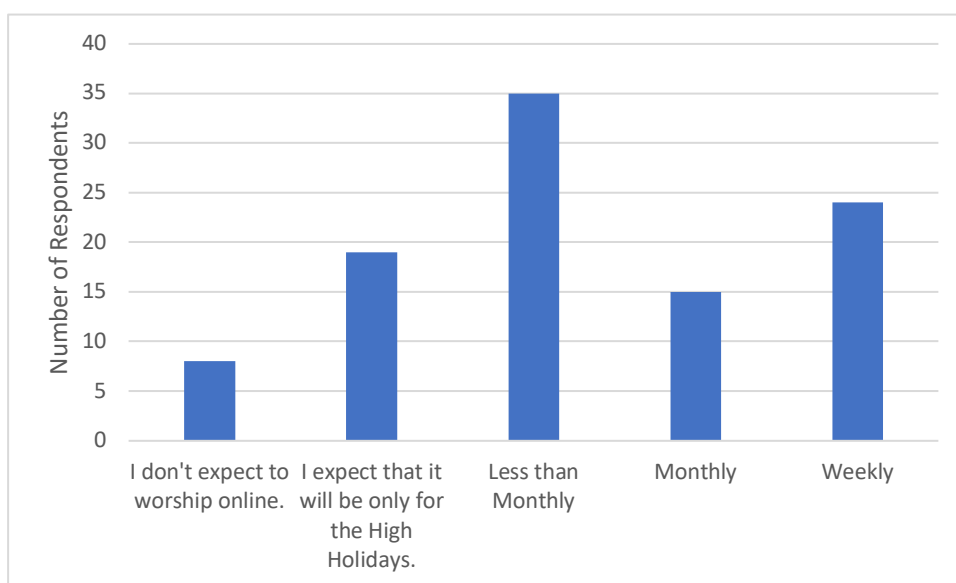
Figure D24

Jewish Life/Identity Prior to COVID-19
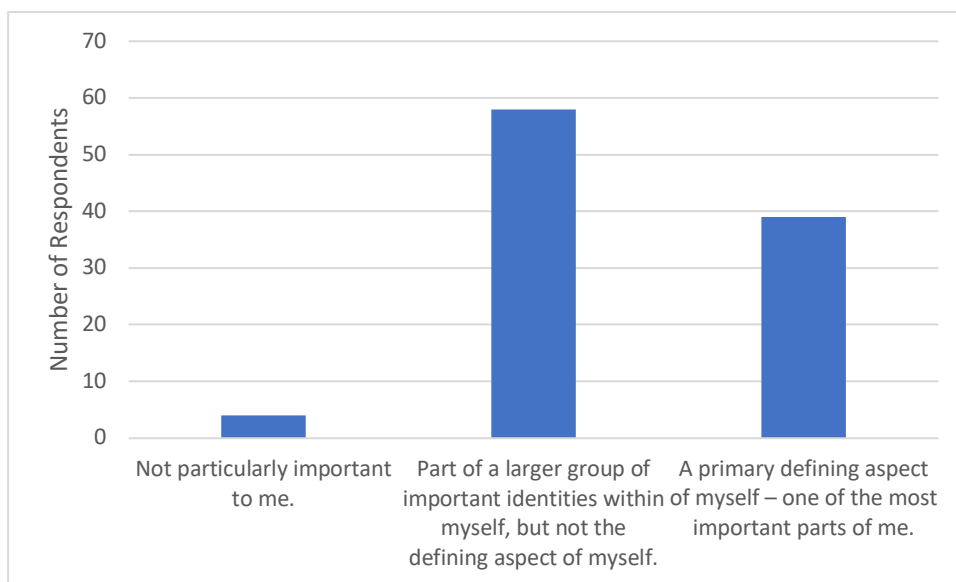
Figure D25
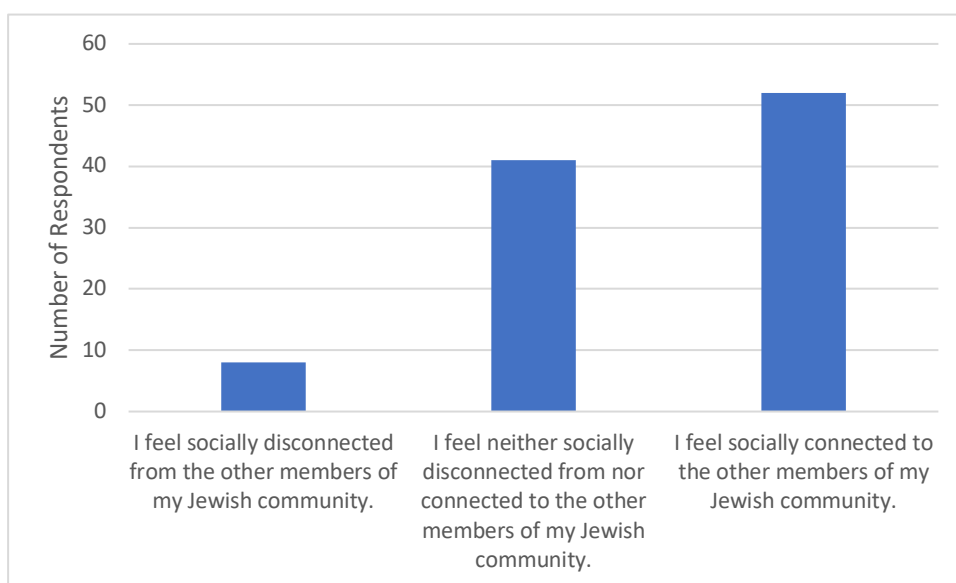
Jewish Life/Identity After COVID-19
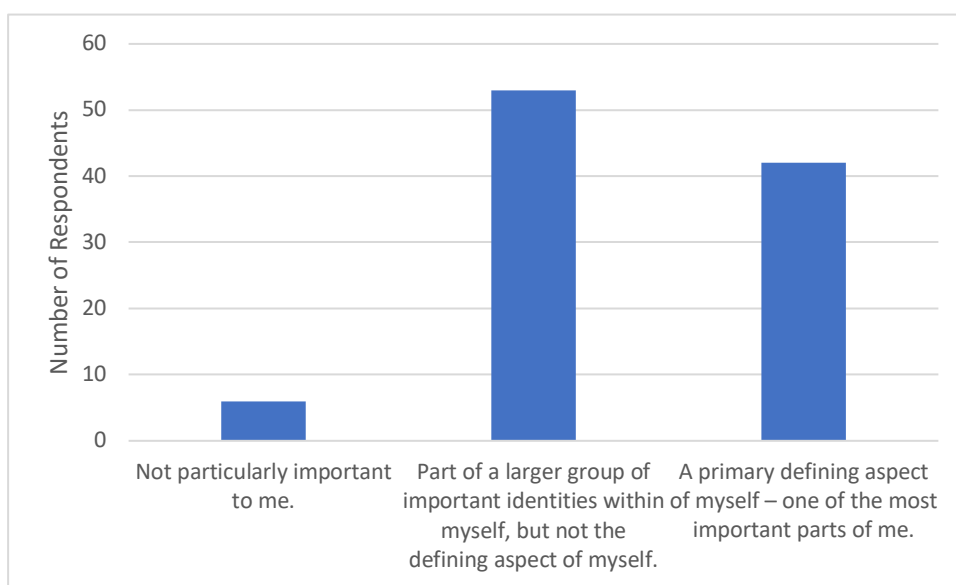
Figure D26

Belief in God Before COVID-19
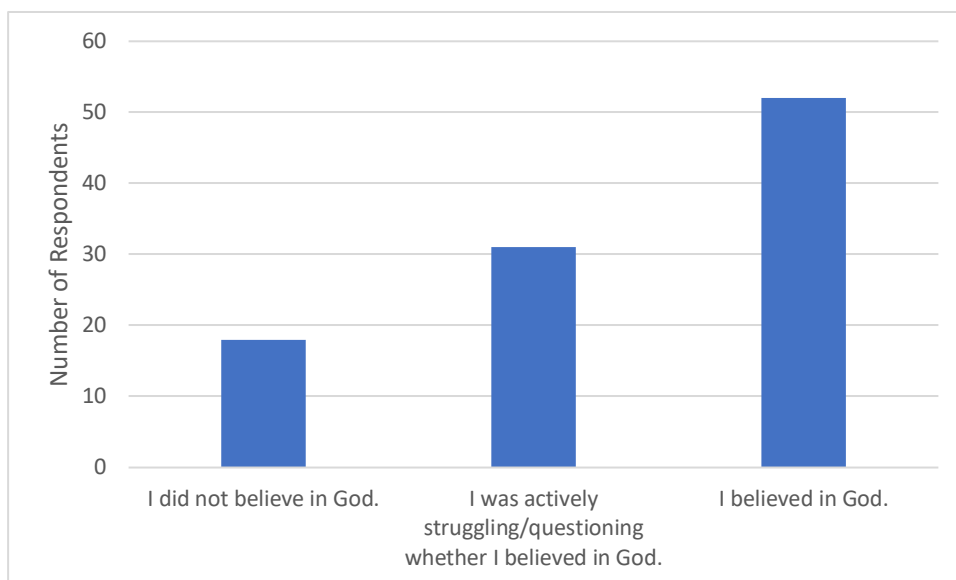
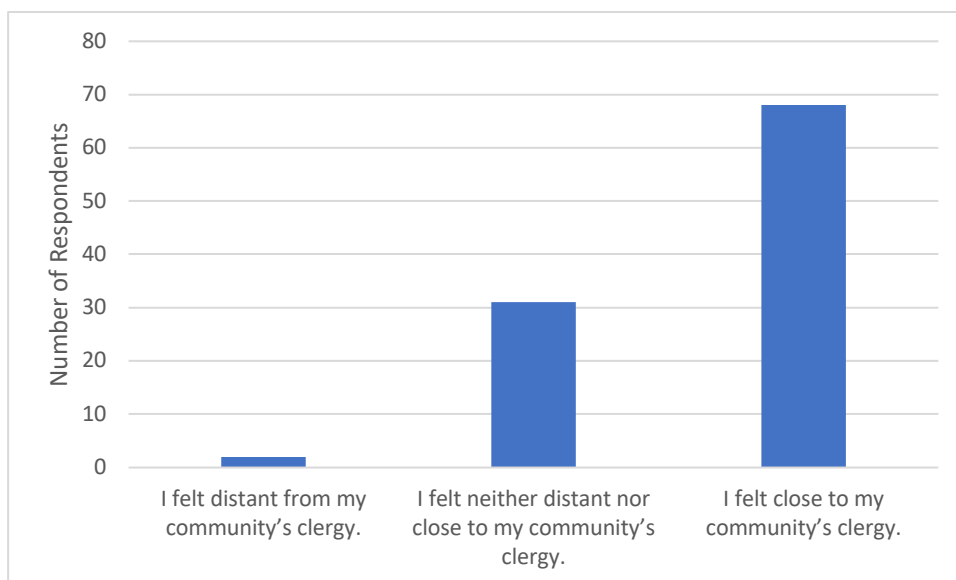**Figure D27**
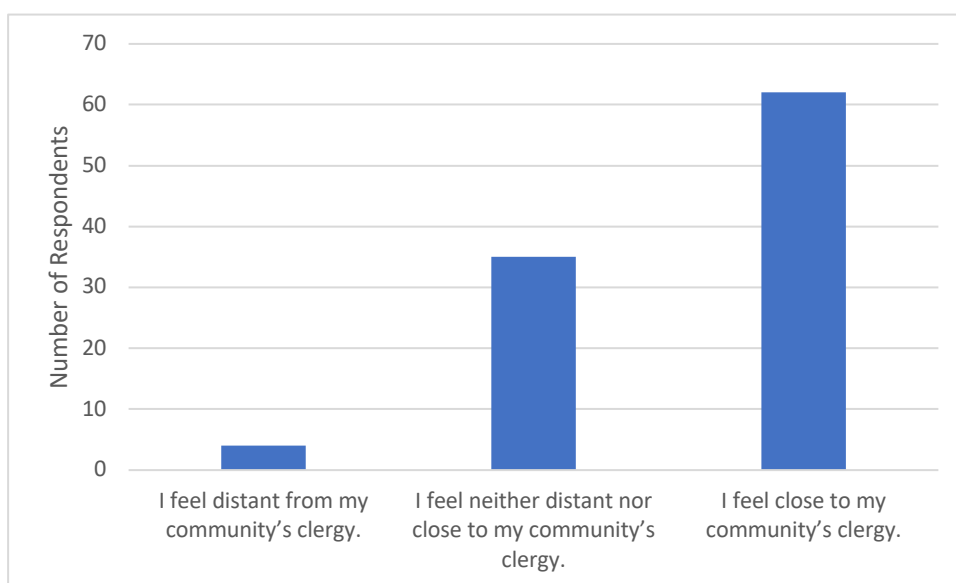
Belief in God After COVID-19

Figure D28

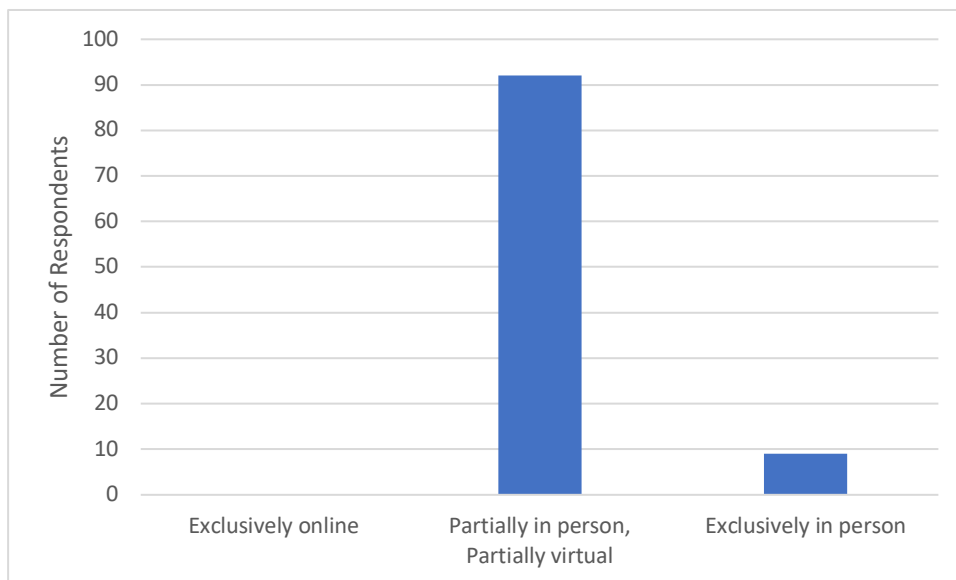*Social Connection to the Jewish Community Before COVID-19*
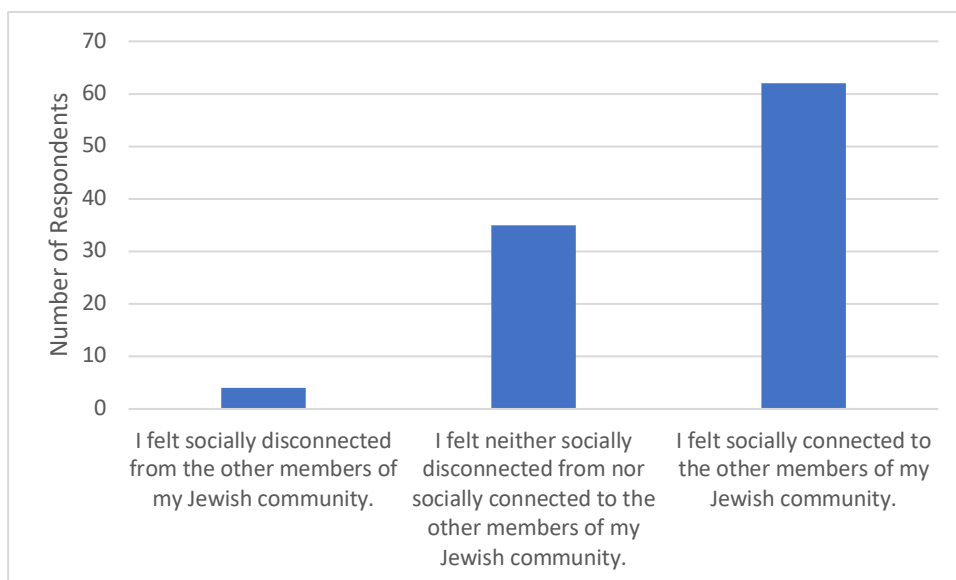
Figure D29

Social Connection to the Jewish Community After COVID-19

Figure D30

Closeness to Clergy Prior to COVID-19

Figure D31

Closeness to Clergy After COVID-19

Figure D32

Synagogue Life After the Pandemic Is Over

Figure D33

Comfort With Technology
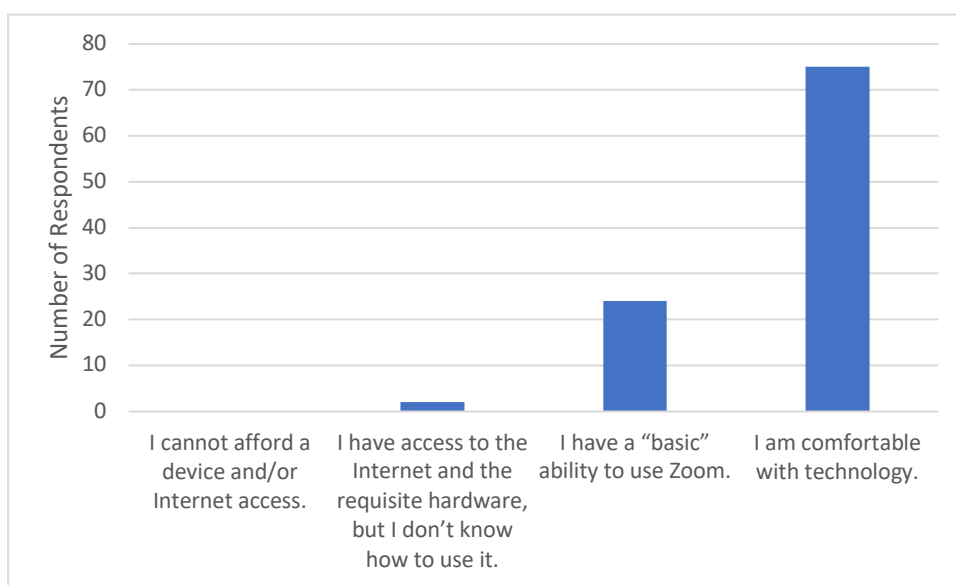
Figure D34

Used Video Technology for Counseling with Clergy
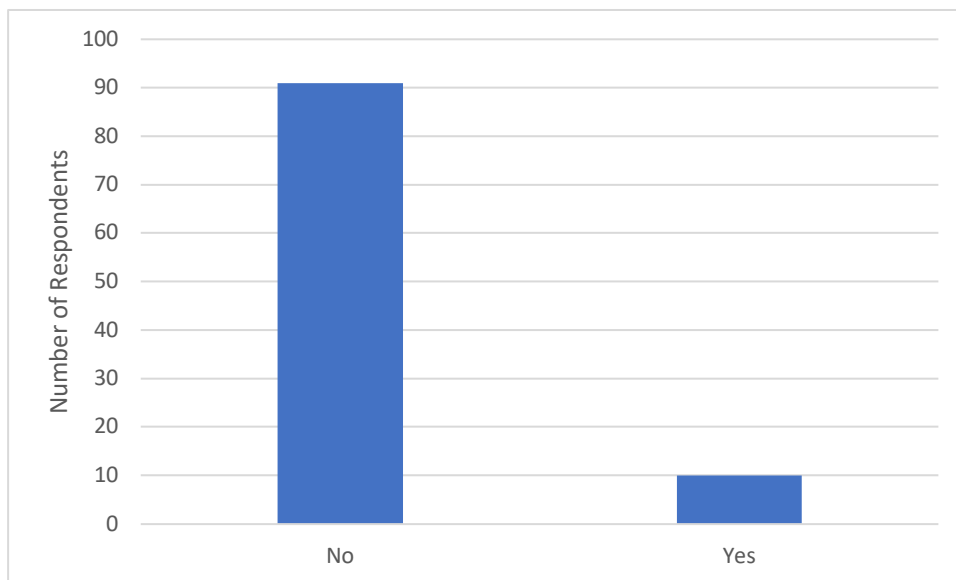
Figure D35

Effectiveness of Online Counseling with Clergy
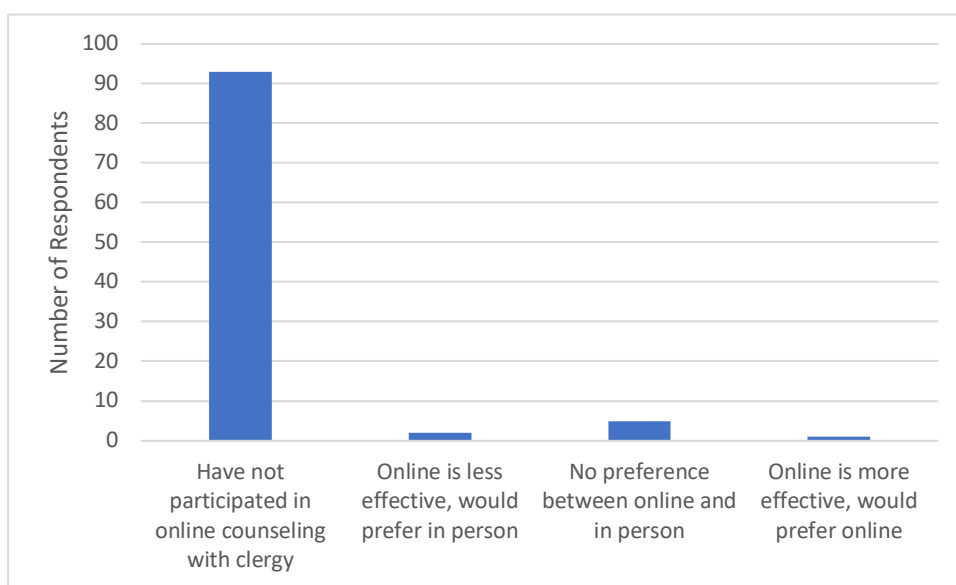
Figure D36

Online Counseling with a Licensed Clinician
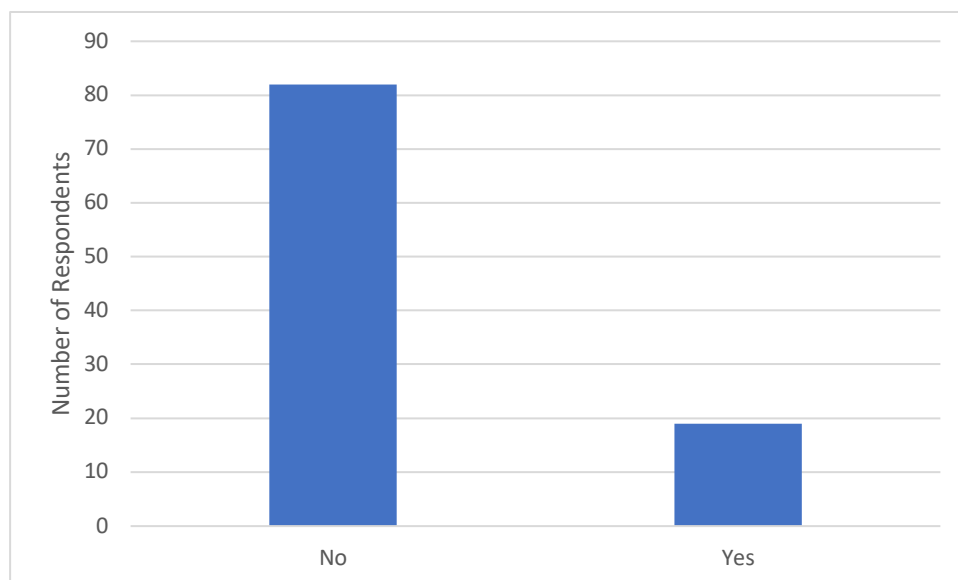
Figure D37

Effectiveness of Online Counseling with Licensed Clinician
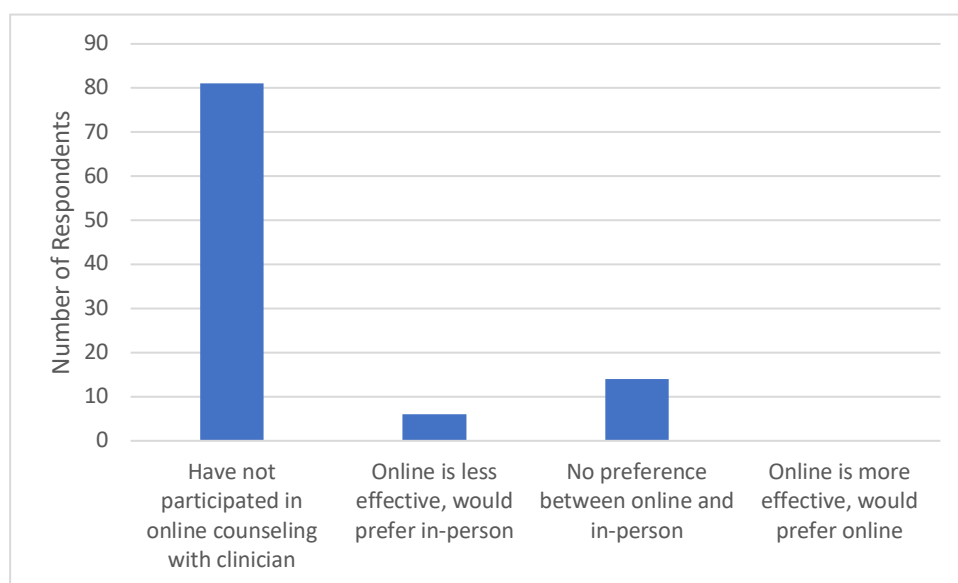
Appendix E

Additional Tables

Table E1

Education Attained

	Multivariate correlations[10] pertaining to Q4 (education attained)	Correlation probability pertaining to Q4 (education attained)
Q4 (Education attained)	1.00	<.001
Q10 (Anxiety before the pandemic)	0.0024	0.9813
Q11 (Anxiety after the arrival of the pandemic)	0.0845	0.4006
Q12 (Isolation before the pandemic)	0.0368	0.7152
Q13 (Isolation after the pandemic)	0.0732	0.4672
Q14 (Happiness before the pandemic)	0.0531	0.5979
Q15 (Happiness after the pandemic)	0.0675	0.5025
Q16 (Aloneness before the pandemic)	0.0897	0.3722
Q17 (Aloneness after the pandemic)	0.2325	0.0193*
Q18 (Experience of aloneness at the time of survey)	0.2217	0.0258*
Q19 (Agitation at the time of the survey)	-0.1053	0.2947

Note: Items with * are significant at or greater than the 95% confidence level.

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[10] The correlations are estimated by the Row-wise method.

Table E2

Employment After the Onset of Pandemic

	Multivariate correlations[11] pertaining to Q6 (employment after the onset of pandemic)	Correlation probability pertaining to Q6 (employment after the onset of pandemic)
Q6 (Employment after the onset of pandemic)	1.00	<.001
Q10 (Anxiety before the pandemic)	0.0190	0.8508
Q11 (Anxiety after the arrival of the pandemic)	-0.1051	0.2955
Q12 (Isolation before the pandemic)	-0.0507	0.6148
Q13 (Isolation after the pandemic)	-0.0255	0.7999
Q14 (Happiness before the pandemic)	-0.1116	0.2664
Q15 (Happiness after the pandemic)	0.0362	0.7194
Q16 (Aloneness before the pandemic)	0.0337	0.7381
Q17 (Aloneness after the pandemic)	-0.0431	0.6688
Q18 (Experience of aloneness at the time of survey)	0.0899	0.3714
Q19 (Agitation at the time of the survey)	0.1985	0.0466*
Q20 (Interest in other people/things at the time of survey)	-0.0531	0.5977
Q21 (Energy at the time of survey)	-0.1092	0.2769
Q22 (Loss of a loved one as a result of pandemic)	-0.0841	0.4029
Q23 (Grief of loss of way of life)	-0.2096	0.0354*

Note: Items with * are significant at or greater than the 95% confidence level.

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[11] The correlations are estimated by the Row-wise method.

Table E3

Anxiety After the Onset of Pandemic

	Multivariate correlations[12] pertaining to Q11 (anxiety after the onset of pandemic)	Correlation probability pertaining to Q11 (anxiety after the onset of pandemic)
Q1 (Age)	-0.1530	0.1267
Q10 (Anxiety before the pandemic)	0.5404	<.0001*
Q11 (Anxiety after the arrival of the pandemic)	1.0000	<.0001
Q12 (Isolation before the pandemic)	0.1887	0.0588
Q13 (Isolation after the pandemic)	0.3173	0.0012*
Q14 (Happiness before the pandemic)	-0.1115	0.2670
Q15 (Happiness after the pandemic)	-0.1844	0.0648
Q16 (Aloneness before the pandemic)	0.1445	0.1493
Q17 (Aloneness after the pandemic)	0.2636	0.0077*
Q18 (Experience of aloneness at the time of survey)	0.1221	0.2239
Q19 (Agitation at the time of the survey)	0.2096	0.0354*
Q20 (Interest in other people/things at the time of survey)	0.1027	0.3067
Q21 (Energy at the time of survey)	0.1234	0.2189
Q22 (Loss of a loved one as a result of pandemic)	-0.0227	0.8219
Q23 (Grief of loss of way of life)	0.3597	0.0002*

Note: Items with * are significant at or greater than the 95% confidence level.

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[12] The correlations are estimated by the Row-wise method.

Table E4

Happiness After the Onset of Pandemic

	Multivariate correlations[13] pertaining to Q15 (happiness after onset of pandemic)	Correlation probability pertaining to Q15 (happiness after the onset of pandemic)
Q11 (Anxiety after the arrival of the pandemic)	-0.1844	0.0648
Q15 (Happiness after the pandemic)	1.0000	<.0001
Q25 (Online worship after the pandemic)	0.2242	0.0242*
Q33 (Closeness to Jewish community after the pandemic)	0.2779	0.0049*
Q35 (Closeness to clergy after the pandemic)	0.2404	0.0155*

Note: Items with * are significant at or greater than the 95% confidence level.

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[13] The correlations are estimated by the Row-wise method.

Table E5

Online Worship After the Onset of Pandemic

	Multivariate correlations[14] pertaining to Q25 (online worship after the onset of the pandemic)	Correlation probability pertaining to Q25 (online worship after the onset of the pandemic)
Q15 (Happiness after the pandemic)	0.2242	0.0242*
Q25 (Online worship after the pandemic)	1.0000	<.0001
Q26 (Importance of Jewish identity before the pandemic)	0.4391	<.0001*
Q27 (Importance of Jewish identity after the pandemic)	0.4619	<.0001*
Q28 (Emotional investment in Jewish life at time of survey)	0.4125	<.0001*
Q29 (Belief in God before the pandemic)	0.2060	0.0388*
Q30 (Belief in God after the pandemic)	0.2347	0.0182*
Q31 (Anger at God as result of the pandemic)	0.0183	0.8560
Q32 (Closeness to Jewish community before the pandemic)	0.2946	0.0028*
Q33 (Closeness to Jewish community after the pandemic)	0.4385	<.0001*
Q34 (Closeness to clergy before the pandemic)	0.4769	<.0001*
Q35 (Closeness to clergy after the pandemic)	0.5622	<.0001*

Note: Items with * are significant at or greater than the 95% confidence level.

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[14] The correlations are estimated by the Row-wise method.

Table E6

Importance of Jewish Identity After the Onset of Pandemic

	Multivariate correlations[15] pertaining to Q27 (importance of Jewish identity after the onset of the pandemic)	**Correlation probability pertaining to Q27 (importance of Jewish identity after the onset of the pandemic)**
Q25 (Online worship after the pandemic)	0.4619	<.0001*
Q26 (Importance of Jewish identity before the pandemic)	0.8961	<.0001*
Q27 (Importance of Jewish identity after the pandemic)	1.0000	<.0001
Q28 (Emotional investment in Jewish life at time of survey)	0.6045	<.0001*
Q29 (Belief in God before the pandemic)	0.3059	0.0019*
Q30 (Belief in God after the pandemic)	0.3202	0.0011*
Q31 (Anger at God as result of the pandemic)	-0.0889	0.3767
Q32 (Closeness to Jewish community before the pandemic)	0.2751	0.0054*
Q33 (Closeness to Jewish community after the pandemic)	0.2459	0.0132*
Q34 (Closeness to clergy before the pandemic)	0.2757	0.0053*
Q35 (Closeness to clergy after the pandemic)	0.3046	0.0020*

Note: Items with * are significant at or greater than the 95% confidence level.

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[15] The correlations are estimated by the Row-wise method.

Table E7

Emotional Investment in Jewish Life

	Multivariate correlations[16] pertaining to Q28 (emotional investment in Jewish life at the time of the survey)	Correlation probability pertaining to Q28 (emotional investment in Jewish life at the time of the survey)
Q25 (Online worship after the pandemic)	0.4125	<.0001*
Q26 (Importance of Jewish identity before the pandemic)	0.5672	<.0001*
Q27 (Importance of Jewish identity after the pandemic)	0.6045	<.0001*
Q28 (Emotional investment in Jewish life at time of survey)	1.0000	<.0001
Q29 (Belief in God before the pandemic)	0.3178	0.0012*
Q30 (Belief in God after the pandemic)	0.3047	0.0019*
Q31 (Anger at God as result of the pandemic)	0.0551	0.5843
Q32 (Closeness to Jewish community before the pandemic)	0.4432	<.0001*
Q33 (Closeness to Jewish community after the pandemic)	0.3425	0.0005*
Q34 (Closeness to clergy before the pandemic)	0.3851	<.0001*
Q35 (Closeness to clergy after the pandemic)	0.3682	0.0002*

Note: Items with * are significant at or greater than the 95% confidence level.

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[16] The correlations are estimated by the Row-wise method.

Table E8

Belief in God Before Pandemic

	Multivariate correlations[17] pertaining to Q29 (Belief in God before the arrival of the pandemic)	Correlation probability pertaining to Q29 (Belief in God before the arrival of the pandemic)
Q25 (Online worship after the pandemic)	0.2060	0.0388*
Q26 (Importance of Jewish identity before the pandemic)	0.2168	0.0294*
Q27 (Importance of Jewish identity after the pandemic)	0.3059	0.0019*
Q28 (Emotional investment in Jewish life at time of survey)	0.3178	0.0012*
Q29 (Belief in God before the pandemic)	1.0000	<.0001
Q30 (Belief in God after the pandemic)	0.9741	<.0001*
Q31 (Anger at God as result of the pandemic)	-0.0710	0.4804
Q32 (Closeness to Jewish community before the pandemic)	0.2166	0.0296*
Q33 (Closeness to Jewish community after the pandemic)	0.1470	0.1424
Q34 (Closeness to clergy before the pandemic)	0.0701	0.4858
Q35 (Closeness to clergy after the pandemic)	0.1251	0.2154

Note: Items with * are significant at or greater than the 95% confidence level.

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[17] The correlations are estimated by the Row-wise method.

Table E9

Belief in God After the Onset of Pandemic

	Multivariate correlations[18] pertaining to Q30 (Belief in God after the arrival of the pandemic)	Correlation probability pertaining to Q30 (Belief in God after the arrival of the pandemic)
Q25 (Online worship after the pandemic)	0.2347	0.0182*
Q26 (Importance of Jewish identity before the pandemic)	0.2296	0.0209*
Q27 (Importance of Jewish identity after the pandemic)	0.3202	0.0011*
Q28 (Emotional investment in Jewish life at time of survey)	0.3047	0.0019*
Q29 (Belief in God before the pandemic)	0.9741	<.0001*
Q30 (Belief in God after the pandemic)	1.0000	<.0001
Q31 (Anger at God as result of the pandemic)	-0.1282	0.2014
Q32 (Closeness to Jewish community before the pandemic)	0.2111	0.0341*
Q33 (Closeness to Jewish community after the pandemic)	0.1591	0.1120
Q34 (Closeness to clergy before the pandemic)	0.0627	0.5336
Q35 (Closeness to clergy after the pandemic)	0.1411	0.1593

Note: Items with * are significant at or greater than the 95% confidence level.

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[18] The correlations are estimated by the Row-wise method.

Table E10

Preference to Discontinue All Online Jewish Engagement After Pandemic

	Multivariate correlations[19] pertaining to Q36b (Discontinue all online Jewish engagement after the pandemic is over)	Correlation probability pertaining to Q36b (Discontinue all online Jewish engagement after the pandemic is over)
Q25 (Online worship after the pandemic)	-0.3233	0.0010*
Q26 (Importance of Jewish identity before the pandemic)	-0.1960	0.0494*
Q27 (Importance of Jewish identity after the pandemic)	-0.1889	0.0585
Q28 (Emotional investment in Jewish life at time of survey)	-0.2363	0.0173*
Q29 (Belief in God before the pandemic)	-0.0926	0.3568
Q30 (Belief in God after the pandemic)	-0.0904	0.3687
Q31 (Anger at God as result of the pandemic)	0.0255	0.8002
Q32 (Closeness to Jewish community before the pandemic)	-0.1324	0.1867
Q33 (Closeness to Jewish community after the pandemic)	-0.1050	0.2961
Q34 (Closeness to clergy before the pandemic)	-0.1941	0.0518
Q35 (Closeness to clergy after the pandemic)	-0.1324	0.1867
Q36b (Jewish life online should be discontinued after the pandemic)	1.0000	<.0001

Note: Items with * are significant at or greater than the 95% confidence level.

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[19] The correlations are estimated by the Row-wise method.