

Challenges and Implications of Behind Screen-Based Therapy for Sexual Abuse Children in the Arab sector in Israel: Understanding the Psychological and Technological Mechanisms and The Impact on the Treatment Effectiveness

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Abstract

This study was conducted to explore the difficulties and consequences of online therapy for sexual abuse children during the COVID-19 pandemic in the Arab sector in Israel. Using a qualitative methodology, the study involved interviews with 35 therapists who provided online therapy to child victims of sexual abuse in the Arab sector in Israel. The findings highlighted significant challenges, such as inadequate preparation, lack of specialized platforms, and difficulties in establishing trust and close relationship through digital means among therapists, especially in the Arab sector in Israel. Therapists and patients both faced issues with maintaining confidentiality, ensuring a safe therapeutic environment, and dealing with the impersonal nature of online interactions. The study concluded that online therapy, as practiced during the pandemic, was often ineffective and sometimes harmful, emphasizing the need for better preparation, resources, and building special digital tools for sensitive cases, such as sexual abused which is considered a taboo in the Arab society.

Keywords: *child sexual abuse (CSA), online therapy, the COVID-19 pandemic, therapy behind the screen, therapeutic challenges, technological mechanisms, psychological impact, therapists' perceptions, the Arab sector in Israel.*

Introduction

During the COVID-19 pandemic, online therapy became essential for providing mental health support, including children who experienced sexual abuse. However, several negative effects have been identified for this vulnerable population, during the online therapy process. The transition to online therapy during the COVID-19 pandemic created significant challenges for therapists, victims, and families, especially in the Arab sector in Israel, which suffers from discrimination and exclusion including the health system (Rosner, 2020). This period highlighted a lack of adequate preparation in several critical areas. Therapists struggled with quickly adapting to the virtual medium, maintaining therapeutic boundaries, ensuring confidentiality, and creating a safe space for discussing sensitive topics such as child sexual abuse (Connolly et al., 2020). Patients, especially children, found it difficult to connect with therapists through a screen, which led to difficulties in the establishment of trust and close relationships (Winder et al., 2021). Families faced substantial challenges in providing private and secure environments for therapy sessions due to limited space and limited technological resources (Bradbury-Jones & Isham, 2020).

This article explores the challenges and implications of online screen-based therapy for children who were victims of sexual abuse in the Arab sector in Israel, focusing on understanding the psychological and technological mechanisms and their impact on treatment effectiveness. The study, which this article was based

on, used qualitative methodology, including therapists from the Arab sector in Israel who had experience with dealing with sexual abused children and were forced to use online therapy. The study findings showed significant difficulties faced by therapists and patients alike in adapting to online therapy, especially in the context of child sexual abuse. Moreover, the study showed how online therapy is ineffective and even harmful for both therapists and patients.

Literature Review

Child Sexual Abuse (CSA):

Child sexual abuse (CSA), often referred to as child molestation, is a severe form of child abuse where an adult or older adolescent exploits a child for sexual purposes (Seshadri & Ramaswamy, 2019). This abuse can manifest through child grooming, indecent exposure, child sexual exploitation like the production of child pornography, and direct sexual contact with a child. According to Cossins (2021), these acts contain severe violations of a child's rights and can occur in various settings such as home, school, or workplaces where child labor is common.

Child sexual abuse has negative significant effects on the victims, including physical injuries and severe psychological impacts like depression, post-traumatic stress disorder (PTSD), anxiety, and complex PTSD (Alves et al., 2024). Sexual abuse by a parent or close relative can lead to even more profound and lasting psychological trauma (Cossins, 2021). The abuse consequences extend beyond immediate physical harm, affecting the victim's cognitive and emotional development and potentially leading to lifelong psychological difficulties (Udigwe et al., 2021).

Despite the high prevalence of the phenomenon of child sexual abuse (CSA), the true extent of CSA remains underreported, especially in developing countries, due to social stigmas, inadequate legal frameworks, and cultural and religious norms that discourage open discussion of the issue (Russell et al., 2020). This underreporting means that many children and adolescents do not receive the necessary medical and psychological support, which may cause them to live with their trauma into adulthood (Rastogi et al., 2023). The prevalence of CSA is alarmingly high, affecting approximately 7.9% of males and 19.7% of females globally, with men being the primary perpetrators in most cases (Žukauskienė et al., 2023).

Therapy Behind the Screen:

The COVID-19 pandemic has caused a rapid shift in mental health and therapy, moving these services online due to lockdown measures (Xiang et al., 2020). This sudden transition from in-person to digital therapy altered the dynamics between therapists and patients (Markowitz et al., 2021). Before the pandemic, online therapy was a tool for bridging geographical gaps (Roesler, 2017), but COVID-19 made it essential. The pandemic led to a significant move to online therapy, with about 98% of therapists adopting it (Sampaio et al., 2021). This shift brought technological advances and improved user experiences, making online therapy more widely available and recognized (Beaunoyer et al., 2020).

Some studies have shown positive outcomes of online therapy, with comparable satisfaction levels to face-to-face counseling (Murphy et al., 2009). However, many therapists have reported challenges such as fatigue, diminished confidence, and a reduced sense of connection with patients during online sessions (Hummer et al., 2020). For children and adolescents, who are deeply integrated with digital technology in their learning and social interactions, online therapy can offer a culturally relevant and accessible means of support (Alexender et al., 2018). Despite concerns about screen fatigue and cybersecurity, the screen can provide a unique window into children's inner lives, helping them express themselves in new ways (Alexender et al., 2018). This approach can be especially beneficial for vulnerable groups, offering flexibility and reducing anxiety associated with physical closeness (Lattha et al., 2022). Online therapy thus holds potential for reaching and effectively engaging younger populations in therapeutic processes.

Therapists' Attitudes Regarding Online Therapy:

Online therapy has caused considerable debate among therapists, with opinions sharply divided (Dunn, 2012). Critics argue that the lack of physical presence poses significant challenges that negatively impacted the therapeutic process (Lester, 2006). These include difficulties in establishing a strong therapeutic relationship, maintaining patient engagement, and managing crucial dynamics such as transference and countertransference (Scharff, 2013). The absence of non-verbal cues, such as body language and tone of voice, complicates therapeutic interaction (Wells, et al., 2007). Additionally, concerns about privacy, ethical issues, and legal matters are heightened in the digital environment. Technical issues like video delays, internet bad connection, and the therapists' varying degrees of technological proficiency further complicate online therapy. Critics also point out the lack of long-term studies and formal guidelines supporting online therapy's efficacy and appropriateness (Amichai-Hamburger et al., 2014).

Supporters of online therapy argue that it maintains the core principles of traditional therapy and offers unique advantages (Scharff, 2013). They highlight the convenience of written assessments and session recordings for tracking progress and training purposes (Amichai-Hamburger et al., 2014). Online therapy can also create a sense of telepresence (feeling like you are in the same room with someone), compensating for the lack of physical interaction, and may even encourage more openness and honesty from the patients. It also provides a less stigmatizing entry point to therapy for some individuals and can facilitate cultural adaptations and translations. While privacy and security concerns are acknowledged, supporters note that technological solutions exist to mitigate these issues (Amichai-Hamburger et al., 2014). They emphasize the need for therapists to ensure the suitability of online interventions for their clients and suggest that younger generations may be more receptive to this mode of therapy (Brenes, et al., 2011).

The Arab Sector in Israel:

The Arab sector in Israel constitutes about 21% of the country's population, encompassing 1.958 million people with diverse religious affiliations and living arrangements (Central Bureau of Statistics, 2019). The Arab sector in Israel is diverse in terms of its religious groups (Muslims, Christians, and Druze) and residential patterns (cities, towns, villages, and desert communities). Arab citizens in Israel have a multifaceted identity that includes Palestinian, Arab, and Israeli components (Miari & Natur, 2019). The collective identity of Arab citizens, especially the Muslims, in Israel is composed of three important components: (1) **Palestinian**: Palestinians in Israel are an inseparable part of the Palestinian people; (2) **Arab**: Arabs in Israel share common characteristics with the broader Arab nation, such as language, history, and culture; (3) **Israeli** - as a result of holding Israeli citizenship and an Israeli passport (Miari & Natur, 2019). Over the past two decades, there has been a significant shift in their behavior, marked by a focus on preserving their history, criticizing the Jewish nature of the state, and demanding recognition as a native national minority with collective rights (Miari & Natur, 2019). Despite modernization, Palestinian society in Israel remains characterized by authoritarian, patriarchal, and collectivist values, emphasizing family ties and collective interests (Haj-Yahia, 2019; Dwairy, 2006). Coping mechanisms within this society include self-discipline, consideration for others, self-expression, and identification with the oppressor, particularly among women (Dwairy, 2006). These social-cultural dynamics are crucial for understanding the collective identity and social behavior of Arab citizens in Israel (Ghanem & Khatib, 2019; Nijam-Achtilat et al., 2018).

Over the past decade, Palestinian society in Israel has experienced significant economic, social, political, and educational changes, influenced by globalization. Despite these transformations, the extended family remains the primary support system, encompassing parents, unmarried and married children, their spouses, and grandchildren (Haj-Yahia, 2019). This extended family structure plays crucial social and economic roles, emphasizing emotional bonds, collective values, and loyalty. The patriarchal and hierarchical nature of Arab families in Israel is organized around age, gender, generation, and birth order, with respected community figures often intervening in family matters (Haj-Yahia & Lavee, 2017). The extended family, including grandparents

and uncles, is deeply involved in childcare and support, especially when fathers are absent (Yahia & Lavee, 2017). Children are positioned low in the family hierarchy, expected to be obedient and adopt adult values without criticism (Jaraisy, 2012). Sibling relationships are also hierarchical, with older male siblings holding authority over younger siblings (Nijam-Achtilat, et al., 2018). The grandfather holds a particularly significant status within this family structure.

Sexual Abuse in the Arab Sector in Israel:

In Israel, there is a notable absence of comprehensive data regarding the prevalence of sexual abuse within both the general population and the Arab sector specifically. However, research targeting children and adolescents aged 12 to 16 has been conducted to examine this issue. In 2016, Lev-Wiesel and Isikowitz conducted a national survey involving 12,035 children and adolescents (9,836 Jews and 2,199 Arabs) aged 12-17, revealing that 23.2% of Arab children reported sexual abuse. Notably, 27.6% of abused Arab children reported the abuser was an adult known to them, compared to 8.1% among Jewish children. Among all abused children, 44.1% reported the abuser was an adult family member. Additionally, boys were found to be at higher risk of familial abuse than girls. These findings highlight the complexity and widespread nature of sexual abuse in Israel. While sexual abuse in Arab society mirrors global patterns, empirical literature on the phenomenon is limited (Attrash-Najjar & Katz, 2023). Moreover, traditional societal taboos, concerns over "family honor," the emphasis on "female purity" and virginity before marriage, and fears about the repercussions of disclosure on family dynamics can hinder reporting (Elias & Alnabilsy, 2019).

Material and Methods

The Study Methodology

In this study, a qualitative research methodology was chosen due to its being suitable for the explorative nature of the research. This approach focuses on understanding the complexities of human behavior, experiences, and phenomena through non-numerical data, allowing for a deeper exploration of narratives and perspectives (Creswell, 2020). The qualitative method was selected because it provides a more naturalistic and exploratory investigation into how therapists perceive and engage with online therapy when treating child survivors of sexual abuse. This method aims to uncover the genuine essence of their perspectives and the underlying reasoning behind their therapeutic interventions within real-world contexts. By using a qualitative design, this study aims to expand the limited existing research on online therapeutic practices for sexually abused children in the Arab sector in Israel, thereby contributing valuable insights to improve care and support for this vulnerable population.

Study Population and Data Collection

The study focused on a carefully selected group of therapists who specialize in providing therapy to children who have experienced sexual abuse from the Arab sector in Israel. These therapists were chosen for their diverse backgrounds, extensive experience, and specialized training in mental health. They have adapted to using online therapy during the COVID-19 pandemic, making their insights particularly valuable. Their expertise and commitment to effective care in a challenging context make them ideal participants for this research. Structured interviews with 35 therapists were conducted to gather data, providing deep information and insights into their approaches to online therapy. The thematic analysis method was used to analyze the data, allowing for the identification and exploration of patterns and themes within the dataset, providing a deeper understanding of the research question (Naeem et al., 2023).

Results

The thematic analysis showed many interesting results regarding the therapists' perceptions of the effectiveness of online screen-based therapy. The main themes showed the ineffectiveness of this method of treatment in addition to both the challenges therapists face during the screen-based treatment process and the negative effects it may have on the patients.

The Therapists' Perceptions of Online Behind Screen-Based Therapy

Interviewees expressed that the preparation for online therapy was superficial and insufficient, especially in the Arab sector in Israel. The lack of clear instructions and reliance on trial and error, compounded by inadequate internet infrastructure and low socioeconomic status among many patients, created substantial barriers for successful and efficient therapy. Training provided did not match the specific needs of the therapists. For example, one therapist said: *"The transition to online therapy during the COVID-19 pandemic was like navigating unexplored waters. We had to quickly adapt to a medium that was unfamiliar to many of us, which created significant challenges in maintaining the quality of care for our clients. We didn't get enough guidance and preparation for the new way of therapy behind the screen; we had to learn things on our own during the process."*

Moreover, according to the interviews, families also doubted the efficacy of online screen-based therapy, this is especially true for parents in the Arab sector in Israel who are less familiar with this way of therapy. A therapist noted: *"... the parents didn't accept the new way of therapy. They didn't believe that therapy behind the screen is real therapy.... Families dealing with child sexual abuse cases faced challenges in providing a private and secure environment for therapy sessions due to limited space and technological resources. Many of the Arab families we deal with have a difficult socioeconomic situation"*

The Lack of Special and Suitable Online Platforms for Behind Screen-Based Therapy

From the answers, it was clear that there are no special platforms for behind-the-screen therapy, the therapists used the different technological devices randomly, and without any plan, they used phone calls, WhatsApp, video calls, zoom meetings. One respondent said: *"We use whatever is available. For example, at first, we used the phone and had regular conversations, then we switched to WhatsApp, and after that, we used Zoom meetings."* Another therapist mentioned: *"...the lack of specialized platforms for behind-the-screen therapy means we often have to improvise with available tools like WhatsApp and Zoom, which can sometimes limit the depth of therapeutic intervention we are providing."*

Moreover, the interview respondents agreed that resources for behind-the-screen therapy are very limited especially in the Arab sector in Israel. Although the government distributed computers to families, but this occurred long after the pandemic started. Most Arab families, having many children, found the computers insufficient. A therapist mentioned: *"... one of the problems is lack of resources. For example, not all families had internet or computers, especially that most of the Arab families we deal with have economic difficulties. It is true that the government distributed computers, but it was late, and not enough"* Another therapist added: *"... the number of computers didn't meet the needs of the children in the families. Most Arab families have many children, and they all need to use the same computer."*

In Addition, the therapists claimed that the physical environment of many patients' homes often lacks a quiet and safe space for therapy sessions. The therapists deal with the Arab sector in Israel which is known for their difficult socioeconomic situation. One respondent highlighted: *"I saw another form of abuse in the Arab sector—poverty. Large families, pain, poor poverty in the eyes of the girl, and the shame of the father's shouts, to hide the signs of poverty that stood out in front of the screen: broken closets, lack of beds, messy walls..."*

Challenges Therapists Face During Online Behind Screen-Based Therapy:

Interviewees reported numerous negative consequences of online therapy, such as difficulty maintaining contact, preventing patient dropouts, and challenges in meeting therapeutic goals, especially in the Arab sector in Israel which is a traditional society with a lack of awareness regarding online devices. One therapist stated: *"The most dominant problem in using behind screen-based therapy was maintaining contact, keeping the patient from dropping out, keeping in touch; it was difficult to meet the goals of the treatment plan, especially with the unique population of the Arab sector in Israel which still lacks the familiarity with online devices"*

Additional point that the respondents mentioned regarding this way of treatment was the stress and fear that the corona crises has created. Some of the participants said that in addition to dealing with the bad experience of abuse, some children talked about their fear of the corona virus and the feeling that they are imprisoned and had to stay indoors, everything was enforced on them even the online meeting of therapy. One of the therapists said: *"The whole situation was stressful, especially for the patients. They had to deal with an additional fear, which is the fear of the corona... they felt like they were in prison, therefore they were resistant to the therapy."*

Many therapists expressed frustration and stress regarding online therapy. One therapist described the experience as: *"...one of the most difficult experiences in my career life, the uncertainty, the frustration put everything in my experience into question."* Another noted: *"It is all about lack of control, we as therapists can control the face-to-face session, we can see every movement, every eye blink and learn from it. In the online therapy, we lose this control."*

Additional difficulty that they mentioned was, the lack of ability to see concrete things and indications as they do through the face-to-face therapy meetings, such as body language and facial expressions. And the most important thing, they are not able to control who will be with the child during the online meeting, maybe the offender is there with them. One therapist mentioned, *"... it all about lack of control, we as therapists can control the face-to-face session, we can see every movement, every eye blink and learn from it. In the online therapy, we lose this control we can't even make sure that the abusive family member is not there with the child during the session"*

Therapists also emphasized the importance of family involvement in the online therapy process. They highlighted that this aspect is particularly challenging in online settings due to several factors. In the Arab sector in Israel, cultural dynamics, technological barriers, and the need for privacy can complicate family participation in virtual therapy sessions. One therapist noted, *"If we look at the therapy process in the online method, we can clearly see that it is not a complete success, especially due to the lack of immediate relationship between the therapist and the parents."* Another added: *"The transition to online therapy was not easy. The lack of physical presence made it harder to build a trusting and cooperative relationship with the parents, which is crucial for the child's treatment process."*

Furthermore, working from home or using online therapy has had several negative effects on therapists. First, participants noted that the COVID-19 pandemic forced a major change in therapists' work routines as they had to switch to providing online therapy from home. This shift brought various challenges, including the loss of daily routines like commuting, interacting with colleagues, and other work-related activities. Additionally, some participants expressed that working from home can lead to feelings of isolation among therapists, as they miss the company and support of a shared office environment. In addition, some therapists reported difficulties in maintaining a clear boundary between their work and personal lives when working from home, which can lead to burnout and a decreased work-life balance. Lastly, the therapists highlighted increased emotional exhaustion as a significant issue due to the shift to online therapy. The lack of physical separation between work and home environments usually leads to emotional exhaustion, affecting therapists' well-being and effectiveness. According to one participant: *"Working from home during the pandemic has isolated me from my colleagues and disrupted my daily routines."* According to another respondent: *"The sudden transition to providing therapy online from the borders of our homes has not only blurred the boundaries between personal and professional life but has also led to a sense of isolation among us. The loss of daily habits, such as the simple act of commuting or grabbing a coffee on my way to the office, has negatively affected our sense of normalcy and community, leaving us feeling more disconnected from our colleagues and the very essence of our therapeutic work."*

Discussion

The article explores the challenges and consequences of using online therapy for child survivors of sexual abuse from the Arab sector in Israel. The research employed a qualitative methodology, which is ideal for exploring the experiences and perspectives of therapists in this field. This approach captures the essence of therapists'

views on online therapy, offering a rich, in-depth understanding of their challenges and strategies in real-world contexts.

The study population consists of 35 therapists with diverse backgrounds and extensive experience in mental health, particularly in dealing with sexually abused children from the Arab sector in Israel. These therapists adapted to online therapy during the COVID-19 pandemic, providing unique insights into the effectiveness and limitations of this medium. Structured interviews were used to collect data, and thematic analysis was employed to identify patterns and themes within the responses.

The results of the thematic analysis reveal several critical themes regarding the perception and effectiveness of online screen-based therapy. Most of the therapists had negative perceptions regarding the online therapy, they claimed that during COVID-19, the preparation for the new kind of therapy was inadequate and insufficient. As reported by the therapists, the transition to online therapy during the pandemic posed significant challenges, including difficulties in adapting to the virtual devices, maintaining therapeutic boundaries, ensuring confidentiality, and creating a safe space for sensitive discussions. Therapists and patients alike struggled with the impersonal nature of online interactions, which had a negative impact on the establishment of trust and close relationships essential for effective therapy. Additionally, the lack of adequate preparation and resources increased these challenges, particularly in socioeconomically disadvantaged communities. Especially among victims from the Arab sector of Israel which suffers from, discrimination, exclusion, underbudgeting and a difficult socioeconomic situation.

Previous studies also focused on the impact of online therapy on the therapists' work, especially that the coronavirus (COVID-19) pandemic led many therapists to suddenly stop their face-to-face sessions and move to online therapy, regardless of their prior experiences with online devices and their attitudes against online therapy. Without much opportunity for reflective practice, therapists of all methods of therapy and levels of expertise were forced to immediately assess the consequences for their therapeutic approach while carefully considering their clinical, technical, logical, and academic knowledge (Békés et al., 2021).

A significant issue was also identified in the interviews is the lack of special online platforms tailored for therapy these sensitive cases of children sexual abuse especially for the Arab sector in Israel. Therapists often had to improvise with available tools like phone calls, WhatsApp, and Zoom, which limited the depth and effectiveness of therapeutic interventions. The study participants highlighted the inadequacy of these tools in meeting the specific needs of therapy for sexual abuse survivors from the Arab sector in Israel. Especially that the physical environment of many patients' homes, often lack privacy and technological resources. Despite governmental efforts to distribute computers to families, the late response and insufficient resources did not meet the high demand, particularly among Arab families in the Arab sector in Israel, which are usually large families and suffer from low socioeconomic situation.

Moreover, therapists reported numerous negative consequences of online therapy, such as difficulty maintaining contact, preventing patient dropouts, and meeting therapeutic goals. The stress and fear caused by the pandemic added to the distress of already vulnerable patients, potentially increase feelings of isolation and lack of trust. In addition, the lack of physical presence and the inability to accurately assess non-verbal cues had a negative impact on the therapeutic process, making it challenging to provide comfort and support essential for healing in cases of sexual abuse. Moreover, concerns about confidentiality and privacy in online settings added to the therapists' stress, impacting the overall effectiveness of the therapy. The participants underlined the need for better preparation, more resources, and specialized platforms to support therapists and enhance the efficacy of online therapy for this sensitive and critical area of mental health care.

Similar results were also found by previous studies for example Scharff, (2013) found that one of the main criticisms against online treatment was the space, hour, and atmosphere of the environment for each of them which may change significantly due to the therapist's and patient's different locations. Compared to traditional therapy, it could initially be more challenging to establish the treatment contract and collaborative relationship

between the therapist and patient. Additionally, it could be harder for the patient to commit to therapy, making it simpler to stop the course of treatment (Kotera et al., 2021).

The therapists also talked about the negative consequences of working from home on their daily life. The transition to online therapy disrupted their work routines, eliminating daily activities like commuting and interacting with colleagues, which contributed to feelings of isolation. Therapists also reported difficulties in maintaining clear boundaries between their work and personal lives, leading to burnout and a decreased work-life balance. The lack of physical separation between work and home environments enhanced emotional exhaustion, affecting their well-being and effectiveness.

Previous studies have also shown the negative consequences of working from home, such as the study of Morgan and colleagues (2022), who showed that therapists reported that being forced to work from home has left them feeling trapped with emotionally challenging material after the workday had ended. Moreover, they reported less commuting time and working from home impacted their work-life balance. Other issues include a lack of confidentiality at home for patients and maintaining an agenda of avoidance for clients with anxiety issues.

Conclusion

This study explored the challenges and implications of online screen-based therapy for children from the Arab sector in Israel, victims of sexual assault, focusing on understanding the psychological and technological mechanisms and their impact on treatment effectiveness. The study findings showed significant difficulties faced by therapists and patients alike in adapting to online therapy, especially in the context of child sexual abuse and the context of the Arab sector of Israel which suffers from discrimination, exclusion, underbudgeting and a difficult socioeconomic situation.

The main challenges presented by the therapists included the inadequacy of preparation and resources for online therapy, especially during the COVID-19 pandemic, the lack of specialized platforms for sensitive cases, and the various technical and environmental challenges. Therapists also talked about the psychological consequences of online therapy for both the therapists and the patients such as difficulties in establishing trust and maintaining therapeutic relationships, compounded by the impersonal nature of digital interactions and the lack of physical presence. Moreover, the insufficiency of digital tools and socio-economic difficulties further negatively impacted the effectiveness of online therapy.

Important conclusions from this study highlight the critical need for better preparation and resources to support therapists in providing effective online therapy, especially for children from the Arab sector in Israel. Specialized platforms built to the needs of sexual abuse survivors are essential, as well as comprehensive training for therapists to navigate the unique challenges of digital therapy.

Future research should investigate long-term outcomes of online therapy for sexual abuse survivors and develop guidelines for best practices in this field. Additionally, addressing socio-economic difficulties and ensuring equitable access to digital resources will be crucial in enhancing the effectiveness of online screen-based therapy.

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