Exploring Religion, Spirituality, and the Sharing of Jewish Identity within the Context of Psychological Therapy

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Introductory Chapter: Thesis Overview

Psychological therapy[1] is delivered by a range of psychology professions including clinical psychology, counselling, and family therapy. The shared aim is to develop a collaborative and meaningful understanding of the individual's or family's difficulties and work to alleviate psychological distress (NHS Health Education England, 2021a; Johnstone & Dallos, 2006). The United Kingdom (UK) has a diverse population, with individuals holding intersecting cultural identities, including religion, sexual orientation, and ethnicity, all of which afford different levels of resource, power, restraint, and oppression in different contexts (Burnham, 2012). It is essential that multiculturalism[2] is explored in therapy to enable an accurate understanding of the service user's inner world view and to ensure their therapeutic needs are met (Burnham & Nolte, 2020; Edge & Lemetyinen, 2019; Egeli, 2021; Hook et al., 2017; Mosher et al., 2017; Newnes, 2021; Patallo, 2019; Patel, 2012).

Psychology has a racist and colonialising history, and a dominant individualistic and Eurocentric discourse across theory, training, and clinical practice (Koç & Kafa 2018; Newnes, 2021; Rhodes & Langtiw, 2018; Turner, 2021; Vermes, 2017; Wood & Patel, 2017). Whilst there is variation across psychological professions, the current work force is not representative of the diverse population within the UK; psychological therapists[3] are predominantly white, able-bodied, and heteronormative (Burnham & Nolte, 2020; NHS Health Education England, 2021a; NHS Health Education England, 2021b). The lack of diversity in psychology's discourse and work force contributes to less attention being paid to cultural systems of meaning within psychological therapy, reducing the accessibility of services to minority groups, negatively impacting therapeutic relationships and outcomes, and

[1] The term therapy will be used throughout the remainder of the paper.
[2] Multiculturalism refers to 'the existence of difference and uneven power relations among populations in terms of racial, ethnic, religious, geographical distinctions and other cultural markers that deviate from dominant, often racialised, "norms" (Clayton, 2020, p211).
[3] The term therapist will be used throughout the remainder of the paper.

exacerbating mental and physical health difficulties (Ahsan, 2020; Brown, 2018; Drinane et al., 2018; Egeli, 2021; Mosher et al., 2017; Newnes, 2021; Owen et al., 2016; Owen et al., 2011; Punton et al., 2022; Turner, 2021).

The UK Government and NHS agendas aim to ensure that mental health services are sensitive to the needs of local populations and the diversity within, improving equality of access, experience, and outcomes, and eliminating discrimination (DOH, 2005a; DOH, 2005b; DoH & NHS, 2014; NHS, 2020; Public Health England, 2018). However, in the context of institutional racism (McKenzie & Bhui, 2007; Nazroo, 2020; Younis, 2020), health inequalities (Marmot et al., 2020), and power imbalances in psychology (Kline, 2014; Odusanya, Winter & Nolte, 2018; Winter, 2019), it is crucial that identity and difference, cultural humility[4], and the accessibility of services are considered and prioritised (Ajayi, 2021; British Psychological Society, 2018; Brown, 2018; Foronda, 2008; Hook et al., 2017; Hook & Watkins, 2015; Lamb et al., 2011; Lovell et al., 2014). This research aims to explore both service users' and therapists' experiences of incorporating aspects of multiculturalism into therapy.

Chapter one is a systematic review which synthesises qualitative literature researching the experiences of therapists in exploring religion and spirituality in therapy. Ten studies were identified through systematic search strategies and were subsequently assessed for quality. Narrative Synthesis methodology was used to synthesise the findings from the studies. The

[4] A concept analysis defined cultural humility as, 'In a multicultural world where power imbalances exist, cultural humility is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals. The results of achieving cultural humility are mutual empowerment, respect, partnerships, optimal care, and lifelong learning' (Foronda et al., 2015, p. 4).

findings describe significant divergence between therapists' perceptions and experiences of incorporating religion and spirituality in therapy. The review highlights barriers and facilitators to religion and spirituality being explored and identifies significant gaps within training programmes. Recommendations for training are presented and the value of learning from global practice highlighted.

Chapter two explores Jewish participants' experiences of sharing or concealing their Jewish identity in the wider world and within therapy. Nine participants were recruited and interviewed using semi-structured interviews. The data were analysed using Interpretative Phenomenological Analysis, generating four Group Experiential Themes. The themes highlighted the complexities of the Jewish identity impacted by historic and current antisemitism and having to navigate the decision-making process as to whether to share or conceal their hidden identity. Within therapy, participants were open to sharing their Jewish identity, however factors associated with the therapist determined whether it was incorporated further, impacting participants' experiences and the outcomes of therapy. Recommendations were made to support identity and difference to be consistently incorporated into therapy.

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Chapter 1: Systematic Review

What are Psychological Therapists' Experiences of Exploring Religion and Spirituality in Psychological Therapy?

Targeted Journal: Psychology of Religion and Spirituality Journal (Appendix A)

Abstract

Objectives

Research indicates that religion and spirituality is not consistently incorporated into therapy, with therapists holding a range of perspectives about its relevance and not always feeling adequately knowledgeable or skilled. The integration of religion and spirituality into therapy can support service users to feel understood and accepted, continue engagement with therapy, and experience better therapeutic outcomes. This systematic review aims to synthesise qualitative literature exploring therapists' experiences of religion and spirituality within therapy, including the barriers and facilitators.

Method

Electronic and manual searches of relevant databases identified ten studies which met the inclusion criteria of the review. The findings of these studies were analysed using Narrative Synthesis.

Results

The ten studies were rated as medium or high quality using the Critical Appraisal Skills Programme. Using Narrative Synthesis, four themes were identified: cultural context, conflicting psychological discourses, therapists' perceptions and religious and spiritual beliefs, and religion and spirituality in therapy.

Conclusions

Findings highlight divergence in the perception and experiences of participants in exploring religion and spirituality in therapy. The experiences range from no incorporation to explicit

engagement with specialist interventions, and from therapists feeling uncomfortable and unconfident, to feeling ready, willing, and able to tackle issues related to religion and spirituality. Facilitators are the therapists identifying with religion and spirituality and working in a location with a dominant religious and spiritual culture. Findings indicate that more training is required to support therapists to be open to, insightful about, and confident to work clinically with religion and spirituality.

Introduction

Religion and Spirituality

Religion and spirituality are complex, multidimensional constructs, which are closely related. Whilst no singular definition of religion or spirituality has been broadly accepted within research, they are understood to be fundamental human processes which involve the sacred; socially influenced perception of a divine being or object, or a sense of ultimate reality or truth, that transcends the self (Hill et al., 2000; Oman, 2018; Zinnbauer & Pargament, 2005). Spirituality is seen as a more individual experience, whilst religion is associated with an organisational and traditional context, both of which can develop and evolve over time (Hill et al., 2000; Oman, 2018; Wink et al., 2012; Zinnbauer & Pargament, 2005). Due to lack of clarity around definitions and in line with research, the constructs will be combined for this review and the term 'religion/spirituality' used.

In the England and Wales 2021 census, 56.8% of the 59,642,000-population reported being affiliated to a religion. The most frequently reported religion was Christianity (46.2%) followed by Islam (6.5%), Hinduism (1.7%), Sikhism (0.9%), Judaism (0.5%), Buddhism, (0.5%), and other (0.4%) (Office for National Statistics, 2022). There is no equivalent population census measure for spirituality.

Religion/Spirituality and Psychology

Historically, the relevance, acceptance, and inclusion of religion/spirituality in therapy and understanding psychological well-being has fluctuated, with interest resurging in the late 1980s (Aten et al., 2012). Due to the role religion/spirituality can play in shaping people's beliefs, world views, and experiences, and the different levels of resource, power, restraint, and oppression it can carry, it is deemed essential to be explored in therapy ensuring an

accurate understanding is obtained and therapeutic need met (Barnett, 2016; Burnham, 2012; Captari et al., 2018; Vieten & Lukoff, 2022).

Research indicates that religion/spirituality and engagement in religious and spiritual practices, including prayer and reading religious texts, can promote life satisfaction, positive emotions, well-being and mental health, and can support mental health treatment outcomes (Baetz & Toews, 2009; Brown et al., 2013; Hadzic, 2011; Nguyen, 2020; Pirutinsky & Cherniak, 2020; Pirutinsky et al., 2020; Rosmarin & Koeng, 2020; Ryff, 2021; Serfaty et al., 2020; VanderWeele et al., 2016; Vieten & Lukoff, 2022; Villani et al., 2019; Wink et al., 2012). It is suggested that faith, and the often-extensive support systems that surround it, can promote resilience and help in the management of uncertainty, especially in a crisis (Pirutinsky et al., 2020). However, there is evidence to suggest that religion/spirituality doubt or mistrust and negative religion/spirituality coping is linked to poor mental health and well-being (Hadzic, 2011; Nguyen, 2020; Pirutinsky et al., 2020; Rosmarin & Koeng, 2020). It should be noted, however, that this research situates spirituality within religious observance, and therefore may not be representative of people's experiences when identifying solely as spiritual (Baetz & Toews, 2009).

Religion/spirituality can be incorporated at all stages of therapy. It can support the development of a meaningful formulation, with consideration to identity, religion/spirituality history and its role in being protective and contributing to distress e.g. existential doubt. It can impact treatment goals which can be of a psychological and spiritual nature. Furthermore religion/spirituality tailored interventions can be consistent with service users' religion/spirituality culture and complement traditional interventions (Captari et al., 2018; Goncalves et al., 2015; Worthington et al., 2011). Meta-analyses have attempted to determine

the impact of incorporating religion/spirituality into therapy. Findings indicate better spiritual and psychological outcomes when therapy is tailored to the religion/spirituality of the service user, with gains more likely to be maintained (Captari et al., 2018; Goncalves et al., 2015; Worthington et al., 2011).

Service User Perspective

Research has identified varying opinions amongst service users as to whether religion/spirituality should be integrated into therapy; influenced by the salience of the religion/spirituality and perceptions of its impact to the presenting concern (Harris et al., 2016; Knox et al., 2005; Oxhandler et al., 2021; Post & Wade, 2009; Sandage et al., 2022). Barriers to sharing religion/spirituality within therapy included fears of being judged and their religion/spirituality being neglected or weakened during the therapeutic process (Gockel, 2011; Harris et al., 2016; Mayers, 2007).

Studies have found that therapists' values and skills support the incorporation of religion/spirituality in a sensitive and client-centred way, with patience, openness, respect, and being non-judgemental deemed essential (Gockel, 2011; Harris et al., 2016; Knox et al., 2005; Oxhandler et al., 2021; Post & Wade, 2009; Sandage et al., 2022; Worthington et al., 2011). The findings of one study indicated the effective integration of religion/spirituality to be more valuable than the therapeutic relationship when rating satisfaction with therapy (Sandage et al., 2022). Conversely, if therapists are unable to meet religion/spirituality needs, it can result in service users feeling misunderstood and their religion/spirituality devalued, perpetuating the concealment of religion/spirituality or the premature discontinuation of therapy (Gockel, 2011; Harris et al., 2016; Knox et al., 2005; Mayers, 2007).

Role of the Therapist

Research indicates varying opinions amongst therapists as to whether religion/spirituality should be integrated into therapy, some showing ambivalence and others deeming it an important factor to be considered and integrated (Brown et al., 2013; Drew et al., 2021; Gladding & Crockett, 2019; Jafari, 2016; Mandelkow et al., 2022). It is deemed the therapists' responsibility to invite religion/spirituality into therapy and check service users' preferences, as they may not always be aware of the relevance (Barnett, 2016; Post & Wade, 2009). One study found that religion/spirituality was more routinely and confidently incorporated by therapists who identified with religion/spirituality and was perpetuated further if they held similar beliefs to the service user (Cummings et al., 2014). Barriers to exploring religion/spirituality include ethical concerns linked to lack of competence and confidence, concerns of overstepping boundaries, and conflicting beliefs (Drew et al., 2021; Gladding & Crockett, 2019; Mandelkow et al., 2022; Maximo, 2019).

Training in religion/spirituality within accredited psychology programmes has been deemed to be insufficient, impacting therapists' confidence and competence (Coyle & Lochner, 2011; Gladding & Crockett, 2019; Jafari, 2016; Post & Wade, 2009; Shafranske, 2016). Research indicates that therapists' main religion/spirituality learning comes from clinical supervision, clinical contact with service users, interactions with colleagues affiliated with religion/spirituality, as well as self-directed learning (Jafari, 2016). It is argued that more training is required to ensure therapists are aware of personal views and biases, and have the attitudes, knowledge, and skills required to effectively and thoughtfully meet the needs of service users (Vieten & Lukoff, 2022). This need may be further emphasised as research has shown that therapists identify less with religion/spirituality than service users (Post & Wade, 2009).

Limitations

Much of the research referred to above may not be generalisable to the UK demographic, lacking representation amongst participants (Knox et al., 2005) and being conducted in other countries (Drew et al., 2021; Mandelkow et al., 2022). Whilst qualitative research aims to gain rich data, the small sample sizes may reduce the perceived value of inferences made (Brown et al., 2013; Drew et al., 2021; Gockel, 2011; Knox et al., 2005; Mayers, 2007; Mandelkow et al., 2022). Meta-analyses, while consolidating and evaluating the existing evidence base, (Captari et al., 2018; Goncalves et al., 2015; Worthington et al., 2011), may not be fully reflective of the knowledge base due to influences of publication bias and the file drawer effect (Nagarajan et al., 2017). Furthermore, the studies' reliability and validity are based on the robustness of the evidence within, which were not consistently representative of the general population. There were also difficulties teasing apart religion/spirituality components from other features of therapy (Captari et al., 2018; Goncalves et al., 2015; Worthington et al., 2011).

Aims and Rationale

Systematic reviews have explored the association between religion/spirituality and health and well-being (Borges et al., 2021; Koburtay et al., 2022; Koenig, 2012), and the additional benefits of religion/spirituality interventions on therapeutic outcomes (Goncalves et al., 2015), however no systematic reviews have investigated therapists' experiences of exploring religion/spirituality in therapy. Due to the crucial role therapists play in incorporating cultural systems of meaning into therapy, and the benefits of this to service users' therapeutic experiences and outcomes, the aim of this systematic review is to synthesise qualitative literature exploring therapists' experiences of religion/spirituality within therapy (Captari et al., 2018; Gockel, 2011; Goncalves et al., 2015; Knox et al., 2005; Mayers, 2007; Sandage et

al., 2022; Worthington et al., 2011). This review aims to offer further insight into the barriers and facilitators of religion/spirituality being explored, including the therapists' personal and professional beliefs, therapists' training, knowledge and skills, and the wider context and cultural norms. This review hopes to raise awareness of a need to consider and incorporate religion/spirituality into therapy in an accessible but manageable way.

Method

An initial scoping search was conducted to gain an overview of existing literature and inform the objectives and methodology of the review. A protocol was developed in line with guidance from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page, 2021), and registered on the International Prospective Register of Systematic Reviews[5] (PROSPERO).

Search Strategy

The search strategy aimed to capture the terminology utilised within this field. It was developed by exploring relevant research identified in the scoping searches and in consultation with the University of Liverpool's Liaison Librarian for Psychology and Life Science, before being agreed with the research team. Search terms were combined using Boolean operators. Table 1 provides an example of a search syntax. To ensure a comprehensive and up to date search, electronic searches were conducted in May 2023 across five databases, PubMed, APA PsychINFO, CINAHL, Cochrane Library, and Scopus.

[5] Reference number CRD42023391261.

Table 1

Search Syntax for APA PsychINFO

	APA PSYCHINFO
	Search terms
1	TI & AB (relig* OR spiritu* OR faith OR religion/spirituality)
2	TI & AB (psychotherap* OR therap* OR psychology OR "psychological therap*" OR counsel* OR "family therap*")
3	TI & AB (therapist* OR psychologist* OR psychotherapist* OR "psychological therapist*" OR "counsel#or*" OR "psychological practitioner*" OR "family therapist*" OR clinician*
4	TI & AB (perspectives OR experiences OR views OR perceptions OR practice OR explor* OR understand* OR integrat* OR "working with" OR attitudes)
5	TI & AB (qualitative)
6	1 AND 2 AND 3 AND 4 AND 5

Eligibility Criteria

The inclusion and exclusion criteria were developed using the qualitative synthesis SPIDER tool as a framework; Sample, Phenomenon of Interest, Design, Evaluation, Research Type (Cooke et al., 2012) and in consultation with the research supervisors, see Table 2. Existing research highlights difficulties conceptualising religion and spirituality, with the two constructs often being merged (Baetz & Toews, 2009). For this systematic review, both religion and spirituality will be included to ensure that the findings linked to this phenomenon are retrieved. Papers published between 2008 and 2023 were included in this systematic review. This date was selected as a review on religion/spirituality in psychotherapy had been published in 2009 (Post & Wade, 2009). Whilst it did not directly answer the question of this systematic review, it provided an overview of research focusing on religion/spirituality and the therapist, client, and interventions. Furthermore, it is argued that papers published prior to this date may not be relevant and reflective of therapists' current experiences. This review

chose to explore direct experiences of therapists, excluding studies that solely explored case studies or perceptions, to ensure the findings reflected lived experiences.

Table 2

Eligibility Criteria

Inclusion
***S**ample* • Qualified or in-training psychological therapists. • Public or private ***P**henomenon of **I**nterest* • Religion/spirituality being explored. • Individual or group psychological therapy. • Based on lived experience of psychological therapist. ***D**esign* • Published, peer reviewed journal articles. • Published 2008 – 2023. • Published in English or English translation available. ***E**valuation* • Experience. **R**esearch Type • Qualitative research. • Mixed method if qualitative data can be clearly extracted.
Exclusion
***S**ample* • Professionals who are not psychologists delivering therapeutic interventions. ***P**henomenon of **I**nterest* • Non-therapy setting. • Not considering religion/spirituality. • Not based on direct experience. ***D**esign* • Non-peer reviewed journal articles e.g thesis. • Systematic reviews and book chapters. • Published prior to 2008. • No English translation available. ***E**valuation* • Perspective, attitudes, and views, not based on direct experience. **R**esearch Type • Quantitative research. • Mixed methods if qualitative data cannot be clearly extracted.

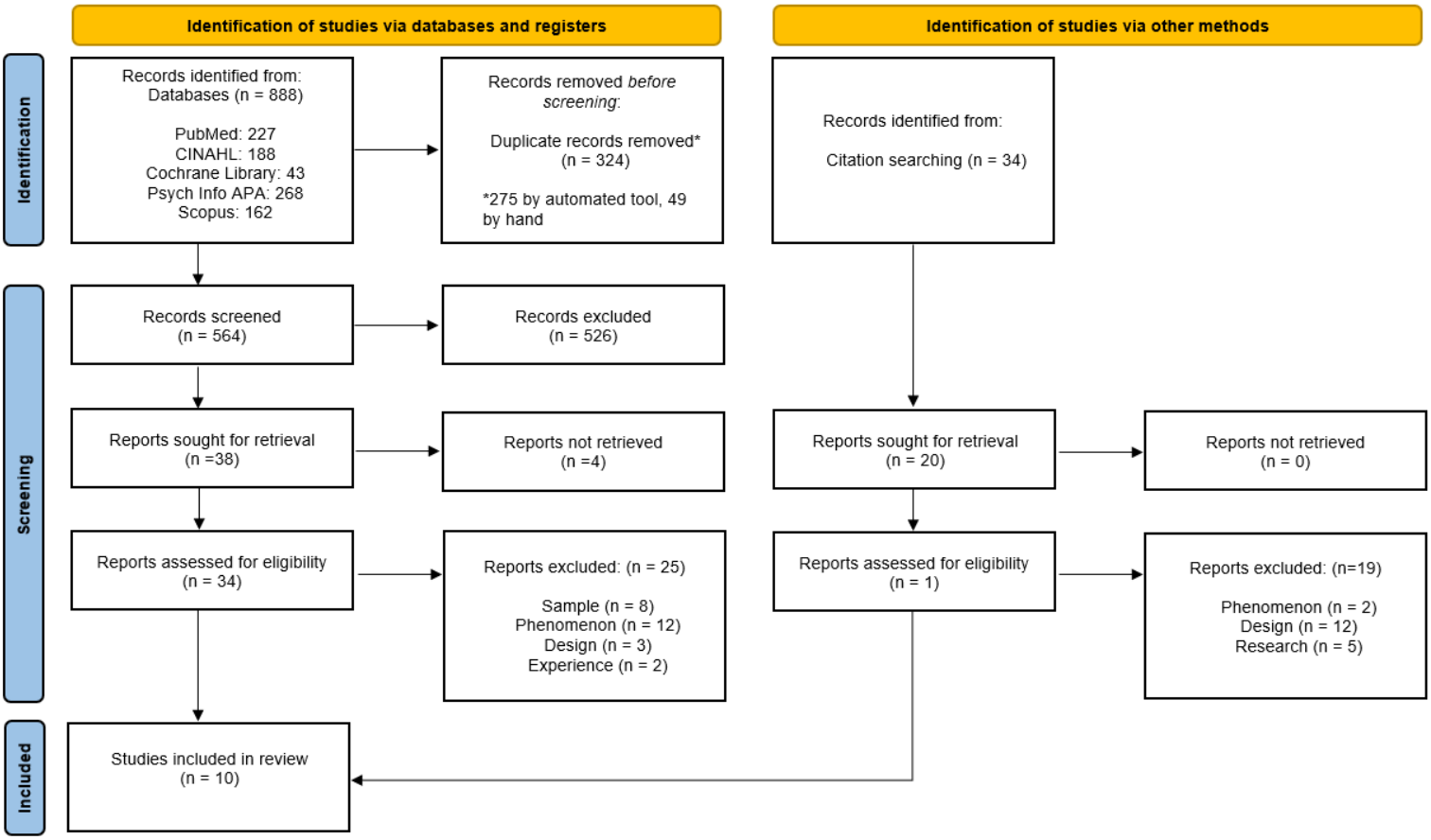
Study Selection

The initial results identified 888 potential papers. These were collated into Endnote following which 324 duplicates were removed. The titles and abstracts of the remaining 564 studies were screened by the primary researcher using a customised SPIDER Screening Tool (Cooke et al., 2012) (Appendix B). Of these papers, 526 did not meet at least one SPIDER inclusion criteria and were removed from the search. The papers that met the eligibility criteria or had insufficient information to make a conclusive decision were sought for retrieval. Those that could not be retrieved were requested through the "Get it for Me" service at the University library and, where possible, the first author was contacted. The full text of 34 papers were obtained. Evidence suggests that supplementary searches of reference lists ensure a more comprehensive search (Papaioannou et al., 2009). Therefore, a citation search of the 34 retrieved papers was conducted, identifying a further 20 papers to be reviewed. Of the 53 full articles for review, 43 were rejected. Figure 1 details the study selection process.

To ensure the review was robust, and to minimise error and researcher bias, 10% of papers were peer reviewed at the title and abstract, and full paper review stage. No disagreements arose that required further discussions or support from the wider research team. The research team was also consulted to support the selection process.

Figure 1

PRISMA Flow Diagram



(Page et al., 2020)

Assessment of Methodological Quality

The Critical Appraisal Skills Programme (CASP) ten-question checklist for qualitative literature was used to assess the studies for rigour, credibility, and relevance (Appendix C) (CASP, 2018). An additional classification system was used to facilitate the scrutiny process; applying a numerical score (item not met=0, item partially met/unsure=1, item fully met=2), and corresponding quality rating (<7.5 = "low quality paper", 7.5-9 = "moderate quality paper" and 9-10 = "high quality paper") (Butler et al., 2016). Studies were not excluded based on the quality assessment; however, consideration of the quality score, and therefore the relative value of the paper within the evidence base, was given in the discussion. The quality of 20% of papers were peer reviewed, with no disagreements arising.

Data Extraction

Information was extracted from the ten papers that met the inclusion criteria. An extraction tool was developed, piloted, and utilised to ensure the relevant data were retrieved and to support consistency (Appendix D) (Bettany-Saltikov, 2012; Boland et al., 2017). To ensure the findings were grounded in the original experiences of participants, both first order and second order data were extracted, i.e. participant quotes and author's interpretations, and further interpretations were withheld (Toye et al., 2014).

Data Synthesis

Narrative synthesis was utilised to synthesise the data, guided by papers developed by Cochrane (Ryan, 2013) and Popay et al., (2006). The first stage involved describing the main features presented within the studies. These topics were then synthesised for convergence and divergence before similar concepts across studies were grouped into categories with an overarching description.

Results

Study Characteristics

Ten studies met the eligibility criteria, investigating therapists' experiences of exploring religion/spirituality within therapy. Table 3 provides the characteristics and key findings.

The studies were all published between 2008 and 2021; four since 2020 (Da Cunha & Scorsolini-Comin, 2021; Liem, 2020; Walsh et al., 2021; Woodhouse & Hogan, 2020). The studies were conducted globally, in Brazil (Da Cunha & Scorsolini-Comin, 2021; Vandenberghe & Prado, 2012), England (Jackson & Coyle, 2009; Woodhouse & Hogan,

2020), Hungary (Tomcsanyi et al., 2017), Indonesia (Liem, 2020), Singapore (Sridhar & Kit, 2016), South Africa (Brown et al., 2013), and USA (Magaldi-Dopman, 2014; Walsh et al., 2021). Some of the papers described religion/spirituality cultural norms (Da Cunha & Scorsolini-Comin, 2021; Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012; Walsh et al., 2021).

The sample sizes ranged from 6 to 43 participants, representing the perspectives of 100 clinical psychologists (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Liem, 2020; Vandenberghe & Prado, 2012), 27 counsellors (Jackson & Coyle, 2009; Sridhar & Kit, 2016; Walsh et al., 2021; Woodhouse & Hogan, 2020), eight counselling trainees (Magaldi-Dopman, 2014), 12 counselling psychologists (Brown et al., 2013; Jackson & Coyle, 2009), one educational psychologist (Brown et al., 2013), and 36 psychotherapists (Jackson & Coyle, 2009; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020).

Participants' years of practice as a therapist varied. One paper indicated a range of 1-14 years' experience (Sridhar & Kit, 2016), in another participants had a minimum of ten years' experience (Tomcsanyi et al., 2017), and when the years of experience was presented as a mean, it ranged from 6.63 to 15 years (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Vandenberghe & Prado, 2012; Walsh et al., 2021). Whilst three papers did not provide this data (Liem, 2020; Magaldi-Dopman, 2014; Woodhouse & Hogan, 2020), two papers represented the views of trainee therapists (Magaldi-Dopman, 2014; Woodhouse & Hogan, 2020).

Participants in the reviewed studies represented a range of affiliations to religion/spirituality, with participants identifying as Agnostic (Da Cunha & Scorsolini-Comin, 2021; Jackson &

Coyle, 2009; Magaldi-Dopman, 2014), Atheist (Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Woodhouse & Hogan, 2020), Buddhist (Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Sridhar & Kit, 2016), Christian (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Tomcsanyi et al., 2017; Vandenberghe & Prado, 2012; Walsh et al., 2021; Woodhouse & Hogan, 2020), Humanist (Jackson & Coyle, 2009), Muslim (Magaldi-Dopman, 2014; Sridhar & Kit, 2016), non-affiliated (Brown et al., 2013; Walsh et al., 2021; Woodhouse & Hogan, 2020), Orthodox Jewish (Magaldi-Dopman, 2014), Pagan (Woodhouse & Hogan, 2020), and Spiritual (Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Tomcsanyi et al., 2017; Vandenberghe & Prado, 2012). One paper did not declare religion/spirituality demographics (Liem, 2020).

The majority of the studies collected data through individual semi-structured interviews (Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Liem, 2020; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Tomcsanyi et al., 2017; Walsh et al., 2021), one paper used unstructured interviews (Vandenberghe & Prado, 2012), and one focus groups (Brown et al., 2013). Two papers integrated case studies alongside exploring lived experience to generate more discussion (Brown et al., 2013; Jackson & Coyle, 2009). A range of methods were utilised to analyse the data including, Content Analysis (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021), Grounded Theory (Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Tomcsanyi et al., 2017; Vandenberghe & Prado, 2012), Interpretive Phenomenological Analysis (IPA)(Jackson & Coyle, 2009; Walsh et al., 2021), and Thematic Analysis (Liem, 2020).

Table 3

Characteristics and Key Findings

Author and Date	Location and Religion/ Spirituality Context	Sample	Sample Demographics	Aims	Method and Analysis	Summary of Key Findings
Brown et al., 2013	South Africa	n=15, counselling psychologist (n=9), clinical psychologist (n=5), educational psychologist (n=1), years of practice (YOP), mean = 6.63	Christian (n=14), no religious or spiritual affiliation (n=1)	To explore the willingness of psychologists to integrate religion/ spirituality into therapy and identify the barriers and facilitators for integration.	Semi-structured interview; focus group Content Analysis Lived experience and case studies	**Experiences:** Incorporation of religion/spirituality was client led. Whilst some deemed it crucial for the formulation it was not routinely incorporated. Most engaged religion/spirituality implicitly but declined explicit incorporation. Some pathologised religion/spirituality. **Barriers/Facilitators:** Being empathetic and non-judgemental facilitated religion/spirituality engagement. Barriers were ethical considerations, training, competence, and perceived scope of the role. Therapeutic models facilitated and hindered the incorporation. **Therapists' Beliefs:** Spirituality felt more comfortable and acceptable to incorporate due to therapy being considered inherently spiritual. Participants' religion/spirituality beliefs facilitated the incorporation, particularly if shared with the client. Difference in belief systems were a barrier and increased levels of discomfort. Fears expressed of transferring therapists' religion/spirituality onto the client.
Da Cunha & Scorsolini-Comin, 2021	Brazil Culturally diverse	n=24 clinical psychologists YOP, mean = 10.5	F(n=18) M(n=6) Spiritism (n=4), Catholicism (n=1), non-practicing Catholics (n=3), Atheist (n=2),	Discover how Brazilian psychotherapists experience religion/ spirituality in their personal lives, as well as in their work in	Semi-structured interview Content Analysis	**Experiences:** Religion/spirituality identified to emerge in therapy but was not always required to be worked on. Most described feeling confident and comfortable integrating religion/spirituality, some found it challenging. Some were sought out by clients due to their ability to work with religion/spirituality, following negative therapeutic experiences. **Barriers/Facilitators:** Some participants felt ill prepared due to inadequate training and limited opportunity to identify or challenge biases. Lack of experience and fear of causing harm. Conflicting position of religious leaders.

			Agnostic (n=3), without defined affiliation (n=6), Spirituality (n=2), no religion (n=3)	clinical psychology.		**Therapists' Beliefs:** Most did not identify belonging to a religion but described religion/spirituality to play a role in their lives, which could not be separated from them. Positive personal experiences of religion/spirituality influenced clinical practice. Therapists' religion/spirituality facilitated understanding and exploration. Difficulties arose when asked about their own religion/spirituality by clients. Difficulties remaining impartial when divergent religion/spirituality beliefs.
Jackson & Coyle, 2009	England	n=11 counselling psychologists (n=3), clinical psychologists (n=1), psychotherapists (n=5), counsellors (n=2) YOP, mean = 15	F (n=10) M(n=1) Church of England (n=1), respectful of others (n=1), Agnostic (n=1), Buddhist (n=1), none (n=1), Christian (n=2), Atheist (n=2), Spiritual (n-1), Humanist (n=1)	Explore experiences, challenges, and ethical implications of incorporating spirituality into therapy.	Semi-structured interview Questions on lived experience and vignette. IPA	**Experiences:** Clients' spiritual beliefs were described and evaluated in psychological terms and dichotomously; helpful or unhelpful. Spirituality was not frequently incorporated. Participants professed they would not change clients' beliefs or impose their own views, however most reported engaging in strategies to change clients' 'unhelpful spiritual beliefs'. **Barriers/Facilitators:** Defining spirituality in psychological constructs, denies the essential experience and understanding of spirituality which may create misalliance. Participants lacked confidence and competence. Conflicted in how to address spirituality to support well-being whilst maintaining their responsibility to be respectful. **Therapists' Beliefs:** Perceptions that spirituality and psychological therapy are different and cannot be joined. The varying responses to spirituality highlight the role of individual experience, orientation, context, personality, and values.
Liem, 2020	Indonesia six religions and +100 traditional faiths 87% Muslims	n= 43 clinical psychologists	F(n=42) M(n=1)	Explore how clinical psychologists address aspects of religion/ spirituality, particularly their attitudes and experiences.	Semi-structured interview Thematic Analysis	**Experiences:** Psychotherapy adapted to meet culture norms. Most routinely integrated religion/spirituality, those that did not deemed it a private domain. Religion/spirituality embedded in psychological theory and to complement conventional psychotherapy. Religion/spirituality incorporated at all stages of psychology from assessment to evaluation. Implicitly integrated and explicitly with specialist interventions. Value community engagement. **Barriers/Facilitators:** Training incorporated religion/spirituality, with specialist training available. Conflicts between Western guidelines and personal and contextual religion/spirituality needs. **Therapists' Beliefs:**

						Religion/spirituality is important part of clinical practice. Recognised both protective and risk factors. Explored respectfully to avoid detrimental impacts of client feeling judged. Participants perceived religion/spirituality and science to be inseparable. Participants did not feel they could be completely free from their religious values and personal biases, making the oath of neutrality difficult.
Magaldi-Dopman, 2014	USA	n=8 counselling trainees	F (n=5) M (n=3) Agnostic (n=1), Atheist (n=1), Roman Catholics (n=2), Orthodox Jewish (n=1), Lutheran (n=1), Muslim (n=1), Baptist (n=1)	Explore counselling trainees' experiences with religion/ spirituality issues.	Semi-structured interview Grounded Theory	**Experiences:** Utilised counselling skills to explore religion/spirituality but not prepared for next steps. **Barriers/Facilitators:** Training did not focus on religion/spirituality or biases, and furthermore discouraged religion/spirituality. Lack understanding, skills, and confidence. **Therapists' Beliefs:** Conceal own religion/spirituality in training as not welcomed. Own religion/spirituality provides confidence to explore religion/spirituality in therapy. Agnostic and atheist participants vulnerable to misunderstanding religion/spirituality nuances and pathologising religion/spirituality.
Sridhar & Kit, 2016	Singapore Religious norms	n=10 counsellors YOP (range) 1-14.	F (n=8) M (n=2) Christian (n=7), Buddhist (n=1), Muslim (n=1), Atheist (n=1)	Explore how counsellors in Singapore understand, experience, and use spirituality in their counselling work.	Semi-structured interviews Grounded Theory	**Experiences:** Incorporate religion/spirituality. Client led to prevent the influence of own beliefs and ensure appropriateness. Explore the meaning to the client, not the nuances of the beliefs and practices. Collaborate with religion/spirituality community. **Barriers/Facilitators:** Most associated spirituality with religion which may neglect the needs of those identifying as spiritual. Religion/spirituality not part of mainstream counselling training, impacting competence and confidence. Western models of counselling and western assumptions about mental illness not aligned to cultural norms. Perceived the level of diversity to be a challenge. **Therapists' Beliefs:** Most view religion/spirituality as important to the world view of their clients and central to counselling. Wary of imposing personal beliefs on clients. Would reveal beliefs if asked. Therapists' religion/spirituality supported them to feel more prepared.
Tomcsanyi et al., 2017	Hungary	n=30 psychotherapists	F (n=20) M (n=10)	Explore how psychotherapists perceive	Semi-structured interviews	**Experiences:** Some denied the relevance of spirituality. Varying responses from avoiding, to passively engaging, to actively exploring. Participants recognised the importance

	two decades after the collapse of the dictatorship.	YOP: minimum 10	Church membership (n=4), no Church membership (n=26), 50% spiritual	issues and experiences of spirituality in psychotherapy.	Grounded Theory	of developing a clear understanding, and found the successful exploration enhanced the therapeutic relationship. Interpersonal experience. **Barriers/Facilitators:** Lack of understanding led to avoidance. Ethical dilemma re scope of their role. **Therapists' Beliefs:** Mixed views as to whether a resource or dysfunctional. Fear of causing harm by destroying something important. Some share beliefs if asked and do not project a neutral image of themselves. Clients are unsure of the ethics of sharing the spiritual experience.
Vandenberghe & Prado, 2012	Brazil 79% = religion very important, 7% = no religious beliefs	n=27 clinical psychologists YOP = mean 9.26	F= 27 Roman Catholics (n= 12), Evangelical Christians (n=6), Logosophists (n=2), Kardecist Spiritists (n=7)	Exploring how psychotherapists experience the interfaces of religion/ spirituality with psychotherapy.	Unstructured interview Grounded Theory	**Experiences:** Defined religion and spirituality as separate constructs. More experience incorporating religion. Religion is deemed more controversial in therapy. Avoided potentially sensitive topics to prevent conflict e.g. sex. Religion/spirituality incorporated all stages of therapy. Aim to understand the meaning to the client, not nuances of the religion. Conflict experienced when felt religion/spirituality was causing harm; will ensure they have rationale before addressing it. Engage community support. **Barriers/Facilitators:** Professional taboo. **Therapists' Beliefs:** Not their role to change clients' religious values and beliefs. Religion/spirituality is part of their identity and influences professional behaviour, some worry this will impact clients. Avoid personal disclosure to avoid conflict unless clear rationale. Differing value systems can cause challenges. Shared identity can be a facilitator and barrier. Spirituality is a professional asset, supporting resilience and reflections on biases. Sometimes incorporate their religion into practice.
Walsh et al., 2021	USA: Rural Iowa 77% = Christian, 55% = highly religious	n=10 counsellors YOP, mean = 12.7	F (n=8) M (n=2) No faith (n=1), Lutheran (n=3), Other Cristian (n=2), Methodist	Explore lived experiences of ten counsellors in rural Iowa and their experiences of religion/	Semi-structured interview IPA	**Experiences:** Religion/spirituality incorporation is context specific e.g. trauma, grief. Religion/spirituality deemed important, however, rarely explored. Variation in understanding and responses. Client-led if religion/spirituality initiated and then assess whether to integrate into treatment. Spirituality perceived more positively and more likely to be explored. **Barriers/Facilitators:**

			(n=3), Reformed (n=1)	spirituality in clinical practice.		Lack of training, only two received religion/spirituality training through coursework, impacting confidence, awareness, and clinical practice. Uncertainty of scope of practice. **Therapists' Beliefs:** Dichotomous thinking, either positive or negative. Religiosity gap between therapist and client. Some implicit and explicit bias against religion.
Woodhouse & Hogan, 2020	England	n=6 counsellors (n=5), psychotherapist (n=1)	F (n=5) M (n=1) Mean age = 48 Christians (n=2), No religion (n= 2), Atheist (n=1), Pagan (n=1) Somewhat spiritual (n=4), Very spiritual (n=2)	Explore trainees' experiences and perceptions of integrating spirituality into therapy.	Semi-structured interview Thematic Analysis	**Experiences:** Value importance of spirituality, some deem it the therapists' responsibility to initiate discussions. Interpret spirituality through religious lens. Some asked about spirituality in initial contact, but only followed up if led by client. Some experienced conflict integrating spirituality and pathologised it. When integrated effectively, sense of empowerment by some clients. **Barriers/Facilitators:** Unclear definition and construct of spirituality. Training rarely available, participants ill-equipped and anxious, leading to avoidance. Fears of offending or getting something wrong. Rare opportunities to reflect on spirituality in supervision. Training and supervision are not respectful of client and trainees' diversity. Some think counselling and spirituality epistemologically different. **Therapists' Beliefs:** Negative perceptions of spirituality intertwined with religious constructs. Some participants avoided spirituality when it diverged from their own. Some conceal own religion/spirituality as felt vulnerable and shamed in training and supervision.

Evaluation of Quality

The results of the CASP quality assessment are presented in Table 4. All the papers were either rated to have moderate quality (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2020; Liem, 2020; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Tomcsanyi et al., 2017) or high quality (Jackson & Coyle, 2009; Vandenberge & Prado, 2012; Walsh et al., 2021; Woodhouse & Hogan, 2019). The methodological limitations are presented below.

One paper did not present the aims of the study making the validity difficult to assess (Magaldi-Dopman, 2014). The rigour was impacted in two papers due to the lack of transparency and coherence regarding the research design (Sridhar & Kit, 2016; Tomcsanyi et al., 2017). A common methodological weakness was the recruitment strategy, either more rigour or transparency was required including providing a rationale for decisions made (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2020; Liem, 2020; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Woodhouse & Hogan, 2019). For some of the reviewed studies, researcher bias was not given enough consideration or required more transparency e.g. the positionality of the researcher and relationship between the researcher and participants. This could have impacted the rigour and coherence of the findings (Jackson & Coyle, 2009; Liem, 2020; Sridhar & Kit, 2016; Tomcsanyi et al., 2017; Vandenberge & Prado, 2012). Some papers did not evidence ethical principles being met e.g. informed consent and anonymity (Jackson & Coyle, 2009; Liem, 2020; Vandenberge & Prado, 2012; Walsh et al., 2021; Woodhouse & Hogan, 2019), and one paper required more consideration or transparency around the conclusions made to support the impact of the research (Tomcsanyi et al., 2017).

Table 4

CASP Quality Assessment

Author	Aim	Method	Design	Recruit-ment	Data Collection	Bias	Ethics	Data Analysis	Findings	Value	Quality
Brown et al., 2013	Yes	Yes	Yes	Can't tell	Yes	No	Yes	Yes	Yes	Yes	Moderate
Da Cunha & Scorsolini-Comin, 2020	Yes	Yes	Yes	Can't tell	Yes	No	Yes	Yes	Yes	Yes	Moderate
Jackson & Coyle, 2009	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes	High
Liem, 2020	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Can't tell	Yes	Yes	Yes	Moderate
Magaldi-Dopman, 2014	No	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Moderate
Sridhar & Kit, 2016	Yes	Yes	Can't tell	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Yes	Moderate
Tomcsanyi et al., 2017	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Yes	Moderate
Vandenberge & Prado, 2012	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes	High
Walsh et al., 2021	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	High
Woodhouse & Hogan, 2019	Yes	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Yes	Yes	Yes	High

Summary of Findings

The narrative synthesis identified four themes which described the collective findings of the studies investigating therapists' experiences of exploring religion/spirituality in therapy: cultural context, conflicting psychological discourses, therapists' perceptions and religious and spiritual beliefs, and religion and spirituality in therapy.

Cultural Context

There was divergence between the reviewed studies as to whether the cultural context was presented. Broadly, the papers set in Western countries did not provide this information, England (Jackson & Coyle, 2009; Woodhouse & Hogan, 2020), Hungary (Tomcsanyi et al., 2017); South Africa (Brown et al., 2013), and USA (Magaldi-Dopman, 2014). Tomcsanyi et al., (2017) did offer insight into the historical context questioning the impact of the fall of the totalitarian system which regarded religion and psychotherapy to be the enemy. The exception was the paper by Walsh et al., (2021), set in Iowa USA, which highlighted the strong religion/spirituality culture and the population to be mostly highly religious.

The remaining papers, set in non-Western countries, highlighted the cultural context. Brazil was described to be ethnically, culturally, and religiously diverse, with the majority of the population considered very religious (Da Cunha & Scorsolini-Comin, 2021; Vandenberghe & Prado, 2012). Most of the population in Indonesia are Muslim, incorporating religion/spirituality into therapy was deemed to increase its credibility (Liem, 2020). Finally, Singapore was deemed to be a multicultural society, where religion/spirituality is infused into all aspects of life (Sridhar & Kit, 2016). This highlights some of the dominant discourses within which therapists and therapy are embedded.

Psychological Discourse Conflicts

In studies conducted in Western locations participants reported limited or no focus on religion/spirituality within training, impacting knowledge, ability, and confidence to work clinically with religion/spirituality (Brown et al., 2013; Magaldi-Dopman, 2014; Walsh et al., 2021; Woodhouse & Hogan, 2020), as described: *"I would much prefer my clients talk about sex than religion. At least I know something about sex"* (Participant A) (Magaldi-Dopman,

2014). Conversely participants who had religion/spirituality incorporated into training appeared more prepared and motivated to engage (Walsh et al., 2021; Woodhouse & Hogan, 2020), as described: *"There's something I read that really resonated with me and made me think I must keep my ears open for that and bring it into the room, not ignore it if it crops up. I think that just wouldn't have been on my radar if I hadn't done that"* (Bertha) (Woodhouse & Hogan, 2020). These training limitations appear to be consistent across psychological professions.

The paper set in Singapore highlighted spirituality was offered as an elective module and sometimes incorporated into counselling training. Participants described that more focus on specialist spiritual interventions was required (Sridhar & Kit, 2016). In Indonesia, religion/spirituality training was blended into conventional psychotherapy courses, with more specialist training available (Liem, 2020). Participants felt training should navigate the conflicts experienced when incorporating religion/spirituality in therapy and provide space to explore biases (Da Cunha & Scorsolini-Comin, 2021; Magaldi-Dopman, 2014; Sridhar & Kit, 2016), as described: *"We go to prison to get to know the context. We go to the mental health service…So why not get to know several types of places linked to religion that exist to break down some prejudices?"* (Participant 19) (Da Cunha & Scorsolini-Comin, 2021). Two papers did not reflect on training (Jackson & Coyle, 2009; Vandenberghe & Prado, 2012).

Participants described religion/spirituality to be neglected in supervision, despite having religion/spirituality related concerns (Magaldi-Dopman, 2014; Woodhouse & Hogan, 2020). A catalyst was supervisors' competence, highlighted by: *"I didn't know what to do with it [religion] when it came up in counselling, but G-d knows my professors didn't know either"* (Participant E) (Magaldi-Dopman, 2014). The lack of opportunity to explore

religion/spirituality induced feelings of anxiety. Furthermore, participants reported negative experiences of sharing their religion/spirituality within supervision and training resulting in the concealment of their identity (Magaldi-Dopman, 2014; Woodhouse & Hogan, 2020). These papers represent the experiences of trainee counsellors and psychotherapists and may not be reflective of other psychological professions' experiences of supervision, or supervision once qualified.

It is argued that training and supervision does not meet all societies' religion/spirituality norms (Liem, 2020; Vandenberghe & Prado, 2012). It is questioned if it is due to the difficulties in conceptualising religion/spirituality constructs (Woodhouse & Hogan, 2020), or if it is because of psychology's Eurocentric and Western discourses not accepting or being accessible to religion/spirituality (Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012) as described: *"In the professional oath we must be neutral, should not bring religion into it. But I found it is difficult to implement the oath in our religious society where religion/spirituality is part of everyone's life"* (Participant 12) (Liem, 2020). This may explain why one paper described religion/spirituality in therapy as a *'professional taboo'* (Vandenberghe & Prado, 2012).

Therapists' Perceptions and Religious and Spiritual Beliefs

Participants' beliefs regarding religion/spirituality being incorporated into therapy varied within and between studies. The divergence between papers did not appear to be based on psychological profession or the therapist's experience, however, a distinct divide emerged based on the location the study was conducted. Studies conducted in Indonesia, Singapore, and Brazil, described most participants as understanding that religion/spirituality was central to the world view of clients, and deemed it the therapist's responsibility to be competent and

confident working clinically with religion/spirituality (Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). The studies carried out in Western areas described more divergence, some deemed religion/spirituality to be relevant to therapy whilst others perceived it to conflict with the epistemological position of psychology and to be better addressed by spiritual leaders (Brown et al., 2013; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020), as described by Jackie: *"...that's fine to have those beliefs but what are you doing in psychotherapy?...the two don't really match up"* (Jackson & Coyle, 2009). Even when participants deemed it relevant it came with dissonance, as described: *"it is [a] bit of a thorny issue and needs wrestling with"* (Sky) (Woodhouse & Hogan, 2020).

Difficulties were experienced conceptualising religion/spirituality across psychological professions, the length of therapists' experience, and location (Brown et al., 2013; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Tomcsanyi et al., 2017; Walsh et al., 2021; Woodhouse & Hogan, 2020), with participants in only one paper comprehensively distinguishing the two constructs (Vandenberghe & Prado, 2012). Spirituality was often understood through a religious lens (Woodhouse & Hogan, 2009) and many participants defined religion/spirituality to be dichotomous, either positive or negative (Jackson & Coyle, 2009; Walsh et al., 2021), as described: *"...it's either a ball and chain or it's very freeing"* (Participant 6) (Walsh et al., 2021), with more negative connotations associated with religion (Vandenberghe & Prado, 2012; Walsh et al., 2021; Woodhouse & Hogan, 2020).

In locations with a dominant religion/spirituality discourse, the resources of religion/spirituality were highlighted (Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012; Walsh et al., 2021), and a normative religion/spirituality narrative presented, as

described: *"…it's hard to ignore that dimension that is so much an essential part of who they are"* (Ted) (Sridhar & Kit, 2016). Conversely other papers described and evaluated clients' spiritual beliefs exclusively from a psychological perspective (Jackson & Coyle, 2009), and were more critical including pathologising religion/spirituality and labelling it a defence mechanism (Brown et al., 2013; Jackson & Coyle, 2009; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020), one participant expanded: *"…you actually feed into the delusion…"* (Brown et al., 2013). One paper concluded that people who were atheist and agnostic may be more vulnerable to misunderstanding nuances of religion/spirituality and pathologising it (Magaldi-Dopman, 2014).

Some participants in the reviewed studies described concerns with the personal nature of religion/spirituality (Liem, 2020; Woodhouse & Hogan, 2020), it exceeding their professional scope (Liem, 2020), and causing iatrogenic harm, as described: *"I shouldn't go any further because I might perhaps destroy something, which would cause a lot more harm"* (Open Code 2.2.6) (Tomcsanyi et al., 2017). These conflicts at times led to religion/spirituality being avoided: *"That's my struggle. How do I do this ethically, appropriately? It felt safer to just leave it out of the picture most of the time"* (Sky) (Woodhouse & Hogan, 2020).

Some participants described their religion/spirituality as shaping them as a therapist (Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012), as explained: *"…the work that I do and the things I do every day is because of my spirituality"* (Christina) (Sridhar & Kit, 2016). For some participants, this supported their confidence and competence to work clinically with religion/spirituality (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Magaldi-Dopman, 2014): *"But that confidence comes from the Talmud, not my psychological training"* (participant B) (Magaldi-Dopman, 2014), whilst others expressed concern of

unconsciously imposing their beliefs on clients (Brown et al., 2013; Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). Having a shared religion/spirituality with clients was perceived as a benefit e.g. credibility, and also a barrier as described: "*he needed someone who would say something different*" (Mrs J) (Brown et al., 2013; Vandenberghe & Prado, 2012). Difficulties were also experienced by some participants when therapists' beliefs diverged from their clients (Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Woodhouse & Hogan, 2020).

Religion and Spirituality in Therapy

When integrating religion/spirituality into therapy a difference emerged across the reviewed studies between the regularity, level, and experience. This was impacted by societal cultural norms, therapeutic orientation, and confidence and competence of the therapist.

Participants in studies conducted in Western locations, across psychological professions and the therapists' length of experience, generally explored religion/spirituality when deemed relevant, client-led and when formulated to precipitate or perpetuate the presenting problem (Brown et al., 2013; Jackson & Coyle, 2009; Woodhouse & Hogan, 2020). The studies conducted in locations with more religious norms routinely integrated religion/spirituality at all stages of the psychological process to meet client's religion/spirituality needs (Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). Discrepancies arose within one paper, where participants deemed it important to incorporate religion/spirituality, but reported that it rarely occurred, one reason was described: *"I don't like my answer, but I'll say it anyway. It's [addressing religion/spirituality] like the cherry on top. It'd be nice, but there are a lot of things that would be nice I don't get to do with my clients"* (Participant 4) (Walsh et al., 2021).

The theoretical orientation guided some participants' experiences of working with religion/spirituality, e.g. person-centred approaches are led by the client (Brown et al., 2013; Walsh et al., 2021; Woodhouse & Hogan, 2020), as described: *"I don't introduce it, or I don't look for something that may or may not be there. But if it's an obvious issue to them and they identify it as an issue, I work with them"* (Participant 3) (Walsh et al., 2021). However, some participants reflected this may be a barrier to religion/spirituality being explored (Woodhouse & Hogan, 2020).

There were different levels of incorporation of religion/spirituality. Some participants described separating spiritual and psychological themes to focus on the latter: *"When he feels, say, guilty, then this guilt has a psychological aspect, which I think is my field, and which I try to process and settle with him, but this clearly has a religious aspect as well, and I don't deal with that at all"* (Open Code 2.2.2) (Tomcsanyi et al., 2017). Other participants described implicitly incorporating religion/spirituality through discussions (Brown et al., 2013; Tomcsanyi et al., 2017), and others explicitly by adapting interventions and offering specialist religion/spirituality interventions e.g. Spiritual Response Therapy (SRT) (Liem, 2020; Sridhar & Kit, 2016). Participants identified training and knowledge limitations to be a barrier to working with religion/spirituality beyond exploration (Magaldi-Dopman, 2014). Community engagement was described by some to play an important role in the therapeutic process (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Liem, 2020). Some studies described actively working with religion/spirituality communities, healers, and schools to share information, increase the credibility of therapy and provide more holistic care (Liem, 2020; Vandenberghe & Prado, 2012).

Participants across the reviewed studies described an ethical dilemma, how to address religion/spirituality when formulated to precipitate or perpetuate the presenting problem, whilst respecting the client's religion/spirituality beliefs (Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Vandenberghe & Prado, 2012). These dilemmas were not limited to a psychological profession, experience of the therapist, or location. Some papers described engaging in interventions to generate change (Jackson & Coyle, 2009), whilst others described alternative approaches of developing an understanding of how spirituality influenced clients' views of the presenting problem (Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). Due to ethical dilemmas experienced, participants ensured consent was sought, and a thorough assessment and rationale formulated (Jackson & Coyle, 2009; Liem, 2020; Vandenberghe & Prado, 2012).

Some therapists identified feeling uncomfortable when working with religion/spirituality, which led to avoidance (Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020): *"I am interested, but I don't understand it, then, not intentionally, but through an inner control system, I neglect it"* (Open Code 3.1.4) (Tomcsanyi et al., 2017). This did not appear to be informed by the psychological profession or years of experience, but cultural norms; participants who identified with a religion/spirituality or were from areas with religion/spirituality normative narratives, described feeling comfortable (Da Cunha & Scorsolini-Comin, 2021: Liem, 2020; Sridhar & Kit, 2016; Woodhouse & Hogan, 2020).

Facilitators to religion/spirituality being incorporated were identified in the reviewed studies. First, basic therapeutic skills such as reflective listening, and being empathetic, non-judgmental, and accepting (Brown et al., 2013; Tomcsanyi et al., 2017). Secondly, developing

a shared language and understanding (Tomcsanyi et al., 2017). Third, for religion/spirituality to be explored sensitively particularly when it included topics that could be challenging for the client (Vandenberghe & Prado, 2012). Participants identified knowledge limitations of religion/spirituality nuances and practices to be a barrier to incorporating religion/spirituality, but others advised the value is in exploring the meaning to the client (Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). When integrated successfully, the therapeutic relationship was strengthened and clients felt safe to continue to share (Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020), as described: "*freedom to express [themselves] totally differently*" (Lucy) (Woodhouse & Hogan, 2020). Conversely when handled insensitively or inappropriately therapy was terminated prematurely (Da Cunha & Scorsolini-Comin, 2021; Tomcsanyi et al., 2017).

Discussion

This systematic review explored therapists' experiences of religion/spirituality in therapy. A key differentiator of therapists' perceptions and experiences was related to their own religion/spirituality and the cultural norms in the location they work. This highlights the power and influence the wider system has on the therapist and the importance of understanding systemic factors when exploring therapists' experiences of incorporating religion/spirituality into therapy (Bronfenbrenner, 1977; Dallos & Draper, 2015).

Studies conducted in non-Western locations with a dominant religion/spiritual culture presented a normative religion/spirituality narrative which supported the acceptance and integration of religion/spirituality in training and clinical practice. Conflicts were highlighted between some cultural norms and Western psychological discourses, drawing attention to

some of the accessibility and equality issues of Western psychological models in multicultural societies (Koç & Kafa, 2019). This highlights the importance of multiculturalism in therapy, working with and learning from global psychology (Berry, 2015; Hook et al., 2017; Moghaddam, 2007).

The studies conducted in Western countries did not support existing literature which indicated a resurgence in the relevance, acceptance, and inclusion of religion/spirituality in therapy (Aten et al., 2012), succumbing to the Eurocentric and Western discourse which appears to be less accepting of, and accessible to religion/spirituality. This was evidenced by the shortcomings of training in religion/spirituality within accredited psychology programmes, religion/spirituality being neglected in supervision, participants experiencing their own religion/spirituality to not be invited or respected in training and supervision, and the discourses presented including religion/spirituality being defined as a psychological construct, critiqued, and at times pathologised (Brown et al., 2013; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Tomcsanyi et al., 2017; Walsh et al., 2021; Woodhouse & Hogan, 2020). These shortcomings and critical conceptualisations may support some service users' fears of their religion/spirituality being judged, neglected, or weakened during the therapeutic process (Gockel, 2011; Harris et al., 2016; Mayers, 2007). It may further contribute to the lack of representation and power imbalance within Western psychological professions (Patallo, 2019; Wilcox et al., 2022).

Neglecting or rejecting religion/spirituality in training and supervision within Western locations may contribute to the divergence of opinion as to whether religion/spirituality should be incorporated into therapy, ethical dilemmas remaining unresolved, and therapists' feelings incompetent and unconfident working clinically with religion/spirituality (Brown et

al., 2013; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020). Existing research indicates that supervisees who observe cultural humility and cultural responsiveness within supervision are more likely to mirror these discussions with service users in therapy (Beinhart & Clohessy, 2017; Patallo, 2019; Wilcox et al., 2022). Therefore, training and supervision could be key facilitators to religion/spirituality being incorporated into therapy, providing therapists the opportunity to learn through observation, imitation, and modelling (Bandura, 1986).

Challenges conceptualising religion/spirituality, including spirituality being understood through a religious lens, were emphasised in existing literature (Baetz & Toews, 2009; Hill et al., 2000; Oman, 2018; Zinnbauer & Pargament, 2005), and echoed within this review. This review further identified how conceptual challenges and more negative perceptions of religion impacted working clinically (Brown et al., 2013; Jackson and Coyle, 2009; Magaldi-Dopman, 2014; Sridhar & Kit, 2016; Tomcsanyi et al., 2017; Walsh et al., 2021; Woodhouse & Hogan, 2020). This emphasises the importance of biases being explored, evaluated, and dispelled, within training, supervision, and personal reflection (Randall et al., 2020; Roth & Piling, 2015).

This review highlighted factors associated to the therapist to be barriers and facilitators to religion/spirituality being incorporated into therapy. In line with other research (Cummings et al., 2014), some participants identified their own religion/spirituality to facilitate these discussions in therapy (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Magaldi-Dopman, 2014), whilst others expressed concerns about unconsciously imposing their beliefs on service users (Brown et al., 2013; Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). Some experienced difficulties working with service users with divergent beliefs

(Da Cunha & Scorsolini-Comin, 2021; Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Woodhouse & Hogan, 2020), and some described conflicting feelings to result in the avoidance of incorporating religion/spirituality (Jackson & Coyle, 2009; Magaldi-Dopman, 2014; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020); this may perpetuate anxiety, maintaining the avoidance of this topic within clinical practice (Padesky & Greenberg, 2020). The personal dilemmas faced, supports existing literature that highlights the importance of reflective practice, personally and within training and supervision (Dallos & Stedman, 2009).

It is important that religion/spirituality is invited into therapy and the relevance considered. Existing research indicates that the effective integration of religion/spirituality supports service users' experiences and outcomes of therapy, with gains more likely to be maintained (Captari et al., 2018; Goncalves et al., 2015; Sandage et al., 2022; Worthington et al., 2011). Inadequate or ineffective integration can result in service users feeling misunderstood and their religion/spirituality devalued, perpetuating the concealment of religion/spirituality or the premature discontinuation of therapy (Harris et al., 2016; Gockel, 2011; Knox et al., 2005; Mayers, 2007). These findings were supported within this review (Da Cunha & Scorsolini-Comin, 2021; Tomcsanyi et al., 2017; Woodhouse & Hogan, 2020).

However despite the importance of inviting religion/spirituality into therapy, this review highlights divergence in the regularity, level, and experience of the therapist when integrating religion/spirituality into therapy; which is mirrored in other research (Drew et al., 2021; Mandelkow et al., 2022; Maximo, 2019; Post & Wade, 2009; Shafranske, 2016). The divergence within this review did not appear to be based on the psychological profession or the therapist's length of experience, but instead it was based on location and context. Participants in studies carried out in Western locations generally explored religion/spirituality

when deemed relevant, to precipitate or perpetuate the presenting problem, and client-led; driven by theoretical orientation (Brown et al., 2013; Jackson & Coyle, 2009; Walsh et al., 2021; Woodhouse & Hogan, 2020). This may meet the needs of service users, as research indicates they have varying views as to whether religion/spirituality should be incorporated into therapy (Harris et al., 2016; Knox et al., 2005; Oxhandler et al., 2021; Post & Wade, 2009; Sandage et al., 2022). However, research also indicates that service users will not always be aware that religion/spirituality is relevant to therapy and thus may not initiate the topic even if it is important for their formulation and therapy (Barnett, 2016; Post & Wade, 2009). The studies carried out in non-Western locations with more religious norms routinely integrated religion/spirituality at all stages of the psychological process. This may be driven by the need to incorporate religion/spirituality to increase therapy's credibility and may be further perpetuated by religion/spirituality training and cultural norms (Liem, 2020; Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). One study, conducted in a Western location with a religious population, highlighted that participants' views may not predict behaviours, participants deemed the integration of religion/spirituality important, but rarely did so in clinical practice (Walsh et al., 2021).

A number of participants described feeling unprepared to work clinically with religion/spirituality, however it is argued therapists have the existing skills required to incorporate religion/spirituality into therapy, implicitly as a minimum. This includes therapeutic skills, developing and maintaining therapeutic relationships (Brown et al., 2013; Tomcsanyi et al., 2017; Vandenberghe & Prado, 2012), and exploring the meaning the religion/spirituality holds for the individual and incorporating it into the psychological formulation (Sridhar & Kit, 2016; Vandenberghe & Prado, 2012). Existing research identified service users to value these therapeutic skills and relationships equally (Gockel, 2011; Harris

et al., 2016; Knox et al., 2005; Oxhandler et al., 2021; Post & Wade, 2009; Sandage et al., 2022; Worthington et al., 2011).

Finally, community engagement was described by some of the participants in the reviewed studies to play an important role in the therapeutic process (Brown et al., 2013; Da Cunha & Scorsolini-Comin, 2021; Liem, 2020). Some participants, in non-Western locations, described actively working with religion/spirituality communities, to share information, increase the credibility of therapy and provide more holistic care (Liem, 2020; Vandenberghe & Prado, 2012). The need for community engagement appears different in Western countries, and research indicates it could support therapists' insight into cultural norms, customs and needs, improve cultural competence and humility, support culturally sensitive practice, and generate more accessible services (British Psychological Society, 2018; Cinnirella & Loewenthal, 1999; Lamb et al., 2011). However, barriers to community engagement may be perpetuated by the disparity with individualism that defines much of psychology (Rhodes & Langtiw, 2018), and within the UK the lack of resources available, perpetuated by recruitment challenges, finite resources and rising demands, exacerbated by the growing and aging population, the impact of austerity policy, and most recently the COVID-19 pandemic and cost of living crisis (Appleby et al., 2015; Coronini-Cronberg et al., 2020; Kerasidou, 2019; Mosley & Lockwood, 2018; Pownall, 2013).

Quality assessment

Whilst the papers reviewed were all rated to have moderate to high quality, the methodological limitations need to be considered when making sense of the findings. Primarily the recruitment strategy may have impacted the perspectives presented in the

papers, and the lack of consideration or transparency to researcher bias may have impacted the rigour and coherence of the findings.

Strengths and Limitations

Whilst systematic reviews have been conducted within this field, this is the first known systematic review to evaluate the existing qualitative evidence regarding therapists' experiences of exploring religion/spirituality within therapy. It has highlighted the varying experiences of therapists in incorporating religion/spirituality into therapy, including barriers and facilitators. Furthermore, it has highlighted the learning that can be achieved from understanding global perspectives.

Whilst consultation was utilised when developing the search terms, with greater experience a more sophisticated search strategy could have been developed to enable the search to be more efficient and possibly more comprehensive. The review benefited from a rigorous and transparent systematic approach to locating articles. Despite this, studies may have been missed due to only English papers from peer-reviewed journals being included, increasing the chance of publication bias and a Western-centric overview. The difficulties conceptualising religion/spirituality may have also impacted the coherence and operationalisability of the findings, with nine papers either merging religion/spirituality concepts or viewing them solely through a religious lens. Furthermore, narrative synthesis does not offer standardised procedures, which may result in a lack of transparency in the decision making and interpretation process (Dixon-Woods et al., 2005).

The quality assessment of papers enabled readers to engage more critically with the empirical evidence and more robust conclusions made. The CASP tool was selected to appraise the

quality of the papers as it has been endorsed by bodies such as Cochrane and is recommended for novice researchers. However, this tool has been criticised. It is suggested that it assesses the quality of the reporting rather than the study content and the lack of guidance increases subjectivity; both reducing its validity and reliability (Long et al., 2020; Noyes et al., 2018).

Finally, the primary researcher identifies with an ethnoreligious identity, which has been a catalyst in project development. Whilst efforts were made to maintain objectivity, including an independent reviewer conducting quality checks and regular discussions with the research team, the subjective perspective of the primary researcher may have impacted the findings of the review.

Clinical Relevance

This review highlights the divergence in perspective and experience of therapists when working clinically with religion/spirituality, and the varying cultural norms within in which they work. It appears that religion/spirituality is being more successfully incorporated into training and therapy in non-Western locations, driven by the cultural norms. There could be significant learning to be achieved from global collaboration, including effective community engagement and guidance for religion/spirituality training. It appears that Western diagnostic systems are more prone to pathologise religion/spirituality, and thus the psychological discourses connected need further critiquing and consideration.

To ensure the therapeutic needs of those who deem religion/spirituality to be important are met, religion/spirituality needs to be adequately incorporated into psychological therapy training and supervision, modelling the importance, and ensuring therapists are adequately knowledgeable, skilled, and confident. There needs to be focus on the concepts of

religion/spirituality to ensure those that identify solely as spiritual are not neglected within therapy. There also needs to be practical skills taught to ensure the incorporation of religion/spirituality is implicit and explicit where appropriate. Furthermore, focus is required on ethical dilemmas and therapists' perceptions to ensure biases are understood and worked with, toward elimination.

Two studies within the review were conducted in the UK (Jackson & Coyle, 2009; Woodhouse & Hogan, 2020). Whilst they represent 17 qualified and trainee psychologists', counsellors', and psychotherapists' perceptions (Jackson & Coyle, 2009; Woodhouse & Hogan, 2020), the findings indicate that the current context, including psychological discourses, training, and supervision, may not be conducive to working clinically with religion/spirituality. With over 50% of the population identifying with a religion (Office for National Statistics, 2022), this may result in their therapeutic needs not being fully understood and met.

Future Research

More research is required in the UK to understand the populations' cultural norms, practices, and therapeutic needs. Research could also explore psychological therapists' perceptions and experiences of religion/spirituality within UK training, supervision, and clinical practice. This will offer further insight as to whether clinical practice is meeting the needs of the population and offer guidance to therapists and therapy within the UK.

Piloting religion/spirituality training for therapists and exploring whether it impacts their perceptions and experiences in therapy could be further investigated. Future research could also investigate how religion/spirituality is explored in specific therapy models for example,

how it is navigated in Cognitive Behavioural Therapy when focusing on beliefs and assumptions (Padesky & Greenberg, 2020). Finally, further research could explore therapists' experiences of incorporating their own religion/spirituality identity into psychological professions, including barriers, conflicts, and experiences within training, supervision, and clinical practice. This may offer further insight into the dominant discourses and guide further recommendations.

Conclusion

Research emphasises the importance of effectively integrating religion/spirituality into therapy to support the service user to feel understood and accepted, have continued engagement in therapy, and better therapeutic experiences and outcomes. This review highlights the divergence in therapists' experience and practice of incorporating religion/spirituality into therapy. Locations with dominant religion/spirituality cultures and therapists identifying with a religion/spirituality are catalysts to it being explored clinically. This review has highlighted that training needs to be addressed and further developed, to include the conceptualisation of religion/spirituality constructs, ethical dilemmas, and spaces to explore biases, to ensure therapists are confident and competent.

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Chapter 2: Empirical Paper

A Qualitative Study using Interpretative Phenomenological Analysis to Explore the Experiences of Jewish Individuals in Concealing and/or Sharing this Identity in Psychological Therapy.

Target Journal: Psychology and Psychotherapy (Appendix E)

Abstract

Objectives

Jewish identity can be hidden, resulting in individuals engaging in the complex decision-making process as to whether to conceal and or share this identity. This study aims to explore this process within therapy, and understand any barriers and facilitators, and whether therapeutic experiences or outcomes are impacted.

Method

Nine participants were recruited through social media and networks within the UK Jewish community. All participants completed online semi-structured interviews, before the interview transcripts were analysed using Interpretative Phenomenological Analysis.

Results

The analysis resulted in four Group Experiential Themes: Complexities of the Jewish identity: *"…how you can have such a strong identity but then also be so distant from it as well…"*; Threat system: *"…there's always that little peck"*; Sharing and/or concealing Jewish identity: *"…a lot of people, like my family, tend to keep Judaism under their hat…"*; and Exploring Jewish identity in Psychological Therapy: *"It was kind of like another person in the room was my identity and I needed it to be known and heard..."*. The themes highlight the complexity of the Jewish identity, and how contextual, relational, and intergenerational factors all impact sharing within therapy.

Conclusion

Within therapy Jewish participants did not experience the usual conflicts surrounding sharing their identity. Factors associated with the therapist determined whether it was incorporated further, impacting participants' experiences and the outcomes of therapy. More effort is required to ensure identity and difference in the broadest terms are consistently incorporated into therapy.

Keywords: Jewish; concealable stigmatised identity; psychological therapy

Introduction

Identity and Psychological Therapy

The aim of therapy is to develop a collaborative and meaningful understanding of the individual's or family's difficulties and work to alleviate psychological distress (NHS Health Education England, 2021a; Johnstone & Dallos, 2006). It is essential that identity and difference is explored in therapy to enable an accurate understanding of the service user's inner world view and ensure their therapeutic needs are met (Burnham & Nolte, 2020; Edge & Lemetyinen, 2019; Egeli, 2021; Hook et al., 2017; Mosher et al., 2017; Newnes, 2021; Patallo, 2019; Patel, 2012). Research indicates that neglecting identity and difference can negatively impact the therapeutic relationship and therapeutic outcomes (Drinane et al., 2018).

Concealed Stigmatised Identities

Individuals with Concealed Stigmatised Identities (CSI)[6] have a unique challenge navigating the complex decision-making process as to whether to conceal or share their hidden identity; this is a perpetual process that can occur simultaneously, and on a continuum from impulsive to considered decisions and from no disclosure to full disclosure (Baumann & Hill, 2014; Berkley et al., 2019; Chaudoir & Fisher, 2010; Goffman, 1963; Newheiser & Barreto, 2014; Quinn & Earnshaw, 2013; Ragins, 2008; Ragins & Singh, 2007). Identities may be concealed if the environment is deemed hostile and if personal benefits are perceived e.g. avoid

[6] CSI is the predominant language utilised in research to describe hidden identities which can be stigmatised. A stigmatised identity is a socially constructed and dynamic concept that discredits, devalues, and negatively stereotypes an identity, attribute, characteristic or experience of an individual or group, by certain groups and within specific settings in society. It can result in the individual or group experiencing prejudice and discrimination (Goffman, 1963).

rejection and bias (Goffman, 1963). Concealing a hidden identity can, however, have negative implications including disrupting the development and maintenance of relationships (Newheiser & Barreto, 2014; Pachankis, 2007), impacting personal authenticity, self-esteem, and self-acceptance (Berkley et al., 2019; Pachankis, 2007), and detrimentally impacting physical and psychological well-being (Pachankis, 2007; Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2013; Quinn et al., 2017). Findings suggest the outcomes of concealing or sharing a CSI will be exacerbated if the identity is more central and salient to the individual (Ragins, 2008; Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2013).

Frameworks have been developed to explain the multitude of individual and contextual factors that impact a person's decision to conceal or share a CSI and the outcome of that choice. Quinn and Earnshaw (2013) identified the role of anticipated stigma, experienced discrimination, internalised stigma, disclosure reaction, and counter-stereotypic positive information, reporting that negative experiences perpetuate distress in future decision-making processes. Furthermore, the context, including presence of similar others and institutional supports, has been identified to aid the sharing process (Pachankis, 2007; Ragins, 2008; Ragins & Singh, 2007).

Research within the field of CSI has primarily explored the phenomenon within the contexts of social interactions and the workplace. When exploring concealing and sharing within therapy the construct of secrets, concealment, and disclosures have been the focus (Baumann & Hill, 2016; Drinane et al., 2018; Farber et al., 2004; Knox & Hill, 2016; Marks et al., 2018). Research indicates that the most frequently disclosed and concealed secrets within therapy are linked to relationships, family, judgements about self, sex and sexuality, abuse, and trauma; with concealment linked to shame and embarrassment (Baumann & Hill, 2016;

Marks et al., 2018); some of these themes could be described as CSI. Cultural concealment in therapy and its impact was first explored by Drinane et al., in 2018.

Research exploring the concealment and disclosure of secrets within therapy has found that, whilst disclosure occurs more frequently than concealment, perpetuated by service users' perceived benefits, it is a difficult process inducing negative and positive emotions, increasing feelings of vulnerability, and temporarily impacting the therapeutic relationship (Baumann & Hill, 2016; Farber et al., 2004; Farber & Nitzburg, 2015; Knox & Hill, 2016; Marks et al., 2018). Disclosures were found to be supported by a sense of psychological safety and a strong therapeutic relationship; which, in turn, further strengthens the therapeutic relationship (Baumann & Hill, 2016; Drinane et al., 2018; Farber et al., 2004; Han & O'Brien, 2014; Marks et al., 2018). Finally, the research has indicated that unsupported disclosure impacted subsequent disclosure and increased concealment, all of which can have detrimental impacts on therapy outcomes and service users' well-being (Drinane et al., 2018; Farber et al., 2004; Han & O'Brien, 2014; Marks et al., 2018; Pascoe & Richman, 2009).

Jewish Identity

In the UK, approximately one in 200 people identify as Jewish (Connett, 2015). There are four broad groups, Charedi, Orthodox, Reform and non-affiliated or secular (Naumburg, 2007; Weisskirch et al., 2016). These groups should not be viewed homogenously, but rather as a wide spectrum of individuals with varying adherence to group norms (Popovsky, 2016). Being Jewish is a unique and complex combination of religious, ethnic, and cultural practices and nuances, that are valued, experienced, and expressed differently between individuals (Naumburg, 2007).

Jewish identity is described as a hidden identity, with individuals choosing if, when and how their identity is made visible or concealed (Langman, 1995; Loewenthal, 2021; Weisskirch et al., 2016). Research reflecting 30 individuals'[7] perceptions of their Jewish identity, identified two broad themes. First being Jewish, shaped by connection and kinship to family, friends, and the community, is fundamental to their identities. Second, being part of a minority group and the sense of difference, perpetuated by antisemitism, stereotypes and the Holocaust (Ginsberg & Sinacore, 2012; Sinclair & Milner, 2005).

Whilst it is recognised that racism and inequalities exist, it has been suggested that Jewish people's experiences have been overlooked (Langman, 1995; MacDonald-Dennis, 2006; Rubin, 2013) in identity politics (Baddiel, 2021) and psychology (Loewenthal, 2021). Discrepancies occur if being Jewish is viewed solely as a religion, or if Jews are viewed as members of the white majority and so not subject to racism or discrimination; leading to invisibility as an ethnic minority and minimisation of antisemitism (Baddiel, 2021; Egeli, 2021; Langman, 1995; MacDonald-Dennis, 2006; Naumburg, 2007; Rubin, 2013). Whilst some Jews are white and experience white privilege[8] (Carr, 2016; McIntosh, 1990), they may also experience oppression (MacDonald-Dennis, 2006; Rubin, 2013). Jews have a significant history of persecution, and antisemitism is still prevalent today with rising trends being noted in the UK[9] (CST, 2021; FRA, 2018). This, along with intergenerational trauma, impacts individuals' psychological lives (Moffic et al., 2020; Ullmann et al., 2013).

[7] The majority of participants were described as non-Orthodox Jews.
[8] Inherent societal privilege that benefits white people over non-white people, 'an invisible package of unearned assets' (McIntosh, 1990).
[9] The Community Security Trust (CST), a charity that protects British Jews from antisemitism and related threats, recorded 2,255 antisemitic incidents in the UK in 2021, an increase of 35% from 2020.

Existing literature and research exploring Jewish people's experiences of therapy has primarily focussed on orthodox communities (Bellman, 2017; Davidovsky, 2018; Rowland, 2016), guiding therapists on engaging and making cultural adaptations for this population (Friedman et al., 2019; Ginsberg & Sinacore, 2012; Golker & Cioffi, 2021; Holliman & Wagner, 2015; Kada, 2019; Schlosser, 2006). However, to date there has been no academic, published research exploring the experiences of Jews concealing or revealing their identity within therapy.

Rationale for Current Study

This research contributes to theory and practice by exploring areas that have received limited attention. Firstly, it will explore individuals' experiences of concealing and/or sharing an invisible identity within psychological therapy. This is an important context to consider as therapy relies on exploring individuals' perspectives and experiences to gain a shared understanding of their sense of self, others, and the world. Furthermore, it is crucial that therapists understand their role in supporting the revealing process to reduce clients' feelings of marginalisation, allowing a shared understanding to be developed, and supporting further sharing. Secondly, little research in the CSI field has been conducted using qualitative methods. A qualitative study will add depth and richness to the understanding of experiences of invisible identity within therapy from the individual's perspective. Finally, whilst religion, ethnicity and culture have been identified as concealable stigmatised identities in some of the literature (Drinane et al., 2018; Goffman, 1963; Newheiser & Barreto, 2014; Ragins, 2008; Ragins & Sing, 2007), Jewish identity has received little attention. The aim of this research is to explore the perspective of individuals whose Jewish identity is not visible, adding to the limited research on minority groups and supporting the drive towards cultural humility within psychological therapies.

Research Aims

The aim of the study is to explore Jewish individuals' experiences of concealing and/or sharing their Jewish identity, when it is not visible[10], in psychological therapy. This includes, the degree of sharing, factors influencing the decision, the experience, and consequences of the choice. The impact of personal significance of the identity, internalised and anticipated stigma, experienced discrimination, historic disclosure reactions, counter-stereotypic information, and the historic and current socio-political context will be considered in relation to the main research question. The role of the service, therapist and therapeutic relationship in the decision-making process will also be explored.

Method

Research Approval

The study was peer-reviewed by the University of Liverpool's Doctorate in Clinical Psychology Research Review Committee (Appendix F), and full ethical approval was granted by the University of Liverpool's Research Ethics Committee (Appendix G).

Design

The study utilised the qualitative research approach, Interpretative Phenomenological Analysis (IPA), due to its ideographic and hermeneutic focus; the commitment to explore and interpret the meaning an individual attributes to their lived experience, as informed by Heidegger's phenomenology (Eatough & Smith, 2008; Smith et al., 2022). IPA involves a

[10] A Jewish identity would be deemed visible if the individual was dressing in line with this identity e.g. wearing a Kippah (skull cap) or Magen Dovid (Star of David).

double hermeneutic process in which the researcher aims to make sense of the participants' sense-making (Larkin et al., 2006; Smith et al., 2022).

Whilst remaining rooted in the participants' narrative, IPA involves different levels of analysis and interpretation with a strong emphasis on contextual meaning. It aims to capture an in-depth account and understanding of an individual's perception of their experience, before comparing themes between participants and identifying convergences and divergences (Larkin et al., 2006; Smith, 2011a). The research process is iterative and dynamic, moving between the individual and group experience to develop a greater insight of the phenomenon, referred to as the hermeneutic circle (Smith, 2011a). Procedural steps and recommendations have been developed to support novice researchers to develop quality IPA research (Smith 2011b; Smith et al., 2020).

Participants and Recruitment

Participants were recruited through purposeful sampling using a research advertisement (Appendix H) distributed across the UK via social media and networks within the Jewish community. The proposed number of participants for this study was six to ten in line with IPA experts' recommendations (Noon, 2018; Smith, 2022). Inclusion criteria warranted participants must be English speaking, over the age of 18, and identify as Jewish; this identity must hold meaning and not be visible. The participant must have attended at least one session of individual therapy provided by the NHS or privately, to allow for people who may have withdrawn due to reasons associated with this part of their identity. The therapy sessions should have finished six months to two years prior to the interview to enable adequate recall of the phenomenon, while minimising the chance of retriggering difficult experiences in therapy and potential distress.

Recruitment of participants took place between May and August 2022 to allow adequate time for the in-depth analysis needed. Any individuals who showed an interest in being involved after this time were declined with thanks. The final number of participants recruited into the study was nine. To preserve anonymity, participants were assigned pseudonyms. The participants' demographic information has been included in Table 5.

Table 5

Participants' Demographics

Participant Number	Pseudonym	Age (years)	Jewish identity description
1	Sophie	21	"…it is a very important part of me culturally. I am not religious erm, but it is a huge part of me and my family erm that are Jewish" (P1, L11).
2	Laura	35	"I stepped away from that er, kind of religious aspect of my Jewish identity. But still stood very firmly as culturally identifying as Jewish" (P1, L15).
3	Amy	33	"I would say traditional moving into kind of cultural…" (P1, L10).
4	Saul	60	"Zionism is the central part of my Jewish identity" (P1, L3).
5	Leah	*	"I'd say it's an identity that probably supersedes most other identities" (P1, L10).
6	Sarah	51	"So err, and for me it is a kind of a religious, erm kind of identity, but also kind of being a reform Jew for me. It's sort of like a erm a cultural one as well" (P1, L6).
7	Debbie	61	"I don't relate any more to the religious content of the Jewish faith. I like to keep the traditions and rituals of the Jewish faith" (P1, L12). "…I'm never not going to be Jewish…" (P35, L2).
8	Ayelet	25	"Erm so I was raised modern orthodox, quite religious, erm but now I would say a lot more just culturally. I'm not really religious at all. I tend to relate most to sort of the food and music side to it" (P1, L10).
9	Gemma	29	"…I identify as kind of like an ethnic Jew so erm I would kind of say it kind of feels like my ethnicity" (P1, L3).

Procedure

Potential participants contacted the researcher via email to express their interest in participating in the study. A participant information sheet (Appendix I) was provided, and questions encouraged to support the individual to make an informed decision about participation. If eligible and willing, a minimum of a week's consideration period was provided to reduce the risk of any sense of coercion, following which a consent form (Appendix J) was sent, and once signed, interviews were arranged. To pre-empt potential Covid-19 disruptions, interviews were held online; an appropriate, convenient, flexible, and cost-effective method that supports rapport to be built and maintained, and meaningful interviews conducted (Archibald et al., 2019; BPS, 2021).

Expert by Experience (EBE)

Two Experts by Experience (EBEs) were involved in the research, one had experience of accessing psychological therapy, and the second is Jewish and has accessed psychological therapy[11]. The EBEs were invaluable in their contribution to the research project, providing insight and expertise from the conception of the project, supporting the generation of a more meaningful and better-quality project (Mjosund et al., 2016; Turk et al., 2016). The purpose and the role of the EBEs was explored and agreed, in line with national guidance and recommendations (NIHR, 2019; NIHR, 2021), and the level of involvement oscillated between consultative and collaborative roles.

Interviews

Semi-structured interviews were conducted on the online platforms Zoom and Microsoft Teams, lasting between 40 and 90 minutes. Participants were given the opportunity to provide

[11] Both EBEs were paid for their involvement.

a detailed and in-depth account of their experiences. An interview schedule was developed in consultation with the research supervisors and EBEs and was adapted as experience and insight into the phenomenon grew (Appendix K). The interview schedule aimed to facilitate discussions in line with the aims and objectives of the study. However, following IPA recommendations to promote participants' self-discovery and the emergence of meaningful topics, the interview schedule was not rigidly adhered (Smith et al., 2022).

Prior to the interview, time was allocated to build rapport, ensuring participants' informed consent, and highlighting the boundaries due to the potentially distressing nature of the research e.g. the right to decline answering questions. The interview focussed on exploring each participant's Jewish identity, their experiences of therapy, and the exploration of Jewish identity within this context. Following the interview, space was provided to reflect on the experience establishing if the participant required further support, and to provide the debrief sheet (Appendix L).

The interviews were recorded using the functions of the online platform and saved to a secure online platform compliant with the Data Protection Act, 2018, within the University of Liverpool. The interviews were transcribed verbatim, two by the primary researcher and the remainder by a professional transcriber under a confidentiality agreement. The audio recordings were saved until the transcripts had been checked for accuracy, following which they were permanently deleted.

Data Analysis

Free coding was conducted with each transcript, writing down any initial ideas and preconceptions (Larkin & Thompson, 2012). This was deemed an appropriate method to

support the bracketing process, ensuring the participants' perspectives were privileged in the analysis process and minimising the impact of the primary researcher's position (Smith et al., 2022).

The analysis was conducted in line with IPA guidance, following Smith et al., (2020). Each transcript was read twice to ensure immersion within the data. The transcripts were then analysed line by line producing in depth exploratory notes, in turn highlighting descriptive, linguistic, and conceptual themes; as the primary researcher became more experienced, the themes were explored in parallel. This stage of analysis was completed by hand and colour coded (Appendix M). Critical points within the exploratory notes were then captured in more specific themes, Experiential Statements, which were typed on the computer with corresponding quotes from the transcript (Appendix N). The Experiential Statements were printed and cut into slips to allow a move from chronological to conceptual order, and related themes to be clustered, Personal Experiential Themes (PETS) (Appendix O) (Smith & Nizza, 2021). In line with guidance between three and five PETS, with three to five Experiential Statements were included, highlighting the most important themes learnt about participants' perceptions of their experiences (Smith & Nizza, 2021).

The process was repeated for all transcripts ensuring each one was viewed independently. Finally, cross-case analysis highlighted convergence and divergence between PETS, highlighting shared and unique features which were then clustered into Group Experiential Themes (GETS). IPA guidance indicates that each theme should represent a minimum of half of the participants' perspectives, unless the theme is particularly poignant (Smith 2011b; Smith et al., 2022).

Position of the Primary Researcher

Being Jewish is fundamental to my identity. I would describe my Jewish identity as an ethnoreligion which I was born into, and am most aligned to the cultural and traditional values and practices. My Jewish identity is predominantly not visible, and I have experiences of sharing and concealing my Jewish identity in a variety of contexts. Whilst I share this exprience with this study's participants, I have no direct experience of psychological therapy. Holding an insider-outsider position is deemed helpful by participants, in aiding empathy, rapport, and enhancing sharing within the interview, whilst holding enough distance to ensure assumptions are not made and detailed exploration of the phenomena occurs (Hellawell, 2006). I hold a critical realist position, which priveleges individuals' stories as their reality and their truth, in the context of there being no one truth, truths never being fully known, and truths being context specific (Fryer, 2022). This stance will support me to bracket my own experiences and assumptions as a Jew, holding the belief that others have unique experiences and truths to be explored (Chan et al., 2013).

As described in the hermeneutic circle, new knowledge and insight developed from interviews with participants, the analysis, and reflections with self, EBE and research supervisors, perpetuated the evolution of my position and perceptions, which have been captured in the reflexive diary (Appendix P) (Goldspink & Engward, 2019; Smith et al., 2022). Moving from a position of internal conflict, with experiences and beliefs that my Jewish identity was not always seen, acknowledged or accepted, and struggling to hold Jewish and professional identities simultaneously. Whilst the context has not changed, with current and historic antisemitism and intergenerational trauma remaining, a number of conflicts appear to have been resolved. I have gained greater insight and compassion for my Jewish self, and feel more empowered to validate and share my Jewish identity, particularly

within psychology; this culminated in presenting my experiences of being a Jewish trainee clinical psychologist at an Equality, Diversity and Inclusion Conference (2nd December 2022).

Quality and Validity

The primary researcher kept a reflexive journal throughout the study providing a critical framework to reflect, explore and evaluate preconceptions, personal experiences, and epistemological position (Chan et al., 2013; Goldspink & Engward, 2019; Smith et al., 2022). Prior to starting the anlysis, freecoding was used to support this further (Larkin & Thompson, 2012). Both ensured any judgements and preconceptions were 'bracketed', prioritising the phenomena and participants' narratives and minimising the potential influence of the primary researcher's position (Chan et al., 2013; Goldspink & Engward, 2019; Larkin & Thompson, 2012; Smith et al., 2022).

The primary researcher attended IPA training courses[12] to aid their understanding, skill set and ability to conduct quality IPA research. This was further supported by reviewing IPA literature (Smith, 2011b; Smith et al., 2022), joining an IPA forum, and peer supervision group. Furthermore, literature on conducting semi-structured interviews was reviewed and a practice interview held with a peer, supporting the confidence and skill set of the primary researcher (DeJoncheere & Vaughn, 2018; McGrath et al., 2018).

The research supervisors offered space for reflections, support, and guidance throughout the research process ensuring the quality and validity of the project. Reflections on the first

[12] Training programme one: 'Situating IPA: applying IPA's theoretical underpinnings to your research study'. Training programme two: 'Introducing IPA Data Analysis: the fundamentals'.

interview ensured interviews were conducted to a proficient standard, in line with IPA, and supported the continued improvement of the process. Furthermore, the research supervisors reviewed two participants' PETS and the GETS to ensure the robustness of the analysis.

The two EBEs strengthened the quality and validity of the research. The first EBE supported the conception of the research and development of all documents ensuring accessibility and acceptability. The second EBE joined the process at the interview stage, peer reviewing the first and fifth interview, and following the first interview guiding the development of the interview schedule. The second EBE was a reflective collaborator and co-analysed two transcripts to PET level and supported the generation of the GETS; involving an EBE at analysis offers richer interpretations and better-quality analysis (Mjosund et al., 2016).

Results

The analysis resulted in four Group Experiential Themes (GETS) and 18 Subthemes. The research aimed to explore participants' lived experience of concealing and sharing their Jewish identity within psychological therapy. Through the analysis process, themes relating to participants' Jewish identity emerged, highlighting the complexity of the identity, the impact of perceived and actual threat and the challenges of navigating a hidden identity. These additional themes directly support the understanding of the phenomenon being investigated. The themes are outlined in Table 6. Quotes from the participants are incorporated throughout the results section[13].

[13] Due to the constraints of the word count, only a selection of quotes will be provided with the aim of representing as many voices and perspectives as possible.

Table 6

GETS, Subthemes and Representing Participants

GETS *Subthemes*	Sophie	Laura	Amy	Saul	Leah	Sarah	Debbie	Aylet	Gemma
Complexities of the Jewish identity: "…how you can have such a strong identity but then also be so distant from it as well…".									
- *Evolving identity toward being self-defined.*		x	x	x	x		x	x	
- *The beauty of a collectivist, ethnoreligious identity.*	x	x	x	x		x	x	x	x
- *The burdens of a collectivist, ethnoreligious identity.*	x	x	x		x		x	x	x
- *Navigating difference.*	x	x	x	x	x	x	x	x	x
- *Navigating through others understanding of what it means to be Jewish.*	x	x	x		x	x	x	x	x
Threat system: "…there's always that little peck".									
- *Transgenerational trauma, fear of history repeating itself.*		x	x		x		x		x
- *If it's a threat to the community, it's about me.*	x		x	x	x		x		x
- *From assumptions to confrontations to fear of annihilation.*	x	x	x	x	x	x	x	x	x
- *Safety behaviours.*	x		x	x	x	x		x	x
- *Internalised stigma reflected in language.*	x		x	x	x	x	x	x	x
Sharing and/or Concealing Jewish identity: "…a lot of people, like my family, tend to keep Judaism under their hat…".									
- *Concealing to sharing continuum.*	x	x	x	x	x	x	x	x	x
- *Safety, salience, and similarity in sharing.*	x	x	x	x	x	x	x	x	x
- *Choice and control in sharing Jewish identity.*	x		x	x	x	x	x		x
- *Concealing for self-protection to sharing for collective benefit.*	x	x	x	x	x	x	x	x	x
Exploring Jewish Identity in Psychological Therapy: "*It was kind of like another person in the room was my identity and I needed it to be known and heard...*".									
- *Bringing Jewish identity to therapy.*	x	x	x	x	x	x	x	x	x

- *The role of the therapist.*	x	x	x	x	x	x	x	x	x
- *Exploring the feelings and meaning, not needing the nuance.*		x	x		x	x	x	x	x
- *Navigating impact of family and collectivist values on therapy.*		x			x			x	x
- *Psychological service or model getting in the way.*		x	x	x		x	x	x	

GET 1: Complexities of the Jewish identity, *"…how you can have such a strong identity but then also be so distant from it as well…" (*Ayelet, line 368).

Participants' accounts highlight the complex, idiosyncratic, relational, and at times paradoxical nature of the Jewish identity.

Subtheme 1*: Evolving identity toward being self-defined.*

Eight of the participants were born into their Jewish identity. Six of those participants described an evolution, with their Jewish identity being shaped in childhood by parents, previous generations, and their community's narrative of what it means to be Jewish, and the practices engaged in. These norms were described to be automatic: *"…it just happened by I suppose osmosis…"* (Debbie, line 38), and accepted in childhood: *"…it wasn't anything I necessarily really thought about because I was just completely brought up with it as just being the way forwards to everything…"* (Ayelet, line 17).

With age and an increase in autonomy, some participants began to question the Jewish norms: *"…it wasn't a directive that I had created, it was a directive that had been created for me"* (Laura, line 145). Participants appeared to redefine their Jewish identity; some described changing their practices to be better aligned to their personal values and beliefs: *"…I've not*

been religious in a while…" (Leah, line 29). Laura, Debbie, and Leah described this re-definition as *"liberating"* (lines 151, 260, 89).

The intergenerational pattern can be seen emerging amongst three of the participants who are parents, highlighting the established Jewish narratives people are born into and the relational nature of Jewish identity, as described by Gemma: "…*and the way I raise my children is a lot to do with being a Jew"* (line 14).

Subtheme 2*: The beauty of a collectivist, ethnoreligious identity: "…the joy of Judaism" (Laura, line 62).*

Participants described the different ways their Jewish identity brought pleasure. Three main themes emerged, which participants referenced to different degrees. First, the personal gains. Laura, Sarah and Ayelet reflected on the "*values*" and "*learning*" associated with being Jewish and part of a Jewish community. Sarah described "*...I completely believe in the principles, and you know kind of the values…"* (line 76).

Second, the unique culture and traditions as Debbie described: "*the trimmings and trappings of er Jewish life"* (line 47), which gave pleasure when shared with others, *"I often don't shut up about it…I love sharing that"* (Ayelet, line 12).

Finally, being Jewish brought a community connection: "*Oh my G-D so am I"* (Sophie, line 114). Some described it shaping their social life: *"…the people I hang out with is a lot to do with being a Jew"* (Gemma, line 13), and Amy described the connection to be "*intrinsic*", and to provide a level of security: *"…I know we can go anywhere in the world…if we needed*

somewhere to stay or we found ourselves at a bit of a loss or we lost everything and we needed, like say we needed a meal, we could find that in a community" (line 300).

The community was also described to be a motivator for Jewish practices: *"I put up a mezuzah*[14] *on the house, erm I mean not because we are religious at all but more as a solidarity thing"* (Saul, line 47).

These themes appear to be connected to the values the participants hold, and to have an element of choice associated.

Subtheme 3*: The burdens of a collectivist, ethnoreligious identity: "It's the loads that you bear it's the burden that you carry" (Leah, lines 85).*

Participants' reflections on their Jewish identity, highlighted a sense of "*burden*", a word used by Laura, Gemma, and Leah when explaining some of their experiences as a Jew (lines 271, 163, 85). In contrast to the previous subtheme, the burden appeared to be connected to a sense of responsibility and limited choice.

At times, the 'burden' was being Jewish itself. Ayelet described: *"…at that point it would have been easier just to kind of not have that identity…"* (line 153), and Leah felt it was something she could not *"escape in a sense"* (line 13). Being part of a collectivist culture also appeared to be burdensome at times. Some spoke of the responsibilities of continuing the Jewish line by passing their Jewish status on to their children: "*…the guilt and the burden of your Jewish identity lies on the shoulders of those who we have lost"* (Laura, line 51).

[14] A mezuzah is a rolled-up parchment inscribed with a Hebrew verse from the Torah which is affixed to door posts in the home to remind Jews of their obligations toward G-d.

Others highlighted the impact of challenging antisemitism: *"…it's draining for you to constantly challenge it…"* (Ayelet, line 121). The notion of "kiddush hashem", representing all Jews in a positive manner, was also raised: "*Very much let these people come away with a good impression of how you, you know, of Judaism as a religion and Jewish people as a whole"* (Leah, line 53).

Finally, there was a sense amongst some participants that having a concealed stigmatised identity was a burden:*"…it's a horrible burden to carry and when you just look like the standard white Brit you know it doesn't really cover it…"* (Gemma, line 164).

However, despite the burdens, there was never any consideration of not being Jewish: *"I'm never not going to be Jewish...if G-d forbid another Hitler comes along…he'll find you, the Hitler will find you, you will always be Jewish, so embrace it"* (Debbie, line 367).

Subtheme 4*:* *Navigating difference.*

Participants experienced feeling different as a Jew: "…*I remember saying to her as well that I just feel different, you know sort of alienated"* (Saul, line 16). Sarah, as a reform Jew, also described her feelings of difference from Orthodox Jews and non-Jews: "*…erm potentially not fitting into kind of one or the other"* (line 36). Laura saw her differences as a positive differentiator which gave her *"a bit of spice…"* (line 80).

Several participants described experiences of themselves being the "*first*" or "*only*" Jew as experienced by someone not Jewish: *"…I am taking your Jew virginity"* (Laura, line 215). This highlights their sense of difference being defined by their Jewish identity, potentially

over other identities. This may be perpetuated by Jews being a minority in the UK: "*actually there just aren't a lot of Jewish people....''* (Sophie, line 21).

Amy's experience of difference arose when she had more exposure outside of the Jewish community: *''...it wasn't something I necessarily thought about, because most of the people we knew were Jewish''* (line 60). However, for Leah, who grew up in a more orthodox community, difference was perpetuated from within: *''... the differences in particular are highlighted...''* (line 24).

Narratives highlighted that it is not always easy to navigate the difference, Ayelet historically felt: "*…kind of ashamed of being from something so different...''* (line 340). Some participants reflected on their perceptions of wider society's struggles with difference: *''...I think people don't know what to do with Jewishness''* (Sophie, line 92), and "*they'll be kind of fine about it until there's something, which, erm shows that I'm different…then suddenly it's a problem''* (Gemma, line 53).

Subtheme 5: *Navigating through others' understandings of what it means to be Jewish.*

''...'I had no idea; you don't look Jewish'...'' (Sophie, line 10).

Participants described a sense that others did not understand what it means to be Jewish: *''...because I'm not religious, they're like, well, how are you Jewish''* (Ayelet, line 39). The lack of understanding about what it means to be Jewish may be perpetuated by the limited opportunity others have to meet Jews, the homogenous portrayal of Jews in public forums, and stereotypes within society: "*...all they've seen is from the media you know, you tend to just see ultra-orthodox...*" (Amy, line 111), "*…'I didn't think Jewish people would do this sort of job'...*" (Debbie, line 90). This may prevent others developing an understanding of the

complexity of the identity, including the impact of having an invisible difference: *"…the idea that we can be white perceived… they don't understand the impact of that, of looking like everyone else but not being the same…"* (Gemma, line 155).

Participants perceived that others have difficulties separating Jews from the Israel/Palestine conflict: *"…my colleague turned around to me to ask how I felt about killing, you know my people killing Palestinian babies…"* (Laura, line 90), and *"…I have never been to the country, erm but it seems to be brought up and I apparently have to have an opinion because I am Jewish"* (Sophie, line 37).

Some participants described wanting the validation of others for their Jewish identity or experiences as a Jew: "*I got quite good at sort of being like listing off the reason at quite a young age of how I can prove I am Jewish"* (Sophie, line 74), *"…I want to be treated sensitively for what feels different"* (Gemma, line 480). For both participants, internal conflict was experienced describing the responsibility to gain others' validation as *"ridiculous".* A number of participants reflected that with age and experience they felt more empowered with their identity: *"…over the years I've become more, kind of confident and assured, with who I am and where I fit in…"* (Sarah, line 45)*,* "*…whereas now, I actually really appreciate that side to my identity"* (Ayelet, line 128).

GET 2: Threat System, "…there's always that little peck" (Debbie).

Participants described how historical and current experiences of antisemitism have impacted their perceptions of threat, further stimulating their threat system.

Subtheme 1: *Transgenerational trauma, fear of history repeating itself*: *"…the baggage of being of a people who could be kicked out at any time or mass-murdered at any time…" (Gemma, line 161).*

Jews have a long history of persecution, with the most recent atrocities of the holocaust where over six million Jews, alongside others, were murdered. Several participants described how this continues to impact them, for example:

"…it taps into that fear from my childhood of not wanting to get people pissed off with the Jewish people because of the consequences that we have experienced in the past" (Laura, line 375).

"*…maybe this is a bit of a leap, but you start to think about how it started back in Germany in the forties or the thirties, and you think, G-d, it must have started like that, and then it it it, not a big community, it wouldn't be that difficult to wipe us out"* (Amy, line 251).

Subtheme 2: *If it's a threat to the community, it's about me.*

All the participants described directly experiencing antisemitism: "*Eurghh Jew's house…"* (Sarah, line 90), "*I had chewing gum thrown in my hair, and you know I got punched once…"* (Laura, line 87), *"…chanting something about erm, 'out with the Jews'…" (*Ayelet, line 96).

Participants described how indirect experiences of antisemitism were as powerful as direct experiences, for example how they were impacted by antisemitic incidents in the news:

"…a couple of guys, who drove through London, with a megaphone…shouting basically antisemitic slurs, and I just remember thinking, Oh my G-d... Maybe I just won't tell anyone" (Amy, line 246).[15]

[15] https://metro.co.uk/2021/05/16/convoy-drives-through-london-shouting-fk-the-jews-rape-their-daughters-14590888/

"…erm when Whiley decided that he was going to do all the antisemitic abusive over the internet and stuff like that, and it's in points like that" (Sophie, line 39).[16]

There were also examples of events in society validating and empowering participants' experiences as a Jew: *"…it sort of came to ahead in the Corbyn years, erm there was a lot of er Jewish solidarity"* (Saul, line 36), *"I think David Baddiel was talking about it as well…"* (Debbie, line 368).

Subtheme 3: *From assumptions to confrontations to fear of annihilation.*

The perception of the threat Jews face varied amongst participants. At one end of the spectrum participants described fears of assumptions: *"…I think people will assume…erm which I don't"* (Sophie, line 60). The threat appeared to increase to a fear of bias, being treated differently, and confrontation: *"I do have a slight sense of is there going to be any erm kind of bias, any hatred"* (Sarah, line 15). Finally, some described fears of being harmed for being Jewish: *"…I can be fearful of being erm you know discriminated against or even hurt or injured for being a Jew, which is even scarier"* (Gemma, line 207).

This fear was not shared by all: *"I don't think it changes their opinion of me, like who I am sort of inherently"* (Ayelet, line 29).

Subtheme 4: *Safety behaviours*, *"protection without knowing" (Amy, line 160).*

It appears that some participants had a hypervigilance to threat, potentially a developed survival strategy precipitated from intergenerational trauma and perpetuated from childhood narratives, as described by Gemma:

[16] https://www.theguardian.com/music/2020/jul/24/wiley-accused-of-antisemitism-after-likening-jews-to-ku-klux-klan

"…it's bizarre because it's like you know we live in England, we're really safe, nobody is trying to kill us, there's no Holocaust or anything [laughs] like it's not happening but for some reason there's just this kind of erm this fear. There's just this fear these things can happen so easily…" (line 252).

This threat may be reinforced by safety behaviours (Padesky & Greenberg, 2020). Some participants appeared to avoid sharing their identity: *"It's just, in my head it's just not smart, and all the things that could go wrong, so I just don't do it"* (Amy, line 159). The term *"in my head"* was referred to by two participants potentially highlighting the logic brain reinforcing the threat response. It is questioned if avoidance reduces the opportunity to test the threat hypothesis, increasing anxiety: *"…I think after realising that was a choice I could make, I think it has now made me more, not wary, I suppose I am more cautious..."* (Sophie, line 27).

Despite all participants directly experiencing antisemitism, some appeared to minimise the event: "*it wasn't as if I experienced any antisemitism or anything"* (Saul, line 25). Finally, some participants appeared to discount positive experiences of sharing their Jewish identity: *"…I am hoping they will be fine and usually they are…"* (Sophie, line 30).

Some participants described trying to challenge ingrained safety behaviours: *"I am almost trying to combat that by being quite open and forward on it*" (Laura, line 201), providing the opportunity to evaluate existing beliefs: *"given myself the opportunity to see really that's not the case, and that felt quite liberating. It's been quite freeing"* (Leah, line 88).

Subtheme 5: *Internalised stigma reflected in language.*

Participants' use of language indicated a level of internalised stigma. For example, when participants described sharing their Jewish identity: *"divulge"* (Sarah, lines 285), "*The cat's out of the bag*" (Leah, line 328), and *"admitting"* (Gemma, line 64). This was further highlighted when Debbie compared revealing her Jewish identity to revealing having three legs: "*But because it was just accepted, and not made a business of; oh, you're Jewish, are you? Or, you know (laughs), oh, you've got three legs, you know. It wouldn't have mattered what I said, it was just accepted"* (line 283).

The language used when discussing antisemitism also highlighted a level of expectance that Jews will face antisemitism: "*Er I don't think we have a tradition of antisemitism in the way that other countries do…"* (Saul, line 211). Others' language pertained to a level of acceptance: *"...fortunate because I can reveal my something that people can discriminate me for, I am lucky"* (Sophie, line 95).

Finally, some showed internalised stigma when invalidating their own experiences: *"...I have led a relatively privileged life and I think those two things together can be quite hard to then, like I said, sort of validate yourself..."* (Ayelet, line 205).

GET 3: Sharing and/or Concealing Jewish identity, "…a lot of people, like my family, tend to keep Judaism under their hat…" (Saul, line 23).

Participants describe the challenges navigating the complex decision-making process as to whether to conceal or share their hidden identity.

Subtheme 1: *Sharing to concealing continuum.*

The Jewish identity of the participants taking part in this study was not visible. This, therefore, requires a decision-making process as to whether to share it. Concealing or sharing one's Jewish identity appeared to occur on a continuum. Some described: *"I don't feel the need to kind of bring it up…"* (Sophie, line 105), whilst others: *"I never really actively conceal it"* (Ayelet, line 135). Naming having a Jewish identity was at the other end of the continuum: *"No, it's actually, it's actually a Jewish surname"* (Amy, line 143). Participants appeared to be influenced by the perceived cost-benefit [17] of sharing. Some participants described a cost to self of not sharing their Jewish identity: "*I'll question, I suppose my inner values as a person that you know I am a confident, kind of strong person who does identify as being a reform Jew. But in some occasions…you know I will kind of* shy *away…that makes me I suppose kind of slightly annoyed with myself*" (Sarah, line 136).

Subtheme 2: *Safety, salience, and similarity in sharing.*

Three themes emerged across seven participants' experiences which appeared to facilitate the sharing of their Jewish identity. Some spoke of the salience of their identity: *"It's important to me, so I kind of would, I will reveal that."* (Sarah, line 167), and others the salience of the relationship: *"I think it depends, I guess, how much I value the relationship with whoever I'm talking to…"* (Ayelet, line 45).

A second theme was similarity: *"…and they have been like 'so am I!'"* (Sophie, line 111). Participants were more inclined to share this identity if they felt it was shared with others: *"…if I meet someone who has a slightly Jewish sounding surname or you know I think has some kind of connection, then I'm quite keen to reveal it…"* (Amy, Line 130). This similarity

[17] The cost was predominantly influenced by the threats presented in GET 2.

can also bring a sense of safety: *"I suppose if I'm in a context for a lot of people are Jewish and, you know, it's pretty obvious. And then I'd be more than happy to because again there's that sense of safety"* (Leah, line 116). Participants also described safety arising from the wider context: *"…there is the sort of underlying confidence that one can erm come out like that in erm ways that you couldn't in some places, and in the past erm you may not have been able to or would have been less confident in doing so"* (Saul, line 169). For Debbie, a sense of safety was developed from experience: *"…all my working life I've worked not within the Jewish community…I think perhaps that made me more comfortable"* (line 360). For Gemma, the sense of safety could only be felt by revealing her Jewish identity: *"…I'll always reveal it because I, I want to gauge immediately if I can be safe with that person..."* (line 82).

Subtheme 3: *Choice and control in sharing Jewish identity.*

Some participants appeared to value the choice and control linked to having a hidden identity: *'So, you're just able to assimilate or integrate easier"* (Debbie, line 118). However, some described feelings of discomfort when choice and control appear to be removed: *"…that was an instance where I didn't so much reveal my identity, it was kind of asked and answered in a sense. That was a really uncomfortable experience."* (Leah, line 139).

Some participants reported challenges with the uncertainty of how the information of their identity might be relayed or perceived: "*…suddenly it's like a can of worms or something, it's like how will that be perceived*?" (Gemma, line 413).

Subtheme 4: *Concealing for self-protection to sharing for collective benefit.*

It appeared that, for a number of participants, there were times where Jewish identity was concealed. Some described specific cases: "*I wouldn't reveal that I'm kind of Jewish to that*

individual" (Sarah, line 111), whilst others spoke of hiding their identity more universally: *"To be honest I often don't unless I have to*" *(Leah, line 70)*. It appeared that the aim of concealing identity was for self-protection: *"So I can technically choose whether people I guess want to discriminate against me in a certain way…"* (Sophie, line 26).

Whilst it felt like there was a need to conceal for self-protection, there also appeared a pull for some participants to share their Jewish identity to challenge antisemitism and dispel stereotypes for collective benefit:

"…well I've done the right thing there, I've helped them to think about things slightly differently." (Amy, line 117)

"*To sort of you know create a balance, set the record straight"* (Saul, line 182)

"…I could tell you you are being a massive bigot right now or on the other hand I could give you an alternative to go oh okay all Jewish people aren't like that…" (Laura, line 241)

GET 4: Exploring Jewish Identity in Psychological Therapy: "It was kind like another person in the room was my identity and I needed it to be known and heard..." (Gemma).

The preceding GETS highlight the importance of establishing the individual's wider cultural, historical, interpersonal, and collective context to understand their choices and experiences of sharing or concealing their Jewish identity, and the continued exploration within therapy. This fourth GET, highlights the importance of Jewish identity being incorporated into therapy, and the role of the therapists' skills and relationship in making it a supported and valuable experience.

Subtheme 1: *Bringing Jewish identity to therapy: "there was no way I was going to go to therapy and not mention me being Jewish" (Ayelet, line 177).*

Sophie did not explore her Jewish identity within therapy explaining: *"Erm I don't think it was relevant for the reasons I went"* (line 158). Saul expressed uncertainty of the relevance and a lack of opportunity for it to be considered: *"that might be a factor, but we didn't really explore that"* (line 93). For the remaining seven participants, it was deemed important for their Jewish identity to be acknowledged and included within psychological therapy: "*I knew it was something I had to explore…"* (Laura, line 363).

Unlike when they were in the context of general society, participants appeared to experience less conflict and concern sharing their Jewish identity in therapy: *"…you wouldn't sort of necessarily think twice about it in the same way that you would in society at large"* (Saul, line 129). This may be due to the beliefs that therapy is a safe space: *"… it's a safe space to say what the hell you want"* (Debbie, line 277). Furthermore, some described the option to terminate therapy to enhance feelings of safety: *"I think for any reason I didn't feel those things, I didn't feel the trust, I didn't feel the connection, I didn't have a positive gut feeling, I don't think I would necessarily reveal my identity, but that's probably because I would only have one session before knowing that they weren't the right person"* (Amy, line 485). Finally, some participants reflected that the purpose of going to therapy motivated them to share their identity: *"I know that if I'm engaged in a therapeutic process then it's important for me to be as up front as I can"* (Leah, line 319).

Subtheme 2: *The role of the therapist.*

The therapeutic relationship appeared to be key to participants' experiences of therapy. Some spoke of warmth: *"I always felt very comfortable and very warm, like she felt very warm"*

(Amy, line 331), others of validation: *"I would invalidate myself as to being an issue, and she would turn round and say, that's actually awful, and I was like, no-one's ever said that to me"* (Ayelet, line 244). Collaboration was also referred: *"She's in that process with me and, I think that's enough"* (Leah, line 367), as was being non-judgemental: *"allows me to not wonder if I am going to say something that is going to impact her view"* (Laura, line 403).

The therapist and therapeutic relationship supported participants to feel understood: *"...it allowed me to feel more heard and understood erm as opposed to just being ignored for what were very significant feelings about my identity"* (Gemma, line 468). This was described to support the ongoing revealing of participants' Jewish identity: *"...that confidence to be able to kind of reveal more about myself..."* (Sarah, line 281), *"... it allowed me to just feel completely and utterly free from fear about exploring any aspect of my Jewish identity..."* (Laura, line 368), which was deemed very valuable: *"...oh my goodness, I now know, I really know what it means to feel safe enough to say something like that"* (Leah, line 244).

The therapists' responses to discussions, including participants' Jewish identity, was variable with some embracing it and others appearing to avoid it: *"...I was having to bring erm that into play as opposed to the therapist...I don't think the therapist's understanding of kind of being Jewish and my identity and how that impacts on my thought processes, how you know kind of engage with family, friends and wider society"* (Sarah, line 186). Participants described this to induce feelings of not being fully understood or accepted: *"I think I just felt very either misunderstood or just like they just didn't get it"* (Ayelet, line 297) and somewhat dissatisfied with therapy: *"Erm, I think I might have hoped that it would have sort of deeper, erm but it didn't really"* (Saul, line 138). In response, participants described either choosing not to continue the discussions: *"...I could have probably spoken about that for much longer but*

instead I probably kind of like changed the trajectory of it" (Gemma, line 360), or to terminate therapy and seek alternative provisions: "*I think when I found the right therapist…"* (Laura, line 365).

Subtheme 3: *Exploring the feelings and meaning together, not needing the nuance.*

As described in GET 1, Jewish identity is complex. Participants reflected that understanding the meaning and feelings associated with their Jewish identity is more important than understanding the nuances:

"…to explore with the person, you know what it means to them." (Sarah, line 208)

"…you don't need to understand the specifics of a situation but being open to understanding it makes a difference" (Ayelet, line 268).

Some participants described explaining parts of their identity to their therapist to support their processing: "*She did ask if I wanted, you know, if there were any materials I wanted to send her…But erm ultimately, I think I said no because it's been helpful for me to go over some of the things that I used to observe"* (Leah, line 211), "*So, talking it through and explaining was probably a good way of me making sense of what I was bringing to the therapy" (*Debbie, line 341).

Subtheme 4: *Navigating impact of family and collectivist values on therapy, "…I take it upon myself to not create a bad association, I also don't want to do that in therapy*" (Laura, line 373).

Four participants reflected on the impact of family and collectivist values on therapy. Laura described the impact of stigma within the community, and fears of her sister's marriage prospects being impacted as a result: *"So I think my therapy experience from up until*

probably 25/26 was quite secretive" (line 306). There were also feelings of the need to protect perceptions of the Jewish community:

"It's a bit like family. You know you're able to see your family's flaws and you talk about them in front of them (laughs). But if somebody else is asking you about it you can get incredibly defensive" (Leah, line 302).

"...I feel like I need to be very careful because I have a lot to say that I really don't like about the religion but I am also, when I speak to people, I don't want to like shit all over the religion" (Ayelet, line 213).

These collectivist pulls may impact how participants are engaging in the therapeutic process and may highlight why being non-judgemental and validating were highlighted as key traits for their therapists in Subtheme 2. As the therapeutic relationship developed, characterised by non-judgmental values, participants appeared more able to speak freely about their experiences.

Subtheme 5: *Psychological model getting in the way.*

Participants queried whether all psychological models allow for identity to be included:

"...but it wasn't, it was more of a, it wasn't really brought, because it was CBT it wasn't really brought up as an investigatory approach" (Laura, line 345).

"And kind of CBT (sigh). Yeah, I found it was kind of very compartmentalised really. And kind of maybe didn't really. Erm . Yeah, kind of. I suppose I wasn't really able to kind of reveal myself, kind of my identity" (Sarah, line 161).

Furthermore, participants who had sought private therapy provisions reflected on their ability to easily seek new therapists until they found one that met their needs. This did not appear to be mirrored by participants who accessed NHS therapy services.

Discussion

Summary of Findings

This study aimed to explore Jewish individuals' experiences of concealing and/or sharing their Jewish identity, when it is not visible, in therapy. The findings of the study illustrated that the processes participants navigate in therapy cannot be understood in isolation of wider cultural, historic, interpersonal, collectivist, and contextual factors that underpin their identity and their choices with respect to sharing or concealing it.

This research highlights the evolving, idiosyncratic, and complex nature of the Jewish identity, with diverse practices, beliefs, and values. Furthermore, a number of participants described their identity to be more aligned to an ethnicity, emphasising traditions and culture, over the religious foundations. This supports the notion that Jews are not a homogenous group (Popovsky, 2016), and highlights the need to understand and incorporate people's unique cultural systems of meaning when developing psychological formulations.

Whilst research highlights the importance of connection with family, friends, and the wider community for Jews, as described within the Subtheme 2, *the beauty of a collectivist, ethnoreligious identity* (Ginsberg & Sinacore, 2012; Sinclair & Milner, 2005), this study expands on some of the relational complexities and collectivist conflicts, as described by participants as *burdens;* limited choice and responsibilities to continue the Jewish line by passing their Jewish status onto their children, challenge antisemitism, and represent Jews in a positive way. This is consistent with literature which suggests collectivist cultures can bring an equal sense of cohesion and oneness, and feelings of sacrifice (Suh & Lee, 2020). Some participants described this to impact therapy, censoring what they shared for fears of how

Jews would be collectively perceived. Over time the therapeutic relationship supported participants to feel safe enough to speak openly and honestly about their experiences without a fear of judgement, supporting the outcomes of therapy.

Previous research identified that Jews feel a sense of difference perpetuated by antisemitism and stereotypes (Ginsberg & Sinacore, 2012; Sinclair & Milner, 2005). This research identified that difference was not always perceived negatively; some identified it as a positive differentiator and enjoyed sharing the difference with others. Additional factors perpetuating feelings of difference were also identified, including challenges navigating being a minority group in a secular society, feeling that the Jewish identity is misunderstood, and the socio-political context. Some participants felt experiences of antisemitism and discrimination were discounted, with Jews being perceived as part of the white majority, reinforcing feelings of difference and the notion that Jews are an invisible minority (Baddiel, 2021; Langman, 1995; MacDonald-Dennis, 2006; Naumburg, 2007; Rubin, 2013). This difference may contribute to the internalised stigma identified in the research, impacting some participants' ability to validate their own experiences as a Jew. This internalised stigma may highlight why participants valued therapeutic relationships characterised as validating, non-judgemental and warm.

All participants in this study described experiencing antisemitism, in line with rising trends within the UK (CST, 2021; FRA, 2018). The study revealed that indirect experiences of antisemitism were as powerful as direct experiences both increasing feelings of threat. Furthermore, participants described collective victimisation and transgenerational trauma. Research indicates consequences, including belief that danger is omnipresent and hypersensitive threat system, can transverse generations biologically and socially through

community and family narratives (Van Der Kolk, 2015), with the impact being as powerful for non-direct descendants (Wohl & Bavel, 2011). This may explain the level of threat, ranging from assumption to annihilation fears, not always appearing proportionate to the direct experiences of antisemitism faced by this study's participants.

Participants described behaviours identified as akin to safety behaviours, with avoidance cycles and 'unhelpful thinking styles'; personalisation, over generalisation, and mental filter; discounting the positives (Padesky & Greenberg, 2020). It is questioned whether these safety behaviours have developed as survival strategies, but conversely reduce the opportunity to test threat hypotheses perpetuating the feelings of threat. Some participants actively share their Jewish identity which, for some, reduced these feelings.

It is questioned whether the themes of feeling different, challenges of being a minority group in wider secular society, and a threat narrative precipitated and perpetuated from transgenerational trauma, actual and perceived threat, internalised stigma, and safety behaviours contribute to why therapy may be sought. Furthermore, these factors may be important considerations when working with people who have experienced, or continue to experience, discrimination and oppression.

The experiences participants described of sharing and concealing their Jewish identity in their everyday life, supported research exploring CSI. Quinn and Earnshaw's (2013) framework, which highlighted context, anticipated stigma, experience of discrimination, internalised stigma, previous disclosure responses to influence the decision-making process, was mirrored within this research. In addition, the findings of this study highlight that for some, negative

disclosure reactions held more influence than positive disclosure reactions, which were more frequently discounted.

This research highlights the complex decision-making process which occurs on a continuum from no disclosure to full disclosure, and from an impulsive to considered decision (Baumann & Hill, 2014; Berkley et al., 2019; Chaudoir & Fisher, 2010; Goffman, 1963; Newheiser & Barreto, 2014; Quinn & Earnshaw, 2013; Ragins, 2008; Ragins & Singh, 2007). It also validates the role of similar others in supporting the reveal of CSI (Pachankis, 2007; Ragins, 2008; Ragins & Singh, 2007). The current study offers insight into the impact of collectivist values when revealing a CSI; whilst participants described concealing their Jewish identity for self-protection, it appears there was an equal pull to share their Jewish identity for the collective benefit e.g. dispelling stereotypes. This study further highlighted the detrimental impact of a forced or unexpected reveal, which resulted in participants feeling increasingly uncomfortable.

Conversely, when exploring the processes of sharing or concealing a CSI within therapy, the findings from this study do not support the existing literature. The decision-making process was different, and the conflicts described by participants when sharing or concealing the CSI within their everyday lives were not evident. This highlights how imperative and powerful the context is within the processes of sharing or concealing a CSI. It appears the purpose and confidential and professional bound nature of therapy is conducive to sharing CSIs and overpowers the normal 'threat-based' considerations.

The majority of participants in the current study felt it was imperative for their Jewish identity to be incorporated into therapy to gain the most benefit, and so, in contrast to their

usual practice in the everyday social world, tended to initiate these discussions. This supports literature which explores the concealment and disclosure of secrets within therapy; both identifying that sharing happens more frequently than concealment and is founded on service users' assumptions of the perceived benefits (Baumann & Hill, 2016; Farber et al., 2004; Farber & Nitzburg, 2015; Knox & Hill, 2016; Marks et al., 2018).

This research supported existing literature which explored the process of sharing secrets in therapy, both highlighted the therapeutic relationship to be a key facilitator, supporting the continued sharing, and in turn further strengthening the therapeutic alliance. Furthermore, unsupported disclosures impacted subsequent disclosures and resulted in increased concealment (Baumann & Hill, 2016; Drinane et al., 2018; Farber et al., 2004; Han & O'Brien, 2014; Marks et al., 2018; Pascoe & Richman, 2009). Participants in this study identified the strict adherence to psychological models, such as CBT, by therapists also being a barrier to the exploration of their identity. Research reiterates that, whilst not all therapeutic models have the scope to develop a fully contextualised formulation, that identity should still be acknowledged (Coyle & Lochner, 2011).

This research highlighted therapists being curious, non-judgmental, and validating, supported participants to feel understood and accepted, and continue to share. Furthermore, participants did not have expectations or a need for the therapist to understand all the nuances of their complex identity, conversely they found value in the therapists' curiosity and the process of collaborative meaning-making. Participants reflected that having the opportunity to share and explain certain aspects of their culture and experiences supported their emotional processing. When therapists were unable or unwilling to invite, acknowledge, or explore participants'

Jewish identity, it negatively impacted the therapeutic relationship and resulted in participants either feeling dissatisfied or prematurely terminating therapy, to seek an alternative provision.

Incorporating multiculturalism into therapy is recognised to support the development of meaningful and person-centred formulations (Burnham & Nolte, 2020; Egeli, 2021; Hook et al., 2017), and improve equality of access, experiences, and outcomes of therapy for minority groups (Burnham & Nolte, 2020; Edge & Lemetyinen, 2019; Egeli, 2021; Hook et al., 2017; Mosher et al., 2017; Newnes, 2021; Patallo, 2019; Patel, 2012). Most participants in the current study described at least one experience with a therapist when their Jewish identity was not incorporated, perpetuating feelings of dissatisfaction or a need to seek alternative provision. This highlights that cultural systems of meaning are not being successfully and consistently incorporated into therapy, failing to meet the needs of the Jewish participants which unfortunately mirrors the experience of other minority groups (Brown, 2018; Drinane et al., 2018; Egeli, 2021; Mosher et al., 2017; Newnes, 2021; Owen et al., 2016; Owen et al., 2011; Turner, 2021).

Strengths and Limitations

It is important that the experiences of Jewish participants, a group described as an invisible minority, was heard in this study. The research provides an in-depth understanding of participants' Jewish identity, highlighting the importance of incorporating person-centred cultural systems of meaning into therapy. As well as highlighting concerns specific to the Jewish identity, it detected considerations that are more universal to CSI and other minority groups for example the powerful, complex, and idiosyncratic nature of identity.

The primary researcher's insider-outsider position supported rapport with participants and the maintenance of a curious researcher stance. This aided the depth of information gathered (Hellawell, 2006). Collaboration with research supervisors and EBEs, with their invaluable experience and insight, has been a strength of this project ensuring robustness, quality, and authenticity (Mjosund et al., 2016; Turk et al., 2016). This also limited any bias that may have been generated due to the position of the primary researcher, along with free-coding, triangulation, supervision, and a reflexive diary.

IPA was chosen to analyse this study's data as the structured nature of this methodology met the needs of the novice primary researcher whilst allowing the phenomenon of interest to be explored. IPA can be conducted poorly, primarily describing the phenomenon, and failing to offer adequate interpretations in relation to a wider social, cultural, and theoretical context (Larkin, 2006; Smith, 2011b; Tuffour, 2017). It has been criticised for its ambiguity, subjectivity, lack of standardisation, and its privilege of those with adequate communication skills (Tuffour, 2017). To combat this, procedural steps and recommendations were followed to support the quality of the IPA research (Smith 2011b; Smith et al., 2020).

The amount of interest and recruitment prospects for this study could have supported stricter inclusion criteria including a specific age range, gender, and type of psychological therapy, to produce a more homogenous sample in line with IPA requirements (Smith et al., 2022). The recruitment strategy was purposive, and as a result, these participants may be those who are more motivated to speak out or have stronger opinions.

Finally, the language used by the research team has attempted to remain neutral, using the terms ‘conceal’ and ‘share’, which was shown to not be representative of all participants’ experiences, with some describing the process as a ‘disclosure’.

Implications for Clinical Practice

Despite Government and NHS initiatives to incorporate multiculturalism into therapy and ensure equitable access to services, this research highlights this is still not being consistently achieved. Further work is needed to address the dominant individualistic and Eurocentric discourse across theory, training, and clinical practice (Koç & Kafa 2018; Newnes, 2021; Rhodes & Langtiw, 2018; Turner, 2021; Vermes, 2017; Wood & Patel, 2017).

Not all participants in this study wanted to explore their Jewish identity during therapy, highlighting the importance of a person-centred approach and acknowledging that life experiences of managing a CSI determine how and whether it is revealable within this context. Those that did, reported feeling comfortable sharing their Jewish identity within therapy. Forced or unexpected reveals can cause distress, highlighting the importance of choice and control. Therapists are advised to acknowledge and invite differences into therapy when engaging service users, showing it is permissible and accepted without inducing feelings of threat via direct questions. Furthermore, therapists are responsible to ensure the psychological model is not a barrier to identity being incorporated into therapy. Therapists could utilise a model-neutral opening set of questions e.g. ‘tell me a bit about yourself’, and ‘what is important to you’, to support this.

The findings of this study highlight the key role of the therapist in the continued sharing, engagement, and satisfaction with therapy. It is not necessary for therapists to understand all

the nuances associated with a specific identity, but to collaboratively explore the meaning it holds for the individual. Furthermore, this is needed in understanding the impact of the collectivist culture within the formulation and potential barriers to engagement.

The narrative of threat and internalised stigma from this study could indicate the importance of the safety and stabilisation phase in therapy, holding the threat system in mind when developing the formulation, and being aware of the socio-political context within which it continues to develop. Being curious, non-judgmental, validating and using reflective listening were highlighted as key therapeutic skills in the continued revealing of the Jewish identity; potentially driven by internalised stigma. It is important for therapists to understand that internalised stigma is complex and layered and takes time to explore and to unroll. These may be considerations required when working with any group who has experienced, or is experiencing, oppression and discrimination.

Future Research

Research into CSI has primarily explored the phenomenon within the contexts of social interactions and the workplace. When exploring concealing and revealing within psychological therapy, the construct of secrets, concealment, and disclosures have been the focus (Baumann & Hill, 2016; Drinane et al., 2018; Farber et al., 2004; Knox & Hill, 2016; Marks et al., 2018). Future research could focus on exploring CSI within therapy, such as developing a greater understanding of the decision-making process which appears different from working and social contexts. Due to resource issues impacting the feasibility of changing therapists within the NHS, it would be interesting to explore how therapists and service users navigate this process (Kerasidou, 2019; Mosley & Lockwood, 2018).

Furthermore, the CSI literature has given limited attention to ethnoreligious identities, so research could explore the impact of collectivist values in greater detail.

Conclusion

The findings of this study highlight the need for psychological therapists to incorporate identity and difference in therapy, which can be visible and invisible. Not all service users will want to incorporate their identity into therapeutic process, but it is imperative that it is an option, indicating understanding and acceptance. For those entering into therapy that do wish to share their identity, this should be explored sensitively and incorporated at all stages of the therapeutic process, as negative life and collective experiences can set up a heightened response to potential threat which can impact engagement and the outcomes of therapy. Whilst some participants in this study had positive experiences of sharing their Jewish identity in therapy, which were deemed life changing, more effort is required to ensure this is consistent; especially for those who do not have the privilege of accessing private therapy and the choices that ensue.

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Appendices

Appendix A: Author Guidelines: Psychology of Religion and Spirituality Journal

Manuscript Preparation

Each manuscript should be prepared according to the Publication Manual of the American Psychological Association using the 7th edition. Manuscripts are limited to 30 pages including the title page, abstract, text, references, tables, and figures.

Abstract: Include an abstract with a maximum of 250 words with the following headings: Objective, Methods, Results, and Conclusion.

Introduction: Purpose/goals/aims of the study.

Method: Summarise research design, approaches to inquiry, researchers' positionality, recruitment process, participant selection, inclusion/exclusion criteria, and rationale.

Data Collection: form of data collection, any alterations of data-collection strategy, questions asked.

Analysis: Methods and procedures used, researcher positionality, units of analysis, indicate software, methodological integrity.

Findings/Results: Include quantified information about the qualitative findings to assist readers in understanding the relative importance of frequency of themes.

Discussions: Strengths/limitations, limits of the scope of transferability, implications for future research, policy, or practice.

References: List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

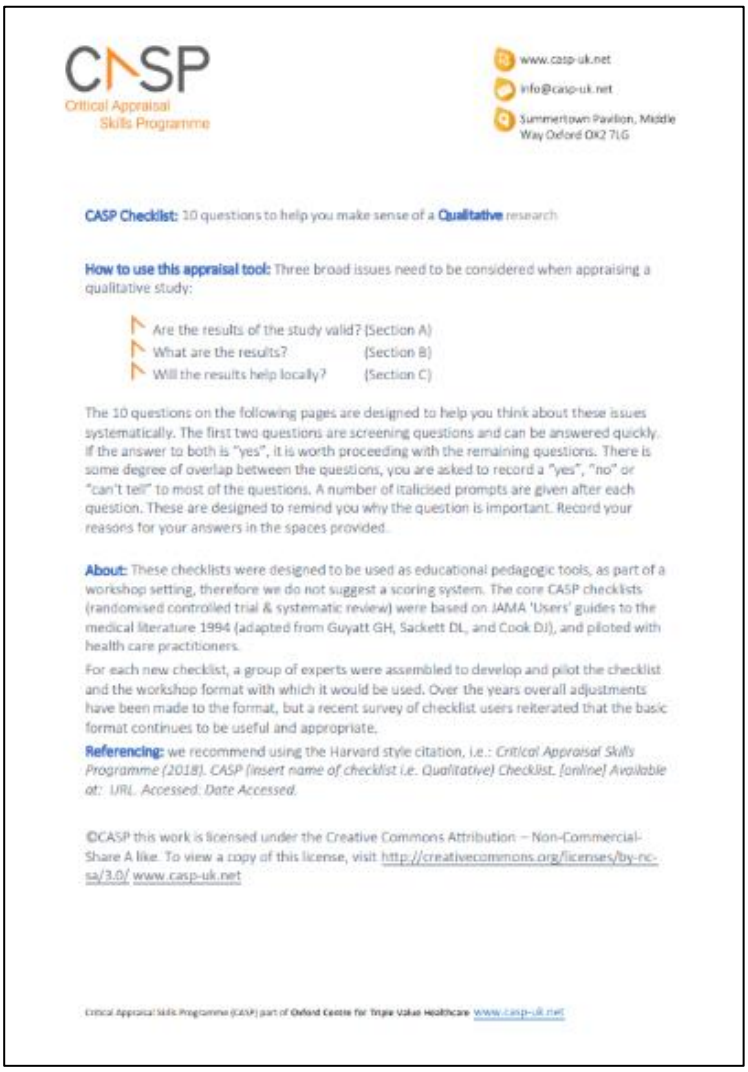
The full version of guidelines can be retrieved from:
https://www.apa.org/pubs/journals/REL/index?tab=1

Further guidelines released for preparing Qualitative Manuscripts, retrieved from:
https://www.apa.org/pubs/journals/rel/guidelines-preparing-qualitative-manuscripts

Appendix B: SPIDER Screening Tool

SPIDER Screening Tool		
Search strategy	**Inclusion/Exclusion criteria**	**Yes/No**
Sample	Qualified or training psychological therapists e.g. counsellors, psychologists, family therapists, psychotherapists.	
Phenomenon of **I**nterest	Psychological therapists exploring religion/spirituality in individual or group psychological therapy	
Design	Published, peer reviewed literature (no thesis). Published 2008 – 2023. Published in English or English translation available.	
Evaluation	Experience	
Research type	Qualitative or mixed method if qualitative data can be clearly extracted.	
		(Cooke et al., 2012)

Appendix C: Critical Appraisal Skills Programme Checklist



CASP
Critical Appraisal Skills Programme

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

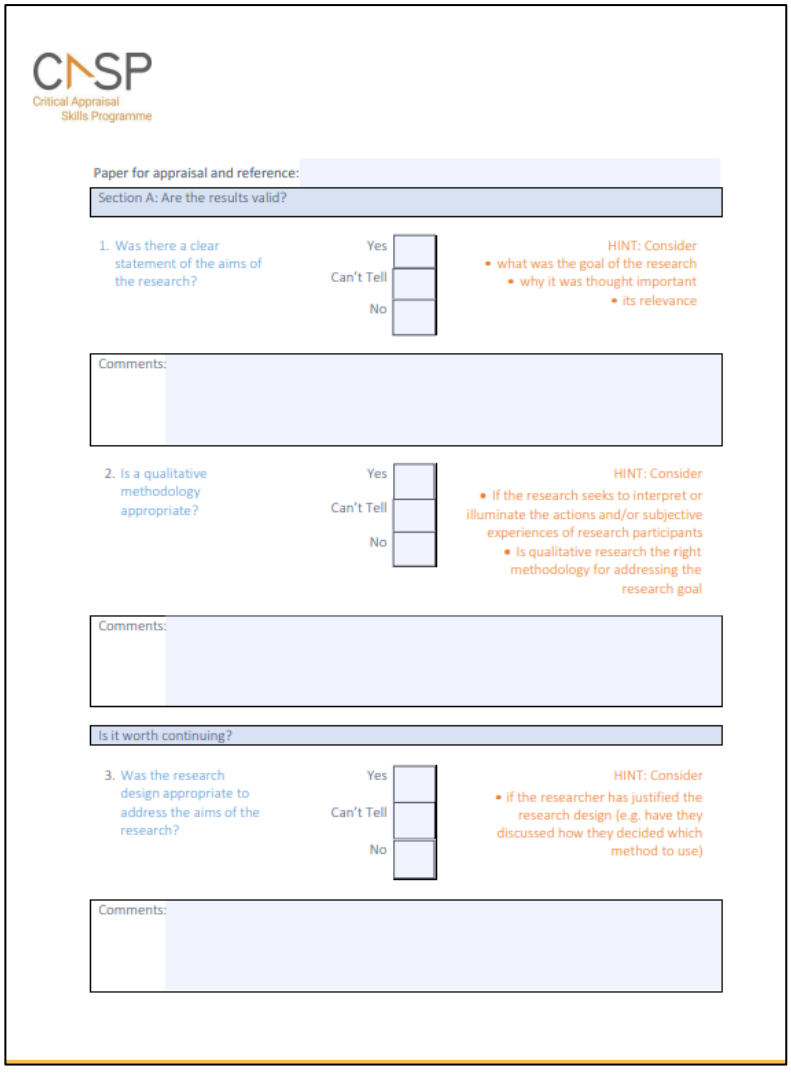
- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*



CASP
Critical Appraisal Skills Programme

Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research? — Yes / Can't Tell / No

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate? — Yes / Can't Tell / No

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research? — Yes / Can't Tell / No

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

CASP Critical Appraisal Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

CASP Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

CASP Critical Appraisal Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐ Can't Tell ☐ No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

CASP Critical Appraisal Skills Programme

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider
- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix D: Data Extraction Tool

Headings	Guidance	
Full reference		
Country	Including R/S context	
Aims/ Objectives		
Design	e.g. Qualitative	
Type of data collection	e.g., semi-structured interviews	
Sample	e.g. profession, years of practice	
Sample Characteristics	e.g. R/S, ethnicity	
Therapy	e.g. setting, group, 1-1	
Type of analysis	e.g. IPA	
Findings related to experience of R/S		-
Findings related to barriers and facilitators	e.g. training	
Findings related to therapist's own beliefs and practices		
Main conclusions	Outcomes	

Appendix E: Author Guidelines for Psychology and Psychotherapy

Manuscript Preparation

The article should not exceed the 6000-word limit; this excludes the abstract, reference list, tables and figures.

Free Format Submission: allows for a simplified and streamlined submission process. References may be submitted in any style and format, as long as consistent.

Required Sections: abstract, introduction, methods, results, discussion, conclusion, and references.

Abstract: Limit of 250 words with the following headings: Objectives, Design, Methods, Results, Conclusions.

Keywords: Provide up to seven appropriate keywords.

The full version of guidelines can be retrieved from:
https://bpspsychub.onlinelibrary.wiley.com/hub/journal/20448341/homepage/forauthors.html

Appendix F: Division of Clinical Psychology Research Committee Approval Letter

UNIVERSITY OF LIVERPOOL

D.Clin.Psychology Programme
Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

Hannah Ludwig
Clinical Psychology Trainee
Doctorate in Clinical Psychology Programme
University of Liverpool
L69 3GB

22 October 2021

RE: A qualitative study using Interpretative Phenomenological Analysis to explore the experiences of Jewish individuals, whose Jewish identity is not visible, in concealing and/or sharing this identity in psychological therapy
Trainee: *Hannah Ludwig*
Supervisors: Rhiannon Corcoran and Laura Golding

Dear Hannah,

Thank you for the submission of your amended proposal to the Chair of the D.Clin.Psychol. Research Review Committee.

I can now confirm that your amended proposal and budget meet the requirements of the committee and have been approved by the Committee Chair.

Please take this Chairs Action decision as ***final*** approval from the committee.

You may now progress to the next stages of your research.

I wish you well with your research project.

Dr Alys Griffiths
Vice Chair D.Clin.Psychol. Research Review Committee

Appendix G: Research Ethics Committee Approval Letter

UNIVERSITY OF LIVERPOOL

Institute of Population Health Research Ethics Committee

11 March 2022

Dear Prof Corcoran

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	10668
Project Title:	A study to explore the experiences of Jewish individuals in concealing and/or sharing this identity in psychological therapy
Principal Investigator/Supervisor:	Prof Rhiannon Corcoran
Co-Investigator(s):	Mrs Hannah Ludwig, Dr Laura Golding
Lead Student Investigator:	-
Department:	Primary Care & Mental Health
Approval Date:	11/03/2022
Approval Expiry Date:	Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

Please note: Any research ethics approval granted will be subject to the University's Policies on research during the pandemic.

Please ensure you are familiar with the latest guidance on conducting research during the pandemic. The guidance is available on the research ethics webpages.

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Institute of Population Health Research Ethics Committee

iphethics@liverpool.ac.uk

Appendix - Approved Documents

(Relevant only to amendments involving changes to the study documentation)

The final document set reviewed and approved by the committee is listed below:

Document Type	File Name	Date	Version
Study Proposal/Protocol	Research proposal (ethics)	18/10/2021	Two
Evidence Of Peer Review	Hannah Ludwig - Formal approval from Research Review Committee 22.10.2021	22/10/2021	one
Interview Schedule	Interview schedule	06/01/2022	One
Participant Information Sheet	information sheet	06/01/2022	One
Participant Consent Form	Consent form	10/01/2022	One
Advertisement	advert	13/01/2022	One
Debriefing Material	Debrief Sheet	13/01/2022	One
Advertisement	advert	10/03/2022	Two
Participant Information Sheet	information sheet	10/03/2022	Two
Debriefing Material	Debrief Sheet v2	10/03/2022	Two

Appendix H: Research Advertisement

Version two: 10/03/2022

UNIVERSITY OF LIVERPOOL

Are you Jewish?
Does your Jewish identity hold meaning in your life?
Have you attended psychological therapy?

We would like to hear from you to take part in our research on Jewish identity and psychological therapy.

What would taking part involve?

You are invited to attend an online interview which will explore your Jewish identity and your experience of therapy. The interview will not explore the purpose of your therapy, but how if at all your Jewish identity was considered during the therapy sessions, and how you make sense of this. The interview will be held on a video call and will last no longer than one hour. The audio of the interview will be recorded, and all responses will be anonymised.

What next?

Please email for further information:

hannah.ludwig@liverpool.ac.uk

Thank you for your time

Hannah Ludwig, Trainee Clinical Psychologist

Hannah Ludwig
hannah.ludwig@liverpool.ac.uk

Professor Rhiannon Corcoran
corcoran@liverpool.ac.uk

Appendix I: Participant Information Sheet

Version 2: 10 March 2022

UNIVERSITY OF LIVERPOOL

Information sheet

Title of study: Exploring the experiences of Jewish individuals in concealing and/or sharing their Jewish identity in psychological therapy

You are being invited to participate in a research study. Before you decide whether to participate, it is important you understand why the research is conducted and what it involves. Please take time to read the following information carefully, ask questions or request more information. Please also feel free to discuss this with friends, family, or the GP. You do not have to accept this invitation and should only agree to take part if you want to.

Purpose of the study: Through life experiences individuals develop numerous identities of varying importance. These identities and experiences shape how we see the world. Exploring this is key in psychological therapy, which relies on gaining a shared understanding of the individual to guide therapy.

Research shows that numerous factors contribute to whether we reveal or hide our identities. This can include how important the identity is, if the individual has experienced discrimination, how much they anticipate being stigmatised, the socio-political context, and previous experiences of revealing the hidden identity.

It has been suggested that Jewish people's experiences have been overlooked in identity politics and psychology. The aim of this research is to give a platform to individuals who are Jewish. We are interested in exploring your experiences of concealing and/or sharing your Jewish identity in psychological therapy, specifically when this identity was not visible e.g. wearing a kippah or Magen David.

The objectives of the research are:

1) To explore the experiences of Jewish individuals, whose Jewish identity holds personal meaning and shapes their life in some way.
2) To explore individuals' experiences of sharing or concealing hidden identities in psychological therapy.
3) To explore the role of the therapist and the therapeutic environment in supporting the sharing of hidden identities.

Participants: You have been invited to take part in this study because you are Jewish, and your Jewish identity holds a personal meaning and shapes your life in some way. You will also have attended psychological therapy which ended a minimum of six months and maximum of two years prior to the study interview to ensure you can recall your experience of therapy and have enough distance from the sessions to reduce potential distress. Whilst in

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Professor Rhiannon Corcoran
corcoran@liverpool.ac.uk

therapy your Jewish identity will not have been visible e.g. by wearing a kippah or Magen David.

Who is involved in the study? The study is being conducted by Hannah Ludwig (Primary Researcher). Other members of the research team are Professor Rhiannon Corcoran (Primary Supervisor), Dr Laura Golding (Secondary Supervisor), and Alison Bryant (Expert by Experience).

What will happen if I take part? You will be invited to attend an interview with Hannah Ludwig, primary researcher, via a secure online platform which will last up to one hour. If it was felt that longer is needed or another session would be helpful to fully explore the topic this could be arranged.

Both interviewer and participants will conduct the interview from a private space, where interruptions and distractions can be minimised. It would be preferred if you have your video camera on as this would help us to communicate more fully and ensure that any challenges that may arise can be observed and supported by the interviewer.

The interview will explore your Jewish identity and your experience of therapy. The interview will not explore the purpose of your therapy or the reason you sought therapy in the first place. Its only focus will be on how, if at all, your Jewish identity became important or was considered during the therapy sessions, and how you made sense of this.

Your participation is valued by the research team so, following the interview, you will be offered a £20 online voucher as a token of our appreciation.

Risks of taking part: Talking about Jewish identity which could include intergenerational trauma and anti-Semitic experiences could be distressing. We are also exploring experiences within the context of psychological therapy which could potentially be retriggering. To minimise any risk, you don't have to answer any questions you do not want to, and you can request breaks and/or terminate the interview at any time without having to give a reason. The purpose of your therapy will not be explored during the interview. If it is felt that the interview is steering towards why you needed therapy, then I will gently redirect the questions.

It is possible that during our session together you may disclose experiences of antisemitism, abuse or discrimination. You do not have to provide any details, however depending on what is disclosed, I may seek your permission to provide advice and information e.g. how to report gross therapeutic malpractice or antisemitic incidents. However, if you tell me specific details that I felt indicated that you or others may be at harm, I may have to break confidentiality.

Hannah Ludwig
hannah.ludwig@liverpool.ac.uk

Professor Rhiannon Corcoran
corcoran@liverpool.ac.uk

Whilst it is a requirement for the interview to be held in a private space, you may experience unexpected interruptions. This could cause concern or distress if you have not informed the other individuals of your participation in the research or engagement with psychological therapy. If there are any unexpected interruptions during the interview it can be immediately stopped and rescheduled.

The interview is being conducted online and not in person. I will ask you to keep your camera on so that we can communicate more effectively. The parameters of the screen means that some changes in body language and other cues may be missed, which could reduce my ability to respond appropriately. For this reason, I will frequently ask how you are and if you are okay to carry on. If at any time you were to feel distress I will provide verbal support and time to consider whether to continue or withdraw from the study. Following the interview, time will be provided to reflect on what has been discussed. Information will be provided about organisations that can be contacted if you do experience any distress.

Benefits of taking part:
You will have the opportunity to explore and reflect on your experiences as a Jewish individual, add to the limited research on minority groups, and help develop a deeper consideration of cultural difference within psychological therapies.

Confidentiality: The information you provide will be anonymised to maintain your confidentiality. However, there may be circumstances when confidentiality would need to be breached. This would include if it was felt that you or someone else was at risk of harm, an offence has been/will be committed, or if therapist malpractice was disclosed. In these instances, the situation would be explicitly discussed with you, and consideration would be given as to whether the interview progressed, was postponed or terminated. The nature of the disclosure would determine who would need to be informed.

The University processes personal data as part of its research and teaching activities in accordance with the lawful bases of 'public task', and in accordance with the University's purpose of 'advancing education, learning and research for public benefit'. Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The Primary Researcher and Primary Supervisor act as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to Hannah.ludwig@liverpool.ac.uk or corcoran@liverpool.ac.uk. Further information on how your data will be used can be found in the table below:

How will my data be collected?	The interviews will be held via a secure online platform. The audio recording will be extracted and securely transferred to the University of Liverpool's secure server; M drive. The recording will be transcribed into a written script by the researcher, or a

Hannah Ludwig
hannah.ludwig@liverpool.ac.uk

Professor Rhiannon Corcoran
corcoran@liverpool.ac.uk

	professional transcriber employed by the University of Liverpool and covered by a confidentiality agreement.
How will my data be stored?	The data, including signed consent forms, original audio recordings and transcrips will be stored on the University of Liverpool's secure server.
How long will my data be stored for?	Up to 10 years
What measures are in place to protect the security and confidentiality of my data?	All information will be anonymised, a secure online platform will be used, and all data will be stored securely.
Will my data be anonymised?	Yes
How will my data be used?	Your data will be analysed and the results will inform the write up of the study. The research will be reported in the form of a doctoral thesis and as a publication in an academic journal. No identifying information will be included in these outputs
Who will have access to my data?	Hannah Ludwig (Primary Researcher) Professor Rhiannon Corcoran (Primary Supervisor) Dr Laura Golding (Secondary Supervisor)
Will my data be archived for use in other research projects in the future?	No
How will my data be destroyed?	For the duration of the project Hannah Ludwig will be responsible for destroying the data. Following this, Professor Rhiannon Corcoran be responsible.

What will happen to the results of the study? The research will be disseminated via a number of platforms including the University of Liverpool Research Conference, Jewish networks, and journals. If you would like to receive a copy of the research, please complete the corresponding section of the consent form.

What will happen if I want to stop taking part? Participating in this study is voluntary and you are free to withdraw from the study without explanation and without incurring a disadvantage. You can withdraw from the study up to two weeks following the interview, after which it may not be possible due to your data being anonymously transcribed and the original recording permanently deleted. If you wish to withdraw, please contact the Primary Researcher, Hannah Ludwig.

What if I am unhappy or there is a problem? Please contact Hannah Ludwig. If you remain unhappy or have a complaint which you feel you cannot come to me with, contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. Please provide the name or description of the study, the researcher involved, and the details of the complaint. The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, please lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Hannah Ludwig
hannah.ludwig@liverpool.ac.uk

Professor Rhiannon Corcoran
corcoran@liverpool.ac.uk

Who can I contact if I have further questions? If you have any further questions, please email Hannah Ludwig, Primary Researcher. If you would prefer to speak via phone, please indicate this on the email and provide a contact number.

Thank you on behalf of the researcher team.

Hannah Ludwig, Primary Researcher: Hannah.ludwig@liverpool.ac.uk
Professor Rhiannon Corcoran, Primary Supervisor: corcoran@liverpool.ac.uk
Dr Laura Golding, Secondary Supervisor
Alison Bryant, Expert by Experience

Hannah Ludwig
hannah.ludwig@liverpool.ac.uk

Professor Rhiannon Corcoran
corcoran@liverpool.ac.uk

Appendix J: Participant Consent Form

Version one: 10 January 2022

UNIVERSITY OF LIVERPOOL

Participant consent form

Research ethics approval number:

Title of the research project: Exploring the experiences of Jewish individuals in concealing and/or sharing their Jewish identity in psychological therapy

Name of researcher: Hannah Ludwig

Please initial box

1. I confirm that I have read and have understood the information sheet dated 6 January 2022 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the interview at any time without reason and without my rights being affected. In addition, I understand that I am free to decline to answer any questions. ☐
3. I understand that I can ask for access to the information I provide, and can request its destruction if I wish within **two weeks** of the interview. I understand that after this time it will not be possible to withdraw due to your data being anonymised and analysed. I understand that following this point I will no longer be able to request access to or withdrawal of the information I provide. ☐
4. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool. ☐
5. I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for the following purposes: for the content to be transcribed for analysis. ☐
6. I understand that taking part in the study may involve exploring sensitive topics which could cause some distress. ☐
7. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my fully anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. ☐

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Appendix: K: Interview Schedule

Version 1: 06/01/2022

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Interview schedule

Title of study: A study to explore the experiences of Jewish individuals in concealing and/or sharing this identity in psychological therapy

The opening

- Establish rapport: introductions
- Purpose: The aim of the interview is to explore your experience of revealing or concealing your Jewish identity within psychological therapy. We will explore your Jewish identity and then again in the context of therapy. We won't discuss the content of therapy. If I feel we are moving into discussing therapy I will guide it back.
- Self-care: If there is anything you are not comfortable exploring, please say. And you can have breaks or end the interview at any time.
- Process: I will ask lots of questions to try and understand your experiences, some things you may not have thought about so please take your time. And I may also need to take so time to process what you have told me.
- Time: how long the interview should take; IT issues; disruptions
- Any questions

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A. Jewish identity

- How would you describe your Jewish identity?
  Prompt: Has is changed over time?
  Prompt: What messages did you have growing up about your Jewish identity?

- Do you think being Jewish impacts how you see yourself or the world?
  Prompt: how much do you think about being Jewish
  Prompt: Do you think events in your life/society have changed how you view being Jewish?

- Do you think being Jewish impacts how others see you?
  Prompt: members of the Jewish community, family, friends, strangers, society?

- Do you think events in society have changed how others view you being Jewish?
  Prompt: if so how?

- What is your experiences of revealing or hiding your Jewish identity in everyday life?
  Prompts: examples – a time when R and C
  Prompt: What impacts your decision to reveal or conceal?
  Prompt: What do you anticipate happening when you reveal?
  Prompt: What is the purpose in revealing your identity?

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B. Therapy

- Without describing the nature of your therapy, could you give me a brief overview of your experience of therapy?
  Prompt: how long did you attend?
  When did you start and how long for?
  What was the process for finding the therapy you attended?
  how did you find the process?

- Could you describe your experience of the therapeutic relationship?

- Could you describe the ending of therapy?
  Prompt: why did it end when it did?

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If no: why do you feel your Jewish identity wasn't explored?
Prompt: did you chose not to share it?
Prompt: Did you want to share it at any points?
Prompt: Did it feel relevant to share it at any point?
Prompt: Did the therapist initiate exploring this topic?
Prompt: What were the barriers?

How do you make sense that they did not ask you?

How do you make sense that you did not share?

Why do you think it wasn't relevant to reflect on your identity?

Is there anything that could have helped you feel comfortable to share this?

Prompt: could the therapist have done anything? Could anything have been different in the process?

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The closing

- Summary, check in and maintain rapport
- Action to be taken: provide debrief sheet, sign posting if required, plan going forward.
- Thank participant

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Appendix: L: Participant Debrief Sheet

Version two: 10/03/2022

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Debrief Sheet

Title of study: Exploring the experiences of Jewish individuals in concealing and/or sharing their Jewish identity in psychological therapy

Research Team:
Hannah Ludwig, Primary Researcher: Hannah.ludwig@liverpool.ac.uk
Professor Rhiannon Corcoran, Primary Supervisor: corcoran@liverpool.ac.uk
Dr Laura Golding, Secondary Supervisor
Alison Bryant, Expert by Experience

Purpose of the study: The purpose of this study was to explore your experience as a Jewish person of concealing or revealing your Jewish identity within psychological therapy. Through the interview process we aimed to develop an in depth understanding of your experience and your interpretation. It is hoped the study can support our understanding of cultural difference and offer some insight into how psychological therapists and the environment can support an individual's decision to reveal hidden identities and enhance the psychological therapy process.

What next? Data collected will be stored securely in line with the university's research data management policy. Your interview will be transcribed, analysed, and written up in the form of a doctoral thesis and academic publication.

Can I still withdraw? You can withdraw your information between now and when your interview is transcribed in approximately **two weeks.** After this time, it will not be possible to withdraw your data because it will have been anonymised.

Support available: Talking about identity within the context of psychological therapy may have brought up some difficult feelings.

If you are feeling distressed at any time after the interview you should contact someone you trust or your GP to talk things through. You can also contact:

Samaritans: Phone: 116 123 (free from any phone, 24 hours a day); email: jo@samaritans.org
Campaign Against Living Miserably (CALM): 0800 58 58 58 (5pm-midnight)
SANEline: 0300 304 7000 (4.30pm-10.30pm)

If you wish to report any antisemitic incidents, please contact Community Security Trust (a charity that specialise in responding to antisemitic incidents): 0800 032 3263 or cst.org.uk

If you wish to report any concern with professional practice, please contact Health and Care Professions Council (HCPC): https://www.hcpc-uk.org/concerns/raising-concerns/

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Version two: 10/03/2022

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Thank you for taking part in this study and for your valuable contribution. If there is anything you would like to discuss in relation to this study, please contact Hannah Ludwig, Primary Researcher (Hannah.ludwig@liverpool.ac.uk) or Professor Rhiannon Corcoran, Primary Supervisor (corcoran@liverpool.ac.uk).

Hannah Ludwig (Trainee Clinical Psychologist)

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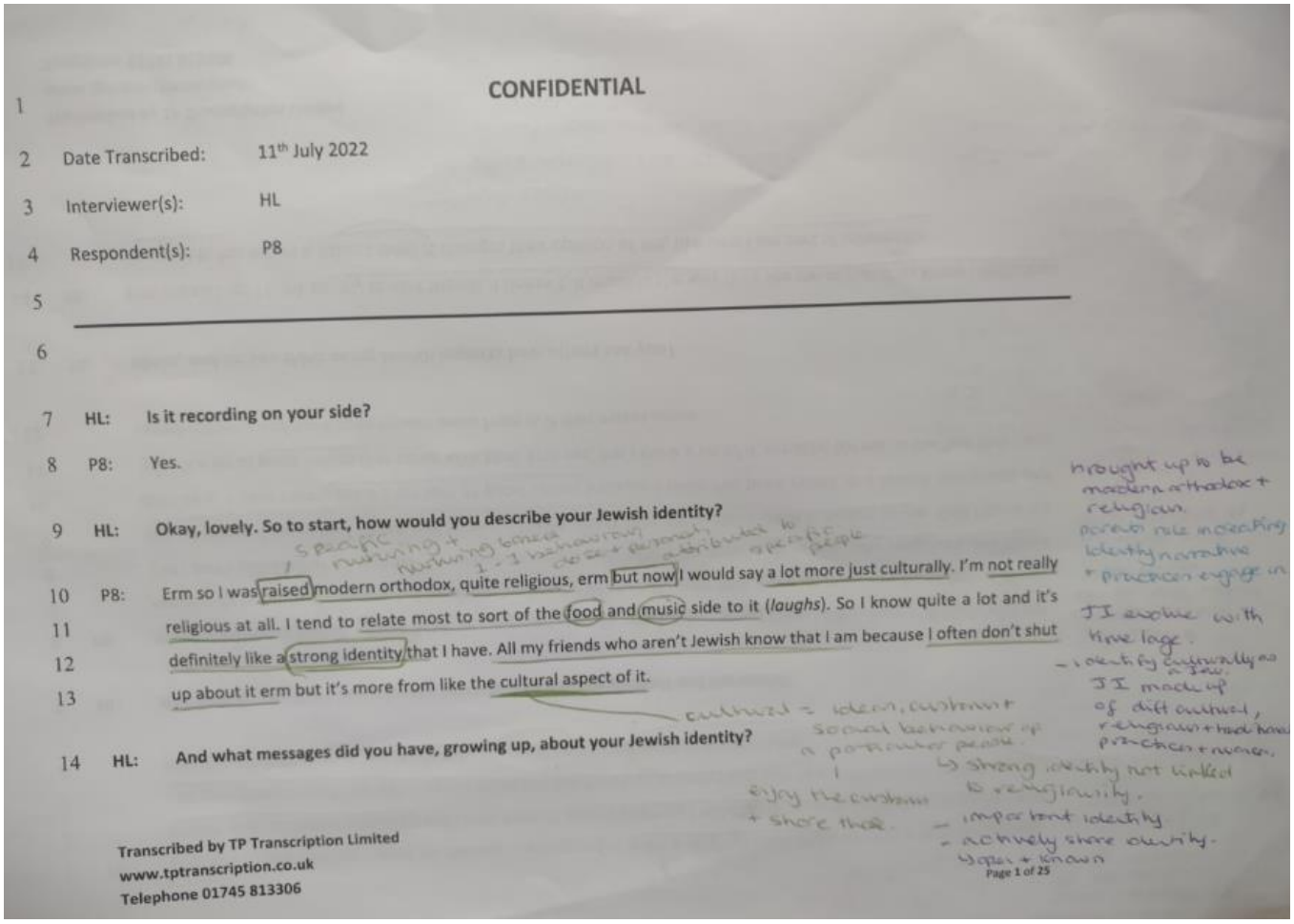
Appendix M: Example Line by Line Coding, Participant 8



CONFIDENTIAL

Date Transcribed: 11th July 2022

Interviewer(s): HL

Respondent(s): P8

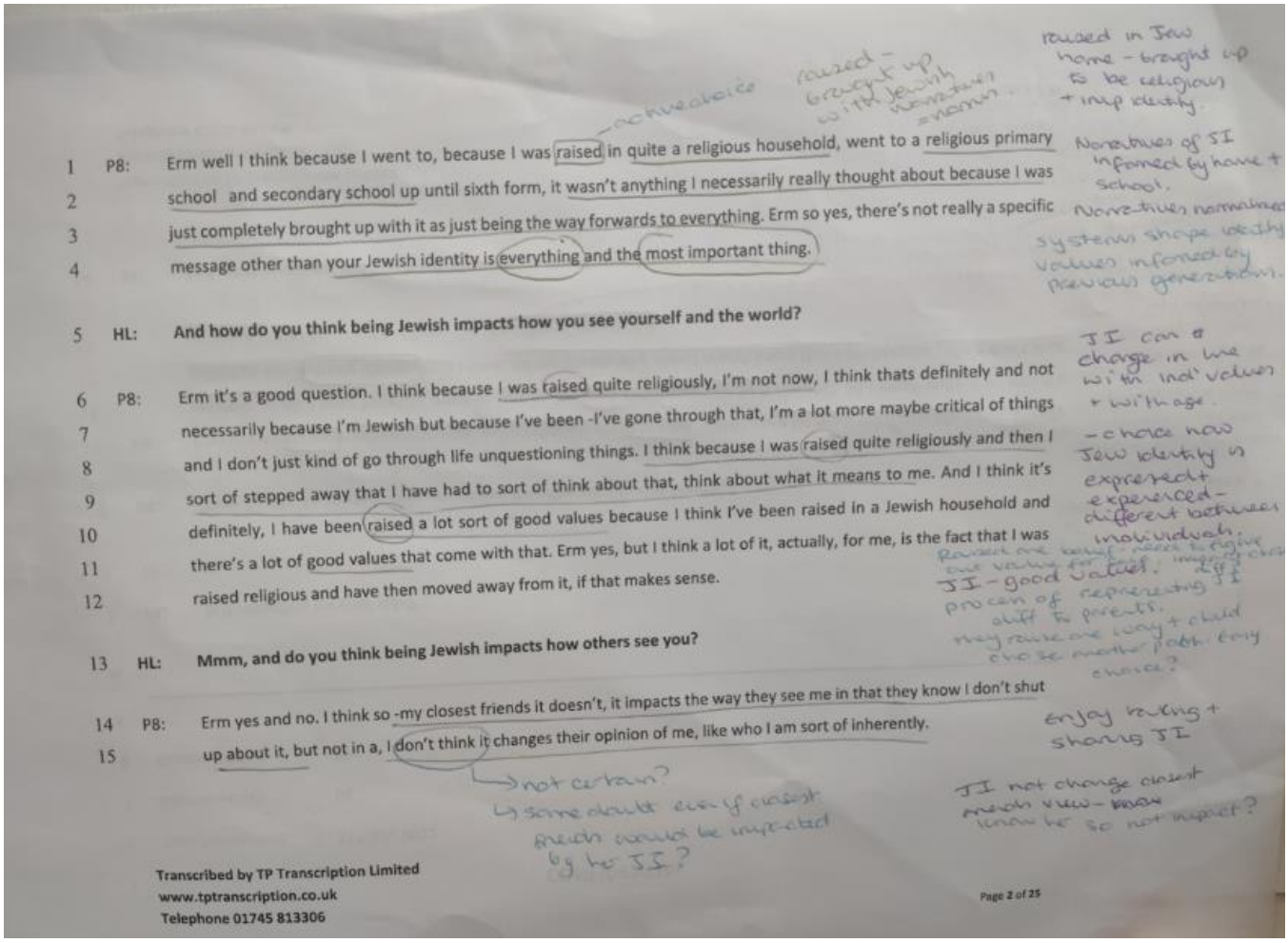
HL: **Is it recording on your side?**

P8: Yes.

HL: **Okay, lovely. So to start, how would you describe your Jewish identity?**

P8: Erm so I was raised modern orthodox, quite religious, erm but now I would say a lot more just culturally. I'm not really religious at all. I tend to relate most to sort of the food and music side to it (*laughs*). So I know quite a lot and it's definitely like a strong identity that I have. All my friends who aren't Jewish know that I am because I often don't shut up about it erm but it's more from like the cultural aspect of it.

HL: **And what messages did you have, growing up, about your Jewish identity?**



P8: Erm well I think because I went to, because I was raised in quite a religious household, went to a religious primary school and secondary school up until sixth form, it wasn't anything I necessarily really thought about because I was just completely brought up with it as just being the way forwards to everything. Erm so yes, there's not really a specific message other than your Jewish identity is everything and the most important thing.

HL: **And how do you think being Jewish impacts how you see yourself and the world?**

P8: Erm it's a good question. I think because I was raised quite religiously, I'm not now, I think thats definitely and not necessarily because I'm Jewish but because I've been -I've gone through that, I'm a lot more maybe critical of things and I don't just kind of go through life unquestioning things. I think because I was raised quite religiously and then I sort of stepped away that I have had to sort of think about that, think about what it means to me. And I think it's definitely, I have been raised a lot sort of good values because I think I've been raised in a Jewish household and there's a lot of good values that come with that. Erm yes, but I think a lot of it, actually, for me, is the fact that I was raised religious and have then moved away from it, if that makes sense.

HL: **Mmm, and do you think being Jewish impacts how others see you?**

P8: Erm yes and no. I think so -my closest friends it doesn't, it impacts the way they see me in that they know I don't shut up about it, but not in a, I don't think it changes their opinion of me, like who I am sort of inherently.

Appendix N: Example Experiential Statements and Corresponding Quotes, Participant 8

Experiential Themes	Quotes
1. Parent and school narratives and practices inform childhood Jewish identity.	2,1: I think because I went to, because I was raised in quite a religious household, went to a religious primary school and secondary school up until sixth form, it wasn't anything I necessarily really thought about because I was just completely brought up with it as just being the way forwards to everything. Erm so yes, there's not really a specific message other than your Jewish identity is everything and the most important thing. 14,13: , I would say erm. I think among other issues, I think it's really hard when it's tied in with your entire childhood and upbringing
2. Jewish identity evolves over time in line with development of own values and meaning attributed to practices and identity	2,8: I think because I was raised quite religiously and then I sort of stepped away that I have had to sort of think about that, think about what it means to me. 9,2: I used to sort of resent it a lot more, whereas now, I actually really appreciate that side to my identity 15, 4: So the most liberating thing was me knowing, I think, how I sit with my identity
3. Jewish identity and one's relationship to it is complex	5,3: I think that is a lot of what it is and it is so individual and so nuanced 24,6: how you can have such a strong identity but then also be so distant from it as well, 11,4: But then the more positive side to it, 11,14: I really enjoy sharing the enjoyable side
4. Enjoy sharing Jewish identity, practices and culture with others.	1,12: All my friends who aren't Jewish know that I am because I often don't shut up about it erm but it's more from like the cultural aspect of it. 11,4: I have taught loads of people how to make Challah. I know hummus is inherently Jewish (laughs) but I will still use that, and then the music as well. My guilty pleasure is listening to really Jewishy music, like Shwecki and Yeshiva boys choir. I don't know how much you know about them, and I love sharing that.
5. Stereotypes and antisemitism challenged when it cannot be disputed	3, 6: I think with, so with some people, I will challenge it. I think it depends who makes the comment, what kind of comment it is as well, but generally, I will just ignore it. 7,3: ...the same friend basically chanting something about erm, 'out with the Jews'. Something very explicitly antisemitic and then the next day when he came to sort of apologise, I then challenged him and was like, you made an antisemitic joke at me, literally like the day you met me, which I never brought up ... if I turned round, that moment and was like, that's actually an inappropriate comment, because of the kind of person that he is, it would definitely have turned round and him just being like, get over yourself, like it was just a joke, and he wouldn't have taken it seriously.
6. Interpersonal experience of Jewish identity	3,3: without someone even knowing me, there's these assumptions that are just put on me.

Appendix O: Example Personal Experiential Themes

Table of Personal Experiential Themes (PETs) for P8
A. THE COMPLEXITY OF JEWISH IDENTITY AND ONES RELATIONSHIP TO IT
The evolution of the Jewish identity.
ET1: Parent and school narratives and practices inform childhood Jewish identity.
P2, L1: '…because I was raised in quite a religious household, went to a religious primary school and secondary school up until sixth form, it wasn't anything I necessarily really thought about because I was just completely brought up with it as just being the way forwards to everything.'
P14, L13: '…I would say erm. I think among other issues, I think it's really hard when it's tied in with your entire childhood and upbringing.'
ET2: Jewish identity evolves over time in line with development of own values and meaning attributed to practices and identity.
P2, L8: 'I think because I was raised quite religiously and then I sort of stepped away that I have had to sort of think about that, think about what it means to me.'
P9, L4: '…I used to sort of resent it a lot more, whereas now, I actually really appreciate that side to my identity.'
The additional complexity of being Jewish.
ET3: Jewish identity and one's relationship to it is complex.
P24, L6: '…how you can have such a strong identity but then also be so distant from it as well…'.
P11, L4: 'But then the more positive side to it…'.
ET15: Being Jewish can be an added burden for the individual.
P10, L14: '…at that point it would have been easier just to kind of not have that identity…'.
ET21: Invalidate own experiences as a Jew due to conflicting identities.
P13, L16: '…I have led a relatively privileged life and I think those two things together can be quite hard to then, like I said, sort of validate yourself…'.
The role of others in the Jewish identity
ET6: Interpersonal experiences linked to the Jewish identity.

P3, L3: '…without someone even knowing me, there's these assumptions that are just put on me…'.

P9, L5: '…it all comes back to, with the right people, they appreciate that side of it…'.

ET8: Jewish identity is not understood, or the experiences validated.

P3, L10: '…because I'm not religious, they're like, well, how are you Jewish? They're like, what makes you Jewish, and I think they don't get the sort of ethno-religion side to it…'

ET11: Friendship involves understanding and accepting her Jewish identity.

P7, L11: 'I think, actually, it's quite limiting in that if I want to have a good relationship with someone, there is all these stereotypes where I'm like, this isn't me but if you're going to have in your head that I am X, Y and Z, there is just no point trying to continue that relationship if you're not going to be open.'

P3, 7: 'Like the people that I care most about either don't have those opinions or don't make comments like that or I'll have an actual conversation with them about it…'.

Navigating sharing and integrating Jewish identity in relationships and society

ET25: Challenges accepting and integrating differences into secular world.

P22, L8: 'I think the being different element. I think being raised in a society which is generally pretty secular then making friends with people who were secular and it being so new to them and it being so different, that I was kind of ashamed of being from something so different which just isn't really known about'.

P22, L16: '…because I was trying to conform with a load of people that were so different to me, that I, yes, I felt really embarrassed by it. I felt that I didn't fit in and then didn't want to show it at all.'

ET4: Enjoy sharing Jewish identity, practices, and culture with others.

P1, L12: 'All my friends who aren't Jewish know that I am because I often don't shut up about it erm but it's more from like the cultural aspect of it'.

P11, L4: '…I have taught loads of people how to make Challah. I know hummus is inherently Jewish (laughs) but I will still use that, and then the music as well. My guilty pleasure is listening to really Jewishy music, like Shwecki and Yeshiva Boys' Choir. I don't know how much you know about them, and I love sharing that.'

Appendix P: Reflexive Diary Excerpt

08 March 2021: I have been Jewish all my life. I have been told not to put 'Jewish' on job applications, have experienced antisemitism (mostly when people have not known I am Jewish), my synagogue and childrens' school has security, and my Grandma fled her home in Germany in the 1930s, and yet until starting the Dclin I have never questioned these experiences, just accepted them, and loved my experience of being a Jew….

18 May 2021: Things are escalating in Israel/Palestine and in response there is an increase in antisemitic incidents in the UK. Tweets saying, 'Hitler was right', increase in violence and vandalism…I see people speaking up on social media giving Jews a voice, but I can't do it. I am scared of how I will be perceived, and how others will respond, so I am silent. One friend reached out…

18th October 2021: In a lecture some of my peers were reflecting from their cultural lens, something I have never done. I realise my threat system prevents me sharing my Jewish identity within training, with uncertainty as to how I position myself, and how others will position me. I think compartmentalising myself and hiding my Jewish identity is a disservice to diversity and prevents the dominant psychological perspectives in clinical psychology being challenged…

25th April 2022: Through my research I have connected with two other Jewish trainee clinical psychologists. For the first time I am truly seeing, feeling, and acknowledging my own experiences as a Jew. Seeing how they have successfully integrated their Jewish and professional identities has supported and encouraged me to try and test the validity of my fears and work out how I want to integrate my identity…I brought my Jewish identity to supervision; it was not received openly. This motivates me to understand the barriers[18] to identity being included in supervision and ensure my supervisor style does not replicate this.

25 May 2022: *(regarding participant interviews)*…I have a strong narrative regarding my Jewish identity, will it shape what I want to, or think I should hear? Am I looking for validation? In line with Critical Realist perspective, my perception is my own truth. I need to own my truth and be curious to hear others…

2 Dec 2022: I presented at an EDI conference about my experiences as a Jewish trainee. It felt exposed and vulnerable, but I feel authentic and empowered. I have a long way to go, but I know the importance of continuing to bring my identity to clinical psychology, to model and normalise narratives of difference, which will hopefully be incorporated into the systems I work in; between colleagues, within supervision, and when working with clients.

[18] Professional Issues Assignment: 'How is identity explored within the supervisory framework'.