**Abstract**

**Background**

The current study examines the experiences, interpretations, and insights of social workers with regards to their work in therapeutic dyads where they have cultural compatibility with their patients. It studies the impact this compatibility has on the treatment and on the therapist at the personal, professional, and community levels.

Therapy sessions evoke reactions from patients and therapists that are related to their cultural backgrounds, perceptions, and beliefs, among other things. This is true whether therapists and patients have similar or different cultures of origin. In recent decades, the research and professional conversation around multiculturalism and cultural competence in social work have expanded. The American National Association of Social Workers (NASW) defines cultural competence as: “… a set of congruent behaviors, attitudes, and policies that come together in a system or agency or amongst professionals and enable the system, agency, or those professions to work effectively in cross-cultural situations,” (NASW, 2015, p. 11). Employee trainings and programs on cultural compatibility have been designed to meet this need. There is some tendency to refer patients to social workers with a similar cultural background (which is considered “cultural compatibility”).

Many researchers have investigated therapist-patient cultural compatibility and its implications for treatment. The topic is primarily studied from the patients’ perspective, and studies have found that patients tend to prefer professionals whose cultural background is similar to their own, and that they perceive such therapists more positively. However, there is no unequivocal research evidence that therapeutic dyads with cultural compatibility between the therapist and patient are more effective than those without such compatibility.

Cultural compatibility between therapists and patients who are immigrants cannot be discussed without referring to the issue of immigration. Immigration research is a well-established field yielding a vast body of knowledge about immigrants’ experiences, integration processes, identity building, and more. In contrast, there has been little research on the experiences of therapists who treat immigrants, in Israel or elsewhere. Israel is a country of immigrants, and has absorbed large waves of immigration in recent decades, including over a million people from the former Soviet Union. Immigration is known to cause stress with long-term consequences on an individual's life. One difficulty that immigrants face is the foreign language. Therefore, to make it easier for patients, there is a widespread practice in Israel of providing treatment in the patient's native language by a therapist from a similar cultural background. Therapists who share a cultural background, language, and immigration experience with their patients may have a deeper understanding of the processes occurring in the therapeutic dyad, as well as the consequences these have for the social workers providing the treatment and for the therapy itself.

**Research Question**

What are the experiences of Russian-speaking social workers who immigrated to Israel from the former Soviet Union in the 1990s and 2000s, who provide care for immigrants who came to Israel from the former Soviet Union during the same period?

**Research Methods**

This is a qualitative-narrative study, based on the phenomenological paradigm that perceives the human world as a construction of various subjective realities. Interviews were conducted with 32 social workers who immigrated to Israel from countries of the former Soviet Union starting in the 1990s, who work in culturally compatible dyads, sharing a common cultural background and native language (Russian) with their patients.

The criteria for selecting interviewees were: (1) They studied the social work profession at an institution of higher education in Israel; (2) They work as professionals in various fields of social work in Israel’s welfare services and the healthcare system; (3) They have over five years of therapeutic experience in the social work profession. The last criterion was selected in order to reach experienced therapists who are past the phase of adapting to their profession, and who have gained a broad and deep view of their therapeutic work. Participants were recruited using the “snowball” method, in several steps. Initially, I approached therapists who met these criteria and whom I knew professionally, but with whom I did not have a working relationship at the time of conducting the research. Subsequently, through participants who had already been interviewed for the research, I reached out to members of a closed Facebook group for Russian-speaking therapists, social workers, and psychologists.

The research tool used is the semi-structured in-depth interview. Most of the interviews were conducted in Hebrew, and some were conducted in Russian, according to the interviewees’ preference. All interviews were recorded, with the consent of the participants, and transcribed. The interviews conducted in Russian were transcribed in Russian, then translated into Hebrew. The anonymity of the interviewees was protected.

The data analysis was done using the categorical content analysis method to extract central themes, and structural analysis to understand the implicit content hidden between the lines. Various steps were taken to establish the reliability of the research and to adhere to ethical standards.

**Main Findings**

The research findings yield a broad and in-depth picture of the experiences, interpretations, and meanings attributed by social workers in culturally compatible therapeutic dyads, and the consequences of this compatibility on the treatment and on the therapist at the personal, professional, and community levels. The categorical analysis revealed the following key topics: 1) therapists’ perceptions of identity and belonging; 2) the therapist-patient relationship; 3) the language used in treatment; 4) the relationship triangle between the therapist, the organizational system, and the patient; 5) culturally-adapted training for the immigration context.

**Therapists’ Perceptions of Identity and Belonging**

As immigrants, the interviewees grapple with their differences in the context of Israeli society, and try to define their identity as it relates to their ethnic affiliation, as well as the identity of their children and grandchildren growing up in Israel. Russian-speaking therapists who are at the intersection between their culture of origin and Israeli culture are seek to define their identity and sense of belonging. Most of them find a way to accept their hybrid identity. This affects their experience as therapist since it helps them understand their patients, although they did not speak widely on this topic during the interviews.

**The Therapist-Patient Relationship**

The experience of a therapist in a culturally compatible therapeutic dyad is complex. The interviewees described cultural compatibility with their patients in terms of similar and shared experiences on various levels across time and space. However, the compatibility is not absolute, and despite their common origins as immigrants from the former USSR, the therapists noticed differences between them and their patients, alongside their similarities. The cultural capital they acquired before immigration includes: primary and higher education, family, culture and literature as children, lifestyle, values, geographical area in the country of origin, and socio-economic level. Parameters such as the year they immigrated and their age at the time of immigration can influence their ability to cope with challenges, and form a basis for similarities and differences in the overall immigration experience. A common spoken language is not enough to create cultural compatibility; it also requires similar experiences related to cultural background or immigration experience.

Cultural compatibility may foster understanding, deepen the therapist’s identification with the patient, and enable a more rapid connection at the initial stage of establishing contact and building trust. However, the interviewees differed in their opinions regarding the long-term positive effect of cultural compatibility. Some said that identification with and understanding of the patient’s cultural context and the immigration experience are not necessarily an advantage in treatment. Rather, the encounter with a patient with whom the therapist shares a language, cultural background, and the immigration experience, may lead to cultural countertransference that is manifest in various reactions. Along with empathy, identification, and a desire to help, some interviewees noted that familiarity may limit the therapist’s vision and thinking, and blind them to certain aspects of the treatment. Identification based on similar backgrounds may lead the therapist to be overprotective of Russian-speaking patients and blur boundaries. It may also be detrimental to the therapist by creating an emotional burden, a sense of being overwhelmed or burnt out. The therapist’s complex reactions to the encounter may start with patients’ behavioral patterns, values, and unmet expectations, which touch on their own personal experiences and aspects of themselves that they have difficulty accepting, and eventually may even threaten their Israeli identity. Some therapists respond with the emotional avoidance mechanism of anger, and others express reluctance and resistance to working with Russian-speaking patients.

**Language used in the Therapy**

The choice of the language used in the therapy was one of the dominant themes in the interviews. Interviewees spoke about two aspects related to the choice of language: 1) how to choose the language; and 2) preference for the Russian language as a therapeutic tool. For all the interviewees, Russian is their mother tongue and Hebrew is an additional language, but Hebrew was the language through which they first became familiar with the world of social work and concepts related to therapy. Therapists employ three strategies in choosing the language for therapy. Some ask the patients which language they prefer and proceed according to their preference. Some choose to speak Russian because they see the language as a therapeutic tool in itself, helping to establish contact, build trust, reduce tension and resistance, and deepen the connection by echoing early experiences in the patient’s psyche related to their mother tongue. Still others choose to speak Hebrew because the language is linked to their professional identity. For therapists who have undergone professional socialization in Hebrew, offering therapy in Russian makes it difficult for their patients to access their professional lingo. The therapists’ challenge is not only in finding the right term or word to describe an emotion; language unifies their perceptual assessment of patients, and therefore therapists must adapt it to their patients’ perceptual-cultural context.

The linguistic aspect of the treatment involves more than choice of language. Many interviewees addressed questions regarding how language affects them and the therapy, particularly the degree of closeness or distance within the therapist-patient relationship in culturally compatible dyads. Therapy conducted in the native language of both therapist and patient may evoke an emotional resonance in the therapist. Some interviewees said they are comfortable offering treatment in Russian because the language connects them with their patients at deep levels, creates a sense of closeness and security, and helps the treatment. Other interviewees raised this as a dilemma, saying that being overly close to patients may blur boundaries, and make the therapist feel threatened or overly exposed, preferring some distance so the therapeutic space feels safe for both parties.

**The Relationship in the Therapist-Organization-Patient Triangle**

Interviewees spoke about their position in the therapist-organization-patient triangle, their role in these relationships, and their own relationship with the organizational system. Three themes emerged from the analysis: intercultural mediation; the therapists’ relationship with the system; and therapists’ relationships with colleagues. Many see themselves as mediators between the organization and their patients on issues related to life in Israel, legal issues, education and childcare, mental health and therapy, and more. Some interviewees emphasized acting as mediators for their patients, while others see their mediating role as going in two directions: mediating the system to the patient and the patient to the system.

Most interviewees said they see themselves as a source of knowledge for their colleagues who are not immigrants themselves but who work with immigrants from the former USSR. They can explain aspects of the culture in various frameworks, professional forums, and in the offices or organizations where they work. They take part in team trainings for work with immigrants, and present on this topic at lectures and conferences. Those who do this type of work find it important and meaningful.

The experience of the research participants as Russian-speaking social workers in the system ranges between feeling special and important, and feeling isolated. Knowing the Russian language proved to be an asset that helped them integrate into many workplaces, and is a considerable advantage in working with immigrants from the former USSR. Knowing the language and culture gives the interviewees a sense of pride, self-confidence, being needed, and having job security. But they noted that the feeling of specialness comes with a price: a sense of isolation. They are experts in a niche field, and Russian-speaking patients are often referred only to them, creating a heavy caseload. Some Russian-speaking therapists criticized the system, saying they sometimes feel exploited and unsupported, but they try to take personal responsibility and cope with each situation. Some interviewees feel their special status is distancing and limiting. They feel that they are not seen fully, but by their label as “Russians,” such that their unique personal identity may be invisible to those around them.

The interviewees have professional relationships with both Russian-speaking and non-Russian-speaking colleagues, and although they feel comfortable with those who share their mother tongue, most want to make positive connections with their colleagues from all ethnic groups.

**Supervision Adapted to the Cultural Context and to Immigration**

Regarding supervision, four main topics were raised in the interviews: 1) supervision as a source of change and growth; 2) issues that make it difficult to adapt supervision to the needs of therapists who are immigrants; 3) ways of dealing with the lack of culturally-adapted supervision; 4) therapists’ expectations from supervision and the organizational system.

Very few interviewees said that they receive or have previously received culturally-adapted training that created meaningful change, enabled them to place the therapist-patient relationship in a cultural context, or to process the immigration experience. Those that did receive culturally-adapted training viewed it as a source of learning and personal and professional development. In the few cases when instruction was given by Russian-speaking instructors, they interviewees said they found it meaningful and benefited from an “inside view” on therapeutic processes between therapist and patient. Young therapists identified with and even emulated these supervisors. The common language and culture created a special closeness with these supervisors.

Most interviewees, however, sharply criticized the training they received. Inadequate reference to issues of cultural context and immigration, and the instructors’ lack of knowledge on the subject left them feeling alone in dealing with cultural countertransference and professional dilemmas in working with immigrants. When instructors did not take the initiative to discuss issues of cultural countertransference, the interviewees saw this as avoiding the subject or silencing them. This led them to feel insecure, doubt themselves, and question the relevance of the training topics. They offered possible reasons for this, such as the instructors’ perceptions of therapy or not recognizing the trauma of the immigration experience. The interviewees saw such supervisors as painfully ignorant of such topics. In such supervision, the interviewees viewed discussions of cases and the interpretations offered as narrow, superficial, unhelpful, or even erroneous, since they did not consider cultural aspects of patients’ behavior. The therapists adopted two strategies to deal with the lack of supervision appropriate to their needs: Either they coped alone, drawing on their own knowledge and experience, or they turned to Russian-speaking colleagues.

The interviewees who spoke about their expectations from supervision and from the system as a whole, emphasized the importance of supervision that relates to the cultural context, to the processes between therapist and patient, and to issues of identity. They see these as central issues in the education of social workers, which should be addressed starting in university and throughout their professional training. The issues are relevant not only for therapists who are immigrants themselves, but for all social workers employed with various service providers and working with different populations. All professionals need cultural knowledge and communication skills to work in Israel, which continues to absorb new immigrants and is home to many second- and third-generation immigrants. The interviewees placed the responsibility for charting this course on policymakers, academics, and instructors in the field.

**Discussion and Conclusions**

The findings on the experiences and emotional-behavioral reactions of therapists in culturally compatible dyads were discussed through a conceptualization of countertransference in the broadest sense. It integrated several fields of knowledge: psychological processes of immigration, professional training, and cultural competence in the caregiving professions, particularly social work.

The study makes several important contributions. It uncovered valuable information about how Russian-speaking social workers who immigrated to Israel view cultural compatibility, their experiences, the interpretations and meanings they attribute to their therapeutic work in culturally compatible dyads, and the consequences of all of these factors on the therapy and on the therapist on a personal and professional level. The research illuminates the complex dynamics in therapeutic relationships that touch on aspects related to culture and immigration. It also looks at interviewees’ relationships with the organizational system in which they work and the professional supervision they receive. The research highlights the needs of therapists working in culturally compatible dyads, namely the need for appropriate supervision and advanced professional training to develop cultural competence. The study challenges the idea that therapists and patients should automatically be matched based on origin or language. It offers a broad view of the definition of cultural compatibility as perceived by the therapists.

On a practical level, this research provides rich information for academics and researchers, policymakers, and the therapists themselves regarding training and optimal management of countertransference processes related to immigration, cultural context, and language. This may be beneficial in providing a more efficient and coordinated response to the populations the therapists work with.

**Keywords**: immigrant therapists, cultural compatibility in therapy, countertransference in the context of culture and immigration, language in bilingual therapy, cultural competence, intersection of identities, identity and belonging of immigrant therapists, intercultural training, organizational relationship in the cultural context