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The Psychotherapeutic Relationship in Korea Compared to Western Countries*

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The main purpose of this study is to investigate the psychotherapeutic relationship as it is experienced by psychotherapists in Korea, using a comprehensive questionnaire designed for a major cross-national survey of mental health professionals and translated into Korean by the author. The study focuses on those sections of the questionnaire concerned with the therapeutic relationship because that aspect of therapy is common to various treatments and has been shown by much previous research to be linked to therapeutic outcome.

The researcher used data collected in Korea and other countries to examine the question: To what extent are psychotherapists in Korea different from therapists in other countries in the way they experience their professional relationships with patients? Comparative analyses will focus both on the definition of relationship dimensions and on levels of emphasis within specific dimensions.

Five common scales were constructed using descriptors derived from the factor analyses: "Supportive", "Care-Taking", "Autocratic" (Confronting, Directive, Superior), "Formal", and "Invested". Using hierarchical multiple regression analyses to assess differences between Korean and Western therapists quantitatively on the five common relationship dimension suggest that Korean and Western therapists differed most in how personally "Invested" they felt, and in how "Formal" and "Care-Taking" they saw themselves. The Korean therapists in this sample rated themselves as significantly less "Invested", and as significantly more "Formal", yet also significantly more "Care-Taking" than their Western counterparts. There was no significant difference between Korean and Western therapists in how "Supportive" they perceived themselves to be, and just a marginally significant difference in how "Autocratic" they perceived themselves to be.

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INTRODUCTION

Although modern forms of psychotherapy was developed in Europe and North America, they have been vigorously exported by their proponents and have taken root in all parts of the world with aspirations to modernity in education, industry, and cultural development (Nixon, 1990). Yet some of these countries have traditional social norms and values that differ considerably from Western countries, raising interesting questions about how modern psychotherapies are assimilated into different cultural contexts. The presence of many psychotherapists in South Korea affords a valuable opportunity for studying this process.

The Western concept of psychotherapy was introduced to Korea during the 1930s (Rhi, 1972) but was not actively practiced in clinical settings until after the Korean War of the 1950s. During the 1950s and 1960s, most therapists were psychoanalytically-oriented psychiatrists who had studied in Germany, Japan, or the United States. Rapid cultural, social, and demographic changes as a result of economic modernization in Korea during the 1970s and 1980s heightened levels of disorientation and distress in the population. This, and the growth of professional organizations in the field of psychotherapy, created opportunities for many to become trained as providers of counseling and psychotherapy.

Currently the field of psychotherapy in Korea consists of three main types of helping professionals: psychiatrists, clinical psychologists, and counselors (Joo, 1993). Only psychiatrists are legally licensed to practice, and considerable conflict exists between professions for jurisdiction in the field of mental health (Abbott, 1988), but many psychiatrists specialize in pharmacological treatments. Clinical psychologists practice mainly in hospitals where they are often limited to doing psychological testing, but the Korean Psychological Association provides certification as "Professional Clinical Psychologists" (*Yim-sang Sim-li Chun-mum-ga*) and "Clinical Psychologists" (*Yim-sang Sim-li-sa*), and some of these operate small clinics, collaboratively or privately, where clients are treated and students are supervised. Practically speaking, however, counselors are probably the most active group. Many Koreans who feel a need for psychotherapy are still hesitant to seek help from psychiatrists or psychologists. Instead of going to hospitals where those professions are based, they seek more acceptable and accessible services, and counselors appear to fit such needs. Currently 428 counseling institutions exist in Korea to serve people in need of services (Kim, 1991). The Korean Psychological Association also provides certification for "Professional Counseling Psychologists" (*Sang-dam Sim-li Chun-mun-ga*) and "Counseling Psychologists" (*Sang-dam Sim-li-sa*).

In this study, the key factor on which therapists will be compared is their perception of the psychotherapeutic relationship. The importance of the therapeutic relationship as a focus of interest to researchers has been recognized since Rogers'(1957) formulation of the "necessary and sufficient conditions" for effective psychotherapy. Studies of the psychotherapeutic relationship over more than three decades have confirmed the importance of this interpersonal element that is common to all psychosocial treatments (Lambert, 1982; Orlinsky, Grawe, & Parks, 1994). Given the clinical and theoretical significance of the interpersonal aspect of psychotherapy, it is important to inquire more deeply into the factors that influence perceptions of the therapeutic relationship. Undoubtedly some of those factors reflect the individual personalities of the patient and therapist and their interactional compatibility. Other factors may be

found on the cultural level; for example, in the ideal conception of a helping relationship that guides the psychotherapist's work. In the latter context, the therapeutic relationship can be seen as a specialized case of the normal helping relationships that presumably can be found in all societies. Bordin (1979) saw this when he wrote, "The concept of working alliance would seem to be applicable in the relation between student and teacher, between community action group and leader, and, with only slight extension, between child and parent" (p. 252). The ideal values and conceptions that different societies have for helping relationships in general probably also affect the way that the psychotherapeutic relationship is enacted and experienced in those societies (Joo & Orlinsky, 1995). Examining therapeutic relationships experienced by therapists in Korea should provide a deeper knowledge of one aspect of modern Korean society, and the cross-national comparison of Korean therapists with those in other countries should contribute a broader understanding of factors that influence the therapeutic relationship in all societies.

The general pattern of helping relationships in Korea has a formal, hierarchical quality involving differentiation between a supportively directive senior (*Sun-bae*) and a respectfully attentive junior (*Who-bae*). This quality is expected by all who have been socialized in this society, and is likely to influence the way psychotherapeutic relationships are experienced by their participants. For example, patients tend to refer to therapists as "teachers" (*Sun-sang-nim*), whose role in Korea is expected to be warmly involved, care-taking, yet also formal and authoritative. By contrast, helping relationships in other countries such as the United States are relatively informal and egalitarian, in keeping with their dominant social values. Thus, the general hypothesis for this cross-national comparison will be that Korean therapists will perceive themselves typically as more formal, more directive, and more actively care-taking than psychotherapists in Western countries.

Method

1. Participants

Data were collected from 123 psychotherapists in Korea using the Korean translation (Joo, 1993) of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) as part of an on-going the "International study of the development of psychotherapists (ISDP)" (Orlinsky *et al*, in press, a). The study was developed by several international members of the Society for Psychotherapy Research (SPR) in 1991 in need to study the characteristics and development of psychotherapists. From Freud to the present, researchers articulated their concepts of therapeutic procedure much more clearly than they have their ideas about the qualities that fit a person for a therapeutic vocation. The idea that therapists must possess specific gifts or powers is found only in the ethnographic literature on shamans and healers in other cultures (Kakar, 1982; Kleinman, 1988). The psychotherapy researchers focused so much on the nature and effects of therapeutic procedures, and so little on the characteristics and development of psychotherapists. In this sense, ISDP is the first extensive study by focusing broadly upon the formative experiences, practices, and development of psychotherapists from different countries, professions, theoretical orientations, and all career levels.

Data were also available on approximately 2,200 psychotherapists working mainly in Western Europe and the United States. The professional and personal characteristics of these groups are compared in Table

1. As might be expected, there are differences as well as some similarities between these two nonrandomly selected groups (see Procedures).

Professionally, there were more psychologists in each group than any other discipline but they were not a majority. The category of 'lay' practitioner

Table 1. Professional and Personal Characteristics of Korean and Western Psychotherapists

Therapist Characteristics	Korean [n=123]	Western* [n=2254]
Professional Identification		
Medicine	25.2%	37.3%
Psychology	38.2%	44.7%
Other [Social Work, Nursing, etc.]	8.9%	13.6%
'Lay' [includes 'Counselor']	26.8%	4.3%
Salient Orientation		
Analytic/Dynamic	36.9%	61.1%
Behavioral	22.9%	14.8%
Cognitive	36.1%	19.1%
Humanistic	59.5%	29.7%
Systemic	2.4%	22.0%
Other	9.0%	14.6%
Breadth		
0(Uncommitted)	14.6%	7.8%
1(focal commitment)	34.1%	48.2%
2(jointly commitment)	30.1%	28.3%
3+(broadly committed)	21.2%	3.8%
Treatment Modalities		
Individual	83.2%	93.0%
Couple	12.6%	31.7%
Family	15.1%	24.7%
Group	40.3%	38.9%
Other	1.7%	10.2%
Professional Experience		
M [Med] / sd	7.1 yrs [5] /6.2	9.4 yrs [8] / 7.6
Age M [Med] / sd	36.8 yrs [35] /10.2	41.3 yrs [40] / 9.7
Sex Female	54.9%	57.5%
Male	45.1%	42.5%
Marital Status Married or partnered	69.1%	68.1%

* Countries include: Belgium [n=130]; France [n=117]; Germany [n=1007]; Israel [n=100]; Portugal [n=188]; Switzerland [n=255]; USA [n=329]; and others with less than 100 each.

Rated 4 or 5 on 0-5 scale of influence [0=not at all, 5=very much]; multiple endorsements allowed.

Number of orientations endorsed as salient.

included those who listed themselves only as psychotherapists, psychoanalysts, or counselors (with no reference to any other discipline or profession), and showed a much larger percentage for Koreans who were somewhat misclassified by this procedure because counseling is viewed in Korea as an independent profession. The leading theoretical orientation strongly endorsed by Western therapists was "analytic/psychodynamic," whereas the most commonly salient orientation among Korean therapists was "humanistic." This high percentage is due not so much to their following a particular humanistic method (*e.g.*, client-centered), but to the historic Confucian tradition in Korean culture that is thought of as "humanistic ethics" (*In-bon Chu-ui Sa-sang*) (Choi, 1976; Deuchler, 1992). Proportionately fewer of the Koreans than Western therapists said they were strongly guided by "analytic/dynamic" and by "systemic" theories, but they were somewhat more strongly influenced by "cognitive" and "behavioral" models. Koreans were also somewhat more eclectic, with 51% reporting two or more salient orientations as compared to 32% of the Western therapists. Individual psychotherapy was by far the most commonly practiced type of treatment for both groups, with group psychotherapy as a secondary treatment modality. Couple and family therapies, which were the least used by both groups, were nevertheless practiced by a larger proportion of Western than of Korean therapists. Both groups of therapists were well experienced on average, but the Koreans on average were less highly experienced. This seems to reflect an average age difference between the two groups. The gender ratios in both groups were very similar, showing somewhat more women than men. The percentage of therapists who were married or living with partners in the two groups was virtually the same. Clearly these two groups of therapists differ in other ways than just nationality and culture, and those differences need to be controlled for cross-national comparisons to be valid.

2. Procedures

Data collections were made by members of the SPR Collaborative Research Network, a group within the Society for Psychotherapy Research that organized in 1989 to conduct an international study of the development of psychotherapists (Orlinsky *et al.*, in press, a). Co-workers in each country collect data from locally recognized therapeutic practitioners using any combination of four strategies. One is to contact the members of various professional societies or attendees at professional conferences, in cooperation with leaders of the sponsoring organization. A second strategy is to work with training centers interested in assessing the progress of their students and graduates toward the training standards practiced by their faculties. A third is to recruit individual therapists through networks of professional colleagues. A fourth is to use public listings, such as the classified telephone directory, to obtain the names of therapists to be contacted. These strategies have led to the accumulation of questionnaires from more than 2,300 therapists since 1991 (mainly in Belgium, France, Germany, Israel, Korea, Portugal, Switzerland, and the United States). Since these data derive mainly from samples of opportunity, the generalizability of findings to the population of psychotherapists in those countries remains undetermined, but no satisfactory alternative to these procedures could be found since the international population of psychotherapists is ill-defined and its characteristics are as yet largely unknown. The collection of extensive descriptive data about large numbers of therapists in different

countries permits use of multiple statistical controls in data analyses, and will eventually provide the information necessary for more representative data collections.

3. Measures

Data for this study are drawn from the Development of Psychotherapists Common Core Questionnaire (Orlinsky *et al.*, in press, a). The instrument is organized into nine sections with a total of 370 items involving various of areas in the development of psychotherapists such as professional training, theoretical orientations, work setting, difficulties in practice as well as personal life situations. Most of the items are structured scales or checklists, and most therapists take between one and two hours to complete the task. The section of the instrument used in this study contains a series of items responding to the question "How would you describe yourself as a therapist, i. e., your actual style or manner with patients?" This is followed by a set of descriptive adjectives reflecting qualities of the psychotherapeutic relationship, which are each rated on a 4-point [0 = not at all, 3 = very much]. Together, these provide a profile of how therapists view their typical style of relating to patients. The selection of adjectives was based on Leary's (1957) classic model of interpersonal behavior, organized around two axes of social cohesion [affiliation], and social regulation [control]. Positive affiliation was represented by the adjectives 'warm' and 'friendly'; disaffiliation by 'critical' and 'cold'. Positive control was represented by 'authoritative' and 'directive'; noncontrol by 'permissive' and 'receptive'. Combinations of the two axes were represented as follows: 'protective' and 'nurturant' for positive control with positive affiliation; 'tolerant' and 'accepting' for positive affiliation with noncontrol; 'guarded' and 'reserved' for noncontrol and disaffiliation; 'challenging' and 'demanding' for disaffiliation with positive control. The intensity dimension of the Leary model was represented by 'involved', 'committed', 'determined', versus 'detached' and 'neutral'.

4. Analyses

The dependent variables in the study consist of multi-item scales derived from factor analyses of the set of item scales listed above. The main independent variable is nationality, using hierarchical multiple regression analyses to control the potentially confounding influence of other difference in therapists' professional and personal-demographic characteristics. The factor analyses are designed to answer the question, "What dimensions organize Korean and Western therapists' perceptions of their typical manner of relating to patients?" If some dimensions are found to be common, the second question addressed by the multiple regression analyses is, "How much does national culture (*i.e.*, being from Korea or another country) influence each dimension of interpersonal behavior towards patients?"

Results

1. Relationship Descriptors

Table 2 shows the means, standard deviations, and percentages of therapists rating themselves 2 or 3 on a 0-3 scale ('much' or 'very much') for each of the 21 relationship items separately for the Korean and Western psychotherapists. Both Korean and Western therapists saw themselves very commonly or commonly as accepting, warm, friendly, and tolerant, and

rarely described themselves as cold. In terms of differences, Korean therapists rated themselves as more permissive [92% vs. 44%], guarded [91% vs. 43%] challenging [85% vs. 32%], neutral [76% vs. 31%], and protective [71% vs. 45%]. Western therapists, on the other hand, rated themselves as more committed [93% vs. 51%] and involved [89% vs. 60%]. Other relationship descriptors were used

Table 2. Typical Perceived Manner of Relating Among Korean and Western Therapists*

	Korean Therapists			Western Therapists		
	% 'Much'	M	sd	% 'Much'	M	sd
Very Common	Accepting [97%]	2.53	.55	Accepting [97%]	2.49	.58
[>85%]	Permissive [92%]	2.23	.60	Committed [93%]	2.38	.64
	Guarded [91%]	2.27	.65	Tolerant [90%]	2.26	.67
	Warm [90%]	2.42	.72	Friendly [89%]	2.29	.70
	Challenging [85%]	2.12	.67	Involved [89%]	2.28	.70
				Warm [88%]	2.25	.71
Common	Friendly [83%]	2.18	.72			
[70-85%]	Tolerant [82%]	2.08	.73			
	Neutral [76%]	1.91	.70			
	Protective [71%]	1.87	.77			
Variable (high)	Nurturant [67%]	1.82	.79	Receptive [63%]	1.76	.93
[50-69%]	Receptive [62%]	1.71	.85	Determined [62%]	1.70	.75
	Involved [60%]	1.76	.88	Nurturant [59%]	1.62	.80
	Committed [51%]	1.56	.74			
Variable (low)	Directive [41%]	1.34	.73	Permissive [44%]	1.33	.87
[30-49%]	Reserved [39%]	1.29	.86	Protective [45%]	1.42	.77
	Detached [34%]	1.26	.80	Guarded [43%]	1.34	.85
	Determined [34%]	1.24	.74	Reserved [39%]	1.32	.75
				Demanding [33%]	1.17	.84
				Authoritative [32%]	1.17	.78
				Challenging [32%]	1.14	.84
				Critical [31%]	1.13	.81
				Neutral [31%]	1.11	.84
Uncommon	Authoritative [18%]	.99	.66	Directive [28%]	1.09	.78
[15-29%]	Cold [16%]	.81	.74	Detached [15%]	.76	.73
	Demanding [16%]	.95	.64			
	Critical [15%]	.82	.67			
Very Uncommon				Cold [4%]	.33	.56
[<15%]						

* Korean therapists, n = 119; Western therapists, n = 2,064.
Rated 2 or 3 on a 4-point scale ranging from 0 = 'Not at all' to 3 = 'Very much'.

more variably by the therapist in each group.

2. Relationship Patterns

Table 3 shows the results of separate factor analyses exploring the dimensionality of Korean and Western therapists' perceptions of their interpersonal behavior towards patients(including items loading .40). Six factors indicated for the Western therapists by the eigenvalue criterion appeared to be meaningful and were retained, accounting for 54% of the common variance. The eigenvalue criterion indicated

Table 3. Dimensions of Psychotherapeutic Relationship Among Korean and Western Therapists

Korean Therapists	Western Therapists
K-I. SUPPORTIVE	W-I SUPPORTIVE
.81 Warm	.68 Tolerant
.71 Accepting	.65 Accepting
.42 Friendly	.64 Warm
[.44 Tolerant]*	.61 Friendly
K-II. CARE-TAKING	W-II. CARE-TAKING
.82 Protective	.77 Protective
.57 Permissive	.72 Nurturant
.54 Tolerant	.47 Permissive
[.40 Nurturant]*	
K-III. CONFRONTING	W-III. CONFRONTING
.81 Demanding	.82 Demanding
.71 Directive	.71 Critical
.52 Critical	
[.42 Nurturant]*	
K-IV. FORMAL	W-IV. FORMAL
.78 Reserved	.68 Reserved
.71 Cold	.65 Detached
	.59 Neutral
	.58 Cold
K-V. SUPERIOR	W-V. DIRECTIVE
.65 Authoritative	.74 Directive
.61 Neutral	.64 Challenging
.52 Detached	.47 Authoritative
K-VI. INVESTED	W-VI. INVESTED
.79 Involved	.72 Committed
.72 Receptive	.63 Determined
.56 Committed	.55 Involved
.52 Challenging	

Korean therapists n = 119; Western therapists n = 2,254. * Significant but nonsalient loading.

six common factors for Korean therapists, which accounted for 58% of the common variance(a seventh factor defined by a single item was not retained).

Qualitative inspection of Table 3 indicates that loadings for five of the six dimensions are sufficiently similar to warrant use of the same names for corresponding factors. One (K-I and W-I) reflected therapists' perceptions of being "Supportive," loading very commonly endorsed items (accepting, friendly, warm, and tolerant). A distinct dimension named "Care-Taking" (K-II and W-II) was defined in both samples primarily by being protective, and variously as being nurturant, permissive, and tolerant. Greater qualitative differences appeared in other dimensions. For example, a dimension named "Confronting" (K-III and W-III) was defined primarily by being demanding and critical, but these descriptors combined for Korean therapists with being directive and nurturant, suggesting an affirmation of solidarity with behaviors that might seem uncaring and strident to Western therapists. Similarly, being reserved and cold (the latter rarely endorsed) was interpreted in both samples (K-IV and W-IV) as reflecting a "Formal" manner with patients. For Western therapists, however, seeing oneself as "Formal" also implied being detached and neutral -- nuances apparently not present for the Korean therapists.

Differences between the two samples were judged sufficient to warrant separate names for dimensions K-V and W-V, although they included a common descriptor. In K-V, acting in an authoritative manner was the most definitive loading and was associated with being neutral and detached. This was interpreted as reflecting the Korean therapists' sense of "Superior" status which, being normal for Koreans who are used to hierarchical social relations, does not imply a demeaning or arrogant attitude as it might for Westerners accustomed to egalitarian social norms. On the other hand, the most definitive loading for Western therapists in factor W-V was directive, associated with being challenging and, to a lesser extent, authoritative. This pattern of relationship seems more engaged, and was named "Directive." Finally, the intensity dimension of the Leary model was reflected in a factor for Korean and Western therapists (K-VI and W-VI) centered around being involved and committed. This was interpreted as the therapists' sense of being personally "Invested" in the relationship. For Korean therapists, being "Invested" was associated with both receptive and challenging, implying intensive reciprocal interaction. "Invested" was associated in the Western sample with being determined, implying an involvement of individual will.

3. Common Factors

In order to make valid quantitative comparison between Korean and other therapists concerning their experiences in relating to patients, it is necessary to have relationship factor scales that have the same qualitative meaning for both samples. The relationship factors drawn from the Korean sample and the Western samples are presented in Table 4 where similarities appeared to outweigh differences. However, some adjustments are needed if factors are to be scored in a common fashion, and the reliability (internal consistency) of these common factors needs to be re-examined for each sample.

Various combinations of items for constructing common factors were tried and tested by computing Cronbach's alpha for the Korean and the Western sample. Table 4 summarizes the optimum combinations found for each, and Cronbach's alpha for each in Korean and the Western sample. For example, four items defined the first factor in previous separate

Table 4. Common Relationship Scales for Quantitative Comparison of Korean and Other Therapists

	Korean Sample				Western Sample			
	Mean	S.D.	S.E./M	Alpha*	Mean	S.D.	S.E./M	Alpha*
SUPPORTIVE [C-I] Accepting, Friendly, Tolerant, Warm	2.30	.47	±.05	.68	2.33	.46	±.01	.65
CARE-TAKING [C-II] Nurturant, Permissive, Protective	1.95	.50	±.05	.53	1.55	.54	±.01	.57
AUTOCRATIC [C-III] Authoritative, Critical, Demanding, Directive	1.02	.45	±.04	.61	1.14	.53	±.01	.58
FORMAL [C-IV] Cold, Reserved	1.42	.42	±.04	.56	1.09	.43	±.01	.51
INVESTED [C-V] Committed, Involved	1.66	.67	±.07	.54	2.31	.58	±.01	.58

* Cronbach's alpha.

analyses: accepting, friendly, tolerant and warm. These were used to score a common "Supportive" dimension (C-I), with the resulting alpha for each sample being over .65.

The second factor in both samples was defined by items nurturant, permissive and protective. These were used to define a common dimension of "Care-Taking" (C-II), with alphas for both samples over . 56.

It was not easy to develop the third factor, "Autocratic" (C-III). The fifth factor in the previous separate analyses were the most distinct, although one item that defined both was authoritative. In the Western sample, this combined with directive and challenging, and the factor was named "Directive" (W-V). However, in the Korean sample, authoritative combined with detached and neutral, and the factor was interpreted as reflecting a hierarchically "Superior" dimension (K-V). The solution of using just the shared items to score a common dimension did not work here because the result would be only defined by a single item. A possible alternative solution was suggested by the fact that directive, which was a central element on the fifth Western factor, appeared in the Korean sample on the third factor, while that third factor (K-III) contained critical and demanding that defined the third factor in the Western sample (W-III, "Confronting"). Thus an attempt was made to construct a common scale by combining the following item for both factors: authoritative, critical, demanding and directive. This seemed justified for two reasons. First, examining the analyses of different number of factor rotations from three to eight, the third and fifth factors in each sample derived from an early common cluster. Second, the third and fifth factors in each sample both derived from the strongly dominant and moderately disaffiliative segment of the Leary circumplex which can be interpreted as "Autocratic" (C-III) (Leary, 1957).

Two items defined the fourth factor in the Korean

sample and four items defined the corresponding factor in the Western sample. The two shared items, cold and reserved, were scored for the common "Formal" factor (C-IV), with acceptable alphas of over .51 for the both samples.

On the sixth factor in each sample, two items that loaded saliently were committed and involved. These two were used to define a common dimension of therapists as "Invested" (C-V), Cronbach's alpha was over .54 for the both samples.

4. Relationship Differences

Scale means of five common factors indicate that both Korean and Western therapists view their interpersonal behavior primarily as "Supportive", with Western therapists rating themselves also as highly "Invested". Korean therapists were less "Invested" but saw themselves as more "Care-Taking" and more "Formal". The lowest mean rating for Korean therapists was for being "Autocratic", whereas for Western therapists the lowest mean rating was for being "Formal".

Table 5 presents hierarchical multiple regression analyses that assess differences between Korean and Western therapists quantitatively on the five common relationship dimensions while statistically controlling a number of potentially extraneous differences. The control variables, entered as a block as the first step in the analysis, were professional affiliation, theoretical orientation, experience level, and gender (age was not included since its correlation with experience level was .85). Theoretical orientation was treated as continuous variables using the five scales for degree of influence from analytic/dynamic, behavioral, cognitive, humanistic, and systemic approaches (see Table 1). Dummy variables were created for professional identification (psychiatrists or physicians, psychologists, and counselors or others), and for gender. Nationality (Korean vs. Western) was entered at the second step in the analysis.

Although relatively small, the amounts of variance predicted were not negligible. Control variables and nationality jointly predicted from just under 5% for the "Supportive" relationship scale to 10.5% of that for "Invested". The therapist characteristics used as control variables together most strongly predicted the scales for "Autocratic" relationship (8.7%) and "Care-Taking" (6.1%), and contributed least to being "Formal" (3.5%) and "Invested" (3.7%). Korean and Western therapists differed most in how personally "Invested" they felt (6.8%), and in how "Formal" (4%) and "Care-Taking" (1.8%) they saw themselves. The Korean therapists in this sample rated themselves as significantly less "Invested", and as significantly more "Formal", yet also significantly more "Care-

Table 5. Differences Between Korean and Western Therapists on Relationship Dimensions

Relationship Dimension	Total R2	R2 for Controls	R2 change for 'Korean'	Beta	Step 2 p
C-I. SUPPORTIVE	.047	.045	.002	-.043	ns
C-II. CARE-TAKING	.079	.061	.018	+.143	.0000
C-III. AUTOCRATIC	.089	.087	.002	-.044	.053
C-IV. FORMAL	.075	.035	.040	+.216	.0000
C-V. INVESTED	.105	.037	.068	-.280	.0000

Taking" than their Western counterparts. There was no significant difference between Korean and Western therapists in how "Supportive" they perceived themselves to be, and just a marginally significant difference in how "Autocratic". (Significance levels were lowest relationship scales with the highest alpha levels, and strongest for scales with very marginal alphas.) Table 6 presents the same analyses computed with contrasts between therapists from Korea and (seriatim) from Belgium, Germany, Israel, Portugal, Switzerland, and the United States. As before, therapists' profession, orientation, experience level, and gender were entered in the first step, and nationality was entered as the second step. None of the contrasts between the Korean therapists and those from six other countries were significant with respect to being "Supportive", although the variance attributable to therapist characteristics ranged from 5% to 16%. Also confirming the overall analysis, Korean therapists rated themselves as significantly more "Formal", more "Care-Taking", and less "Invested" than therapists in each of the six other countries. Again, substantial portions of variance were predicted by therapist characteristics with respect to being "Formal" (6-25%), "Care-Taking" (7-32%), "Invested" (6-33%), and "Autocratic" (6-20%).

The only differences between therapists from Western countries in their contrasts with Korean therapists occurred with respect to ratings of how "Autocratic" they were. The self-ratings made by Korean therapists in our sample were significantly higher on "Autocratic" than the those of American therapists; were not significantly different from the self-ratings of Swiss, Portuguese, and Israeli therapists; were significantly lower on "Autocratic" than the self-ratings made by German and Belgian therapists. This variations was masked by the overall group contrast between Korean and Western therapists, and probably accounts for the marginal significance level found for that contrast.

DISCUSSION

1. Limitations

Several points should be considered in evaluating these results. First, finding differences on single item scales should raise a question about comparability of translations. Cultural and linguistic differences, even between closely related languages, make it inevitable that nuances of meaning are sometimes inexactly rendered, although every item in every version of this questionnaire was carefully rated for semantic and stylistic quality by two independent reviewers. A further complication is that words presented individually rather than contextualized in sentences may have several possible meanings even in one language, and the range of allowable meanings for parallel terms differs between languages. Thus when sizable differences in endorsement rates are found on single item scales (Table 2), a first step was to review the translation, which led us to question the equivalence of "guarded" with the Korean term "*sin-joong-han.*" The English word implies a defensive or self-protective attitude, while the latter seems to imply protectiveness towards others as well as the self. This could well explain why so many more Korean than Western therapists rated themselves as guarded (91% vs. 43%). By the same token, reconsideration of other single item scales showing major differences served to confirm the equivalence of translations and so supported the meaningfulness of the results. In order to overcome the limitation of translation though it was carefully conducted, the researcher intends to combine the results drawn from the depth interview

Table 6. Differences in Relationship Dimensions Between Korean Therapists and Therapists from Specific Western Countries

DIMENSION Country	Total R2	R2 for Controls	R2 change 'Korean'	Beta	Step2 p
C-I. SUPPORTIVE					
Belgium	.132	.130	.002	+.061	ns
Germany	.065	.060	.005	-.087	ns
Israel	.134	.134	.000	+.034	ns
Portugal	.051	.050	.001	-.035	ns
Switzerland	.132	.129	.003	-.078	ns
United States	.171	.162	.009	-.118	ns
C-II. CARE-TAKING					
Belgium	.429	.317	.112	+.527	.000
Germany	.111	.072	.039	+.234	.000
Israel	.299	.258	.041	+.388	.002
Portugal	.137	.113	.024	+.213	.009
Switzerland	.276	.187	.087	+.401	.000
United States	.222	.172	.050	+.272	.000
C-III. AUTOCRATIC					
Belgium	.122	.103	.019	-.218	.04
Germany	.081	.058	.023	-.179	.000
Israel	.081	.079	.002	-.083	ns
Portugal	.201	.199	.002	-.066	ns
Switzerland	.177	.168	.009	-.129	ns
United States	.192	.155	.037	+.233	.002
C-IV. FORMAL					
Belgium	.248	.194	.054	+.368	.000
Germany	.090	.062	.028	+.207	.000
Israel	.269	.208	.061	+.471	.000
Portugal	.239	.113	.126	+.491	.000
Switzerland	.198	.103	.095	+.433	.000
United States	.371	.251	.120	+.544	.000
C-V. INVESTED					
Belgium	.162	.134	.028	-.264	.01
Germany	.212	.063	.149	-.439	.000
Israel	.395	.329	.066	-.492	.000
Portugal	.284	.159	.130	-.499	.000
Switzerland	.365	.218	.147	-.522	.000
United States	.461	.227	.234	-.597	.000

of qualitative approach which are presently underway.

With respect to our factor analyses (Table 3) the relatively small size of the Korean sample, both in itself and in relation to the number of items analyzed (about a 6:1 ratio), left some doubt concerning the stability of findings. Similarities between factors found for Korean and Western therapists give some assurance on this point, as does their ready interpre-

tability. However, results on the dimensionality of therapists' perceptions of their relationships should be viewed as tentative pending replication with larger samples of Korean therapists and further separate analyses of therapists from specific countries (Orlinsky *et al.*, in press, b).

Questions about the multiple regression analyses focus on both dependent and control variables. Alphas for the common relationship scales used as dependent variables were marginal (Table 4) but these do not explain the findings (Table 5) since the results of all but one analysis were statistically significant, and the relationship scale that was not significantly differentiated had the most satisfactory alphas. However, the marginal alphas indicate that items should be added to the relationship scales for future studies. Another question concerns the set of control variables entered as step 1 in the hierarchical regressions, which consisted of the most obvious therapist characteristics but did not include other extraneous attributes on which the Korean and Western therapists in our samples may have differed. The latter include patient characteristics (age groups, diagnostic groups, etc.) as well as institutional variables (outpatient vs. inpatient settings, private practice, etc.). The proportions of variance predicted jointly by control variables and nationality in these analyses suggest that other factors also contribute substantially to variations of scores on the common relationship scales. Nevertheless, assurance about the stability of our results is provided by the consistency of findings when analyses were repeated for each Western country separately (Table 6).

Other limitations arise from the fact that the data consist of therapists' reports of how they typically relate to patients, and the therapists represent samples of convenience. The following points can be made. First, therapists took the questionnaire anonymously so that it is likely they reported their perceptions honestly. Second, while therapists' perceptions of how they act towards patients might differ from how their patients see them, and while both might differ from how external observers would rate videotapes of their behavior, knowledge of the therapist's perspective is still essential if the results of therapy research are to be translated into terms that therapists can use in practice (Orlinsky, 1994). Third, the collection of exploratory convenience samples is defensible when the population studied cannot be clearly delimited, especially when large sample size and internal heterogeneity make possible statistically controlled contrasts among subgroups of therapists. The analyses in this study should be valid at least for these Korean and Western therapists, even though their representativeness of Korean and Western therapists at large cannot yet be estimated, and are offered as a first study of Korean therapists and a first step in studying the influence of cultures on the practice of psychotherapy.

2. Dimensions of Therapeutic Relationships

The dimensions found in therapists' perceptions of their interpersonal behaviors towards patients clearly reflect the Leary circumplex used as a conceptual model in constructing the set of single-item scales. The "Supportive" dimension [accepting, friendly, tolerant, warm] represents strong positive affiliation modified by a tendency toward low regulation. The "Care-Taking" dimension [nurturant, protective, permissive] combines positive affiliation and positive control, on one hand, with a softer aspect of positive affiliation and lower control. The "Formal" dimension [reserved, cold] is a blend of negative affiliation and low control, muted to suit the generally benign attitude of the psychotherapist. A combined "Auto-

cratic" dimension [authoritative, critical, demanding, directive] represented strong regulation linked to negative affiliation, but in fact this area was differentially configured for Western and Korean therapists. In both groups, "Confronting" [primarily demanding, critical] attitude represented the therapists' use of strongly disaffiliative, moderately controlling behavior. However, the two groups organized strongly regulative behavior somewhat differently: Western therapists, as "Directive" [directive, challenging, authoritative]; Korean therapists, as "Superior" [authoritative, neutral, detached]. (These differences will be discussed further below.) Finally, being personally "Invested" [committed, involved] is not part of the circumplex but instead reflects the intensity dimension of the Leary model.

Ratings by Korean and Western therapists both emphasized the centrality of support in their relations with patients. This has been interpreted elsewhere (Orlinsky, 1996) as an essential thrust of therapeutic behavior at three levels: first, to counteract the patient's demoralized state (Frank & Frank, 1991); second, to facilitate the patient's integration in a meaningful "helping" relationship; third, to elicit the patient's collaboration in treatment-relevant procedures. Consistently with this, being "Autocratic" and "Formal" toward patients were the least salient aspects of therapist behavior for both groups.

3. Korean vs. Western Perspectives

Viewed overall and from a distance, what Korean therapists reported about their relationships with patients was not grossly different from what their Western colleagues reported. Therapists in any of these countries would probably have little trouble recognizing basic similarities in the work they do. Nevertheless, Korean therapists did differ from their Western counterparts in respects that appear to reflect traditional Korean values concerning interpersonal behavior. In particular, they described themselves as more "Formal" and less personally "Invested," but more "Care-Taking" in relating to patients. The Korean therapists also differed in the way they organized their relational perceptions with respect to assertiveness and control (*e.g.*, the "Superior" dimension for Korean therapists vs. The "Directive" dimension for Western therapists).

These findings have "a ring of truth" about them to one who is familiar with Korea, and fit well with predictions based on the hierarchical, group-oriented nature of Korean society (Kim, 1979; Rhi, 1983). The maintenance of group harmony is a social norm of overriding importance, and individuals in groups are expected to defer to the leadership of an authoritative figure, usually someone who is older and/or male. Group interests are emphasized over individual needs and direct forms of self-assertive behavior are strongly disapproved. As they grow up, Koreans learn to avoid conflict and to express needs and feelings to each other indirectly, giving rise to the more "Formal" quality of behavior.

The principle of hierarchy is especially important as a basis for group cohesion. Children must obey parents, teachers, and elders. As a sign of deference and respect, young adults may not smoke or drink before elders. In adult society, newcomers refrain from expressing themselves in front of superiors. Thus it was not surprising to find that Koreans organized their perceptions of the therapeutic relationship in terms of being more or less "Superior," a dimension not found in that form among Western therapists.

The normative mode of self-experience may be characterized as socially integrated, hierarchically adapted, and situationally sensitive, in Korea and in

other Asian societies (Markus & Kitayama, 1991; Roland, 1988). Individuals depend greatly on the approval of superiors for the management of self-esteem. Receiving external support from authorities (and, through that, from the group as a whole) is essential for personal stability. Thus the hierarchical relationship is one of reciprocal obligations, in which the obligation to defer to superiors is balanced by a responsibility of those in authority to nurture, protect, and guide the persons who depend on them. The salience of "Care-Taking" in the self-reports of Korean therapists, which is second only to "Supportiveness" for them, may be understood in relation to this.

Another striking difference between the Korean and Western therapists was how personally "Invested" the latter saw themselves in their relationships with patients. The Western therapists were about as "Invested" as they were "Supportive," while for the Koreans being "Invested" ranked a distant third. This contrast highlights the extent to which Western therapists seem to view themselves as active agents in psychotherapy, and is congruent with the familiar characterization of the self in Western countries as relatively solitary, autonomous, and assertively expressive (Markus & Kitayama, 1991; Roland, 1988).

In the same vein, Western therapists organized perceptions of their relational behavior in terms of being "Directive" [directive, authoritative, challenging] whereas Korean therapists did not, perhaps because directive was associated for them with being critical and demanding. Those terms suggest directiveness would be uncomfortably disharmonious and disaffiliative, and moreover there would probably be little need for therapists to be overtly directive, since normally Korean patients would be inclined to comply with their therapists' suggestions. On the other hand, Koreans integrate hierarchy and dependency at levels that would be uncomfortable for most Westerners, threatening their culturally conditioned sense of individuality and autonomy.

Cogent as these comparisons may seem, our results also include a warning against drawing overly simple contrasts between Korean and Western therapists. In comparing Koreans separately with therapists from particular Western countries, the Koreans described themselves as more "Autocratic" than did the American therapists but as less "Autocratic" than the German and Belgian therapists (and not significantly different from other Westerners). Western societies differ significantly among themselves in many respects, as do therapists both in the West and in Korea.

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한국심리치료자들의 치료적 관계
- 서구 문화권 심리치료자들과의 비교 연구-

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본 논문은 심리치료자들에 관한 주요 국제 연구인 "심리치료자 자질계발을 위한 국제연구 (International Study of the Development of Psychotherapist; ISDP)"의 한 부분으로 이 중에서 "심리 치료적 관계 (therapeutic relationship)"에 초점을 둔다. 이제까지의 임상연구를 살펴보면, "심리 치료적 관계" 요인은 다양한 치료법과 상관없이 심리 치료 결과 (outcome) 에 있어서 가장 주요한 변인으로 연구되어졌다. 서구의 심리치료개념이 도입된 지 50년이 넘었으나 한국의 심리치료자들에 관한 구체적인 연구가 부족하기에 최초의 국제비교 연구인 본 논문은 그 의의가 크다 할 수 있겠다.

논문의 연구 주제는 "한국 심리치료자들은 다른 문화권의 치료자들과 비교해서 환자/내담자와의 치료적 관계를 어떻게 경험할까"로 치료적 관계 차원 (dimensions)에 대한 개념 비교, 구체적인 관계차원에 대한 강조의 정도 (emphasis within specific dimensions)가 주요 초점이라 볼 수 있겠다.

공통 핵심 질문지 (Common Core Questionnaire; CCQ)를 사용하여 2,253명의 서구문화권 (벨기에, 프랑스, 독일, 스위스, 미국 등) 심리 치료자들과 123명의 한국심리치료자들을 대상으로 치료적 관계에 해당되는 문항에 대한 반응을 요인 분석(factor analysis)한 결과, 공통관계 유형을 "지지 적인(supportive)," "돌 봐주는(care-taking)," "독재적인/권위적이고 일방적인 (autocratic)," "형식적인(formal)," "몰입된(invested)"의 다섯 가지로 정립할 수 있었다. 위계적 회귀 모델 (hierarchical regression model)의 통계 방법을 사용하여 한국 치료자라는 변수와 서구 치료자의 변수가 관계 유형에 어떤 차이를 미치는가를 분석한 결과, "몰입된" 관계 유형과 "형식적인", "돌봐주는(care-taking)"면에서 한국 치료자와 서구 치료자들이 통계적으로 유의 있는 차이를 보고하였다. 본 논문에서 개인적인 몰입이란 환자를 대하는데 있어서 헌신적이고, 의욕적인 몰입을 의미하고, 형식적인 관계란 냉정하고 내성적으로 대하는 것을 뜻하고, 돌봐주는 관계란 허용 적이고 보호 적이며 아량 있는 관계를 의미한다. 한국 치료자들은 환자들을 대할 때 개인적인 몰입을 적게 하고, 환자와의 관계형성에 있어서 형식적이나 돌봐줌이 높은 관계라고 보고하고 있다.