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"I want to tread lightly": how Orthodox Jewish therapists experience supporting Charedi female adolescents

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ABSTRACT

This study explored the experiences of seven Orthodox Jewish female therapists offering talking therapy outside of mainstream provision to strictly Orthodox Jewish (Charedi) female adolescents, using semi-structured interviews. An interpretative phenomenological analysis revealed several themes: The therapists navigated personal and professional overlap when working within their own community, dealt with blurred boundaries, managed the complexities of confidentiality within a close-knit community context, were informed by cultural sensitivity and by the current adolescent life stage of their clients, and experienced both feeling connected to their clients and feeling disconnected when values were at odds with each other. Study implications include the importance of co-producing research with Orthodox Jewish adolescents, continuing to increase culturally sensitive mental health promotion, education, and provision within the Charedi community, and for mainstream services to facilitate access for the Charedi community by prioritising culturally sensitive and psychologically safe therapeutic spaces, culturally informed practices and community partnership work.

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Introduction

This study explored the experience of seven female Orthodox Jewish talking therapists offering mental health (MH) support to Charedi female adolescents. This is important because, as an under-researched population, they are in danger of receiving publicly under-funded MH provision, which can increase the potential of overlooking serious well-being risks for young people, for example, self-harm, safeguarding issues, and suicidality. The disregard and marginalisation of this population's needs create a further disconnection between what is offered, what is accessed, and what is indeed effective in reducing MH difficulties in the community (e.g., Alvarez et al., 2022; Doherty, 2023).

The British Orthodox Jewish community

The Charedi community is the fastest growing Orthodox Jewish subgroup (Staetsky, 2022), with over 50% of Jewish births attributed to them (Mashiah, 2018). Charedi

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people live a traditional form of Judaism and strictly comply with the Torah laws that govern their relationships and everyday practices (Schnall, 2006). They prioritise keeping the outside world out, partly due to antisemitism, but also in order to strictly maintain a purity of culture and values. They are greatly influenced by historical and current persecution and the intergenerational trauma that has persisted over the centuries (Gabbay et al., 2017). From October to December 2023, the Community Security Trust (CST) recorded a 589% increase in reported antisemitic incidents compared to the same time period in 2022, which was the highest ever total of antisemitic incidents in the UK, since they began recording in 1984 (CST, 2024), and included physical assaults, verbal abuse, hate mail, and online abuse. An insular, collectivist, and heterogenous group, the Charedi community meets most of their health, educational, social, and economic needs within their own, self-contained community (Tkatch et al., 2014).

Mental health in the Orthodox Jewish community

Since religious communities largely view MH practitioners as irreligious (Rosmarin & Pirutinsky, 2020), they are more likely to access psychological support from rabbis or Orthodox Jewish MH professionals, rather than mainstream healthcare, despite the risk of moving in the same social circles (McEvoy et al., 2017).

To date, whilst the existence of MH difficulties within the community has been increasingly recognised, and communal MH organisations have emerged to support Jewish youth (e.g., Doherty, 2023), little academic research about Jewish adolescents' MH has been published, with evidence of MH difficulties in the UK remaining largely anecdotal. JTeen and Noa Girls (2023b; 2023), two MH charities supporting Jewish adolescents, reported that in 2022, over 70% of their clients presented with anxiety and/or depression. Whilst over half of the UK's Jewish adolescent population may have experienced some form of MH difficulty this year (Doherty, 2023), the Middle East conflict has increased this considerably (JTeen, 2023a). Within the Jewish charity sector, one in four people seeking MH assistance for the first time appear to have cited the conflict as a reason for their need for support (Bray, 2023).

Pre-pandemic research illustrated how Charedi people felt ashamed to access psychological therapy and fearful of losing their social status in the community and impacting their wider family network regarding marriage, job prospects, and entry to educational institutions (Sharman & Jinks, 2019). Orthodox Jewish therapists also confronted dilemmas when clients grappled with leaving the Orthodox Jewish community and their system wanted them to stay (Baruch, 2014).

Nevertheless, a 25-year review highlighted that Orthodox Jews were increasingly open to receiving MH support (Schnall et al., 2014), and accessing psychological therapy has been endorsed by increasing numbers of Charedi rabbis, particularly as they become overwhelmed with significantly complex issues brought to their pastoral and counselling care (Loewenthal, 2006b). Since the coronavirus pandemic, Charedi rabbis have backed community MH awareness initiatives, such as psychoeducational events for Orthodox Jewish parents about adolescent MH, indicating that they are keen to promote MH literacy and reduce stigma in the community. Golker and Cioffi (2021) argued that these events help confront the shame experienced by many Charedi people in relation to help-seeking.

Perhaps Charedi ambivalence towards mainstream MH services is less related to MH support *per se* and more connected to the perceived threat of antisemitism, being treated by a culturally insensitive practitioner, or a fear that religious laws might be broken in therapy (Loewenthal, 2006a; Schleider, 2021; Sharman & Jinks, 2019). They may be more likely to accept therapy from an Orthodox Jewish practitioner, despite an increased fear of breaches in confidentiality and likelihood of meeting them at communal events (McEvoy et al., 2017; Podolsky-Krupper & Goldner, 2021). Conversely, seeing a co-religionist for therapy not only increases anxiety in clients regarding confidentiality but can create challenges if their religious observance differs (Rabinowitz, 2014). Greenberg and Witztum (2013) argued that when developing services within communities, it is important to ensure quality control of culturally adapted therapy and to increase opportunities for Orthodox Jewish people to train and qualify as professionally accredited practitioners. One may expect that, given recent significant reported instances of antisemitism in late 2023, these experiences and concerns will have been further strengthened.

Research in the USA (Pirutinsky & Rosmarin, 2022) found that anxious and depressed Orthodox Jews accessed MH support just as much as a non-Jewish control group, putting the culturally specific stigma narrative into question. They considered whether therapeutic provision within the community possibly *reinforced* exclusionary norms and stigmatic attitudes and advocated for culturally informed practice within mainstream services instead. Ignorance about cultural and religious needs can create avoidable conflict (Gabbay et al., 2017), and mainstream therapists largely lack education on how to address religious and spiritual matters in therapy (Rosmarin & Pirutinsky, 2020). In a MH clinic where non-religious and non-Jewish staff were familiar with the Orthodox Jewish population, Orthodox Jewish and non-Orthodox Jewish clients benefitted equally from seeing Orthodox Jewish and non-Orthodox Jewish clinicians for CBT (Rosmarin & Pirutinsky, 2020). Non-religious therapists' knowledge about and respect for Charedi customs appeared to contribute to the success.

In the UK, collaboration between the Charedi community and NHS services has highlighted the benefits of working together to improve healthcare access, for example, by developing an extensive dialogue between mainstream services, rabbinical and communal leaders, and Orthodox Jewish individuals with lived experience, and for public services to be run from neutral, communal, satellite locations (see Kada, 2019; Perry et al., 2018). Golker and Cioffi (2021) explored the experience of Jewish therapists offering CBT to Charedi adults. They found that therapists stressed the importance of understanding Charedi culture. Whilst they highlighted increased suspicion and concern about confidentiality amongst the Charedi community, they argued that building trust helped therapeutic alliance, and that trust could be increased through a shared understanding of religious beliefs and how explaining the compatibility of CBT with Torah values, using religious teachings to corroborate therapeutic practice, and seeking rabbinic guidance when needed helped clients to engage with therapy.

Mental health amongst charedi youth

Adolescence is a particularly demanding period in an Orthodox Jewish person's life as it coincides with a significant increase in societal expectations (Gabbay et al., 2017). At ages 12 and 13, respectively, girls and boys reach bat/bar mitzvah and are henceforth required

to fulfil the Torah commandments like adults. Students pursue both the national curriculum and Torah study during their daily schedule, and many move away from home for religious study by mid-adolescence. By their early twenties, many young people are dating and preparing for marriage (Latzer et al., 2019).

To date, no research has explored the experience of Orthodox Jewish therapists offering support to Charedi adolescents in the UK. In some areas, over half of the Charedi community is under 16, with families having an average of seven children (Pirutinsky et al., 2015; Staetsky & Boyd, 2015), although there are currently no statistics about the number of Charedi young people in the UK (Sharman & Jinks, 2019), nor how many have required or received community-based or mainstream MH support.

Charedi youth access mainstream services significantly less compared to their non-Jewish counterparts (Rowland, 2016). Sharman and Jinks (2019) found that school staff in Orthodox Jewish primary schools in Barnet (London, UK) believed that parents' low uptake of private or mainstream support for their children was due to stigma around MH, not wanting to pay for support, fear of social services, and an impression that statutory services had long waiting lists and would not adapt their practice to the family's cultural and religious needs.

To summarise, the evidence to date about Charedi adolescent MH is largely based on community organisations' knowledge, rather than published research, and this gap highlights a risk of public services potentially overlooking serious mental ill health within the community. The Charedi community has increasingly opened its doors to MH support, but stigma and fear of practitioners who are culturally and religiously unaware remains prevalent, not least given the context of increasingly rising levels of antisemitism.

A lack of culturally sensitive MH provision in funded mainstream services risks the perpetuation of the community's hesitation to access these services and the consequences thereof. Within this context, this study thus aimed to answer the following research question: What is the experience of Orthodox Jewish therapists offering therapy to Charedi female adolescents?

Method

This research took place between June 2021 and June 2023. The authors recognise that all research is embedded in context and time and that the events of 7 October 2023 and the Middle East conflict have significantly shifted contexts for multiple communities worldwide. Whilst the data was collected before 7 October 2023, the authors argue that the findings indeed remain highly relevant to clinicians working with the Jewish community.

Design

A qualitative design was employed, and interpretative phenomenological analysis (IPA; Smith et al., 2022) was used to analyse data collected via 90-minute Zoom recorded semi-structured interviews. Three local Orthodox Jewish therapists working with Chareidi adults were consulted throughout this study to shape the research in line with qualitative research best practice. Interview questions were developed following discussions with them and other Chareidi stakeholders including therapists, rabbis, and prolific researchers in the field, and in response to a pilot interview. IPA was selected as the most suitable

method for exploring rich idiographic experience that has not been researched to date, and where the pool of potential participants was very small (Barker et al., 2015). The primary researcher (CF) acknowledges that her critical realist position as an Orthodox Jew influenced the IPA process. Her worldview is that certain realities are absolute, such as the existence of G-d and adherence to the laws of the Torah. Alongside these absolutes, she recognises that understanding and knowledge of the world are influenced by our personal views and interpretations (see Sayer [1992] for a more in-depth consideration of epistemology). The IPA's hermeneutic circle, whereby the researcher iteratively interprets the interpretations of individual participants, and subsequently analyses commonalities across the sample, was thus embedded in the insider researcher's background knowledge about the community and culture (Willig, 2012). The sample size was determined by Smith and colleagues' (2022) recommendation for IPA professional theses.

Participants

A purposive sample was recruited through a Jewish MH professionals Whatsapp group and snowballing. Nine female, London-based, appropriately accredited, or near-accredited independent talking therapists responded to the initial advertisement, of which seven were recruited. They were aged between 30 and 70, self-identified as Orthodox Jewish and had a history of seeing at least two Charedi adolescent females for therapeutic intervention in recent years.

Data collection

Recruitment followed receipt of ethical approval from the university ethics committee. Interested candidates were sent study information, a preview of the interview schedule, and informed consent letters by email, and were advised of the confidentiality policy, details of how data would be securely stored, and their right to withdraw at any point. Particular attention was given to anonymisation and identity protection, given the nature of this small, tight-knit community. All therapists consented to participation in writing prior to interview. No risks within the research were identified, and participants were debriefed and signposted to local MH providers after the interview. Data were transcribed verbatim, and participants consented to the selected extracts being published. All participants were anonymised during analysis, and information relating to them, or their clients, was adjusted to protect their identity.

Data analysis

Data analysis using IPA followed guidance from Smith et al. (2022) and involved separate analyses of the interview transcripts; reading and re-reading, line-by-line exploratory noting, developing experiential statements, searching for connections across themes and developing personal experiential themes (PETs), moving to the next case, and finally, looking for patterns across cases and developing group experiential themes (GETs; Smith et al., 2022). Theme development included processes of abstraction, polarisation, and subsumption. Patterns between themes were grouped together; oppositional, or convergent and divergent ideas were grouped together; and subordinate themes were incorporated under more general superordinate themes (Smith et al., 2022). A self-

reflective process was held throughout the analysis, including bracketing, consulting with two local non-participating Orthodox Jewish female therapists and the supervisory team, triangulating the analysis process, and ensuring that themes remained grounded within the participants' accounts. The analysis quality was deemed good based on Smith (2011), and Nizza et al. (2021) quality indicators, and had a clear focus and strong data, offered a credible, coherent, and in-depth interpretative analysis, included extracts of at least four out of seven participants for each subtheme, and addressed both convergence and divergence within the themes.[1] Additionally, an IPA specialist was consulted throughout the process of analysis, to ensure high levels of rigour and quality.

Results

Four GETs and subthemes showed the overarching themes present across all the therapists' accounts, as summarised in Table 1.

Personal and professional overlap when working in one's own community

Participants all worked and lived within the Orthodox Jewish Jewish community. Whilst some therapists intentionally supported clients in neighbouring Orthodox Jewish communities rather than their own, participants spoke about the significant interconnectedness within the London-based Orthodox Jewish community, and how they experienced this.

How therapists feel when boundaries are blurred

When therapists and clients are members of the same, close-knit community, it can be more challenging to keep one's professional and private life separate. Therapists described how they navigated boundaries and overlaps, and they talked about not only wanting to maintain professionalism, but also wanting to protect the privacy of both themselves and their clients.

One therapist described feeling challenged by some clients who wanted to work out who they have in common because it might disturb the therapeutic relationship:

> Sometimes it actually will happen that they'll start asking me questions, trying to figure out if we're related or something, or if we know people in common, and it's like I have to sort of veer the conversation away … (Esther)

Table 1. Group experiential themes (GETs) and subthemes.

GETs and subthemes
1. Personal and professional overlap when working in one's own community
1.1. How therapists feel when boundaries are blurred
1.2. Managing confidentiality within a community context
2. Working with Charedi clients: being culturally sensitive
3. Helping Charedi Gen Z on their journey to adulthood
4. Experiencing connection and disconnection
4.1. Feeling connected
4.2. When values are at odds with each other: feeling disconnected

She also experienced clients who avoided finding common acquaintances, as it might put their anonymity at risk:

> If they see any kind of connection anywhere, they won't want to see you in therapy, because they're so worried about confidentiality or meeting me at an event. (Esther)

Another therapist acknowledged her discomfort when seeing clients outside the therapy room:

> There was a really awkward situation when my client walked in at an event, and she saw me there … And I kind of gave her a secretive smile that no one else would see, so she at least recognised that I wasn't ignoring her, but I was … definitely like this is a very different version of me compared to the one she sees in the therapy room … so I guess I was more self-conscious about how I was behaving. (Malka)

Malka described the awkwardness and fear of judgement she felt when encountering a client in her personal life, and how her therapeutic approach of not disclosing anything about herself was threatened. It affected how she behaved because she concluded that her client was exposed to parts of her that would be unexpected, and perhaps parts they would not have chosen to see. Whilst feeling awkward and self-conscious, Malka was able to simultaneously mentalise how her client might feel and *gave her a secretive smile* that tried to communicate that they had a private connection.

Managing confidentiality within a community context

The overlap between work and private life as experienced by the therapists highlighted the complexity of confidentiality within a small community. Rachel described how she managed to navigate local spaces outside the therapy room by naming it with her clients and ensuring that the principles of confidentiality applied to her, but not them:

> I always say "If I see you anywhere, like I'm not going to come over to you, because this is your space – right – and I'm the adult … and I keep things that go on in here, I keep it private, but you … you can do whatever you want, you can tell people, right?"

Discussing confidentiality with clients played a part in developing trust and relational safety in therapy:

> I had to spend quite a bit of time speaking about the parameters of confidentiality within the context of the Jewish community … you know, 'if I see you at the kosher grocery store, … I'm going to ignore you – not because I don't like you or … don't remember our work, just because I keep it very confidential.' (Rivka)

Working with Charedi clients: being culturally sensitive

Working within their own Orthodox Jewish community, therapists also grappled with how to best support clients within their culturally specific context and what culturally and religiously sensitive practices they adopted in their work. The therapists believed that having a religious and cultural commonality helped foster mutual understanding, and that this was also why Charedi adolescents' parents selected an Orthodox Jewish therapist for their child:

> There is something about them feeling that I really understand where they're coming from, you know, and some of the issues that come up, like we have a real understanding, coming from the same cultural background, and the same sort of schooling and … they just kind of smile because they think "Oh, she gets it! She really gets it." (Esther)

Therapists conceded that having a common language helped:

> The language puts them at ease … dropping in the Yiddish-isms and the colloquialisms. (Devora)

> We use Jewish phrases, and we can make generalisations or humour or assumptions around when they're talking about … "Oh … err … you know … Yom Tov [a Jewish festival] was difficult … " … me understanding what that actually means, because I understand what they've been through, but I've also had a hard Yom Tov. (Miriam)

Therapists might share cultural or religious understandings and concepts and refer to religious texts in therapy:

> I might say, "Well, you know I've found a couple of these things, shall we have a look at them together, and you can kind of see what you think, and pull it out yourself and see what comes up for you … " (Devora)

Important to cultural sensitivity was the awareness of cultural nuance and subtext, for example, being culturally knowledgeable about what behaviours might be acceptable in modern, Western society, but perhaps were taboo within the Charedi community:

> I know what the meaning of behaviour is from a cultural and communal perspective, so if somebody tells me, you know, I go out and see boys, I have an understanding of what that means culturally, although I check in … in terms of what that means to them personally and to them as a family, but from a cultural perspective, I know that that's risqué, and that wouldn't be expected from a Charedi teenage girl. (Rivka)

The therapists acknowledged that being culturally sensitive included putting clients' religious and cultural beliefs and practices at the forefront of their work, considering which elements were open to flexibility and change and would not compromise the client's values, and skilfully and practically applying this in the therapy room:

> I've been doing this for a while, so, the line that I'm treading is … it is almost, like visually, I feel like I don't want to trample on a scene, right, I want to tread lightly within the scene but I may adjust a few sort of things so that the scene itself stays pretty much intact, but there's, even just those minor adjustments make it much more liveable in … So, it's delicate and there's really a skill to it. (Rachel)

This therapist conceded that the therapy work was a brief opportunity to make a positive difference in a person's life:

> I am super careful not to challenge the things that keep them healthy within their society, because I'm only there for a very short period of time, I'm not going to carry them throughout, and I'm very aware of that. I want them to be healthy … functioning individuals within their society, not outside of their society. So, it's a real delicate balance between understanding, and helping them thrive within that. (Rachel)

Helping Charedi gen Z on their journey to adulthood

Therapists considered the life stage of their adolescent clients and the influence of family on the therapy, how they worked with the broader societal and culture-specific pressures on adolescents and the responsibility they felt around supporting them. The term Gen Z was intentionally applied, to highlight how the post-pandemic generation of adolescents might differ considerably with regards to their experience of MH and attitudes to help-seeking, compared to previous and future adolescent cohorts (Mahapatra et al., 2022).

High expectations of adolescents were discussed, particularly to achieve academically and socially, and were perhaps mirrored in the therapy room where they were expected to "get better".

> I'm seeing quite a bit of the push of high standards … the stress that a lot of them are under, achieving academically … (Devora)

The collectivist nature of Charedi society was emphasised:

> It's fascinating, that collectivist … that feeling of like, "I have so much responsibility to live up to my family name, or to not bring shame to my family name, I must not be seen as a 'let down', … as a disappointment to the family." (Rachel)

Rachel pointed to the collectivist mentality in the Orthodox Jewish community for individuals to do well because they represented a family or system. This challenge, of navigating individualistic approaches within a collectivist culture was perhaps particularly challenging when offering 1:1 support, where both person-centred needs and the wider system's expectations required attention.

One therapist suggested that adolescents today lacked guidance and positive role models:

> I'll say to them, "I need to know … who do you look up to? Who is above you? What do you believe in?" … My young girls in the Charedi world, they're so battle-worn … confused, and … harassed, … the sadness, that hurts. (Leah)

The challenge of dealing with MH difficulties as a young person can be compounded by how it coincides with education, seeking employment, and sociocultural pressures, such as getting married. One therapist talked about the awareness required when supporting Charedi adolescents, and how their current life circumstances might explain how they engage with therapy:

> If … their whole pretence and façade is all happy-clappy and strong, I understand that this is not only because of their defences and what they want to portray to the outside community, but also because socially and stigma-wise that is the face you need to present if you are at a dating age. They can't afford to now disclose to the world that they are depressed or that they are extremely anxious because that would change their dating prospects. (Miriam)

Miriam expressed how her awareness of the time scale of the Chareidi dating process helped her work within the constraints and boundaries of the community's value system. She implied that for the Chareidi community, improving an adolescent's MH was part of a greater goal to eventually get them married and that her role was to work the therapeutic treatment around that timescale. The goals of the community or family might, or might not, align with the client's aspirations.

Experiencing connection and disconnection

Divergent feelings were expressed about how the therapists related to their clients. On the one hand, experiences and feelings of connection were articulated, particularly due to their shared identities as Orthodox Jewish individuals. On the other hand, when values clashed, a sense of disconnection was experienced both viscerally and emotionally.

Feeling connected

Therapists connected to their Charedi clients due to their shared religion, culture, and community:

> I think there's a kinship and there's something … I see myself in them. (Rachel)

Cultural familiarity and mutual understanding appeared to help therapists connect and build trust:

> I think the lifestyle of a Charedi Jew is very different in so many ways. So, just being really familiar with the lifestyle, familiar with the values, the day-to-day activity … I think I use a lot of my personal experience to understand families from that perspective … There's always a danger that your experience … is very different to their experience … so it's trying to be aware of that but I think it is … a significant advantage and benefit to the family that I think their … starting level of trust in me is quite high. (Rivka)

This idea of orientating oneself and placing someone perhaps allowed clients to feel that even though they were navigating the unfamiliarity of therapy, it was taking place within their cultural comfort zone. This in turn appeared to help the therapist to build rapport with them.

When values are at odds with each other: feeling disconnected

Therapists also navigated situations where their values did not align with the client's values. Such clashes required them to manage difficult feelings whilst considering their moral and professional integrity and how to work with ideas that were antithetical to their own views.

> I know that they also come from this religious background, but they are sort of pushing the boundaries and they're doing things that they know are … very wrong …and … sometimes I do have to stop myself from … kind of making a comment "Oh, do you really want to be doing that?" … I find that quite challenging because I almost feel like I have a responsibility in a way because they're coming to me with, you know, innermost thoughts and feelings that they wouldn't necessarily be telling anyone else, especially not their parents … (Esther)

Malka admitted that she found it difficult to be exposed to ideas that clashed with her values. She embraced self-compassion when things felt particularly challenging:

> There probably was a thought that was like "My work is really hard", because … well yeah … I don't want that in my brain … I don't want … I felt a bit contaminated. (Malka)

Malka shared that her work exposed her to things she disliked, and perhaps even made her feel disgusted, because it breached her values and might influence her thinking. The concept that another person's words or ideas could contaminate you, reveals the metaphoric concept of a virus taking over one's thinking and spreading across one's thoughts.

Perhaps for Malka, being strong in her religious convictions and values served as a "barrier" to the contamination.

Rivka described how she learned to deal with a misalignment of values during her professional training:

> In that training session … there was … a visceral tussle between my personal values and the conversations that I'm having in my work with somebody I didn't agree with. But that training just helped me work with my different beliefs, and … kind of … notice them, acknowledge them, and shelve them, and use them helpfully in the work with the client in mind. So, I think prior to that training it was always a bit of a tussle and that training helped me position myself. (Rivka)

Rivka's process of having an inner dialogue and acknowledging her emotions appeared to allow her to use her insights therapeutically, for example, to support a client to mentalise another person's opposing viewpoint.

Leah alluded to what she assumed were the underlying reasons a client might present with rebellious behaviour in therapy, in this example, eating non-kosher food in the therapy room:

> There's usually a reason why they're specifically bringing in that cheeseburger … because she needed me to see her eating it. She's done it before outside the room, before she came, she had plenty of time in which to go to McDonald's. Um, that particular experience led to two weeks later, when she told me that a man had exposed himself to her. (Leah)

She emphasised that her attitude of reserving judgment and promoting openness in her therapeutic relationships, allowed clients to test out how safe they felt with her to open up about more intimate struggles they were dealing with.

Clashing values and feelings of disconnection triggered visceral responses, perhaps specifically *because* of the feelings of connection described in the other subthemes. Therapists described how they interpreted and managed such clashes and admitted how the similarities between their and their clients' cultural identities made reserving judgment harder and made them feel a fiercer responsibility towards their clients.

Discussion

This study explored seven Orthodox Jewish female therapists' experiences of supporting female Chareidi adolescents, as an initial step to deepening our understanding of MH difficulties in this group. The therapists' experiences were analysed using IPA (Smith et al., 2022), and four GETs and subthemes illustrated the observed overarching themes.

In the first GET, "Personal and professional overlap when working in one's own community", the therapists highlighted the interconnectedness of their private and professional lives, and how they managed a blurring of boundaries and confidentiality. The first subtheme, "How therapists feel when boundaries are blurred", explored the multi-faceted challenge of managing the intersection of private and public, or personal and professional life. They described how at times, this overlap was addressed in the therapy room, either in preparation for the eventuality of encountering each other or after having come across each other in public. For some therapists, the overlap appeared to serve as an opportunity to make known their values; for others, it appeared to feel anxiety-provoking and awkward. Differing emotions were experienced, and whilst therapists acknowledged the discomfort for clients who encountered their therapists in their personal lives, therapists also admitted

that the overlap could be challenging for them. This theme was present in the existing literature, including how practitioners protected their clients' and their own privacy, and how they managed social encounters outside the clinic room (Golker & Cioffi, 2021; McEvoy et al., 2017).

In the second subtheme, "Managing confidentiality within a community context", the therapists described how they explained confidentiality to clients, particularly due to the risk of them meeting each other outside the therapy room. They highlighted how confidentiality and having a private, unbiased, and safe space were not only relevant to their clients, but also for them as therapists. This finding corresponded with the existing literature about confidentiality in Orthodox Jewish communities (e.g., Golker & Cioffi, 2021; Podolsky-Krupper & Goldner, 2021).

In the second GET, "Working with Chareidi clients: Being culturally sensitive", the therapists voiced their views on how they applied cultural sensitivity with clients, adjusted their language, and scaffolded discussions about concepts and values to fit with the clients' cultural and religious background. They seemed to argue that their clients sought support from them specifically because they matched culturally or religiously, as found in previous research that indicated that clients seek support from therapists with whom they share similar cultural or religious values (Golker & Cioffi, 2021; Podolsky-Krupper & Goldner, 2021; Sharman & Jinks, 2019). The cultural sensitivity was described as "treading carefully"; the therapists expressed wanting to help adolescents function well in their own society, and to allow clients to take a lead on what they were comfortable to talk about. This was in line with the idea that therapists avoid topics that might be considered taboo for their client or community (Greenberg & Witztum, 2013; Loewenthal, 2006a). They also described how they used religious concepts and principles to aid the work, as detailed by other researchers (Golker & Cioffi, 2021; Podolsky-Krupper & Goldner, 2021).

In the third GET, "Helping Chareidi Gen Z on their journey to adulthood", therapists observed the significant expectations put on adolescents and felt sadness at adolescents' lack of positive adult role models. They also considered the realistic time frame within which they were able to have an impact.

Whilst to date insufficient literature exists on MH in UK Orthodox Jewish adolescents, the presence of significant psychological distress in some Chareidi adolescent clients (Bray, 2023; Doherty, 2023) was corroborated in this study, for example, a therapist's description of today's adolescents as "battle-worn, confused, and harassed". The therapists' emphases on the small window of opportunity to support older adolescents therapeutically before they got married, their sadness when they perceived clients having a lack of direction, and the high expectations placed upon adolescents to achieve academically, socially, and religiously, highlighted the significance of improving our understanding of Chareidi adolescent's MH so that this population can be served better.

The fourth GET, "Experiencing connection and disconnection", illustrated a divergent theme of how the therapists related to their clients. In the subtheme, "Feeling connected", a shared kinship and loyalty were portrayed, and a sense of the therapists caring deeply for the Orthodox Jewish adolescents they supported, as found by Golker and Cioffi (2021). This sense of familiarity influenced how therapists viewed their work with Orthodox Jewish clients and helped them build trust and rapport in the therapeutic relationship.

The second subtheme, "When values are at odds with each other: feeling disconnected", highlighted how clashing values and feelings of disconnection triggered

visceral responses in some therapists, perhaps specifically because of the feelings of connection and familiarity described above. Making sense of physical embodiments of experience is central to IPA (Smith, 2011). The IPA literature suggests that a consideration of the interaction between a participant's visceral, embodied response and their cognitive interpretation of, and emotional reaction to it, offers rich information about their experience. In this study, the therapists described their embodied responses when values clashed. They discussed how they interpreted these feelings and managed them, and they admitted how the similarities between their intertwined cultural identities made reserving judgment harder and had them feel more fiercely responsible towards their clients.

Overall, the experiences of the seven therapists in this study showed how a shared culture and religion can foster understanding within a therapeutic relationship and build trust and rapport, and how understandably, many clients seek therapeutic support from therapists who they believe have a similar understanding of the world (e.g., Golker & Cioffi, 2021). We would argue that this is perhaps even more so in the current political context (Bray, 2023; Hughes, 2024). The findings also demonstrated the challenges of this commonality, for example, how managing confidentiality and bracketing assumptions of shared understanding is particularly central to the work (Golker & Cioffi, 2021; McEvoy et al., 2017). Furthermore, the findings indicated how clashes in values can feel very personal, even morally injurious, due to the social, cultural, and religious interconnectedness between therapist and client (Rabinowitz, 2014). Complex moral injury can occur in non-culpable situations, where existential and spiritual conflict and a betrayal or disruption of core values affect one's world view or interpersonal relationships (Fleming, 2022). The discomfort felt by the therapists in this study when confronted with clashing values highlighted how they each uniquely managed complex moral injury in their work.

Implications

The findings highlighted dilemmas of working within one's own community, such as how to manage the boundaries between one's personal and professional life. It demands practitioners to find a balance between supporting their own community with cultural sensitivity and understanding, whilst simultaneously maintaining professionalism, confidentiality, and discretion, and seeking adequate supervision and reflective spaces to help bracket assumptions and biases. Having cultural and religious knowledge of the Orthodox Jewish community appeared to result in heightened levels of trust and rapport between therapists and clients. This study highlights how the therapists, and the primary (insider) researcher, have to manage their assumptions carefully. It also suggests that non-Orthodox and non-Jewish practitioners must consider their preconceived views about the Orthodox Jewish community and engage in acknowledging and reflecting on their implicit and explicit biases.

The therapists unanimously stated that they believed clients were indeed worried about a clash of values in services such as CAMHS, and that many preferred to seek out private therapy for that reason. They talked about how Orthodox Jewish clients could feel misunderstood when their Orthodox Jewish attitudes and behaviours lay opposed to those in secular Western society. Anecdotally, we have found that these emotions have increased significantly since 7 October 2023. Discussions with this study's research consultants

indicated that the steep rise in antisemitism (CST, 2024) and MH issues within the Jewish community (Bray, 2023; Hughes, 2024) have resulted in the Orthodox Jewish therapy experience shifting and possibly reinforcing the themes of this study's findings. As the political divide between and within communities has become apparent (see Bloom & Abu-Habsa, 2024), liaison between the Jewish community and mainstream services has become ever more important to ensure psychological safety for all.

Perhaps more than ever, this group of therapists' suggestion rings true that Chareidi adolescent clients believe that they will receive more nuanced understanding from an Orthodox Jewish therapist compared to a non-Jewish mainstream therapist. They argued that having a shared minority culture and religion within a therapy context, positioned in a predominantly secular world that is perceived as significantly different in values, beliefs, and lifestyle, increased safety, and trust. At a time of ongoing collective psychological trauma within and across communities, this insight should encourage services to increase their collaboration with the communities they serve.

These findings emphasise the importance of policy makers in the NHS to prioritise clinicians' education and training about the different cultural groups in the UK so that they can exert cultural sensitivity and humility in their work (NHS England, 2020; Pirutinsky & Rosmarin, 2022), and address disparities in access to MH services (e.g., Sewell Report, 2021). To serve the population researched in the present study, it would therefore be important to hire suitably qualified Orthodox Jewish practitioners within public services that operate in areas where there are higher concentrations of Jewish populations (Greenberg & Witztum, 2013), and to partner with local community organisations (Golker & Cioffi, 2021; Kada, 2019), as this can ensure that services are culturally informed, prevents people from being overlooked within healthcare, and increases the necessary support required for serious mental ill health (Alvarez et al., 2022). It is argued that culturally informed services should publicise their openness, curiosity, and understanding of Orthodox Jewish life, as this could improve engagement and increase access for the Orthodox Jewish population. Orthodox Jewish practitioners working with adolescents are uniquely placed to understand the level of MH stigma that exists for this group and how Orthodox Jewish adolescence is influenced by the demands of familial, communal, cultural, and religious expectations. Culturally aware practitioners can advocate for Charedi adolescents' needs and ensure that services are sensitive to their values.

At this time of increased antisemitism and resulting pain and trauma within the Jewish community (CST, 2024), recommendations on how to best support clients (and therapists) are being collaboratively drafted by a working group of over a dozen UK-based Jewish therapists, including some of the authors of this article:

- Adopt a curious stance in relation to assumptions about this client group
- Seek guidance on what language to use; some rhetoric is viewed as inflammatory
- Acknowledge that there are different perspectives, views, values, and contexts, and remain focused on being compassionate and respectful, and holding a psychologically safe therapeutic space
- Work towards community cohesion seeking tolerance, diversity, inclusion, and equity between all groups and individuals
- Show respect towards cultural, religious, and ethnic differences
- Understand that trauma and bereavement in the Jewish community is high due to both direct and indirect impacts of the Middle Eastern conflict

– Consider naming the current socio-political climate in the therapy room; this can serve as an invitation to clients to open up if they feel emotionally safe enough
– Seek guidance from professionals with experience and expertise in working with this client group

We argue that these recommendations dovetail with the experiences shared by this study's participants and recommend that the guidance is interpreted in conjunction with the present findings.

Recommendations for future research

It is recognised that the present study reflects a specific perspective on the experiences of therapy delivery with Charedi female youth. Going forward, it would be important to capture both male and female Charedi adolescents' experiences more directly, and secondly, to evaluate more thoroughly how Charedi adolescents' access to services could be improved. Additionally, the experiences of Orthodox Jewish therapists should be revisited due to the impact of rising antisemitism since this study was conducted (CST, 2024).

Note

1. Full quality assessment available on request.

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Ethical standards

Authors abided by the British Psychological Society's codes of research ethics and conduct. This study was granted ethical approval by the University of Hertfordshire Ethics Committee.

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References

Alvarez, K., Polanco-Roman, L., Samuel Breslow, A., & Molock, S. (2022). Structural racism and suicide prevention for ethno-racially minoritized youth: A conceptual framework and illustration across systems. *American Journal of Psychiatry*, *179*(6), 422–433. https://doi.org/10.1176/appi.ajp.21101001

Barker, C., Pistrang, N., & Elliott, R. (2015). *Research methods in clinical psychology: An introduction for students and practitioners*. John Wiley & Sons.

Baruch, D. (2014). *Lived experiences of Orthodox Jewish professionals working with at-risk youth in the Orthodox community* [Unpublished doctoral thesis]. University of Wisconsin-Milwaukee. https://dc.uwm.edu/etd/662

Bloom, B. M., & Abu-Habsa, M. (2024). Conflict in the Middle East and political affiliation in the workplace. *European Journal of Emergency Medicine*, *31*, 1–2. DOI:10.1097/MEJ.0000000000001115

Bray, E. (2023, December 8). *One in four new clients at mental health charity seek help due to war*. Jewish Chronicle. https://www.thejc.com/community/one-in-four-new-clients-seek-help-from-mental-health-charity-due-to-the-war-ug7zucwt

Community Security Trust. (2024). *Antisemitic Incidents Report* 2023. https://cst.org.uk/public/data/file/9/f/Antisemitic_Incidents_Report_2023.pdf

Doherty, R. (2023, September 28). *Over half of Jewish under 25-year-olds suffering with poor mental health*. Jewish Chronicle. https://www.thejc.com/news/community/over-half-of-jewish-under-25-year-olds-are-living-with-mental-illness-2MjJJkAOagdw3vsHcNquZ1

Fleming, W. H. (2022). Complex moral injury: Shattered moral assumptions. *Journal of Religion and Health*, *61*, 1022–1050. https://doi.org/10.1007/s10943-022-01542-4

Gabbay, E., McCarthy, M. W., & Fins, J. J. (2017). The care of the Ultra-Orthodox Jewish patient. *Journal of Religion & Health*, *56*, 545–560. https://doi.org/10.1007/s10943-017-0356-6

Golker, C., & Cioffi, M. C. (2021). Cultural adaptations of cognitive behaviour therapy for the Orthodox Jewish community: A qualitative study of therapists' perspectives. *The Cognitive Behaviour Therapist*, *14*, 1–20. https://doi.org/10.1017/S1754470X20000616

Greenberg, D., & Witztum, E. (2013). Challenges and conflicts in the delivery of mental health services to Ultra-Orthodox Jews. *Asian Journal of Psychiatry*, *6*(1), 71–73. https://doi.org/10.1016/j.ajp.2012.10.008

Hughes, C. (2024, October 7). Was a Shoah flashback – and maybe we all need a little bit of therapy. *Jewish Chronicle*. https://www.thejc.com/lets-talk/october-7-was-a-shoah-flashback-andmaybe-we-all-need-a-little-bit-of-therapy-v88rr0rc

Staetsky, D., & Boyd, J. (2015). *Strictly Orthodox rising: What the demography of British Jews tells us about the future of the community*. Institute for Jewish Policy Research. https://archive.jpr.org.uk/download?id=2514

JTeen. (2023a). *JTeen respond to crisis in Israel*. https://jteen.co.uk/jteen-respond-to-crisis-in-israel/

JTeen. (2023b). *JTeen Summary Report January 2021 – January 2023* [Unpublished Data].

Kada, R. (2019). Cultural adaptations of CBT for the British Jewish Orthodox community. *The Cognitive Behaviour Therapist*, *12*, 1–9. https://doi.org/10.1017/S1754470X18000120

Latzer, Y., Stein, D., & Witztum, E. (2019). Treating Ultra-Orthodox adolescents with eating disorders in Israel: Culturally sensitive interventions, difficulties, and dilemmas. *Journal of Clinical Psychology*, *75*(8), 1455–1468. https://doi.org/10.1002/jclp.22790

Loewenthal, K. M. (2006a). Orthodox Judaism: Issues and features for psychotherapy. In E. T. Dowd, & S. L. Nielsen (Eds.), *The psychologies in religion: Working with the religious client* (pp. 203–217). Springer.

Loewenthal, K. M. (2006b). Strictly Orthodox Jews and their relations with psychotherapy and psychiatry. *World Cultural Psychiatry Research Review*, *1*(3), 128–132. https://www.worldculturalpsychiatry.org/wp-content/uploads/2019/08/04-Strictly-V01N3.pdf

Mahapatra, G. P., Bhullar, N., & Gupta, P. (2022). Gen Z: An emerging phenomenon. *NHRD Network Journal*, *15*(2), 246–256. https://doi.org/10.1177/26314541221077137

Mashiah, D. C. (2018). *Vital statistics of the UK Jewish population: Births and deaths*. Institute for Jewish Policy Research.

McEvoy, P., Williamson, T., Kada, R., Frazer, D., Dhliwayo, C., & Gask, L. (2017). Improving access to mental health care in an Orthodox Jewish community: A critical reflection upon the accommodation of otherness. *BMC Health Services Research*, *17*, 557–572. https://doi.org/10.1186/s12913-017-2509-4

NHS England. (2020, October 16). *Advancing mental health equalities strategy* [Guidance]. https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, *18*(3), 369–386. https://doi.org/10.1080/14780887.2020.1854404

Noa Girls. (2023). *Noa girls Impact Report 2022* [Unpublished Data].

Perry, A., Gardener, C., Dove, J., Eiger, Y., & Loewenthal, K. M. (2018). Improving mental health knowledge of the Charedi Orthodox Jewish Community in North London: A partnership project. *International Journal of Social Psychiatry*, *64*(3), 235–247. https://doi.org/10.1177/0020764018756935

Pirutinsky, S., & Rosmarin, D. H. (2022). A comparative study of mental health diagnoses, symptoms, treatment, and medication use among Orthodox Jews. *Transcultural Psychiatry*, *59*(6), 756–766. https://doi.org/10.1177/13634615211068607

Pirutinsky, S., Schechter, I., Kor, A., & Rosmarin, D. H. (2015). Family size and psychological functioning in the Orthodox Jewish community. *Mental Health, Religion & Culture*, *18*(3), 218–230. https://doi.org/10.1080/13674676.2015.1042851

Podolsky-Krupper, C., & Goldner, L. (2021). "God is a painter": How Jewish Ultra-Orthodox art therapists and clients perceive mental health treatment. *Transcultural Psychiatry*, *58*(6), 731–744. https://doi.org/10.1177/1363461520944742

Rabinowitz, A. (2014). Psychotherapy with orthodox Jews. In P. S. Richards, & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 233–256). American Psychological Association. https://doi.org/10.1037/14371-010

Rosmarin, D. H., & Pirutinsky, S. (2020). Do religious patients need religious psychotherapists? A naturalistic treatment matching study among Orthodox Jews. *Journal of Anxiety Disorders*, *69*, 102–170. https://doi.org/10.1016/j.janxdis.2019.102170

Rowland, G. (2016). *How do parents within the Orthodox Jewish community experience accessing a community Child and Adolescent mental health service?* [Unpublished Doctoral Thesis]. University of East London. https://repository.uel.ac.uk/download/ce9f464d95ff192671da78af270f393d5944585312e6280b0d4099c5283c3e91/7909888/u1331812_Final_thesis.pdf

Sayer, A. (1992). *Method in social science: A realist approach* (2nd ed.). Routledge.

Schleider, Z. S. (2021). *Therapeutic Thinking on the Parameters of Engagement for Working with Orthodox Jewish Children and Adolescents* [Unpublished Master's Thesis]. Middlesex University

Schnall, E. (2006). Multicultural counseling and the Orthodox Jew. *Journal of Counselling & Development*, *84*, 276–282. https://doi.org/10.1002/j.1556-6678.2006.tb00406.x

Schnall, E., Kalkstein, S., Gottesman, A., Feinberg, K., Schaeffer, C. B., & Feinberg, S. S. (2014). Barriers to mental health care: A 25-year follow-up study of the Orthodox Jewish community. *Journal of Multicultural Counseling and Development*, *42*(3), 161–173. https://doi.org/10.1002/j.2161-1912.2014.00052.x

The Sewell Report. (2021, March 31). *The Report of the Commission on Race and Ethnic Disparities*. https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities

Sharman, S., & Jinks, G. H. (2019). How are counselling and therapeutic services experienced by Orthodox Jewish primary schools in North-West London? What are the cultural sensitivities, attitudes, and beliefs of senior staff members in these schools? *Mental Health, Religion & Culture*, *22*(4), 331–343. https://doi.org/10.1080/13674676.2019.1571027

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*(1), 9–27. https://doi.org/10.1080/17437199.2010.510659

Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). Sage.

Staetsky, D. (2022, May 3). *Haredi Jews around the world: Population trends and estimates*. Institute for Jewish Policy Research. https://www.jpr.org.uk/reports/haredi-jews-around-world-population-trends-and-estimates

Tkatch, R., Hudson, J., Katz, A., Berry-Bobovski, L., Vichich, J., Eggly, S., Penner, L. A., & Albrecht, T. L. (2014). Barriers to cancer screening among Orthodox Jewish women. *Journal of Community Health*, *39*(6), 1200–1208. https://doi.org/10.1007/s10900-014-9879-x

Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In H. Cooper (Ed.), *APA handbook of research methods in psychology: Volume 1. Foundations, planning, measures and psychometrics* (pp. 1–42). APA Books.