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# "I thought I was an open-minded person": Experiences of secular therapists working with Ultra- Orthodox clients in Israel – a qualitative study

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## Abstract

**Background** The Haredim, Israel's Ultra-Orthodox (UO) Jewish community, maintains a distinct lifestyle based on strict religious teachings, often secluding themselves from obligations to the state and creating social and political tensions with the largely secular society. These tensions also affect mental health care, presenting unique challenges for secular therapists working with Haredi clients whose complex and intriguing relationships are influenced by differing cultural perspectives. This paper delves into secular therapists' perceptions of the impact of therapeutic encounters with the Haredim on their willingness to adjust, self-image, emotional awareness, and feelings of professionalism and cultural competencies.

**Methods** Semi-structured interviews were conducted with 21 secular therapists, including nine psychologists and twelve art therapists, all Israeli Jews. While thematic analysis was the primary method used to identify overarching themes and structure the findings, an interpretative phenomenological approach was also employed to explore secular therapists' lived experiences in greater depth.

**Results** Three key themes emerged from the interviews: 1. intrapersonal changes, 2. necessary adaptions, and 3. treating UO is challenging. These themes highlight that since there are deeply rooted mutual misinformation, biases, and harsh feelings between the Haredim and non-Haredim in Israel, to provide therapy with the UO clients, secular therapists need to be aware of one's stances and make intrapersonal changes. Participants stressed that therapeutic encounters with the Haredim helped them recognize their stereotypes and prejudices and become more empathic and culturally sensitive. However, it was also suggested that the demanding nature of providing therapy to Haredi clients can undermine therapists' sense of professionalism. While therapists stressed the need to arrange several adaptations in the therapeutic environment and communication with the UO clients, those working in the public sector found the requirement to follow strict Haredi behavioral and dress codes challenging and threatening their secular and professional identity. Finally, therapists highlighted that since understanding the Haredi community requires time and effort, this essential learning process, makes providing therapy with UO more challenging than treating non-Haredi clients.

**Conclusion** In psychotherapeutic encounters with the Haredim, there is an additional exploration of a culture that sharply contrasts with modern secular life in Israel. Although this process raises conflicts and requires effort

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from the therapist, it can benefit both UO clients and secular therapists by enriching their experiences and fostering mutual trust and understanding.

**Keywords** Haredim, Ultra-Orthodox Jews, Intercultural therapy, Israel, Secular therapists

## Introduction

Intercultural therapy (ICT) explores an individual's and their culture's relationship, examining how personal and social dynamics interact. It delves into how individuals construct meaning about themselves and how meaning is shaped around them by their cultural context(s). The focus is on the reciprocal influence between personal identity and the broader social and cultural environment, highlighting how people both shape and are shaped by the cultures they inhabit [1]. The influence of public and political forces on the client is actively recognized and incorporated into the therapy. Rather than treating social location as a secondary aspect, it is considered integral to understanding the client's experiences and shaping the therapeutic process [2]. The scholarly discourse of intercultural therapy became a necessity after counselling and psychotherapy were recognized as being grounded in Western intellectual traditions, shaped by a Western epistemology that is often described as patriarchal and marginalizing. These frameworks tend to interpret the world through hierarchical, binary, and oppositional perspectives, usually reflecting white supremacist and colonial viewpoints [3–5].

Considering the changing nature and immigration processes that have shaped societies in recent years, the emphasis on social justice within psychotherapy has become a professional and ethical obligation at the center of psychotherapeutic disciplines [4]. Therapists practicing intercultural therapy are expected to obtain cultural competence, providing the client with an intrapersonal feeling of being understood [6]. Listening to a client's story while being mindful of socio-political and economic factors offers a holistic understanding of their experience, strengthening the therapeutic alliance [5].

Despite agreement on the importance of values and behaviors in treatment, researchers differ in their focus on cultural competency. Some models highlight cultural expertise, where knowledge and skills are valued for positive outcomes [5]. Others focus on the personal characteristics of the therapist, including (a) who they are, (b) the skills they use, and (c) the processes involved [5, 6]. Consequently, it is suggested that culturally competent therapists must have cultural awareness and be sensitive to personal values and biases that affect perceptions of the client and the therapeutic relationship. One should also possess cultural knowledge and understanding of the client's culture, worldview, and expectations. Finally, culturally competent therapists should possess cultural skills and the ability to intervene in a culturally sensitive and relevant way. Failing to develop cultural competence and acknowledge the contribution of the role of their subjectivity can be sensed by the client, leading to a treatment impasse or dropout [6].

In addition to cultural competence, ICT also highlights the significance of cultural humility—an approach that emphasizes continuous self-reflection, self-awareness, and openness to the cultural experiences of others, rather than focusing solely on acquiring knowledge about different cultures. Zhang et al. [7] emphasize that cultural humility has gained considerable importance in therapy and supervision over the past decade, offering tangible benefits and focuses on a stance of curiosity toward others' cultural experiences, recognizing clients as experts on their own identities. This approach fosters respectful, empowering relationships based on mutual learning. Orlowski et al. [8] similarly note that cultural humility positively influences both therapeutic alliances and therapy outcomes. However, effectively integrating cultural humility requires not only skills and knowledge development but also a humble, self-reflective stance that prioritizes the client's lived experience, thereby fostering more power-balanced therapeutic relationships.

This broader theoretical framework of intercultural therapy provides a critical lens for examining therapeutic work with culturally distinct communities—such as Israel's Ultra-Orthodox (Haredi) population—whose unique worldview and sociopolitical position present specific challenges for culturally competent care. While intercultural frameworks often address practices that respond to the oppression of marginalized groups and the dynamics of hegemonic power [4], this model does not fully apply to the Israeli context, where the Haredim, despite being a minority, hold significant political and economic influence [9].

Israel's Ultra-Orthodox (UO), or Haredi, Jewish communities are characterized by a strong commitment to religious tradition, cultural continuity, and communal insularity. These communities construct a distinct sociocultural framework that emphasizes separation from secular society, often manifested in geographically segregated neighborhoods, independent educational systems, and the use of Yiddish as a primary spoken language [10–12]. Access to secular media and digital technologies is typically restricted through communal censorship, reinforcing ideological and behavioral boundaries [10, 12].

Within this broader sociocultural context, practices surrounding modesty – particularly gendered dress codes – serve both symbolic and functional purposes. Modesty laws require the covering of the lower neck, arms, and legs, and mandate that married women cover their hair. These prescriptions aim not only to reduce potential sources of sexual attraction outside the marital context but also to underscore the community's ideological distinction from secular norms and values [11]. Additionally, Haredi Jews avoid mixed-gender interactions and uphold a patriarchal family structure [13]. Considering the anti-religious attitudes of many early psychologists, psychological theories are considered a threat to religion [14]. Consequently, rabbinical wisdom, passed down for thousands of years, is believed to offer superior knowledge to modern psychology. Addressing mental health within the UO community requires tailored approaches that respect values like modesty, conformity, and tradition [3, 15].

The UO prioritises modesty and collective identity, contrasting psychotherapy's focus on individual growth [16]. They preserve the past as "unchanging continuity" [17], while psychology aims to foster change. Despite internal divisions, UOs are united in rejecting secular lifestyles and striving for self-sufficiency, mainly through mutual aid organizations. However, they rely on outside experts for healthcare and psychotherapy [18, 19]. Although clients from other cultures involved in ICT globally might also worry about being influenced or changed by the White Western paradigm type of therapy [20], when it comes to UO in Israel, the professionals they meet are of a culture they have a symbolic wall with and an intense dispute that will not be resolved in the foreseeable future [21]. Because they view non-religious sources as false and harmful and as a threat to Judaism and their way of life, Haredi society sometimes shows hostility toward secular culture [9].

Especially in the current socio-political context, the longstanding exemption of Haredi men from compulsory military service in Israel (originally granted to allow full-time Torah study) has become a major source of social and political tension. Many in the broader Israeli public view this as unfair, raising concerns about civic duty and national unity. The issue has gained renewed urgency following the 2024 High Court ruling declaring these exemptions legally invalid, intensifying debates on religion, state obligations, and social integration.

In Israel, Haredi Judaism holds a unique status as a "privileged" and protected minority [22] one that distinctly avoids integrating into the dominant culture. Though they comprise 14% of the Jewish population [9], Haredim wield significant influence over various aspects of public life, including key governmental roles. Their parliamentary representation has nearly tripled since 1984, reflecting their growing political power [21]. Haredi Judaism maintains an identity that often contrasts sharply with the secular majority and can be seen as a cultural war jeopardizing Israel's security [21]. And despite recent shifts in Haredi views toward Western culture, suspicion, mistrust, and even hostility toward the secular public persist within the community [23, 24]. This attitude is often mirrored by secular Israelis, who frequently regard the Haredim with negative feelings [9]. A poll conducted in 2014 found that over 30% of seculars and UO would not like to live next door to each other [21]. Such dynamics contribute to the significant power imbalance between Israel's majority and minority groups.

Longstanding tensions between Israel's secular and UO communities have intensified as the UO population grows, becoming a major public issue [25]. Secular Israelis feel financially burdened, as the UO contribute minimally to taxes, often live below the poverty line, and rely on welfare and government-sponsored child benefits [22]. These benefits, primarily funded by the secular sector, have recently faced resistance [9, 23].

The delicate intercultural therapeutic relationship between a secular therapist[1] (ST) and a Haredi client enters this explosive arena. Intercultural interactions require obtaining cultural competence and involve a complex and multifaceted challenge. When referring to the UO community, this challenge includes a longer trust-building process, stigma on mental health services, involving the Rabbi's advice, which does not always align with psychotherapy, fear of harming the client's marriage prospects as well as their other family members and dealing with this community's biased views about the secular society [9, 16, 24, 26, 27]. Taking all this into account, successfully navigating intercultural encounters in Israel requires keen awareness and careful consideration of the distinct social and political dynamics at play. Despite the focus of previous studies on the principles and aims of intercultural therapy with UO clients or on the psychological encounters as seen through the Haredi perspective, the experiences of secular therapists have been largely overlooked. This gap highlights a crucial area that demands greater attention and understanding [9].

[1] In Israel, secularism represents a significant cultural and social identity, often associated with liberal or progressive values and a worldview that contrasts with the traditional and conservative nature of the ultra-Orthodox community. Thus, by "secular therapists," we refer to psychotherapy professionals who self-identify as secular, explicitly distinguishing themselves from other positions along the religious spectrum, including traditional, national-religious, orthodox, and ultra-Orthodox groups. This self-identification served as an inclusion criterion for participation in the study.

ICT impacts clients and therapists, prompting them to reflect on their cultural identities, biases, and emotional responses. Sue et al. [6] and Tummala-Narra [28] note that such work fosters cultural humility and often transforms therapists' self-concept and professional frameworks. Owen et al. [29] found that cultural responsiveness boosts therapists' confidence and enhances client outcomes. Collins and Arthur [30] emphasize that cultural competence develops through ongoing self-examination and intercultural encounters, making it a dynamic and reciprocal process. This dynamic becomes particularly evident when therapists engage with clients from communities that hold significantly different worldviews and cultural norms.

Recent studies highlight how working with UO Jewish clients can profoundly impact therapists' professional identities and emotional awareness. Therapists often face challenges such as cultural distance and value-based tensions, which prompt self-reflection and foster cultural humility. These experiences frequently lead to both personal and professional growth. Bloch et al. [31] showed how navigating between secular and theocentric worldviews through introspective dialogue can transform therapists' perspectives and relationships. Similarly, Keidar, Regev, and Snir [32] found that non-Haredi arts therapists working with UO children encountered cultural challenges that deepened their self-awareness and adaptability. Finally, a recent study by Doron et al. [33] further revealed that secular therapists often felt like outsiders when working with Haredi clients, highlighting the emotional and professional complexities of such intercultural work.

While elsewhere, we report on interviews with STs about their experiences working with UO clients, focusing on the challenges and barriers they face in therapy, as well as the influence of both Israel's current sociocultural climate and the therapists' perceptions of the UO community on their interactions with Haredi clients [9, 33], the objective of the current paper was to describe STs' perceptions of the impact of therapeutic encounters on their 1) adjustments, 2) self-image and emotional awareness 3) feelings of professionalism and cultural competencies.

## Methods

### Study design

While the present study is part of a larger project involving interviewing Israeli STs who provide therapy to Haredi clients in Israel, this manuscript aimed to describe how STs see the influence of therapeutic encounters with the OU clients on their self-perception, sense of professional identity, and cultural competence. Because there is a scarcity of previous studies on the topic, a qualitative approach was adopted. A semi-structured interview schedule was used to interview STs over the Zoom communications platform.

### Ethical issues

This study followed the guidelines established in the 1964 Declaration of Helsinki (updated in 2000) [34]. It was approved by the Poznan University of Medical Sciences (PUMS) Bioethics Committee (KB – 139/23, granted 1 st February 2023). All therapists provided informed oral and written consent.

Participants were fully informed about the study's aims, procedures, and the intended scientific use of the data. They were informed that participation was voluntary and that they could decline to answer any questions or withdraw from the study at any time without consequence. Due to the sensitive nature of some topics, participants were also advised that they could pause or stop the interview if they experienced discomfort or distress.

To safeguard the STs' anonymity, no identifying personal data was collected. All participants were assigned pseudonyms, and any potentially identifying information—about therapists, workplaces, or clients—was removed or altered during transcription and reporting. Additionally, to protect client privacy, participants were reminded not to share any client-identifying details, and all transcripts and quotations were carefully reviewed to prevent indirect identification. These steps were taken to protect the privacy of both therapists and clients and to minimize the risk of professional repercussions.

### Participants and Setting

A letter inviting STs (psychologists, psychotherapists, and art therapists) to participate was shared on several Facebook pages and WhatsApp groups for STs. The requirements for inclusion were: 1) being an ST with at least three years of therapeutic practice experience, 2) counselling at least two UO clients, 3) having worked as a therapist for both secular and Haredi clients, 4) being willing to take part in the study, and 5) giving written informed consent.

At first, 15 STs accepted the invitation. To guarantee the validity of the findings and reach thematic saturation [35], the respondents were invited to recommend other possible participants, which helped to recruit eight additional therapists [36]. However, since two of them did not fit the inclusion requirements (they were directly involved in therapy with only a single UO client), they were excluded from the sample, and the interviews were done with 21 STs who met the inclusion criteria.

STs' demographics are illustrated by descriptive statistics (Table 1). Nine psychologists and twelve art therapists, all Israeli Jews, were interviewed. Four of those

**Table 1** Study participants

| Code | Gender | Age group | Profession | Years of professional experience | Years of experience with UO clients | Place of work | Type of clients | Estimated number of UO clients |
|---|---|---|---|---|---|---|---|---|
| ST1 | male | 50–59 | art therapist | 13 | 5 | public and private | children and adults | 15 |
| ST2 | female | 70–79 | art therapist | 13 | 8 | private | adults | 12 |
| ST3 | female | 40–49 | art therapist | 12 | 11 | public and private | children and adults | 30 |
| ST4 | female | 40–49 | art therapist | 10 | 3 | public and private | adults | 9 |
| ST5 | female | 50–59 | art therapist | 20 | 11 | public | children | 150 |
| ST6 | female | 40–49 | art therapist | 14 | 14 | private | children and adults | 7 |
| ST7 | female | 60–69 | psychologist | 30 | 20 | public and private | children and adults | 60 |
| ST8 | female | 30–39 | art therapist | 10 | 6 | public | children and adults | 40 |
| ST9 | female | 40–49 | psychologist | 15 | 7 | public | children and adults | 15 |
| ST10 | female | 40–49 | psychologist | 15 | 10 | public and private | children and adults | 3 |
| ST11 | female | 40–49 | art therapist | 10 | 8 | public | children | 30 |
| ST12 | male | 40–49 | art therapist | 14 | 2 | public | children and adults | 40 |
| ST13 | female | 30–39 | psychologist | 4 | 2 | public | children | 15 |
| ST14 | female | 30–38 | art therapist | 9 | 2 | public | children | 2 |
| ST15 | female | 50–59 | art therapist | 13 | 5 | private | adults | 3 |
| ST16 | female | 30–39 | psychologist | 3 | 1 | public | children | 15 |
| ST17 | male | 30–39 | psychologist | 4 | 3 | public | children | 4 |
| ST18 | female | 40–49 | psychologist | 13 | 6 | public | children and adults | 50 |
| ST19 | female | 50–59 | psychologist | 22 | 10 | public and private | adults | 40 |
| ST20 | female | 50–59 | art therapist | 22 | 13 | public | children | 100 |
| ST21 | male | 40–49 | psychologist | 22 | 15 | public | children | 50 |

were men, and seventeen were women. Their mean age was 46 (range: 38–73 years). On average, STs had 13.5 years of work experience (range: 3–30 years), including 7.5 years with Haredi clients (range: 2–20 years). The participants were employed either in public or private facilities or both. Four worked in therapy with adults, eight with children, and nine with adults and children, providing, on average, care to 32 Haredi clients (range: 3–150).

### Research tool

Based on the clinical experience of the principal investigator (ED) and a preview of previous studies [11, 13, 16, 32, 37–41], the study team generated possible topics for the interview protocol on STs' experiences with providing therapy to UO clients in Israel, differences between treatment with the Haredi and non-Haredi clients, challenges and barriers related to therapy with a UO client, the impact of the therapist's own beliefs on the UO community on their interactions with the Haredi clients, and the influence of Israel's contemporary political and societal landscape have on the therapists' interactions with UO clients.

After the initial list of topics was reviewed by two external specialists in art therapy and medical sociology, two questions were reformulated, creating eight semi-open questions, and the final interview guide was approved by the external experts and the study team (Supplementary material). Although the initial questions were general, the interviewer was urged to use a range of suggestions to enhance responses where necessary. The current paper focuses on STs'therapeutic adjustments while providing therapy to the UO clients and the impact of therapeutic encounters with the Haredim on STs' self-image, emotional awareness, sense of professionalism, and cultural competencies.

### Data collection

A licensed secular Israeli female therapist (ED) conducted the interviews via the Zoom communications platform between March and July 2023. While sharing a secular background and professional perspective with participants likely facilitated rapport and mutual understanding; her outsider position toward the Haredi community may have influenced the conversations – both enriching critical reflection and, at the same time, potentially limiting cultural insight.

Each participant took part in an interview that explored how STs experienced their therapeutic relationships with UO clients and the meanings they attributed to these interactions. Guided by open-ended questions

and semi-structured prompts, the interviewer encouraged participants to reflect on how these encounters influenced their self-perception, emotional awareness, sense of professionalism, and cultural competence.

Interviews lasted between 38 and 81 min (average 51 min), and, with participants' consent, were audio-recorded. All interviews were conducted while participants were in their own homes or clinics, which helped foster a sense of comfort and privacy. In total, 17 h and 43 min of audio material were collected and subsequently transcribed using a naturalized transcription style.

### Data analysis

All interviews were audio-recorded and transcribed verbatim by the first author (ED). The same author then systematically analysed the data using thematic analysis [42], based on Colaizzi's approach [43]. The thematic analysis involved six steps: following familiarization with the raw data, initial codes were generated based on the research questions and aims of the study, which focused on exploring therapists' perceptions of how their work with UO clients influenced their therapeutic adjustments, self-image and emotional awareness, and overall sense of professional identity and cultural competence. These codes were then organized into initial themes and subthemes, which were subsequently reviewed, refined, and finalized. A final list of themes was created, accompanied by illustrative quotes. Lastly, all themes and subthemes were discussed between the authors (ED and JD) until discrepancies were resolved and full consensus was reached [42].

While thematic analysis served as the primary method to identify overarching themes and provide a structured interpretation of the data, an interpretative phenomenological approach (IPA) was also employed to explore STs' lived experiences in greater depth [44, 45]. Although typically used separately, these approaches were combined to gain both broad and detailed insights. Thematic analysis helped identify common patterns across participants, while IPA allowed for a deeper exploration of individual experiences [46]. This integration enriched the multidimensional understanding of the data, with careful attention given to maintaining alignment with the phenomenological focus on lived experience throughout the process.

Since this study focused on STs' lived experiences with UO clients and the meanings they ascribe to these interactions, our analysis was guided by a constructivist-interpretivist approach, which assumes that reality is socially constructed, and that knowledge is co-created by researchers and participants. At the same time, since we relied on an inductive rather than a theoretically driven approach, the data was analysed without attempting to fit it into existing coding frames or the researchers' preconceptions. While the initial stages of thematic analysis involved identifying themes at a semantic (explicit) level, the broader analytic process was interpretative. Specifically, we drew on an interpretative phenomenological framework to explore the meanings that STs attributed to their therapeutic work with UO clients. Thus, although theme identification was grounded in the explicit content of participants' accounts, our interpretation went beyond the surface level to consider the deeper significance of these experiences [46].

Thematic saturation was achieved through an iterative process of data collection and analysis, whereby interviews were conducted until no new themes or insights emerged. After analyzing the first 11 interviews, the first author, who conducted the analysis, observed recurring patterns, and by the 16 th interview, no additional thematic categories were identified. This indicated that thematic saturation had been reached, ensuring that the data sufficiently captured the range and depth of participants' experiences.

To ensure the credibility and rigor of our study, team members regularly consulted with one another to review the analysis and maintain data-grounded interpretations, minimizing bias. We also cross-referenced interview findings with relevant literature and theoretical frameworks to enhance analytical consistency, maintained a detailed audit trail documenting key decisions for transparency and replicability, and engaged in ongoing reflexivity to remain aware of how our positionality and potential biases could influence data interpretation.

## Results

Three main themes were identified, each with accompanying subthemes (See Fig. 1 and Table 2). *Intrapersonal Changes* describes the therapists' personal growth, shifts in perception, and changes in professional identity. *I Need to Adapt* captures the practical adjustments made to better meet the needs of UO clients, including adapting appearance, setting, and language. *Treating UO is Challenging* reflects the cultural, professional, and emotional challenges therapists encountered throughout their work.

### Theme 1: Intrapersonal changes

Since mutual misinformation and harsh feelings toward the Haredi sector exist in Israeli society, therapists who work with UO clients need to be aware of the stances they hold to provide therapy to this population. Engaging with the Haredi clients made participants aware of intrapersonal changes during their work. While some of these changes were anticipated and others were unexpected, most STs mentioned the need to change their

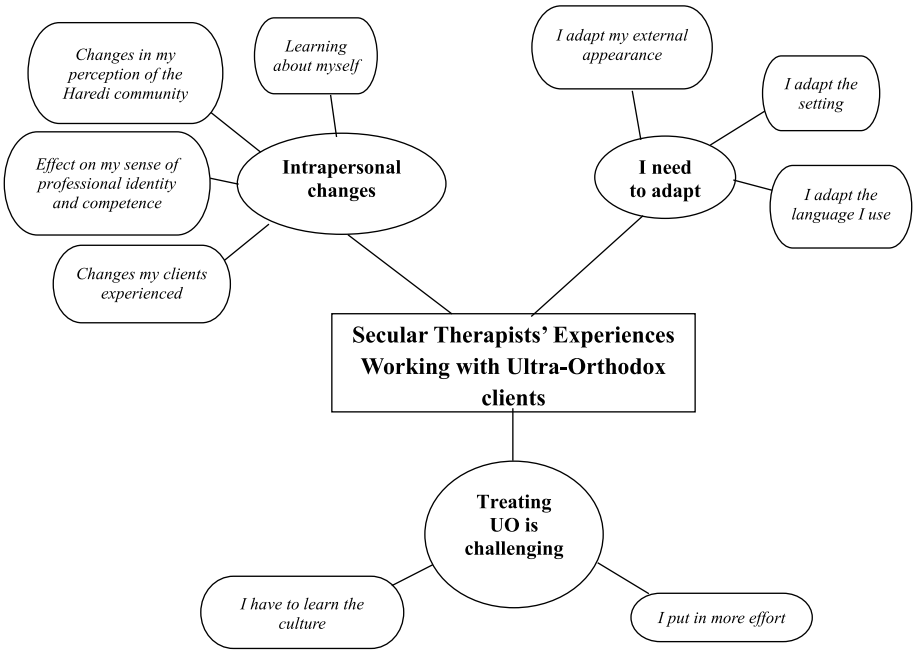


**Fig. 1** Themes and sub-themes emerging from qualitative analysis

**Table 2** Themes and subthemes – Secular therapists' perceptions of the impact of therapeutic encounters with the Haredim clients

| Themes | Subthemes | Illustrative Quotes |
|---|---|---|
| Intrapersonal changes | • Learning about myself | *I thought of myself as a very, very open-minded and unjudgmental person, and along the way, it made me face all sorts of questions* (ST 14) |
| | • Changes in my perception of the Haredi community | *I was surprised to meet very, very independent, strong, and confident women* (ST 18) *I think that it helped me evolve as a psychologist* (ST 9) |
| | • Effect on my sense of professional identity and competence | *There are reciprocal relations. Not only have I changed, but they have changed too* (ST 1) |
| | • Changes my clients experienced | *It bothered me that I actually dressed up as a Haredi woman* (ST 5) |
| I need to adapt | • I adapt my external appearance | *It bothered me that I actually dressed up as a Haredi woman (ST 5)* |
| | • I adapt the setting | *Everything had to be very, very adjusted to the community (ST 5)* |
| | • I adapt the language I use | *I feel that I need to be much more careful and restrained (ST 19)* |
| Treating UO is challenging | • I have to learn the culture | *I read a lot of religious writings, and I wanted to understand (ST 18)* |
| | • I put in more effort | *Here, extra effort is needed (ST 10)* |

personal and professional approach, including learning about one's beliefs, stereotypes, and biases towards the Haredim. Additionally, participants reflected on how therapy affected their perceptions of the Haredi community and their sense of professionalism. On the other hand, STs reported that therapy also changed UO clients' experiences and perceptions of the seculars.

#### Learning about myself

Engaging in therapeutic work with UO clients often led STs to confront aspects of themselves they had previously overlooked. The unfamiliar cultural and religious framework brought therapists face-to-face with assumptions embedded in their own identities and professional approaches. Many described a process of disillusionment with their self-image as open-minded or nonjudgmental, recognizing how biases subtly shaped their perceptions and interactions. This confrontation, though at times uncomfortable, was generally experienced as constructive, i.e. a step toward deeper self-awareness and ethical sensitivity.

> *I think that the main difficulty is the stigmas that you bring with you. I thought of myself as a very, very open-minded and unjudgmental person... The*

*stigmas I knew I had was the easy part. It was those I met along the way that evoked discomfort or distance from the client. (ST 14)*

As therapists reflected on these experiences, some noted a growing awareness of how cultural background influences both the therapist and the client. The encounter with UO clients not only challenged preconceived ideas but also encouraged therapists to reexamine their own affiliations and beliefs. For several, this led to an unexpected sense of clarity or affirmation in their secular or Jewish identity. What began as a professional challenge often evolved into a broader process of personal meaning-making, rooted in the tension between difference and connection.

*I learn nuances that are about them and me. I can say that the experience of my Jewish identity got really stronger. And on the other hand, I am today a lot more comfortable and peaceful with my secularity. (ST 1)*

This internal shift was often sparked by moments of recognition—instances that highlighted the extent to which therapists'worldviews were shaped by secular norms. These realizations served as reminders that their perspectives, like those of their clients, were culturally situated and not neutral or universal.

*I remember an 11-year-old boy who told me he liked watching movies, and I asked him if he watched them at home or in the cinema. And he said- what is a cinema? It grasped me like, wow, there is a boy who has never heard of a cinema. And then I must remember that I, too, am looking at the world from a very specific place, a secular home... there are opinions about Haredim that I probably unknowingly bring to the meeting. (ST 11)*

#### Changes in my perception of the Haredi community

Engaging closely with UO clients prompted a significant shift in therapists' perceptions of the Haredi community. Many entered the encounters carrying vague or negative stereotypes, often shaped by broader secular Israeli society. Through direct therapeutic work, participants discovered a far more complex, diverse, and dynamic reality than they had anticipated. They began to recognize variations between different Haredi streams, holding varying perspectives and degrees of openness toward the Western world and secularism as well as the existence of strong, independent women who did not fit their preconceived molds. They realized that cultural affiliation is a choice their clients have every right to make.

*I don't know what I thought of Haredim, but I think that they evoked recoil… they seemed to have a chauvinistic culture, and I was surprised to meet very, very independent, strong, and confident women. You can call it becoming a bit sober. I felt like if they would only find out that there is a better world… they are like chained to their ultra orthodoxy, and today, I think that it is the right choice for many of them. That it is a choice like I have a choice to be secular. (ST 18)*

This evolving view fostered greater empathy and cultural sensitivity. Therapists reflected on how initial feelings of surprise gave way to a more accepting and respectful stance, both professionally and personally. Several noted that this shift not only affected their therapeutic attitudes but also changed the way they engaged with broader societal discourses around the Haredi population.

*I think I have become less judgmental and more accepting over the years, looking at it with different eyes… Today, I am much more empathic… My teenage son has an anti-Haredi approach, and it annoys me sometimes to hear his harsh statements against Haredim. (ST 21)*

For some, the encounter with intra-community differences among Haredim led to a deeper awareness of the complexity within the group, dismantling simplistic narratives. Realizing that not all UO clients were uniformly devout or conservative, challenged not only personal biases but also highlighted the prejudices embedded in their own secular social circles.

*I remember its strong effect on me when I discovered that not all UOs are true believers. They don't all pray... some are very modern. It had a huge effect… I feel that it made me a much more open person and less fixated. (ST 15)*

These shifts highlight how personal engagement with cultural difference can transform therapists'worldviews, encouraging a move from rigid, dichotomous thinking toward more fluid, nuanced understandings of identity and belonging.

As therapists' perceptions of the Haredi community evolved, many found themselves unexpectedly admiring certain aspects of Haredi life. Contrary to the dominant secular narrative that frames the UO lifestyle as restrictive and lacking in personal freedom, participants described moments of genuine appreciation for the sense of order, rootedness, and community they observed. These realizations highlighted dimensions of life that are often de-emphasized or missing in secular society,

prompting therapists to rethink what constitutes a meaningful or fulfilling existence.

> *Some things are good, like in large families, they all carry the burden… the children take a substantial part in running the house. I had a client, a mother of 15 children, and she used to take daily naps, and the house was run immaculately… some things were inspiring. (ST 5)*

For some therapists, the encounters stirred feelings of admiration or even envy, particularly regarding the deep sense of faith and acceptance present in moments of crisis. They recognized the emotional resilience that could emerge from religious belief—a resource often unavailable within a secular worldview—and reflected on its potential to offer comfort and stability amid life's hardships.

> *There are moments when you are jealous of Haredim. A parent standing on their child's grave saying with full faith God gave, God took. Something that I, as a secular, cannot understand such an approach, but I can understand how calming it is... Knowing that there is a heavenly plan explaining the most complicated things. (ST 12)*

Beyond personal admiration, some therapists engaged in critical reflections about the values of their own secular culture. Working with UO clients sharpened their awareness of the social costs of liberalism and individualism, particularly the weakening of communal ties. This comparative lens allowed therapists to appreciate the strength and emotional support that religious and communal life could offer, even while maintaining their secular commitments.

> *Sometimes, it underlines what is missing in my sector, places I feel we have given up on, in the name of liberalism and individualism… I am very aware of the cost, of what we have lost in the name of these values. All the communal parts are very touching in the UO sector, and I can see the strength in a congregation. (ST 18)*

Through these reflections, the encounter with Haredi life not only challenged therapists' assumptions but also opened a space for re-evaluating their own cultural ideals, fostering a more nuanced and multidimensional view of both secularism and religiosity.

#### Effect on my sense of professional identity and competence

Although many participants acknowledged that they had not previously considered how working with the Haredi clients specifically affects their professional experience, such as professional competence, skills, and confidence, reflecting on this topic elicited emotional responses. Engagement with the UO sector introduced participants to new challenges and unfamiliar situations, offering an opportunity to re-evaluate their work ethic, therapeutic methods, and interventions. Working with Haredi clients prompted therapists to engage in deep reflection on their professional identity. For some, the encounter served as an empowering opportunity, fostering greater faith in the therapeutic process and in their own ability to adapt across cultural boundaries.

> *I think this experience really empowered me. It gave me much confidence. It made me open up to new worlds and realize that our profession is good and provides a great therapeutic response. (ST 1)*

Exposure to the unfamiliar world of Haredi clients led several participants to reevaluate their professional boundaries and methods, expanding their capacity for cultural responsiveness. Engaging with a markedly different population enabled them to refine key therapeutic skills, such as empathy, humility, and attunement to otherness, which in turn contributed to a more grounded and reflective professional self.

> *I think it is very important to work with a very different population… to explore yourself and your boundaries and how you, as a therapist, where it meets you… this is something worth doing as a therapist; you need it for yourself. (ST 8)*

Despite initial apprehension, many therapists described a positive shift in their clinical confidence as they discovered shared human experiences with clients they had assumed would remain distant. Facing their fears of failure or cultural disconnection, they found these encounters broadened their understanding of resilience and allowed them to grow both personally and professionally.

> *It is a very interesting experience and a teaching one… that had a positive impact. I thought it would be harder for me to connect to them, and I found that I don't…it really developed me. Even if, at first, I feared how I would manage… overall… we found very similar things… I think that it helped me evolve as a psychologist. (ST 9)*

Yet for others, these encounters brought feelings of inadequacy or dissonance, especially when cultural differences became a source of tension or misunderstanding. The fear of not being understood—or of not understanding—occasionally undermined their sense of therapeutic efficacy and self-worth, especially when they compared themselves unfavorably to colleagues more familiar with religious frameworks.

*It had a huge effect. Luckily, I was working in two places so that I could compare. I could know how I am different there… if I had worked only in the UO center, it would have been very difficult because I would think that I don't "deliver the goods" … I had many self-doubts… do I give them what they need?... it affected my self-confidence and my confidence as a therapist. (ST 8)*

Moments of cultural incongruity, such as perceived violations of religious norms, led some therapists to experience embarrassment or shame, confronting the limits of their cultural knowledge and their own visibility as outsiders. These situations highlighted the emotional vulnerability that can accompany cross-cultural work, even in professional contexts.

*I remember experiencing embarrassment. I have a tattoo, so what do they think of it? How do they perceive me?... A girl asked me what the right blessing for food was. You know, on the one hand, there is this part that says, "Why do I have to be embarrassed? I grew up in a different place"; on the other hand, like, now what, I will show this girl as though I don't understand things?! (ST 11)*

Some therapists voiced concern that their cultural distance from the client not only affected their confidence but also may have limited the therapeutic alliance itself. The possibility that a different therapist- particularly one with religious familiarity- might have created a stronger connection left them questioning the depth of their own impact.

*Sometimes, I feel that if a religious, not necessarily a Haredi, therapist would sit in front of the same client, it could have created an encounter that didn't happen between me and her. (ST 13)*

In sum, the experience of working with Haredi clients had a complex and multifaceted influence on therapists' professional identity. While it often led to greater cultural competence and personal growth, it also exposed emotional tensions and insecurities that challenged their sense of efficacy in nuanced and enduring ways.

#### Changes my clients experienced

Working with UO clients did not only affect the therapists themselves; it also influenced the clients, leading to noticeable changes in their perceptions of secular individuals. Many STs reflected with pride on their role in facilitating these shifts. They observed that therapy sessions often served as spaces where stereotypes were dismantled and a respectful dialogue across cultural divides could emerge. Therapists emphasized that by maintaining openness and patience, they encouraged clients to see beyond their initial assumptions and recognize shared human experiences.

*There was a feeling of much mutual respect. When it was clear to everyone that I don't come from their world. Also, there were things they were not familiar with in the therapeutic world, and I always took the time to explain… it created a respectful relationship… changes that I made in the workplace that they could accept. Some really respected and saw the parts you can receive from one another. (ST 20)*

Participants highlighted how small but meaningful moments of connection, such as sharing personal details or encountering cultural symbols, contributed to the transformation of their clients'views. Sometimes, even surprising circumstances—like arriving in military uniform—became opportunities for clients to challenge their own prejudices and develop a more nuanced understanding of secular society.

*I am the first reserve soldier they met… at first, it was a total shock because they had this notion about Israel Defense Force soldiers, and on the other hand, it's me, and we have come a long way. And it made a change in them… Suddenly, a soldier does not represent the law of military recruitment for all… it is not losing the path. A soldier is someone good. There are reciprocal relations. Not only have I changed, but they have changed too. (ST 1)*

Some therapists also described how therapeutic techniques, such as role reversal and psychodramatic methods, enabled clients to adopt new perspectives and reflect on their worldviews more flexibly. These experiences were often moments of emotional resonance, marking a tangible shift in the client's openness to other ways of thinking.

*He really tried to pull me into an argument, and here, I would use the space that was created to switch seats. Sit for a moment in my chair and see what it's like. Psychodrama allows sitting in the other's chair. I think it allowed him to open his vision of things, and he said,'Wow, I have never thought of it like that.' (ST 12)*

### Theme 2: I need to adapt

The UO's strict rules of behavior and dress codes have led the respondents to make necessary adjustments to their therapeutic setting, how they dress, and even speak. What is acceptable to clients from the general public does not apply to the UO. STs found themselves pausing, unsure whether it was appropriate, before saying

something to a Haredi client, which did not characterise their communication with other clients. They were also expected to make the necessary adjustments in what they wore, which was especially present with the female therapists. When talking about all the adaptations and changes they needed to arrange, the therapists mainly drew attention to the need to adapt their external appearance to Haredi norms and customs but also reported adaptations made in the therapeutic space and the way they communicate with the UO client, both in terms of content and form of communication. At the same time, these themes were typical mainly of STs working in the public sector or facilities in a Haredi environment, where they were expected to adapt and follow the Haredi rules. Some participants were more understanding and accepting of it, and in others, it evoked feelings of being untrue to themselves.

#### I adapt my external appearance

Adapting to the cultural norms of the Haredi community often required therapists to modify their external appearance, particularly their clothing. While this adjustment was generally understood as necessary for building trust and respecting community expectations, it also evoked strong emotional reactions, especially among female therapists. Many described the experience as alienating, feeling as though they were "wearing a costume" that compromised their sense of authenticity and self-expression. This tension between professional sensitivity and personal identity was often accompanied by feelings of irritation, discomfort, and internal conflict.

> *In the beginning, it bothered me that I actually dressed up as a Haredi woman… How much I am willing to adjust… surely changing how I dress is also giving up a part of my identity… Is it authentic enough? The first time I came to work, I will never forget it, ever, I wore sandals, and I thought I was ok. During the whole session, they stared at my bare toes… I was so ashamed. (ST 5)*

Some therapists, however, drew a firmer boundary between professional adjustment and personal compromise. For these individuals, maintaining visible markers of their secular identity was seen as an ethical stance rooted in honesty and authenticity, critical to the therapeutic relationship itself.

> *I was very strict about it… I didn't agree to wear a costume. It was clear that I was secular. I told the manager that it was a line that I wasn't willing to cross. Not because I have a problem with wearing a kippah [a skullcapworn by Orthodox Jewish men], but because I think that therapy must be based on honesty, and I cannot put on a costume. (ST 12)*

Conversely, a few therapists described their ability to adapt more easily, attributing it to a naturally flexible disposition. For these participants, the adjustment did not provoke significant internal conflict, and was accepted as a practical requirement of the work.

> *Maybe it is due to my compromising nature that I adjusted myself and wasn't conflicted about it. (ST 7)*

Thus, while adapting appearance was seen as important for facilitating therapeutic engagement, it also surfaced complex negotiations around authenticity, professional boundaries, and personal integrity.

#### I adapt the setting

Psychotherapy is frequently defined by a highly structured environment, encompassing the physical space, the timing and duration of sessions, the arrangement of furniture, and the seating positions of the participants, among other things. Therapists meticulously consider and assign importance to these aspects. However, the STs in this study learned that these conventional settings were occasionally unfitting when working with UO. Consequently, they introduced the necessary adaptations to the therapeutic space to ensure the Haredi clients' comfort and not disturb the therapeutic process. The participants were more conscious and adaptive to the positioning of the chairs, distance from the client, the contents of the games they kept in the room, the dolls and puppets present on the shelves, and the position of the door according to the needs of their client. However, they noted that despite their efforts to accommodate all facets within the constraints of the UO, unexpected requests still arose. Simultaneously, unlike the adaptations of clothes, here, the participants were more understanding and willing to comply with these requests.

> *Some parents felt, at the beginning, uncomfortable with me being secular, so they asked me what I do with the children in the room, and they wanted to check the dolls and toy animals I had. They wanted to know if I had impure animals or immodest dolls; everything had to be very, very adjusted to the community, and I had to be careful not to expose the child to certain things. (ST 5)*

> *"We have in the WPPSI™ test* [Wechsler Preschool and Primary Scale of Intelligence – a test of cognitive development for preschoolers and young children]*, a picture of a cheeseburger and a pig* [both not kosher foods, prohibited to eat by the Jewish law]. *So, over the years, I learned to say that the cheese is mayonnaise. About the pig, I still haven't found a solution. (ST 21)*

Participants also had to navigate religious laws that impacted how therapy sessions were conducted, such as the prohibition of seclusion (Yichud) between men and women. These requirements sometimes challenged the expectation of privacy and confidentiality, core principles of therapy, yet therapists worked to accommodate these constraints respectfully, even when it compromised the conventional standards of therapeutic practice.

> *Those who worked with parents and fathers on the matter of prohibiting Yichud used to have parents' meetings with the door open, on very, very, very personal matters, and anyone in the hallway could hear because you cannot close the door. (ST 11)*

These adaptations highlight the ongoing negotiation between professional standards and cultural sensitivity, with therapists demonstrating flexibility and ingenuity to maintain both therapeutic integrity and cultural respect.

#### I adapt the language I use

Therapists working with UO clients encountered significant linguistic challenges that went beyond dialect differences. Even among those whose primary language was Hebrew, the everyday expressions, metaphors, and cultural references common in secular Israeli society often did not translate effectively into the Haredi context. Participants described a heightened awareness of their language, feeling the need to carefully select words to avoid confusion, misinterpretation, or inadvertently offending their clients, and getting rebuke phone calls from mothers. This linguistic sensitivity became an integral part of their therapeutic practice, requiring constant vigilance and self-correction.

The learning process was often experiential and, at times, marked by missteps that highlighted just how deeply different the"content worlds"were. Some therapists shared how even seemingly harmless words or concepts could cause discomfort or prompt concern from parents, teaching them through experience what was acceptable and what was not.

> *In every therapy, you have to adjust yourself, but here, there are actual metaphors that I can't use because they will not be understood at all. I suddenly realize we live in different content worlds... the actual language, images, and phrases. I feel that I need to be much more careful and restrained. (ST 19)*

> *I didn't know you were not supposed to say things like that. You don't say "bottom" to a child. I referred to the monkey's red bottom. In the evening, I got a call from his mom and that was my best lesson: to pay attention to the "cleanness" of the language... One of the things I used to say was about evolution ... and then I realized that no, to them the world was not created by evolution. (ST 7)*

Over time, therapists developed practical strategies for adapting their language, carefully modifying terminology even around basic bodily functions or religious references. These small yet significant adjustments became part of their broader efforts to respect the clients' cultural sensitivities and preserve the therapeutic alliance.

> *The terminology is adjusted; for instance, if they need to go to the toilet, you cannot say to pee, no way. It's a lot of small things. Also, in intakes, you must know what to ask and what not to... If I say'god', wow, they will give me a look like a disaster just happened. (ST 5)*

Through this ongoing process of linguistic adaptation, therapists cultivated a deeper cultural sensitivity and refined their ability to communicate across profound cultural divides without sacrificing the authenticity of the therapeutic encounter.

### *Theme 3: Treating UO is challenging*

The final theme identified in the study concerns the significant effort required from therapists. Respondents emphasized that providing effective therapy to Haredi clients necessitated an ongoing learning process. The previously discussed themes of change and adaptation highlight this substantial investment by therapists. Participants described the considerable resources and effort needed to become familiar with this population. Simultaneously, while STs acknowledged that making these adaptations was challenging, most were willing to accept the additional demands, recognizing the benefits of learning a new culture, developing cultural competencies, and fostering mutual understanding. Thus, while all participants highlighted the necessity of learning about Haredi culture, they also stressed that treating Haredi clients requires more effort than working with non-Haredi clients.

#### I have to learn the culture

Participants emphasized that successful ICT requires a deep understanding of the client's cultural background. In working with UO clients, therapists highlighted that cultural knowledge was crucial not only for interpreting behaviors and symptoms but also for building trust and fostering cooperation. Rather than relying solely on intuition, STs underscored the importance of actively studying and immersing themselves in the cultural context to avoid misinterpretations and to tailor therapeutic interventions appropriately.

*In the beginning, there was a lot of tension around really adjusting myself to the cultural codes. Their city is truly a state within a state… I came with a lot of ambition and will; it intrigued me… there are things you need to understand in the cultural context… what it means when a child is angry at his parent; with a secular child, it is not a big deal, but in this culture, the respect for the parent is much greater… it is a tabu that a child shows anger toward a parent. (ST 5)*

The learning process was often proactive and self-initiated. Therapists described various efforts to familiarize themselves with religious practices and societal norms, including reading religious texts, consulting community resources, and closely observing nonverbal cultural cues. These actions reflected a strong professional commitment to bridging the knowledge gap and enhancing therapeutic attunement.

*I'd never met UO before I started working there… I think I had a lot of curiosity when I first started intellectual curiosity; I read a lot of religious writings, and I wanted to understand… one time, I had a boy who didn't look me in the eye, and I didn't know if it was a sign of autism or a religious thing that he's not supposed to look at women. (ST 18)*

Simultaneously, participants described adopting a "not-knowing" stance within therapy itself, allowing clients to educate them about cultural nuances as part of the therapeutic dialogue. Therapists noted that expressing cultural humility and curiosity was not only necessary but also valued by clients, further strengthening the therapeutic bond.

*I need more humility and caution to ask and not assume that I know… it can also be leveraged in therapy to ask the client to explain to me… the more I express curiosity, the more it is appreciated. (ST 10)*

Overall, the findings reveal that cultural learning was not a one-time event but a continuous, evolving process. While the intensity of the effort decreased over time as familiarity grew, the need for openness, humility, and adaptive learning remained central to effective therapeutic work with UO clients.

#### I put in more effort

Throughout the interviews, participants consistently emphasized that working with UO clients required significantly more effort compared to their work with other populations. The combined impact of adapting their appearance, setting, language, engaging in ongoing cultural learning, and navigating intrapersonal changes created a sense of continuous labor that demanded greater emotional, cognitive, and professional energy. While some therapists viewed this challenge as an enriching part of their practice, others found it overwhelming and eventually chose to disengage from working with the UO community. Therapists noted that the effort involved was not limited to surface-level adaptations but was deeply embedded in the process of building a therapeutic relationship. The need to ask more questions, verify cultural assumptions, and navigate unfamiliar social codes was described as a significantly greater burden compared to working with secular clients.

*I was very worried; I felt pressure to stand up to their standards… it requires more flexibility from the therapist… with seculars, you don't have that; it's all more natural; this is the part that was difficult for me… it's like moving to another country… I worked with other populations, but it doesn't get close to this… I needed to be much more attuned; it took double the energy. (ST 5)*
*I feel a need to adjust myself… Maybe in the beginning, it used to stress me a lot… but I feel that quite quickly you can just be and talk, and if I feel I have a gap in understanding, I ask... I ask other patients, too, but here, I feel like it's statistically more. (ST 4)*

While some therapists found intellectual stimulation and professional growth in navigating these challenges, others described the emotional toll it took. The constant need for heightened caution, additional cultural learning, and careful adaptation created a persistent sense of effort that did not fully subside even with experience.

*It's a complicated experience… many things are not obvious… so on the one hand, it is intriguing to learn through the clients… but there is a part of me that feels like I'm lacking… it's more challenging… it requires more caution, more humbleness, and more adaptations… I am in favor of intercultural therapy, but it needs to be sensitive and tolerant, like any therapy, yes, but here an extra effort is needed. (ST 10)*

For some participants, the magnitude of the gap between their own worldview and that of their clients eventually became a deciding factor in their decision to stop working with the UO community. The emotional and cognitive demands, while initially stimulating, accumulated into a sense of professional fatigue and alienation over time.

*The idea of regarding your child's emotional world was many times completely new to the parents… It was really to arrive in a completely different world for me. I think that one of the main reasons that I*

*left was the feeling that the gap between my world and this place was huge. (ST 20)*

Overall, the theme of "putting in more effort" captures the deep and complex nature of ICT with UO clients, emphasizing both its potential for professional growth and its significant emotional demands it entails.

## Discussion

This study explored the experiences of STs working with UO clients in Israel, identifying three central processes: intrapersonal changes, necessary adaptations in therapy, and the additional effort required to engage effectively with UO clients effectively. One major finding is the significant intrapersonal changes therapists underwent. Working with UO clients prompted STs to confront implicit biases, reassess their self-perception as open-minded professionals, and grapple with identity issues regarding their secular and Jewish backgrounds. This process not only fostered greater cultural humility but also reinforced aspects of their personal and professional identity. Importantly, STs noted that their clients also underwent changes through the therapeutic encounter, such as softening stigmas they held about secular individuals and opening new spaces of mutual understanding.

These findings align with previous work emphasizing the transformative potential of intercultural therapy [33, 47], but they highlight a unique dimension in the Israeli context, where religious and political tensions are especially acute [9]. Unlike other minority groups, UO clients often resist integration into mainstream society and view secular culture with suspicion, making the emotional divide particularly challenging for therapists to navigate [9, 18]. Our findings suggest that ICT with UO clients does not merely demand cultural competence but also requires therapists to undergo substantial personal and ethical growth – facing discomfort, ambivalence, and the need to continually recalibrate self-reflectiveness and a humble approach as part as their professional cultural humility positioning.

A second key finding focuses on the adaptations therapists made in their practice. STs adjusted their appearance, modified the therapeutic setting, and adapted their language to align with UO cultural norms. While these changes were sometimes experienced as simple, practical accommodations – particularly regarding the setting and language – other adjustments, especially regarding appearance, generated emotional resistance. Some therapists felt that altering their clothing compromised their authenticity, highlighting the delicate balance between cultural sensitivity and maintaining professional integrity.

Thus, this study confirms that the therapists' need to invest more effort and emotional labor when working with UO clients, also reflects broader political and social tensions. The UO community's ideological deliberate separation from secular Israeli society, and the fact that unlike other minority groups, the UO neither wish to integrate into mainstream society nor value the culture of the therapist, adds complexity to the therapeutic encounter, beyond what is typically discussed in standard ICT literature [9, 23, 33]. For example, Bloch et al. [24] examined challenges in working with Haredi clients, focusing on psychiatrists whose relationships are typically brief; similarly, Steven [20] identified challenges in practicing ICT with Eastern European immigrants in England. And while studies have explored similar adaptations in the setting, appearance, and language [24, 32, 40], taking into consideration Shabbat laws or gender norms [48, 49] acknowledging the challenges of treating UO and other minority clients, they avoid the complexities of the politically charged Israeli context and a very influential minority group [9, 22]. The therapists in this study emphasize the internal negotiation of ICT between their professional codes and the culturally sensitive therapist, demonstrating the psychological costs of continuous cultural adjustments.

Lastly, the findings illustrate how therapists perceived treating UO clients as particularly challenging. Cultural competence is often understood in two ways: specific cultural knowledge and general clinical skills [50]. However, knowing a culture alone does not guarantee successful therapy in intercultural settings. STs emphasized the additional cognitive and emotional effort required to l understand UO religious life, especially when therapists are unfamiliar with UO values, such as conformity, large families, Rabbi consultations, and traditional gender roles [13, 26]. This contrasts with the Western values of individuality and diversity held by many Israeli STs, leading to a feeling of confusion and cultural missteps [47]. STs sometimes find themselves reacting to the traditional appearance and religious commitment of UO clients with a range of extreme feelings – surprise, unease, or even fascination. These responses can occasionally lead to idealizing or distancing from the clients' values, which may, at times, influence the therapeutic process or clinical impressions [18]. These reactions, if left unexamined, risked influencing therapeutic judgment, echoing concerns raised in earlier literature about intense countertransference in intercultural settings [18, 33, 39].

The findings also contribute to ongoing debates about cultural matching in therapy. Scholars like Huppert et al. [10] suggest that shared cultural backgrounds facilitate therapeutic alliance, while Witztum and Buchbinder [18] argue that religious congruence can improve communication and trust-building. Techniques such as using biblical references, acknowledging Jewish holidays, and

respecting religious figures – while avoiding unnecessary eye contact with UO women – can help reduce defensiveness and reassure clients about their beliefs [31]. Our study supports this view to some extent, as therapists noted that being cultural outsiders made rapport-building more challenging and requiring additional learning and effort. However, the findings also demonstrate that cultural distance can become a source of growth, allowing therapists to develop greater reflexivity, humility, and empathy – qualities that ultimately enriched their professional development.

At the same time, the literature also highlights the challenges faced by insider therapists. Band-Winterstein and Freund [40] and Popovsky [48] note that therapists from within the community may experience blurred boundaries, unconscious advocacy roles, or ethical dilemmas, questioning the assumption that an "insider" can better address a client's issues. Hess [41], a Haredi therapist herself, similarly points out that religious therapists may struggle with loyalty conflicts between professional ethics and community expectations. Like the STs in our study, they are not immune to complex identity negotiations and countertransference dynamics.

Finally, this study raises critical questions about the increasing trend of training more Haredi therapists. While this development enables more culturally matched therapy for UO clients, it may also eliminate the potential benefits of intercultural encounters. Our findings suggest that the secular-UO therapeutic relationship, though challenging, offers a rare and valuable opportunity for both therapists and clients to confront biases, broaden their worldviews, and humanize"the other."Especially given the polarized nature of Israeli society today, such encounters contribute not only to clinical progress but also to social cohesion, offering a modest but meaningful bridge across a deeply divided landscape.

## Limitations

While to the best of our knowledge, this is one of the few studies on the experiences of STs providing therapy to the Haredi community in Israel, it has some limitations. Most importantly, although interviews were conducted with twenty-one STs, and the thematic saturation was achieved, the sample size was still small. However, it should be stressed that since, to date, there is no registry of STs providing therapy to the Haredi community in Israel, the exact number of such therapists is unknown. Secondly, female therapists predominated over males. Thus, even though mental health services in Israel are strongly gendered, some themes could have varied according to the therapist's gender. Thirdly, although the shared secular background between the interviewer and participants likely facilitated rapport and open discussion, their mutual "outsider" status to the Haredi community may have influenced the focus of the interviews. While this dynamic encouraged critical reflection, it may have also limited the deeper exploration of culturally embedded perspectives. Finally, there is also a risk of self-selection bias related to the online request for participation and the study format, as it may have been available only to those STs who are members of the online groups on Facebook and WhatsApp.

## Conclusions

As with all ICT, working with the Haredi community involves unique challenges and nuances. The therapist must develop cultural competence and humility and consider practical strategies within a patient's worldview and sociocultural context. Our study highlights the unique experiences and processes that such therapeutic relationships raise for therapists'. In addition to significant challenges related to learning processes and adaptations, our findings also reveal benefits of these intercultural relationships. While all therapeutic encounters are unique voyages into the living past, working with Haredi clients involves an additional journey: exploring a time, place, and culture that contrasts with modern secular Israeli society. However, this study shows that therapeutic encounters can enhance mutual understanding and foster intercultural dialogue if both ST and the UO remain open to mutual learning [51]. Particularly in Israel's current complex socio-political context, the ICT encounter offers both therapist and client a unique opportunity to explore and challenge their perceptions of one another, often for the first time. This process not only enriches their professional growth but also has the potential to reshape the dynamics between these two groups in Israeli society.

### Abbreviations

STs Secular therapists
ICT Intercultural therapy
UO Ultra-Orthodox Jewish

## Supplementary Information

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Supplementary Material 1.

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### Authors' contributions

ED and JD conceptualized the study. ED, ST, and JD designed the interview guide. ED collected and interpreted the data, conducted the literature search, and drafted the original manuscript. ED and JD wrote, reviewed, and edited the manuscript. ED, ST, and JD contributed to the critical revision of the final manuscript and approved it before the submission. JD supervised the study.

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**Ethics approval and consent to participate**
The Declaration of Helsinki's guiding principles were followed while conducting this study. The PUMS Bioethics Committee approved ethics and research governance (KB – 139/23). All study participants provided written informed consent to participate.

**Consent for publication**
Not applicable.

**Competing interests**
The authors declare no competing interests.

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## Publisher's Note