2010

Transcultural Psychotherapy: Clinical Issues in Working with Korean Immigrant Women

Kyung-Mee Choi
Loyola University Chicago

Recommended Citation
http://ecommons.luc.edu/luc_diss/258

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Dissertations by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License.
Copyright © 2010 Kyung-Mee Choi
LOYOLA UNIVERSITY CHICAGO

TRANSCULTURAL PSYCHOTHERAPY: CLINICAL ISSUES IN WORKING
WITH KOREAN IMMIGRANT WOMEN

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY
KYUNG-MEE CHOI
CHICAGO, IL
MAY 2010
ACKNOWLEDGMENTS

Many people provided extraordinary support during the completion of this dissertation. First, I want to express my gratitude to my dissertation committee. Dr. Daniel Lee has been an excellent chairman and advisor who paved the way for me to study at Loyola University Chicago since we first met in Korea seven years ago. His insightful advice, wisdom and wit allowed me to complete my master’s and doctoral programs smoothly and to navigate the sometimes tumultuous waters I faced during my studies. His comments and suggestions from a multi-cultural perspective had a great impact on me and guided my research process to its completion. Dr. James Marley has been a grounding strength for me, providing in-depth feedback that ensured that the framework of the study was well set-up. I have been touched by his consistent support since I first met him in my master’s program and I am grateful for his flexibility in scheduling meetings with the dissertation committee. Dr. Fred McKenzie has been a wonderful motivator, encouraging me to strengthen my self-confidence as I worked on my dissertation. As my previous supervisor, Dr. McKenzie provided supervision on the two cases I used for this study. His comments concerning psychodynamic aspects helped to focus and structure my work.

I also wish to express my sincere thanks to the two participants, Mrs. K and Mrs. C, who were willing to be part of the study. I hope the conflicts and struggles they experienced in their families will be an asset in helping other immigrant families.
I owe a debt of gratitude to many wonderful people at Loyola, such as Dr. Terry Northcut, who helped me adjust to the doctoral program and develop relationships with other doctoral students by inviting us to her home. Her passion for teaching and warm, caring heart inspired me to want to become a professor like her. I was moved by Dr. Jack Wall’s support when I had my case presentation and dissertation hearing, as well as his warm greetings and inquiries as to how my dissertation was going whenever I came by the School of Social Work office. Dr. Randolph Lucente’s vast knowledge of psychoanalytic models provided me with helpful suggestions in analyzing the two cases for my dissertation during a case presentation in his class. Dr. Alan Levy was kind enough to offer me the chance to practice teaching under his observation in his class. His advice gave me more confidence about my teaching ability and I honor him as a professor and clinician. I never would have thought beyond my theoretical orientation without Dr. Katherine Tyson’s wonderful instruction. The papers and presentations that we spent so much time preparing leave me with great memories of Dr. Tyson and my colleagues. Dr. Brenda Crawley’s comments about cultural understanding encouraged me to gain a more intimate knowledge of social work policy. I was moved by her hugs and greetings whenever we saw each other. I might have never thought of the subject of my dissertation if I had not met Dr. Marcia Spira. She explained about the concept of transcultural psychotherapy and encouraged me to apply the concept to my presentation in class. That turned out to be a crucial opportunity for me to develop my dissertation. Dr. Terry Kilbane and Dr. Susan Grossman helped me to expand my knowledge of research, and their prompt responses and detailed comments made me more comfortable about
working on research. I had the good fortune to learn about culturally competent approaches for refugees and immigrants from Dr. Marta Lundy. Dr. Philip Hong never hesitated to spend time with me when I needed his help and he always supported me in positive ways. Dr. Caleb Kim encouraged me in my dissertation process and motivated me to plan on my future after my defense, such as learning how to submit my paper to social work journals and applying for faculty positions. When I was in an emergency situation, Ms. Doris Allen’s prompt response was of great help to me. I felt touched by her kindness when I asked for her assistance. The support of all of these remarkable individuals makes me feel proud to be a member of the Loyola community.

I also want to thank my graduate school professors at Daegu University of Korea. I might not have ever left Korea to study in Chicago without the strong encouragement of Dr. Jong-yul Lim, who was my former supervisor and passed away five years ago. His descriptions of his time in America made me believe that my dream to study for my MSW and Ph.D. in the United States could come true. Dr. Young-ho Kim’s generous and thoughtful messages led me to reflect on what my true priorities were in my life. In spite of his busy schedule, Dr. Kyu-soo Kim’s visit to Chicago to meet with Dr. Lee and me was like a breath of fresh air when I was missing my hometown very much. Dr. Tae-young Park, a humorous and sincere elder, often told me, “Kyung-mee, have a big smile! God is always with you.” He re-energized me when my smile disappeared from my face. I cannot forget the warm support of Dr. Soon-chun Kim, the director of the Korean Family Therapy Institute in Seoul. She motivated me to keep continuing in spite of the many obstacles I faced.
I also want to thank my professors of my alma mater Silla University in Korea. Dr. Sun-hwa Choi has guided me since my initial interest in social work 20 years ago. Her consistent support throughout the years helped me to feel connected to my alma mater and her loyalty to the Silla School of Social Work has inspired me to devote my life to social work as well. Dr. Won-chul Jung shared his experiences of working on his dissertation with me, and his genuine comments prevented me from suffering burn out from my work. I could not have applied inter-rater reliability to my study without the assistance of Dr. Young-dal Yoo who is rich in knowledge of research methodology.

I also want to thank my current supervisor, Dr. Frank Summers. He provided me with great insight into what I was struggling with during my dissertation process and encouraged me to be assertive and be myself. My gratitude also goes to Mrs. Grace Lee, Dr. Lee’s wife. She always invited me to her house to celebrate Thanksgiving and our New Year. I felt like a part of her family and she helped me get over my homesickness. Inchul Choi, executive director at Korean American Community Services gave me the approval to conduct research on my two clients at the agency. He was pleased to review my paper and gave feedback from a different perspective for my dissertation hearing. I want to thank my editor Jackie Rasmussen, who is very punctual and culturally sensitive. She is a very empathetic person who always accepted. I thank my other editor Jessica Ryou, who is culturally competent and gave remarkable comments and suggestions to me. Young-hae Kang reviewed the English translation of my dissertation case notes with no expectation of a reward. Rather, she was only delighted to be part of my dissertation.
I would also like to express my appreciation to my friends and colleagues. Cynthia Grant assisted me with the process of an IRB exemption and I might not have gotten approval without her advice. Michael Kenney offered creative ideas and useful articles related to my dissertation and many of the resources in my paper were included as a direct result of his help. Enjoying diverse ethnic cuisine and sharing different cultural backgrounds with my friends and colleagues, Mauricio Cifuentes, Ritu Thaker and Michael Kenney have made my life in the U.S. an even bigger pleasure. Finally, I thank my fellow doctoral students who made my doctoral coursework enjoyable and meaningful.

I thank Rana Hong and Gina Lee, who rated counseling excerpts for the study, and Kyung-soo Shim, who helped with data analysis. Jin-hyung Bae and Hee-won Kim shared their experiences with their dissertation process with me and their friendship and warm support helped me concentrate on my studies. I cannot forget my friend, Sung-hye Jeon, who is like my older sister. She was always with me through all the good times and bad, all the joy and sadness, and all the satisfaction and disappointment. Her steadfast support and prayers touched me and made me cry whenever I got her e-mails. I want to thank my friend and colleague, Boon-sook Cho, who encouraged me to think about God’s wisdom through the Bible, and to use all ideas and teachings from Jesus’ messages for my dissertation. One of my best friends, Mi-ja Kang, was always there to share the meaning and value of our lives and theories of mutual interest. Our peer supervision helped me better understand my situation and build up my dissertation step by step. Vivian Lee drove me to the suburbs when I finished the semester. The fresh air re-
energized me and I could concentrate more on my studies after returning to my regular routine. I learned to keep healthy from Ok-kyung Kim, who is an instructor of Kouksundo, a Korean-style yoga. I often felt revitalized by the practice of deep breathing and felt relieved from being stressed out. Her authentic support and compliments gave me a good start at work every morning. I also thank my friend Carrol Linsley, who made me look beyond the situation I faced. I cannot forget that whenever we met, we shared our greetings as saying “looking beyond.”

I thank Pastor Yang-sup Shim, who encouraged me to remain under the garment of God’s grace, Bible study leader Moo-sung Son, who encouraged me not to lose His peace, and Pastor Ennie Oh and Esther Kang, who kept me in their prayers. I am indebted to Hye-young Kim and her husband Byung-sun Kim, who provided nourishing food for me every Sunday and helped me recover from stomachaches so that I could complete all my studies for my master’s and doctoral programs. I want to thank Pastor Yeong-ji Joo and his wife Jung-hee Kim in Korea. A Bible verse that they sent gave me comfort and the confidence to overcome difficulties in my life: “Do not let your hearts be troubled. Believe in God, believe also in me (John 14:6).” I also want to express special thanks to Yoon-chan Lee, who is like my grandmother. I cannot express how faithful she is. I felt close to God through her prayers early each morning and her blessings to me.

I want to express my gratitude to my father Nok-yun Choi and my mother Phil-ki Park, to whom I will always owe a debt. Their letters full of humor and concern made me laugh and cry at the same time. I would not be here without their sacrifices and trust that I could complete the doctoral program and become a good professor. I also want to thank
my brother Dong-hoo Choi and his wife Mee-kyung Jung, my older sister Jung-mee Choi and her husband Ki-jun Bae, my younger sister Kyung-hee Choi and her husband Ki-chul Kang, and my nieces and nephews who were proud of me and always cheered me up. I felt much less alone and more connected with them through their lovable movies, pictures, and e-mails that they sent to me.

I thank God who helps me stay in His grace and peace when I had hard times during my dissertation process. I am not afraid of my future because God knows me and everything in my life. I praise Him for His preparation of my path and His being with me my whole life.
To the Lord
# TABLE OF CONTENTS

ACKNOWLEDGMENTS ........................................................................................................ iii

LIST OF TABLES ............................................................................................................... xv

LIST OF FIGURES ............................................................................................................. xvi

ABSTRACT ........................................................................................................................... xvii

CHAPTER ONE: INTRODUCTION ....................................................................................... 1
  Statement of the Problem ................................................................................................. 1
  Purpose of the Study ........................................................................................................ 4
  Research Questions ......................................................................................................... 4
  Definition of Terms .......................................................................................................... 5
  Significance of the Study ................................................................................................. 7
  Limitations of the Study .................................................................................................. 8

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK ............... 10
  Literature Review ........................................................................................................... 10
    Acculturation and Separation-Individuation in Korean Women .................................. 10
    Parent-Child Relationship in Cross-Cultural Context .................................................... 13
    Korean Women’s Self-Esteem in Confucianism ............................................................. 16
    Korean Women’s Sexuality ............................................................................................ 18
    Shame, Guilt and Chemyŏn (Face saving) .................................................................. 20
    Han, Hwa-byŏng and Hanpuri ....................................................................................... 29
  Theoretical Framework ..................................................................................................... 33
    Theory of Self Psychology ............................................................................................ 33
      Self Psychological View of Psychopathology ............................................................... 33
      Self Development in Women ....................................................................................... 34
    Object Relations Theory ............................................................................................... 35
      Object Relations View of Depression ........................................................................ 35
      Fairbairn’s Internal Object World .............................................................................. 36
      Winnicott’s Holding and Growth ............................................................................... 38
    Family Systems Theory ............................................................................................... 40
      Bowen’s Self-Differentiation ....................................................................................... 40
      Bowen’s Triangle ......................................................................................................... 42
      Individualism and Collectivism on Bowen Theory ..................................................... 43
    Culturally Sensitive Practice ....................................................................................... 45
      Attitude Toward Emotional/Psychological Symptoms .............................................. 46
      Mental Illness ............................................................................................................... 47
Shame ................................................................. 107
Increased Independence .................................................. 107
Victim of Domestic Violence ............................................. 108
Overlapping Ego Boundary .................................................. 111
Guilt ........................................................................ 112
Chemyŏn ................................................................... 114
Han ........................................................................... 116
Hwa-byŏng .................................................................. 118
Hanpuri ...................................................................... 120
Culturally Sensitive Practice ........................................... 130
Attitude Toward Emotional/Psychological Symptoms .............. 130
Mental Illness .................................................................. 130
Somatic Terms ................................................................ 131
Help-Seeking Behavior ..................................................... 132
Characteristics of Therapeutic Relationships ......................... 134
Therapist Inter-Subjectivity ................................................. 134
Independence vs. Interdependence ....................................... 137
Dual-Self Structure .......................................................... 139
Directive Counseling Styles ............................................... 142
Higher Expectation of Treatment Results .............................. 147
Summary of Chapter .......................................................... 149

CHAPTER FIVE: DISCUSSION AND IMPLICATIONS .................. 150
Discussion ....................................................................... 150
Applicability of Psychodynamic Theories from Transcultural Perspectives .... 150
Influence of Acculturation and Separation-Individuation ...................... 156
Reconceptualization of Intervention Strategy .............................. 159
Implications ..................................................................... 168
Social Work Practice and Implication ........................................ 168
Modification of Western Theories .......................................... 168
Conceptualization of Cultural Norms ....................................... 171
Community Education and Mental Health Policy ......................... 174
Limitation of the Study ....................................................... 176
Implication for Future Research ........................................... 178
Conclusion ........................................................................ 179

EPILOGUE ........................................................................ 182

APPENDIX A: INFORMED CONSENT .................................. 185

APPENDIX B: LETTER FROM COOPERATING INSTITUTION ............. 187

APPENDIX C: RATER CODING SYSTEMS .................................. 189

xiii
APPENDIX D: RATER CODING QUESTIONNAIRES............................................. 200
REFERENCES ........................................................................................................ 204
VITA ...................................................................................................................... 226
LIST OF TABLES

1. Theme Coding by Raters .................................................................67
2. Participants Family Pseudonyms ...............................................74
3. Demographic Characteristics of Two Cases .................................75
4. Narrative Code Numbers of Cases by Themes and Sub-Themes ..........77
LIST OF FIGURES

1. Genograms for Family with Multigenerational Patterns ..........................73
ABSTRACT

This study examined clinical issues relevant in working with Korean immigrant women through an analysis of two cases through in-depth case studies supplemented with secondary data. The sample cases for the study consisted of two Korean immigrant women who received psychological treatment from transcultural perspectives. The cases were analyzed by two inter-raters who have more than ten years of clinical experience and are bilingual in Korean and English. There were twelve themes, including twenty-two sub-themes, which emerged from the data analysis: acculturation, separation-individuation, parent-child relationship, self-esteem in Confucianism, sexuality, shame, guilt, chemyŏn, han, hwa-byŏng, hanpuri and culturally sensitive practice.

The examined clinical issues presented by thematic analysis of the two cases are as follows: (1) applicability of psychodynamic theories from transcultural perspectives in working with Korean immigrant women, (2) influence of acculturation and separation-individuation of Korean immigrant women and conflicts with their children, (3) reconceptualization of terms: self-esteem, sexuality, shame, guilt, chemyŏn, han, hwa-byŏng and hanpuri in intervening with Korean immigrant women.

Implications for the study were presented in terms of social work practice and education, including necessary modifications of Western theories, reconceptualization of
cultural norms, community education and mental health policy. The findings of this study suggested that psychodynamic approaches such as self psychology and object relations theory, as well as non-psychodynamic approaches such as Bowen systems theory, are applicable to Korean clients even though the two Korean study participants would not necessarily be representative of Asians as a whole. The study presented the necessity for social work practitioners to reconceptualize cultural phenomena that have been seen in Korean culture such as han, hwa-byŏng and hanpuri by considering the historical, political, social, and cultural factors which Korean American women are heavily influenced by and are important issues in the treatment setting. Social work practitioners need to network with Korean churches to provide mental health education for Korean immigrants because they are more likely to cope with problems by engaging in religious activities. The findings suggested that social work practitioners should advocate for public policies that create more mental health resources and develop prevention programs for Asian Americans by funding more research studies. The limitation of the study and future research were also addressed.

The study addressed intergenerational and intercultural conflict that Korean American women experienced with their children and accumulated psychological pain from their relationships with their husbands in Confucian society. The effectiveness of psychodynamic approaches for Korean immigrant families based on Korean cultural values was demonstrated. The study provided a theoretical framework in working with Korean clients, although further research is necessary in order to enlarge the applicability of transcultural psychotherapy to various Asian populations.
CHAPTER ONE
INTRODUCTION

Statement of the Problem

Mental illness is a worldwide health problem that affects people from all cultural and socioeconomic backgrounds. Despite the enormity of this public health burden, few published studies have examined or demonstrated efficacy of treatments for ethnic minorities. Although substantial evidence suggests that psychotherapeutic treatments are effective in treating Caucasian Americans, research demonstrates that ethnic minorities are less likely to receive quality health services and evidence worse treatment outcomes when compared with other groups (Institute of Medicine, 1999; U.S. Department of Health and Human Services [U.S. DHHS], 2001).

Asian Americans are the third largest racial group in the United States, with current population estimated to be more than 11 million (U.S. Census Bureau, 2002) and projections of 20 million by year 2020 (Ong & Hee, 1993). Korean Americans are one of the fastest growing Asian American ethnic groups (Hurh, 1998; U.S. Census Bureau, 2002) with more than 1 million Korean Americans in the United States.

Specifically, Asian American women endure challenges based on their ethnicity and gender (Chow, 1999). Asian American women face two different cultures: one from their country of origin and other from the dominant culture. These two cultures impose different and often opposing demands on them. Studies have shown that the experience of
simultaneously dealing with one’s own culture, the dominant culture negatively impacts Asian Americans’ psychological functioning (Yeh, 2003). The mental health functioning of Asian American women may be associated with their acculturation experience. The existing literature on Asian Americans illustrates some psychological maladjustment to acculturation, as evidenced by depressive symptoms, anxiety symptoms and issues with self-esteem (Kumari, 2004; Oh, Koeske, & Sales, 2002; Rhee, Chang, & Rhee, 2003; Shapiro et al., 1999).

Especially, Korean immigrant women are at risk of psychological problems (Kim & Berry, 1985; Kim & Hurh, 1988; Min, 1992; Lee, 1988; Shin, 1993) and exhibit higher levels of depression than other Americans (Keith & Hong, 1994; Noh, Avison, & Kaspar, 1992; Noh, Speechley, Kaspar, & Wu, 1992; Noh, Wu, Speechley, & Kaspar, 1992; Shin, 1992; Shin, 1993). These women suffer multiple burdens from changed economic conditions and endure psychological distress because of their conservative native culture and the persistence of rigid traditional gender-roles (Kim & Hurh, 1988; Song, 1986). Korean husbands maintain extremely conservative, male oriented gender-role attitudes even when their wives are employed full-time outside the home. The place of husband in the traditional Korean marital dyad is still one of total power in the vast majority of decision-making processes and the rest of the family is bound to obey him even though Korean culture has been changing in Korea and in the United States (Lee, 1988; Song, 1986).

Perhaps stymied by the group’s inherent diversity, treatment, intervention and data regarding Asian Americans are generally lacking in the family-focused fields (Bean
& Crane, 1996; Bean, Crane, & Lewis, 2002; Ho, 1987), as well as in the more individual-focused mental health disciplines (Sue, 1993; Uba, 1994). There are few studies highlighting the needs of Korean or Korean American individuals and families. Fewer are studies that provide guidance as to the psychological treatment of this population and, in particular, the psychodynamic psychological treatment of Koreans or Korean Americans (Lee, 1997; Sue & Sue, 1990; Sue & Zane, 1987; Uba, 1994).

It has become common knowledge among mental health workers that psychotherapy needs to be carried out with proper cultural considerations and adjustments, according to patients’ ethnic and cultural backgrounds (Foulks, Bland, & Shervington, 1995). The subject of culture and psychotherapy was initially pursued by cultural anthropologists and cultural psychiatrists, who studied folk or traditional healing practices in various societies, in comparison to contemporary psychotherapy (Frank, 1961; Kakar, 1982; Kim, 1973; Neki, 1975; Neki, Jointe, Ndosi, Kilonzo, Hauli, & Duvinage, 1986; Torrey, 1986). They learned that folk and modern psychotherapy were based on different theoretical orientations and utilized different therapeutic models of psychological treatment (Tseng, 1999). However, it was the microscopic examination and analysis of the process of “intercultural psychotherapy” that gave the greatest insight into the potential problems created when there are significant differences in the cultural backgrounds of the therapist and the patient, and the need for overcoming these difficulties in the “transcultural” application of psychotherapy (Bolman, 1968; Hsu & Tseng, 1972; Kinzie, 1972).
With the increase in immigration, primarily from underdeveloped or developing societies to developed societies, providing culturally appropriate psychotherapy for immigrants has become an issue that needs attention (Bizi-Nathaniel, Granek, & Golomb, 1991; Kinzie, Tran, Breckenridge, & Bloom, 1980).

This study will examine clinical issues regarding cultural factors in applying self psychology, object relations theory and family systems theory to Korean immigrant women: acculturation and separation-individuation, parent and child relationship in cross-cultural context, Korean women’s self esteem in Confucianism, Korean women’s sexuality, shame, guilt, chemyŏn, han, hwa-byŏng and hanpuri.

**Purpose of the Study**

This study will examine clinical issues that are relevant in working with Korean immigrant women through the analysis of two cases by employing a case study method. The purposes of this study are: (1) to examine the applicability of self psychology, object relations theory, and family systems theory from transcultural perspectives in working with Korean immigrant women; (2) to increase the understanding of how acculturation and separation-individuation of Korean immigrant women influence conflicts with their children; (3) to expand further conceptualization of self-esteem, sexuality, shame, guilt, chemyŏn, han, hwa-byŏng and hanpuri in intervening with Korean immigrant women.

**Research Questions**

The study is directed to the following major research question:

What are the clinical issues in applying psychodynamic theories to two Korean immigrant women?
The study will proceed with the following sub-questions:

1. How are psychodynamic theories from transcultural perspectives applicable in working with Korean immigrant women?

2. How do acculturation and separation-individuation of Korean immigrant women influence conflicts with their children?

3. How does a therapist conceptualize the terms of self-esteem, sexuality, shame, guilt, chemyŏn, han, hwa-byŏng and hanpuri in intervening with Korean immigrant women?

**Definition of Terms**

1) Korean immigrant women

For the purpose of the study, Korean immigrant women are defined as the first generation Korean Americans who are in the age range from 40 to 60 and live in the United States.

2) Transcultural psychotherapy

Transcultural psychotherapy is defined as applying psychotherapy that originated in the West to patients in the East (Chang, 1998), and developing culturally relevant psychotherapy within Eastern societies (Neki, 1975; Nishizono, 2004; Tseng, 1995).

3) Acculturation

The classical definition of acculturation was presented by Redfield, Linton, and Herskovits (1936) as follows: “acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand
contact with subsequent changes in the original culture patterns of either or both groups” (p. 149).

4) Separation-individuation

Greenberg and Mitchell (1983) stated that “Mahler points to a developmental movement from embeddedness within a symbiotic matrix of child-mother to the achievement of a stable individual identity within a world of predictable and realistically perceived others. She terms this process ‘separation-individuation’ or ‘psychological birth’” (p. 272).

5) Chemyŏn (體面: Face saving)

Chemyŏn has been understood as the social face influencing the formation or maintenance of social relationships in countries influenced by Confucianism. Chemyŏn does not merely indicate an individual’s social role and position, but also connotes an individual’s prestige, dignity, honor and reputation (Choi, 2000; Choi & Kim, 1992; Choi, Kim, & Kim, 1997; Choi & Kim, 1998, 2000; Choi & Lee, 2002; Choi & Yu, 1992).

6) Han (恨: Lamentation and unfulfilled wishes)

Han is a multi-layered and multifaceted mix of emotions, and is not easily understood from any single perspective. Thus the concept of han that Young Ae Kim (1991) explains is tentatively proposed for this study. According to Kim, han is defined as “the Korean people’s collective emotion which is embedded in community as well as the individual, and inherited through generations. This repressed, emotional sediment is
accumulated through the repetitive process of experiencing multi-layered sufferings, due to existential and environmental conditions which inhibit the community or persons from realizing full potential, and deprive them of means to eliminate or correct the causes. *Han* is also dynamic energy which can be directed, either constructively or destructively, to others or to oneself” (pp. 10-11).

7) *Hwa-byŏng* (火病: Anger syndrome)

According to DSM-IV, *hwa-byŏng* (psychosomatic disease) is defined as follows: “A Korean folk syndrome literally translated into English as ‘anger syndrome’ attributed to the suppression of anger. The symptoms include insomnia, fatigue, panics, fear of impending death, dysphoric affect, indigestion, anorexia, dyspnea, palpitations, generalized aches and pains, and a feeling of a mass in the epigastrium” (American Psychiatric Association, 1994, p. 846).

8) *Hanpuri* (Disentangling process of han)

Lee (1999) stated that “*Hanpuri* is resolution of *han* or liberation from *han*-ridden situations. The words *han* and *hanpuri* thus go together as a problem-and-solution set in the way that the suffering under oppression and repression would automatically seek liberation and salvation” (p. 57).

**Significance of the Study**

This study will examine several significant issues. First, although effectiveness of psychodynamic approaches oriented in the West has been developed, little research has been conducted to determine whether these interventions are effective in treating clients in the East. The study will provide a theoretical framework for enlarging the applicability
of transcultural psychotherapy not only for Korean Americans but also those from diverse backgrounds. Second, this study will contribute to social workers’ understanding of cultural issues more that Korean American immigrant women presented in therapy as well as perceptions and experiences of Asian American immigrant women. Third, in-depth case studies used by secondary data will help social workers understand the inter-subjectivity between the social worker and clients and develop more effective approaches to therapy through comprehensive case analysis. This qualitative inquiry will be more utilized in social work practice as considering important clinical issues that quantitative methods have overlooked. Fourth, this study will help Korean American women to learn how to deal with their problems and the Korean community to establish help-seeking network for the women.

Limitations of the Study

The researcher¹ provided therapy to the clients highlighted in the study before the study actually began. The study was generated and analyzed from case notes recorded during the therapeutic process. Therefore it will be an important issue as to how the bias induced from secondary data analysis is controlled and the effective findings of the study are addressed.

Another limitation of the study is whether the number of participants may have applicability and generalization in size. The two cases for the purpose of the study that were selected are specific populations and may not be representative of all populations.

¹ The terms researcher, therapist and social worker all represent the author of this dissertation.
In the end, Korean language translation into English may make data analysis complicated. The real sense and nuance of Korean language relevant to Korean culture may not be comprehensively addressed in English.
CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter is divided into two parts. The first section reviews clinical issues regarding cultural factors in working with Korean immigrant women: acculturation and separation-individuation, parent and child relationship, the relationship between Confucianism and Korean women’s self-esteem, Korean women’s sexuality, shame, guilt, chemyŏn, han, hwa-byŏng and hanpuri. Then, theoretical frameworks of self psychology, object relations theory, family systems theory and culturally sensitive practice are addressed for the study.

Literature Review

Acculturation and Separation-Individuation in Korean Women

Cross-cultural psychotherapy has demonstrated important links between cultural context and individual development. Given this relationship, cross-cultural research has increasingly investigated what happens to individuals who have developed in one cultural context when they attempt to re-establish their lives in another one (Berry, 1997). An important issue regarding the culture of immigrant communities is that they are neither a part of the broader host community nor the country of origin. Substantial acculturation – the process of change in knowledge, attitudes, cultural beliefs, values and practices that occurs when the individual is exposed to a new cultural environment (Burnam, Tellez, Hough, & Escobar, 1987; Olmedo, 1979; Ramirez, 1980) – may take place.
Berry (1997) identified four acculturation strategies. These strategies carry different names, depending on which group (the dominant or non-dominant) is being considered. From the point of view of non-dominant groups, when individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures, the assimilation strategy is defined. In contrast, when individuals place value on holding on to their original culture, and at the same time with to avoid interaction with others, then the separation is defined; but when it is required of them by the dominant society, the situation is one of segregation. When there is an interest in both maintaining one’s original culture, while in daily interactions with other groups, integration is the option. Finally, when there is little possibility for interest in cultural maintenance (often for reasons of enforced cultural loss), and little interest in having relations with others (often for reasons of exclusion or discrimination) then marginalization is defined (pp. 9-10).

Integration can only be “freely” chosen and successfully pursued by non-dominant groups when the dominant society is open and inclusive in its orientation toward cultural diversity (Berry, 1991). Then, a mutual accommodation is required for integration to be attained, involving the acceptance by both groups of the right of all groups to live as culturally different peoples. This strategy requires non-dominant groups to adopt the basic values of the larger society, while at the same time the dominant group must be prepared to adapt institutional attitudes that support the growing immigrant population in the United States (e.g., education, health, labour) (pp. 10-11).

Traditionally, Western perspectives on psychodynamics take psychological separation-individuation to be the primary developmental task that an individual must
accomplish to become a healthy member of society (Blos, 1979; Erikson, 1968; Freud, 1958; Mahler, Pine, & Bergman, 1975). Blos developed the construct of the “second individuation process” in which an adolescent successfully resolves developmental tasks by a “shedding of family dependencies,” achieving freedom from the internalized parental objects that were formed during the latency period. These views imply that attaining separation from parents and consolidating a sense of individuality help adolescents make the transition into early adulthood (1979). Adolescent children often showed blunt rejection, which left their mothers feeling unwanted, unappreciated, and unloved (Genevie & Margolies, 1987).

Compared to Western cultures, Asian children (especially boys) are typically indulged by their mothers and encouraged to remain dependent until age 4-6 (Lee, 1996a; Matsui, 1996; Tang, 1997). Unlike in Western cultures, children are not encouraged to express their feelings, especially in public (Tang, 1997). The family structure is typically hierarchical and patriarchal (Ho, 1990; Lee, 1996a). Consequently, normative personality characteristics among Asian Americans, such as emotional circumspection and an emphasis on non-verbal communication, compliance, and conformity in order to preserve familial harmony, may conflict with Western values, which emphasize autonomy, independence, emotional expressiveness and an appreciation for conflict and verbal communication. The Asian view of adulthood, common in China, Japan and Korea, seems to emphasize the individual’s ability to live in harmony, finding their proper place within the family and the social structure (Marsella, 1993; Tu, 1985).
The self in Western culture, where independence and autonomy are highly valued, is a fundamentally different concept from the self in Asian cultures (based on Confucian philosophy, which originated in China but spread to Korea and Japan) that commonly emphasizes interdependent relationships and the primacy of family and community throughout the lifecycle (Tu, 1985). The differences in developmental aims and familial relationships between Asian and Western cultures seem to be an important consideration in the formulation of treatment issues and goals and may affect the relational dynamics between client and therapist as well (Ringel, 2005).

**Parent-Child Relationship in Cross-Cultural Context**

The parent-child relationship complex can be elaborated through an analysis of Eastern cultural products, such as children’s stories, fairytales, and plays, which often reflect the cultural attitudes toward this emotional complex. It has been pointed out that there are not only different types and degrees of severity in parent-child conflict, but also in the solution patterns that may be proposed by the culture. In Asian cultures, parental-authority is traditionally emphasized, and parent-child conflicts in Asian stories are resolved by the parent defeating the child (rather than the child defeating the parent, as in Western stories). Furthermore, the parents’ influence on (and interference with) the child is continuously observed, even when the child becomes an adult and is married (Tseng et al., 2004).

In bridging between parent-child relationship and academic achievement, Park and Kim (2006) offer unique and helpful insights about the utmost importance of Korean parents’, especially mothers’, unselfish devotion and sacrifice in the children’s academic
success. Motherhood is the single most important role for many Korean women. The “Korean mother’s self is not abandoned, but extended to that of her children … not a case of self-denial, but of self-transformation, becoming one with their children … Korean mothers see their children as extensions of themselves” (p. 425). They go on to say that in the traditional Korean society, the umbilical cord symbolizes the beginning of socialization that ignites the very first interpersonal relationship that is between the mother and the child. This unwaveringly strong bond between the mother and the child persists throughout their lives.

From the standpoint of the mother, her selfhood and identity are immersed in those of her son’s. Although it is highly praised and has much virtue in her voluntary abandoning of self and merging into the life of her son, the identity of the mother is forever changed and altered from the birth of her son. Some side effects of this seemingly unselfish and sacrificial devotion often turns into less than healthy attachment to or demands from the son. The mother, consciously or unconsciously, feels that she has the right to be compensated for her denial and losing of her self. The son, on the other hand, feels guilty and obligated to return the sacrifice and devotion that he has received from his mother (Kim, 2007, p. 78).

Clinical literature contains many references to fathers’ reactions that are considered potentially harmful to the adolescent, i.e., fathers who are overly critical, jealous and interfering in the peer relationships of their children; fathers who become overly competitive and critical of their sons and react with hostility to a son’s growing maturity, virility and occupational success. The son’s attempts to accomplish his

Immigrant daughters contribute to the household by assisting in family businesses, completing household chores, and babysitting for younger siblings while doing their homework. This inverse parent-child relationship changes the traditional family dynamic by enhancing the daughters’ generation and gender status, although the reversal of roles often occurs at the expense of the daughters’ childhood (Hune, 1997). Eng (1999) illustrates the daughters’ conflict as follows: Contrary to what many researchers may think, “fitting in” is not an exercise of self-hatred. Instead, it is a coping mechanism, a protective sap, that allows Asian American daughters to go on with their lives, to raise their families, to get their promotions and live life free of the annoying daily reminders that things may be more difficult than they care to admit. It’s always easier to wear the right clothes, drive the right care, talk the right way, and keep our conversations light than to ask ourselves why we feel we have to, or even want to. To figure out how to be Asian in America without resorting to the power of fitting in is hard work (p. 89).

A narcissistic middle-aged father has particular difficulties in facing the growing independence of his adolescent children. To empathize with this growing world of adolescence while feeling subtly and increasingly excluded from it requires maturity and empathy with others, which compensate for the natural sense of loss and mourning, overcoming or neutralizing the universal feelings of envy. He misses the sheer enjoyment of his children’s growth and independent development (Kernberg, 1987, p. 139).
A Korean child learns how to fit into the system from early infancy through close contact with family members. Through the contact, the transmission of the history and value of the society is possible and parents’ lives can be extended into the future, transcending human finitude. This intimate contact entails no sense of spatial boundary between parents and children (Lee, 1983, pp. 193-203). Hahm (1988) stated that “parents and children share an ego by overlapping the zones of ego boundaries. There is no word for the identification or projection of a parent’s ego to children, since they supposedly share a common ego” (p. 67).

**Korean Women’s Self-Esteem in Confucianism**

Confucianism has been a major influence in creating a subordinate role for women in Korea; the societal expectation of women’s subordinate role contributes to the arrest in the development of the self in women; and the lack of the development of the self among women brings further broken relationships by causing in women grandiosity, low self-esteem, and a pervasive sense of shame (Son, 2006, p. 326).

Confucianism is a Chinese philosophy that originated with Confucius (551-479 B.C). Confucianism sought philosophical explanations for the origins and nature of human beings and the universe in metaphysical terms. Confucianism, as a part of Chinese culture, has been transmitted and practiced in the Korean peninsula since the fourth century A.D (Kalton, 1998). Deep penetration and full-scale influence of Confucianism over Korea, however, began when the Choson dynasty was founded in 1392. Since then, Confucianism has had a significant influence upon Korean society and culture in many ways and its influence has continued through modern periods. Korean Confucian
thoughts also persist among Koreans living in the United States, particularly Korean immigrants who were born and raised in Korea. Most research suggests that the Confucian thoughts play a dominant role in shaping the mentality or consciousness of Koreans living in America (Kim, 1989).

Confucianism observed by Haboush (2003) was instrumental in implanting “the patriarchal family structure combined with strict patrilineality” (p. 279). It thus solidified the permanent inequality in the relationship between men and women. Yao (2000) noted that Confucianism “held a low opinion of women” which is reflected in *hyŏn mo yang chŏ* (賢母良妻; ideal womanhood; wise or sacrificial mother and submissive wife) ideal and *nam chon yŏ pi* (男尊女卑; social ethos; inherent superiority of men and inferiority of women) (p. 183). Confucianism, which teaches mainly the way of harmony, sets forth the virtues of five different relationships in order to maintain harmony in life – the right relationship between father and son, between ruler and subject, between husband and wife, between elder and younger, and between friends (Kim, 1976, p. 53). Women’s lives, in particular, were characterized by “the rule of the three-fold obedience” (*sam chong chi do* 三從之道) – “obedience to the father in childhood, to the husband during marriage, and to the son in old age” (Kim, 1976, p. 44). Women’s definition of selfhood under the influence of Confucianism was obedience in all directions of relationships.

Koreans’ use of “we” as oneness and the use of personal pronouns generally are due to the tendency to undifferentiated the self and others. The boundary between I as an individual, and family as a community, disappears since family is an essential part of person. The expression of “we” and “our” is more welcomed than “I” and “my”, and
one’s family name is more important than one’s individual uniqueness in Korean human relations. Those who pursue only their own benefits are easily expelled from Korean human relations. In order to create harmony in community life, each member is expected to suppress her/his own desires and emotions and to give heed to other’s desires and emotions at the same time (Chung, 1980, pp. 20-23).

**Korean Women’s Sexuality**

Chosun women’s sexuality was also regulated in accordance to the order of patrilineal and hierarchical ranked society. A women’s sexuality needed to be controlled for the regulation of her reproduction. This regulation of female sexuality was modeled and justified by neo-Confucian teachings. These teachings claimed that a woman’s proper sexual conduct was to devote her sexual body to only one man (i.e., her husband throughout her life). This idea of “devotion to only one man” was called ‘*il bu chong sa* 一夫從事’ in Korean. This idea prescribed that a woman should be a virgin until she marries and thereafter should have sexual relationships only with her husband. This idea also required a strict monogamy; a widowed woman should remain unmarried and celibate until death. In this context, a woman’s remarriage was considered as a secondary marriage or adultery (Kim, 1989, p. 94).

Social pressure, social stigma and punitive sanction ensued against a woman who dishonored her sexual chastity. The main effects of the punitive sanction were threats to a woman’s marital status. The threat to a woman’s marital status was fatal because a woman’s social status and recognition was possible only through marriage. A single woman who lost her virginity before marriage was stigmatized as a “dirty” woman and
socially ostracized, and she became unmarriageable (Chai, 1998). To remain divorced bore stigma, as well. Further, chances of remarriage for both a divorced and a widowed woman were slim. Even when successful in remarriage, she bore a social stigma and further suffered from social deprivation, because a woman’s remarriage meant serving more than one man (Kim, 1989, p. 184).

According to Lee’s (2003) research, the impropriety, unacceptability, or undesirability of divorce was confirmed by the research participants. ‘A divorced woman’ was portrayed with negative images as follows: First, ‘a divorced woman’ was often portrayed as an ‘ill-fated’ woman or ‘unfortunate’ woman. Second, ‘a divorced woman’ was portrayed with image of a ‘tainted’ woman. This image was reflected in the Korean words to devalue a previously married woman, such as ‘a used woman’ or ‘a scratched woman’. This image of a tainted, divorced woman comes from the idea that her sexuality and body were not pure because they belonged to her previous husband. Third, ‘divorce’ was considered a personal life failure and shameful to both the woman and her parents and family. Regardless of whether a woman divorced because she earnestly wanted to get divorced or because she was forced to get divorced, ‘divorce’ involves a woman’s will. In other words, unlike widowhood, divorce meant a voluntary dissolution of marriage. Such a voluntary dissolution of marriage meant personal failure in dealing with marital relations and problems. This personal failure brought social ostracism, stigma, and shame to the couple as well as to their parents and families (pp. 152-154).

The Confucian ideology stressed chastity as the greatest of womanly virtues and the wife’s devotion to one husband, that is, to one descent group. This emphasis on the
exclusive nature of the marital relationship eliminated the rationale for taking a second husband. Young widows of the yangban (aristocratic) family were not supposed to remarry for the rest of their lives. The government would honor such women and their families by establishing a yŏllyŏmun, “a gate of the virtuous woman” (Park, 1976).

The concept of chastity during this period referred mainly to virginity or the bodily concept of chastity; though it can be argued that bodily chastity and mental chastity are closely interrelated. While the former may be said to be based on the latter, the emphasis on bodily chastity is particularly clear.

Confucian ideology thus devised roles for women that called for specific behavior (“virtuous wife,” “obedient daughter-in-law,” “chaste widow”). Women were remembered either for their perfect enactment of these roles or for their rebellion against them (Deuchler, 1992). Women’s goal in life was to achieve the highest level of “feminine” virtues. Women were to possess virtues of filial piety, loyalty, chastity, and fidelity. Women’s filial piety was further defined as “her filial piety toward parents and parents-in-law, assistance to her husband and education of her children” (Yao, 2000, p. 183).

**Shame, Guilt and Chemyŏn (Face saving)**

According to Freud (1923), guilt, being the experience of conflict between wish and superego, always has the stamp of the object of identification and carries out its wishes. A way of maintaining the tie to the object, guilt derives its considerable power as a motivator from this connection. Guilt is an object relationship that signals moral transgression and guides moral conduct, but its power to do this is derived from its
connection to the object of identification. “Bad object” guilt occurs whenever the child must feel bad or self-blaming in order to maintain a needed relationship. That is to say, guilt is a vehicle through which the attachment is maintained (p. 29).

A second category of pathological guilt, existential guilt, originates not from an object relationship maintained by “badness” but from a tie to a caretaker who requires compliance (Summers, 1996). According to Summers (1999), slavish devotion at the expense of self development in some patients leads not only to a lack of authenticity but also to a profound sense of guilt for having betrayed the self. Although guilt may play a role in any level of pathology, it is here that one most frequently sees it being used to maintain object ties. Negative object relationships and their representation in the form of persistent, attacking voices are the product of an effort to redeem a self felt to be tainted and, at the same time, to please the other in the hope of securing love. Potential ways of being and relating that do not fulfill parental expectation evoke guilt, unleashing harsh self-attacks that impede development while the child attempts to please the caretaker (pp. 76-81).

Kohut (1978) mentioned shame as one of the by-products from the arrested development of the self. According to Kohut, shame, not guilt, is the prevalent affect with respect to the undeveloped self. When an archaic or untamed flow of grandiosity does not find an empathic response, and is not absorbed by another, it creates the experience of shame in the person whose self has not developed cohesively. One who lacks the development of the self is unable to release the flow of exhibitionistic grandiosity in a proper way so that one finds oneself to be inferior or inadequate. Bursten (1986) echoed
the same argument and stated that “[c]omplementary [or neurotic] personalities are guided more by guilt; narcissistic personalities, more by shame” (p. 381). He also noted that “the preoccupation of the narcissistic personality is to eliminate the sense of shame” (p. 391).

In Fairbairn’s (1944) view, neither the desire for the oedipal object nor the triangular situation produces guilt. “Pseudoguilt” issues from the Oedipus complex to the degree that demand for parental love is not fulfilled. From this rejection of its needs, the child concludes that his/her own love is bad. Unfulfilled longing for love in the phase of infantile dependence results in feelings of shame. If shame is the outgrowth of that period, the unmet oedipal longings will also be experienced as shameful, and this feeling will be masked by pseudoguilt.

Fairbairn’s (1943) view was that hysterics, as well as other patients, prefer to view underlying guilt as the source of their problems because guilt defends against their fear of object contact. To feel guilt over sexual longing is far more acceptable than to acknowledge the fear that one’s love is not good enough, along with the resulting shame, withdrawal, and regressive longing for the object of infantile dependence. The use of guilt to mask these painful feelings is what Fairbairn called the “guilt defense,” a defense that tends to be fostered by the impulse-conflict model.

At the core of patients’ inner world is a deep sense of shame related to their secret to exhibit themselves in a grandiose manner. Shame has other determinants as well. Shame relates to a self-assessment process in which one feels inadequate (i.e., falling short of a standard or ideal of what one should be). Central to shame is a sense of
inherent defect (Cooper, 1998). Lewis (1987) distinguished shame from guilt. Whereas guilt-ridden persons may feel they are not living up to standard, they do not have the sense of being irreparably defective in the way that certain individuals with narcissistic personality disorder do. The feeling of being humiliated or painfully exposed when confronted with deficiencies in one’s abilities or the recognition of unsatisfied needs is central to the psychopathology of individuals with pathological narcissism, and many of the defenses such people develop are designed to prevent themselves from becoming aware of the feelings associated with these experiences.

Lewis observed a tendency among earlier theorists to group shame and guilt together by their common function as drive controls. Other earlier models of shame and guilt have attempted to distinguish the two emotions based on a private-public differentiation or an internal-external differentiation. Shame was viewed as an emotion evoked by public exposure of disapproval, while guilt was considered more of an internal affect evoked by one’s conscience (Tangney, 1990, 1995). Affectively, guilt typically involves feelings of tension, remorse, and regret over an act of wrongdoing or transgression of a moral standard/rule. Guilt also tends to motivate the individual to repair the damage or harm done to someone or something as a result of one’s transgression. There is a desire to take personal responsibility for one’s actions and to restore the balance of moral order (Lindsay-Hartz et al., 1994; Tangney, 1995). In this sense, guilt enables a person to see the importance of moral and behavioral standards and also helps the individual learn about him or herself as an active agent (Barrett, 1995).
Shame results from the self-perception that one has failed to uphold standards of worth in the eyes of others. Shame-based reactions include wanting or trying to hide, blushing, and averting one’s gaze (Stipek, 1995). Shame functions to maintain compliance with socially sanctioned behavior and increases awareness of behaviors that threaten self-esteem (Mascolo & Fischer, 1995). Guilt results from the perception that one is responsible for behaviors that are considered wrong according to social norms. Guilt-based reactions include reparative behaviors, confession, apologies, and asking for forgiveness (Tangney, Burggraf, & Wagner, 1995; Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990).

Morrison (1986) posits that “shame is experienced when one experiences oneself to be inadequate, inferior, or defective, or one’s self-esteem is suffering” (pp. 349-352). Lynd (1958), who has done extensive work on shame, also argued that, while shame may be experienced in the presence of others, it is experienced when one’s own “peculiarly sensitive, intimate, vulnerable aspects of the self” (p. 27) are exposed to one’s own eyes. The observations by both Morrison and Lynd are consistent with how women in Confucian society view themselves to be inferior and, thus, a failure. While Confucian society initially imposes the sense of inferiority and inadequacy on girls and women, the subordinate status of women tended to have become a very fact of life and has eventually been accepted by girls and women. Their pervasive sense of self thus is that of inadequacy, defect, or failure.

Korean American women are at more of a risk of being subject to shame due to their increased independence which conflicts with the traditional submissive role of
women. Korean American women’s gain in economic roles puts them in conflict with traditional dominant-submissive relationship dynamic between men and women (Son, 2006, p. 333). Yu (1980) noted that “[t]wo forces – the traditional authoritarian values and the new value system embedded in the equalitarian orientation – collide within family” (p. 91).

Korean American women’s sense of shame increases particularly in the victims of domestic violence. The shame is caused by not only the degrading experience of being beaten but more so by their self-blame for such violence because Korean conventional culture has been lenient toward violence against women. Family breakdown or divorces which result from accumulated family conflicts bring an un-erasable and penetrating sense of shame to them. Cultural expectation of women’s subordinate role gives birth to an arrested development of the self in women who, in turn, fall into the trap of a perpetual rollercoaster between grandiosity and low self-esteem and live with the pervasive sense of shame as fact of life (Son, 2006).

Previous studies have examined that Asian Americans endorse more tolerant views of spousal abuse and other forms of intimate partner violence, particularly if they adhere to more traditional Asian values (Mori, Bernat, Glenn, Selle, & Zarate, 1995; Yick, 2000a, 2000b; Yick & Agbayani-Siewert, 1997; Yoshioka, Dang, Shewmangal, Chan, & Tan, 2000; Yoshioka et al., 2001). Studies on marital violence in the Korean community indicate that wife abuse is more prevalent among the Korean immigrant population in comparison to other ethnic groups (Shin, 1995; Song, 1996).
There are different theories for understanding the causes of domestic violence such as individual, environmental or situational, and social, cultural, structural theories. Feminist theories suggest that violence toward women serves to maintain male domination over women and patriarchal relationship with husband and wife in Asian society oriented on Confucian-based ideology (Bui, 2003; Bui & Morash, 1999; Kozu, 1999; Levinson, 1989; Song, 1996; Xu et al., 2001). Korean American couples who had an increased number of stressors upon migrating to the United States reported an increased frequency and severity of intimate partner violence (Kim & Sung, 2000). When a husband adhering to traditional Asian cultural values feels unable to serve as the traditional leader of the family, he may resort to physical violence in order to re-affirm his position as the head of his family (Chan & Leong, 1994).

Among many factors contributing to domestic violence, this section applies to Fairbairn’s perspective on domestic violence explaining why the abused woman returns to her abuser. Celani (1994) found that the abusive husband cannot integrate the two views of his wife into a single image. When she frustrates him (which is very frequent, given his infantile demands), he sees his wife as completely rejecting, and this perception justifies (in his mind) the aggression he poured out on her. When he becomes enraged he can neither see nor remember any positive aspects of his partner. The splitting defense is an extreme inability in adult individuals to perceive their partners as containing both rewarding and frustrating potentials. It also functions to hide the reality of the abuser from the victim of abuse, and therefore plays a key role in the return of the battered woman to her abusing partner (p. 110).
Overlapping ego boundaries, which begin with close ties to one’s family members, are expected to exist also with others when one is close enough to a person. Even though Korean people, in general, do not openly express their feelings, there is no separateness between two persons when the relationship is close enough to be like kin (Kim, 1991). From the tendency of overlapping ego boundaries, close relations with family and community members, and the moderate nature of the Korean personality, Korean culture tends to form an orientation based on shame whereas Western society tends to revolve around guilt. Shame is easily felt when one does not behave according to family or community expectations, since a broken relationship raises doubts regarding integrity, not only in individuals but also in families and the community. Shame is a longing for relationship, a grieving for what has been lost, a yearning for contact to be restored (Augsburger, 1986, p. 118).

Augsburger (1986) also explicates shame while distinguishing between shame-based and guilt-based culture as follows: [It] is a painful experience of the disintegration of one’s world. It has the instant effect of disrupting one’s social relations, disorienting one’s whole world and one’s place in it, and creating disgust with one’s behavior and one’s self. As an emotion, it is a feeling of humiliating exposure; as a situation, it is a position of loss of face, respect, and inclusion; as an internal fragmentation, it is being confronted with painful self-consciousness and condemned before or by the ego ideal, the internal image of the ideal self (p. 116).

In Western social psychology, “face” is conceptualized as an individual’s situated identity, or identity in a particular situation (Alexander & Rudd, 1981). In Confucian
culture, face can be defined as an individual’s contingent self-esteem (Ng, 2001), or as a person’s cognitive response to social evaluation of his conduct in a particular situation. In any culture, an individual may experience a feeling of having or losing face because of positive or negative social evaluation (Goffman, 1959; Ting-Toomey, 1994). “Saving face” implies that one’s behavior has complied with others’ expectations in a specific situation (Choi, 2000; Choi & Kim, 1998, 2000; Choi & Lee, 2002).

*Chemyŏn* deeply pervades the social contexts of interpersonal relationships in Confucian cultures. In Korea, people’s consciousness of their own and others’ *chemyŏn* can be so strong as to cause them to behave contrary to their personality or values. From a Western viewpoint, which celebrates honesty and the maintenance of consistency between behavior and values, Korean *chemyŏn* can be interpreted as implying inconsistency between peoples’ inner minds and behavior, a lack of solid sense of self, or even guiltless dishonesty (Goffman, 1967).

According to the Confucian model of the ideal human, losing social face induces or results in a sense of shame, and it is this sense that differentiates humans from non-humans. When peoples’ behavior falls short of others’ expectations, they lose *chemyŏn* and feel ashamed. The shame people experience has two origins. First, one feels shame when one recognizes and comes to the self-realization that one’s behavior went against the *chemyŏn* standard. Second, shame arises when one is the object of others’ disapproving responses to one’s behavior for having violated the *chemyŏn* standard (Choi & Kim, 1998, 2000).
Han, Hwa-byŏng and Hanpuri

The literal meaning of han is a mind, heart, or soul that is perhaps wounded, hurt, pained and frustrated. The human mind is hurt by the unwanted and undesirable act of “arrest” that forcefully stops the human desire that ceaselessly wants to change and resolve the problematic situations of human life (I Ching, 1964, p. 177). In essence, han can be defined as “the collapsed pain of the heart due to psychosomatic, interpersonal, social, political, economic, and cultural oppression and repression” (Park, 1993, p. 16). It is like “a black hole, when suffering reaches the point of saturation, it implodes and collapses into a condensed feeling of pain. This collapsed feeling of sadness, despair and bitterness is han” (Park, 1989, pp. 50-51).

Chung (1989) stated that “the feeling of han comes from the sinful interconnections of classism, racism, sexism, colonialism, neo-colonialism, and cultural imperialism which Korean people experience every day” (p. 7). Lee (1994) found that “han is a cluster of feelings and energy that springs from a deep and painful recognition about one’s tragic life situation. It is similar to the unconscious complex as archetypal symbols and images charged with potential energy” (p. 107). This means that “han, as the energy for collective unconscious as well as collective consciousness, demands resolution based on justice” (Fanon, 1967, pp. 190-191). In this demand for just change, “han requires thoughtfully and carefully organized care for a constructive resolution such as shamanic hanpuri in ritual” (Choi, 1991, pp. 21-25).

Han, as an accumulated feeling of sorrow, pain, and deep bitterness that comes from being unjustly treated and abused for a long period of time, is unique to Korean women. Though there are other groups of people who suffer tremendously from
oppression and injustice, Korean women’s han is caused by the combinations of historical, political, economical, social, and cultural oppressions that are unique to Korean women. Korean women in North America not only suffer from the patriarchal and Confucian oppression of women from Korean culture, but also from the racial oppression from North American culture as well. In other words, the make-up of han for Korean women in North America can be even more severe and acute when one considers the bicultural or “in-between two cultures” aspect of Korean women in North America. Korean women in North America often get caught between the two cultures – Korean patriarchal system and North American racism – and find themselves in situations where they are doubly victimized (Kim, 2007, pp. 724-726).

Hwa-byŏng is a culturally patterned way of expression for Koreans experiencing major depression and related conditions (Lin, 1983). Lee (1977) was one of the first to do research on the topic of hwa-byŏng in Korea. He observed the symptoms of hwa-byŏng and identified it as likely to be “a Korean culture-bound syndrome” (pp. 63-69). Min (1989) with his associates has done extensive research on the hwa-byŏng syndrome in Korea. About the relationship between hwa-byŏng and han, he observed as follows: Diagnostically, depression, anxiety and somatization disorders were most frequently observed. Many patients had two or more diagnoses. The prognosis seemed to be chronic and poor. The possible relationship between the psychopathology of hwat-byung and so called hahn which is known to be the unique traditional affective expression of Koreans, and the possibility that hwat-byung can be a culture-bound syndrome in Korea was discussed (p. 608).
A Chinese American psychiatrist, Lin (1983) has studied hwa-byŏng. He interprets the background of hwa-byŏng in relation to oriental philosophy as follows: Semantically, byŏng means “sickness,” and hwa simultaneously stands for two words: “anger” and “fire.” Although anger and fire may seem unrelated, the relationship between these concepts is familiar to most Asians. Traditional oriental medicine theories still exert considerable influence on health beliefs. “Fire” in Korean and Chinese cosmologies is one of the five basic elements whose harmonious interactions, together with the maintenance of balance between yin (female, cold, dark, etc.) and yang (male, hot, light, etc.), are fundamental in matters of health and sickness. An excess in the fire element manifests behaviorally in expression of anger. Interestingly, he speaks about the broken balance in the human body as well as in the cosmos. These imbalanced “harmonious interactions” as an emotional force in the human body can be expressed as a significant precipitating factor in hwa-byŏng (pp. 105-107).

Explosion of han is never a hanpuri because instead of resolving the han for the han-ridden victims, it further victimizes them with permanent harm. At the sudden, violent, and forceful explosion of han, the han-ridden victims become permanent han-ridden victims in the sense that either they go insane or they lose their lives without ever resolving their han. The explosion of han also accompanies similar damages to the han-causing individuals, if there are any, as well as to the innocent others who are usually the victims’ family or their loved ones as was the case with the three tyrants who ended their lives in tragedy. In a word, explosion of han is the most tragic thing that can ever happen to the han-ridden people as well as it is the most harmful way of causing han to innocent
others. This is partly why Koreans fear han and endeavor to resolve it constructively and non-violently as they do through Korean shamanic ritual in embracing, forgiving, praying, singing, laughing and dancing in union with their gods (Choi, 1991, p. 110; Kwon et al., 1996, pp. 128-129).

*Puri* is a noun form of the verb *pulda*, which means literally “to loosen, unfasten, untie, undo [a rope or knot],” and “to dissolve [salt] in water,” and can also loosely mean “to realize, satisfy [one’s desire],” “to solve, work out [a puzzle], and “to remove, clear out [a doubt],” etc. All these diverse usages presuppose that something hard, difficult and annoying stands before the subject and the subject is in need of overcoming it. In this sense, han has been something that Koreans want to resolve and overcome (Ahn, 1991, pp. 310-311).

In ecstasy, shamans or the spirit-possessed sponsors identify the problems of their clients’ han and offer shamanic remedies. Joyful expression of self, whether it may be in tears, laughter, or fervent dancing only, is an important aspect. David Kwang-sun Suh (1991) puts it as follows: “This is a lively session with songs, dances, costume changes, tears, shouts, jokes and laughter. This is essentially an entertainment session, bringing all the family troubles and problems into the open” (p. 103).

In *hanpuri*, the repressed bodies of Korean women under the Confucian society find freedom to express their joys and sorrows in dance. Their repressed bodies and sexuality come forth in dancing, singing, tears, wild shouts, public condemnation, embracement and reconciliation. It is the repressed body of Korean women that cries out for freedom of expression in voice, dance, and in the public space as Hegyung Park
(1997) describes as follows: It is the body that has long repressed in the Confucian Korean society. It is the body that has been considered inferior to mind and that has also been demonized. It is the body that has been blamed for its luring power. But this body in the contemporary Korean society now draws people in passion and excitement breaking out from the moral taboo (pp. 1203-1205).

**Theoretical Framework**

**Theory of Self Psychology**

**Self Psychological View of Psychopathology**

Kohut (1971, 1977, 1984) believed that narcissistically disturbed individuals are developmentally arrested at a stage where they require specific responses from persons in their environment to maintain a cohesive self. When such responses are not forthcoming, these individuals are prone to fragmentations of the self. Kohut understood this state of affairs as the result of the parents’ empathic failures. Specifically, the parents did not respond to the child’s phase-appropriate displays of exhibitionism with validation and admiration, did not offer twinship experiences, and did not provide the child with models worthy of idealization. These failures manifest themselves in the patient’s tendency to form a mirror, twinsip, or idealizing transference. The goal of treatment is to move away from a need for archaic self objects toward an ability to use more mature and appropriate self objects.

Self psychologists conceptualize affective disorders as a result of empathic failures. Every individual needs to have someone strong to mirror and with whom to merge for the achievement of her vigor, grandiosity, and healthy self-esteem. Parents, teachers, coaches, extended kin, and siblings in a child’s interpersonal world can serve
these self object functions. They can affirm the child and respond to the child’s needs with empathy, acceptance and admiration. When this occurs, the child has the building blocks for mature self-esteem, and for the pursuit of realistic ambitions and goals. But when mirroring fails, the child may treat herself poorly – establishing unrealistic ideals, treating herself recklessly, attending neither to danger nor to limits, or being unable to mobilize self-care. How early and how radically these self object experiences are missing affects how intact and cohesive the self will be and how vulnerable it will be to depressive reactions to loss. An object relations theorist might attend to early losses and the consequent lack of integration of self and others. A self psychologist might become a new self object to the client, offering strength, affirmation, mirroring (Berzoff, Flanagan, & Hertz, 2002, pp. 380-381).

**Self Development in Women**

Kohut’s self psychology can be useful in understanding the influence of dominant-subordinate dynamics between men and women. Kohut (1971, 1977) whose work is prominent in narcissism argued that immature narcissism does not transform into mature narcissism when the self does not develop into a cohesive self. The development of the self is arrested when one’s pursuit of an ambition is not appropriately mirrored back with empathetic responses and one’s idealization of an ideal figure is not allowed. Attributing a subordinate role on women certainly hinders any empathic mirroring responses for their pursuit of ambitions and goals and any allowance for their desire to merge with their own ideal figures.
Korean society in general highly regards a person who is not very expressive, one who is calm and reserved. This virtue in combination with patriarchal social norms forces women to be silent about social injustice. Even though there have been women’s movements in Korea, they have been unsuccessful in rendering real and drastic change to a society with deep roots of patriarchy and Confucianism. When a person is forced to be silent, there is no communication with the outside world or even with oneself, which also prevents intellectual growth. Moreover, silence blocks people from hearing their own voices so that they quash inner wisdom in deference to outside authority (Kim, 1991, p. 98). They become totally dependent on others. If they hear their inner voices, they feel guilty toward people in authority, as though they are depriving them of their power. Through this process, people in powerless situations not only lose their voices but also the power to claim their own existence. In other words, they are socialized into dependence and powerlessness. Once people internalize feelings of powerlessness, they then avoid conflict at all costs. Miller notes that while the powerful define the powerless as inferior, even the powerless cannot believe in their abilities. Their goal is survival through maintenance of the status quo (1976, pp. 7-10).

**Object Relations Theory**

**Object Relations View of Depression**

An object relations view of depression had already been anticipated when Freud emphasized the centrality of object loss to depression. In object relations terms, a melancholic person cannot mourn successfully because she cannot sustain an emotionally useful, enduring object representation in the absence of the lost loved one. Perhaps the
key contribution of object relations theory is its elaboration of the development of internal object representations and of the relationship of its development to depression (Berzoff, Flanagan, & Hertz, 2002, pp. 375-376).

Depression occurs at the stage when the representations of the lost loved one can only be sustained by the almost consistent visual and physical presence of that person. The loss of the actual person at this stage of object representations functioning produces intense feelings of emptiness, painfulaloneness, helplessness and equally intense cravings for immediate contact with and love for the lost person (Bowlby, 1958; Spitz & Wolf, 1946). Spitz, Wolf and later theorists (Blatt, 1974) note that such depressive experiences are not unique to infants but are seen in persons of any age whose internal world of object representations has not gained a measure of constancy. Such depressions will be marked by intense feelings of helplessness, abandonment, and emptiness with less guilt and lower self-esteem than in other forms of depression. It often seems to the person suffering from depression at this level that there is no “self” without the lost other. Object relations theorists suggest that when a person whose self representations are unintegrated suffers object loss, she may feel depression, object hunger, guilt, self-reproach, and lowered self-esteem (Blatt, 1974; Jacobson, 1964).

**Fairbairn’s Internal Object World**

In Fairbairn’s view, the relationship to the mother has two fundamental features: a gratifying component and an ungratifying component. Thus, the child has three different experiences of mother: gratifying mother; enticing mother; and depriving mother. As the original relationship to the real, external mother becomes unsatisfactory, it is internalized.
The result is not a single internal relationship but three, corresponding to the features of the external relationship with the mother. The three internal objects, which are separated out, Fairbairn terms: the ideal object (the gratifying aspects of the mother); the exciting object (the promising and enticing aspects of the mother); and the rejecting object (the depriving, withholding aspects of the mother). As each of these features of the mother is internalized and established as an internal object, a piece of the outer-directed, integral ego is split off from its original unity and bound up in an internal object relationship with it. The piece of the ego that remains bound to and identified with the exciting object, which is, therefore, perpetually seeking and longing for the enticing promise of relatedness, Fairbairn terms the “libidinal ego.” The piece of the ego that remains bound to and identified with the “rejecting object” and is therefore hostile and derisive toward any possible contact or gratification, Fairbairn terms the “anti-libidinal ego” (an earlier term for this structure was the “internal saboteur”). The remainder of the original ego, which Fairbairn terms the “central ego,” is bound to and identified with the “ideal object,” the comforting and gratifying aspects of the relationship with the mother. The central ego is also that part of the ego which is still available for relations with real people in the external world (Greenberg & Mitchell, 1983, p. 164).

Fairbairn (1943) suggests that the initial internalization of objects derives from the intensity of the child’s need for relatedness and the consequent dilemma posed by parents who are emotionally absent, intrusive, or chaotic. The child cannot exist without parents, yet living in a world in which parents, the constituents of one’s entire interpersonal world, are unavailable or arbitrary is unbearably painful. Therefore,
according to Fairbairn, the first in a series of internalizations, repressions, and splits takes place based on the necessity for preserving the illusion of the goodness of the parents as real figures in the outside world. The child separates and internalizes the bad aspects of the parents – it is not they who are bad, it is she. The badness is inside her; if he were different, their love would be forthcoming. Every child needs to feel that his parents understand the world, are just and dependable. If he does not experience them in these ways, he transfers the problem onto himself. He takes upon himself the “burden of the badness.” The “badness,” the undesirable qualities of the parents – that is, the depression, disorganization, the sadism – are now in him. These “bad” features become bad objects, with which the ego identifies (through primary identification). The child has purchased outer security at the price of sacrificing internal security plus illusory hope. The following illustrates the power of the introjection mentioned above: “It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil” (Fairbairn, 1952, p. 66).

**Winnicott’s Holding and Growth**

If the satisfaction of environmental and object needs is not “good enough,” the child cannot focus on “going on being.” If maternal empathy is lacking, omnipotent fantasies are assaulted by reality before the child is ready to relinquish them and accept reality. The child becomes aware that needs are not met by their existence and is forced into a premature awareness of self-object differentiation. This premature awareness interrupts the development of integration, personalization, and realization (Winnicott, 1952). The mother does not need to adapt perfectly to the infant’s needs, but the
adaptation must be “good enough” to allow the infant the experience of omnipotence (Winnicott, 1960).

The holding environment must as its main function, reduce impingements to which the infant must react with resultant annihilation of personal being. Under favorable conditions the infant establishes a continuity of existence and then begins to develop the sophistication which makes it possible for impingements to be gathered into the area of omnipotence (Winnicott, 1960, p. 47). Summers (1994) stated that “the principal function of ‘holding,’ then, is keeping the infant sufficiently free of environmental impingement that it lives within its fantasy of omnipotence and continues to grow” (p. 145).

The infant becomes interested in exploring the object of dependence but also becomes anxious in separating from it (Winnicott, 1960, 1963). To master this anxiety and bridge the transition to reality, the infant utilizes a variety of possessions and experiences referred to by Winnicott as transitional phenomena, the “transitional object” being only one (Winnicott, 1951). The transitional object is not a reality object. It is imbued with intense, powerful, and personal meaning. Finding the object immediately reduces intense anxiety; sometimes anxiety can be soothed in no other way. The object is treated as though it were the mother, although the child knows that it is not. The paradox of the transitional object is that it is neither real nor delusional. It is illusory, an intermediate area of experience, lying between reality and fantasy (Barkin & Grolnick, 1978; Winnicott, 1951, 1971). Summers (1994) found that transitional objects help the infant ease the separation and stranger anxiety caused by awareness of dependence and separateness. Although these experiences are painful, they also betoken a developmental
advance: the infant has moved from annihilation anxiety to anxiety of object loss (p. 149).

**Family Systems Theory**

**Bowen’s Self-Differentiation**

At the core of Bowen’s theory is the concept of differentiation of self, which is also the bridge to understanding the co-dependent position. Differentiation of self has to do with the degree to which a person is able to distinguish between the subjective feeling process and the more objective intellectual (thinking) process. Bowen believed that people could be defined according to the degree of fusion, or undifferentiation, between their emotional and intellectual functioning. He further believed that people could be categorized on a single continuum of differentiation. At the low extreme are those whose emotions and intellect are so fused that their lives are dominated by the emotional system. The result is a person who is less flexible, less adaptable, and more emotionally dependent on those around them – characteristics common to co-dependency. At the other extreme are those who are more differentiated. Those individuals whose intellectual functioning can retain relative autonomy in periods of stress are more flexible, more adaptive, and more independent of the emotionality about them (Bowen, 1976).

The level of differentiation from one person to another is established early in life. An infant begins life in total fusion with the mother and gradually separates to become a self. The degree that one becomes a self is not the same with all individuals because of the emotional processes associated with the forces of togetherness and individuality
within the field of anxiety within the family system (Bowen, 1978; Kerr & Bowen, 1988; Papero, 1990).

Bowen family systems theory (Bowen, 1978; Kerr & Bowen, 1988) contends that a well-differentiated family allows individuals to achieve a higher level of self-differentiation, which is in turn closely related with lower levels of anxiety and psychological symptoms. Self-differentiation has both intrapsychic and interpersonal dimensions. On an intrapsychic level, differentiation refers to the ability to distinguish feeling processes from intellectual processes. With respect to interpersonal level, differentiation involves the capacity to develop a balance of autonomy while maintaining intimacy with others.

Persons with higher levels of differentiation grow apart from their parents in infancy. Their parents encourage independence and autonomy. These people make decisions in spite of potential disapproval of others. They are sufficiently secure that making decisions is not affected either by praise or criticism by others. With the ability to keep emotional functioning contained within their own boundaries, they can have relationships without a “need” for the other that often impairs functioning (Kerr, 1981).

Poorly differentiated individuals are assumed to be emotionally reactive and find it difficult to remain calm in response to the emotionality of others. They tend to engage in fusion with or emotional cutoff from others in most of their close relationships when under stress. Highly differentiated individuals, on the other hand, are not overwhelmed by their strong emotions, do not feel the need to cut off emotionally, and are able to take the “I position” in relationships (Kerr & Bowen, 1988; Skowron & Friedlander, 1988). In
fact, the concept of differentiation embodies the dialectic between two life forces of togetherness/connection and independence/autonomy and is defined as the ability to balance, achieving an autonomous sense of self and maintaining a close connection with important others, predominantly with one’s family (Skowron, 2004).

Bowen’s Triangle

Triangles are considered the basic building blocks of any emotional (relational) system. In a relational system of three persons, during conflict-free periods two members are allied with the third present as an “outsider.” Anxiety in the dyad involves the vulnerable third party, who may appear highly attractive, and the inclusion of the third party reduces anxiety in the original dyad (Bowen, 1966, 1988a; Piercy, Sprenkle, & Associates, 1986).

A two-person system is unstable and easily disturbed. When anxiety is high and there is discomfort in the twosome, one will pull in a third person permitting the anxiety to shift within the triangle. The triangle stabilizes the anxious two-person system as the presence of the third person lessens the amount of intensity between the original two. When anxiety is more intense, the triangle may multiply when any person in the original triangle involves yet another person. The triangle is considered the “basic molecule of the emotional system” (Bowen, 1978, p. 307; Kerr, 1986, p. 12).

Alliances within triangles constantly shift. During periods of calm, one ally is favored; under stress, the third member is approached; as the third member becomes stressed, he/she may further approach one or the other members of the original dyad. If a third member becomes unavailable, another member is found. In this fashion, old
triangles expand and interlock with new members who likewise become stressed (Bowen, 1988b). “The greater the togetherness orientation of the people, the greater the potential anxiety and the greater the likelihood of triangling” (Kerr, 1981, p. 242).

Triangles dilute anxiety by creating a third focal point. This third point may be a thing, such as alcohol or work, or it may be another person, such as a relative, a friend, or a child. Generally speaking, “the probability of triangulation within a family is heightened by poor differentiation of family members; conversely, the reliance on triangulation to solve problems helps maintain the poor differentiation of certain family members” (Goldenberg & Goldenberg, 1991, p. 171). In the case of the child being “triangled,” Bowen described this family projection process as operating through the parents’ anxiety about the child. The lower each parent’s level of differentiation, the more difficult it is for each to see the child’s separate reality. This “triangled” child is often the one who is the symptom bearer. Bowen believed that the sibling position of each spouse in his or her family of origin and the sibling position of the child are major clues to which child will be chosen as the anxiety binder (Kerr & Bowen, 1988).

The related concept of “detriangling” means “reading” or observing the emotional triangling process among family members, usually by observing their and one’s own affect, and controlling one’s own participation while not losing emotional contact (i.e., becoming “cut off”) (Piercy et al., 1986).

**Individualism and Collectivism on Bowen Theory**

In the Bowen model, family patterns are believed largely to reflect the cultural values of individualism and independence (Gushue & Constantine, 2003). The basic
norm of this Western industrialized “culture is to become independent by differentiating oneself from others and achieving autonomy” (Chung & Gale, 2006, p. 368).

Individualism emphasizes “I” consciousness, autonomy, emotional independence, individual initiative, right to privacy, pleasure seeking, financial security, need for a specific friendship, and universalism. However collectivism stresses “we” consciousness, collective identity, emotional dependence, group solidarity, sharing duties and obligations, need for stable and predetermined friendships, group decision-making, and particularism (Hofstede, 1980). According to Triandis (1995), individualism values the independent self and personal goals with priority over in-group goals and emphasizes relationships of exchange. Collectivism is defined as the interdependent self, personal goals with an emphasis on in-group goals and emphasizes relationships of relatedness.

This individualistic cultural norm is very different from that of collectivistic culture, which emphasizes maintaining connectedness among individuals by fulfilling obligations and fitting into various interpersonal relationships (Hofstede, 1980; Triandis, Bontempo, Villareal, Asai, & Lucca, 1988). The normative imperatives of collectivist cultures are to maintain connectedness among individuals and to foster distinct conceptions of individuality that are based on the fundamental relatedness of individuals to each other (Markus & Kitayama, 1991). The view of the individual in the family is to maintain togetherness, not to separate and individuate, while the family serves as the primary and central unit of living. An inner sense of pride and identity is fundamentally rooted in significant others (father, mother, siblings and ancestors, etc.) rather than focused on the self (Slote, 1992). In particular, the Eastern countries dominated by
Confucian-based collectivistic value systems which emphasize family ties, relatedness or connectedness, and conformity work against the achievement of independence and autonomy from the family.

**Culturally Sensitive Practice**

Culturally sensitive practice was addressed as an alternative formulation in therapy. Immigrants face choices regarding how to incorporate cultural traditions and roles with the norms of their new country. Clients must choose how much they want to acculturate into their new society and determine how they can blend aspects of both cultures without losing important aspects of each. The basic choice for such clients comes down to how to live in a healthy, comfortable balance. This, of course, is easier said than done. Culturally sensitive therapists will assist other clients to achieve a bicultural identity and help them learn to deal effectively with the cultural and societal backlash resulting from their choices. Clients need to become aware of the pros and cons of their decisions and how their lives will change. Cooperative planning and mutual problem solving give patients a sense of self-esteem and empowerment (Prochaska & Norcross, 2003, p. 443).

It is common for Asian clients to be reluctant about revealing details of their family life. Obviously, such material has usefulness in the therapeutic context. Yet, shame and loyalty issues influence a cultural taboo against disclosure of intimate family secrets and any indication that the family follows the ideal standard. Therefore, insufficient information may be provided to the practitioner to facilitate culturally competent treatment planning (Wu, 1999, pp. 73-74).
Korean American women are also at more of a risk of being subject to shame due to their increased independence which conflicts with the traditional submissive role of women. Korean American women’s gain in economic roles puts them in conflict with traditional dominant-submissive relationship dynamic between men and women. Yu (1980) noted that “two forces – traditional authoritarian values and the new value system embedded in the equalitarian orientation – collide within family” (p. 91). Min and Song (1998) suggested that Korean American women thus experience more conflict with their husbands than their Korean counterparts who experience conflicts primarily because of in-law relations; and some of their husbands, who are frustrated in their inability to maintain their traditional position of superiority, try harder to cling to their authoritarian roles and demand even more harshly so that their wives submit to them. Some even resort to violence (p. 58).

**Attitude Toward Emotional/Psychological Symptoms**

The psychoanalytic therapists from a Euro American background face different difficulties when providing psychotherapy to someone from an Asian culture. One element is that cultural differences correlate to diverging standards of normality and psychopathology. Roland (2006) discussed the norms as follows: When we work with patients in psychoanalytic therapy, we are always making implicit judgments as to what is more or less normal in their relationships and work, including the one with the therapist, and what seems skewed or in some way psychopathological. When these patients are more or less from our own culture, we unintentionally judge on implicit understandings of what goes or does not go in our culture, or what is generally considered
normal or psychopathological. It is not that psychoanalytic therapy is a well laid-out roadmap. It is indeed full of ambiguities and a great deal of uncertainty, often for extended periods of time. However, in working with someone from a radically different culture, such as those from an Asian background, a Euro American therapist can feel not only uncertain but at sea. This is because there is a different normality/psychopathology continuum from the one we are used to, and indeed from the norms of development, structuralization, and functioning that we have been taught in our psychoanalytic training. Plainly put, psychoanalytic norms of development and functioning are more Western-centric than most analysts realize regardless of their psychoanalytic orientation (p. 456).

**Mental Illness**

Mental illness is considered stigmatizing by most Asian and Asian American cultures (Chen & Swartzman, 2001; Gaw, 1993; Kim, 1999; Kleinman, 1986; Nishio & Bilmes, 1987; Yeh, Inman, Kim, & Okubo, 2006). Asians and Asian Americans often consider psychiatric illness to be a sign of weakness in the individual (Kim, 1993; Narikiyo & Kameoka, 1992; Parker, Gladstone, & Chee, 2001), degrading (Parker, Gladstone, & Chee, 2001), jeopardizing the marriageability of the identified patient and their family members (Fujii, Fukushima, & Yamamoto, 1993; Gaw, 1993; Kim, 1993), and shaming for the entire family who failed to properly care for the distressed individual, who as a result requires assistance for psychological problems from outside of the family (Uba, 1994).

**Somatic Terms**

Asian Americans are believed to relate their emotional difficulties in somatic terms with complaints of physical maladies intermingled with, or masking, psychosocial
problems. As an example, although there may be a clear indication that work-related stress or family conflicts are the cause, clients may be more likely to present for therapy with concerns about their physical well-being (e.g., headaches, stomachaches). These complaints should be validated, because the success of therapy may be contingent on the resolution and/or simultaneous treatment of the presenting physical symptoms (Lee, 1996b; Paniagua, 1998; Sue & Sue, 1999). Korean Americans are not likely to discuss emotional or psychological symptoms openly, because the direct expression of mental distress is often seen as a sign of weakness. Consequently, it is more acceptable to express the physical pain or discomfort that is associated with the emotional distress because this carries less stigma and shame (Kim, Bean, & Harper, 2004).

**Help-Seeking Behavior**

Many negative experiences of Asian Americans will not be viewed as pathological, making help seeking unnecessary; however, requiring professional help indicates the personal failure to meet cultural expectations of self-control and stress management and intensifies the stigma. For many Asians, an individual’s psychological stress (Yeh, Inman, Kim, & Okubo, 2006) or illness is viewed as a family problem (Nilchaikovit, Hill, & Holland, 1993) or even a community problem (Chen & Swartzman, 2001). Asian Americans tend to ask for advice or guidance from friends, relatives, pastors or priests. Their underutilization of mental health and counseling services is a major issue that points to the lack of culturally sensitive practice (Leong, 1994).
Characteristics of Therapeutic Relationship

Therapist Inter-Subjectivity

Aron (1996) has observed that “the theory of inter-subjectivity has profound implications for psychoanalytic practice and technique as well as for theory” (p. 75). Theories of inter-subjectivity are part of a growing trend in psychoanalytic theory to frame psychological development and the therapeutic process in relational terms. Inter-subjectivity has paralleled the theoretical developments of self psychology (Kohut, 1971, 1977, 1984) and recent relational theories (Aron, 1996; Mitchell, 1988, 1993). All of these theories have, from the outset, rejected the Freudian notions of sexual aggressive drives as primary motivating forces. Atwood and Stolorow (1984) conceptualize therapeutic work as “a science of the inter-subjective, focused on the interplay between the differently organized subjective world of the observer and the observed” (p. 41). Inter-subjectivity theory is considered a metatheory for psychoanalytic practice (Orange et al., 1997) which offers a ‘sensibility’ to guide therapeutic actions (Orange, 1995).

Fundamental to this perspective is the belief that intra-psychic phenomena must be understood within the inter-subjective context within which it is embedded. Inter-subjective theory posits a more radical perspective that views the organization of experience as fundamentally inter-subjective, rooted in a context of relatedness. Orange et al. (1997) write that “all self-hood – including enduring patterns of personality and pathology – develops and is maintained within, and is a function of the interplay between subjectivities” (p. 6). Pathology can never be located solely within the person but instead must be understood within the inter-subjective configurations and emotional contexts from which it is embedded.
The domain of psychoanalytic inquiry is an exploration of the meaning of subjective experience. It is assumed that in the context of psychoanalytic treatment there exist two subjectivities, that of the therapist and the client. Accordingly, transference and countertransference are thought to “form an inter-subjectivity system of reciprocal mutual influence” (Stolorow & Lachmann, 1987, p. 42). Countertransference is considered to be a manifestation of the therapist’s organizing principles and psychological structure. Orange (1995) suggests that we adopt the term ‘cotransference’ as it better captures our participation with the client, reflecting a less adversarial position. In her words, “cotransference treats the organizing activity of patient and analyst as two faces of the same dynamic.” She also argues that countertransference is a necessary condition for empathy (p. 67).

**Independence vs. Interdependence**

People from two different cultures develop notably different construals of the self. The Western notion of the self is fairly independent, viewing the self as an autonomous person with unique qualities. In cultures with an independent self-view, people are motivated to express or assert the internal attributes of the self. Many Asian cultures however, are found to have an interdependent view of the self, in which a person is not considered separate from the social context, but rather more connected and less differentiated from others. People in this culture are motivated to find a way to fit in with others to fulfill and create obligation, and in general to become part of various interpersonal relationship. In this culture, others become an integral part of the setting, situation, or context to which the self is connected, fitted, and assimilated (Markus & Kitayama, 1991).
Within the context of individually oriented cultures, therapists from most Western societies tend to stress the importance of individual independence in the process of psychotherapy. Although achieving autonomy and initiative are among the major tasks that each individual needs to master through personal development, as described by Erikson (1963), the kinds of interpersonal relations that are considered desirable or healthy are subject to cultural views. In Western culture, maintaining dependent relationships with others in adulthood tends to be regarded as immature or unhealthy. In other cultures, such as many Eastern culture however, maintaining certain dependent relationships among adults is considered desirable or, at least, acceptable (Tseng, 2004, p. 155). Asian mothers tend to directly mirror the child’s interdependence and respect for others and to teach their children to be sensitive to others’ feelings and needs, while providing an empathic sensing and caretaking for the children (Roland, 1988).

The independent self, “I,” and interdependent self, “we,” are clearly represented in Korean language. The Korean equivalent for “I” (나 na) and the word for “we” (우리 wuri) are distinctive in form. In the dictionary, the Korean term for the interdependent self wuri also means hedge, partition, cage, or pale, which links its meaning to keeping something inside a boundary and drawing a line between outside and inside (Cha & Park, 2002). In modern Korean, it is generally regarded as implying an ingroup and characterizes the collectivism in the Korean culture (Cha, 1994).

It has been noted that in Korean, the first person plural, wuri, is used broadly, even in the place of first person singular, na. This case is especially known in the use of possessive determiners. For example, Koreans usually refer to their family as “our
family” instead of “my family” (Cha & Park, 2002; Na, 2005). Therefore, interpersonal relations require careful cultural adjustment and theoretical judgment in the practice of psychotherapy.

**Dual Self-Structure**

Hierarchy in its different psychosocial dimensions structures the psychoanalytic relationship for Asians. In the formal psychosocial dimension of hierarchy, Asian patients observe the social etiquette of formal hierarchical expectations (related to age and gender). Asian American patients will try to sense what the therapist expects of them while being polite and obedient. Indian immigrants, for instance, will often ask for a great deal of advice and guidance in handling their problems as they are used to this from family elders. The second psychosocial dimension is that of hierarchical intimacy relationships. Here, there is an expectation for caring, empathy, and closeness in insider relationships where outer ego boundaries are fluid, and much less prevalent in outsider relationships. Congruent with both the dimensions of the formal hierarchy and hierarchical intimacy relationships, Asians and Asian American patients have a dual-self structure. They all have a self that observes the social etiquette of formal hierarchical expectations, more rigorously observed in Japan and Korea and less so in South Asian countries; while all kinds of thoughts, feelings, and fantasies are kept in a private self, only revealed to those whom they sense are receptive to them (Roland, 1988).

**Directive Counseling Styles**

Much research has supported the effectiveness of directive counseling styles with Asian American clients (Leong, 1986; Zane, Enomoto, & Chun, 1994). Asian Americans appear to prefer a more directive and nurturing authority figure as a counselor and more
“passive” role in the counseling process (Yuen & Tinsley, 1981). Asian Americans expect counselors to make decision for them (Mau & Jepsen, 1988).

**Higher Expectation of Treatment Results**

Asian clients had a higher expectation of concreteness and immediacy of treatment results than Caucasians (Flaskerud & Faan, 1991). Many Asian Americans expect therapy to be brief and their psychological symptoms to be reduced quickly by the therapist (Kinzie, 1989; Lin & Shen, 1991). For the therapist to comprehend the underlying problem and for clients to gain insight into their problems, extended discussions may have to take place. This can be a time-consuming process. Many foreign-born Asian Americans, unfamiliar with the conceptual underpinnings of Western psychotherapy, feel frustrated by the questions, balk at a therapy that apparently involves only talking (Nguyen, 1982). Many Asian Americans expect a quick diagnosis and some form of treatment benefit in the early stages of counseling (Huang, 1994).

**Summary of Chapter**

The clinical issues concerning cultural factors in working with Korean immigrant women in the study were addressed: acculturation and separation-individuation, parent and child relationship, Korean women’s self-esteem in Confucianism, Korean women’s sexuality, shame, guilt, chemyŏn, han, hwa-byŏng and hanpuri. This was followed by a theoretical discussion with self psychological view of self development in Korean women, object relations view of depression in Korean women, Fairbairn’s perspective to domestic violence, and the concepts of individualism and collectivism on family systems theory. The main issues of culturally sensitive practice including attitude toward mental illness in Asian Americans and therapeutic relationship with Asians were presented to
support how to modify psychotherapeutic approaches from Western culture with culturally responsive interventions in the study.
CHAPTER THREE

RESEARCH METHODOLOGY

Research design, sampling, therapy setting, data collection procedure, triangulation and data analysis are addressed in this chapter.

Research Design

Because case study research allows more than one case to be used, this study employed a multiple case study design. When multiple cases are used, each is treated and described as an individual unit rather than aggregating the information about the cases as is done in group designs (Stake, 1994; Yin, 1994). Case studies can be especially useful for examining the process of change, whether developmental or induced by intervention efforts (Fonage & Moran, 1993; Gilgun, 1994). Case studies can therefore be quite useful in evaluation research (Patton, 1990; Ruckdeschel et al., 1994) and case studies of this kind focus on “what happened, that is, on how the intervention worked and what the major actors in the implementation process did” (Gilgun, 1994, p. 377).

Intensive examination of a case in context could be used for discovery, “for recognizing both that something IS and WHAT it is,” including what is context is and what the thing itself is. The case study can also be used for matching facts with theory or describing those facts directly predicted by a theory or paradigm (Kuhn, 1970), including describing the nature of the context in which a phenomenon occurs.
Yin (1994) points out that the use of more than one case is often seen as automatically lending credibility to case study findings. The use of multiple case designs is based on replication logic (p. 45) in which the credibility rests on being able to reproduce a result on a separate, repeated occasion of study of the same phenomenon. Stake (1994) terms this as “the collective case study” (p. 237), where theory-based case research is extended to a number of cases rather than to just one.

Yin (1994) states, “Every case should serve a specific purpose within the overall scope of inquiry” (p. 45). Therefore one might choose to study an additional case or cases to demonstrate that it is possible to predict similar findings in more than one instance. The findings of multiple case study designs do not rest on aggregating or averaging findings across cases. Instead each of the multiple cases constitutes a replication of the other if the predicted findings of similarity or difference in fact occur (Stake, 1994).

This study will take advantage of the multiple case study design in several ways. First, large amounts of data are usually collected, often using more than one data collection method. Phenomena are studied in context meaning that data is derived from naturalistic, or everyday, settings – the home, the community, the day-to-day world of professional practice (Padgett, 1998). Second, the resulting data is rich. The findings of case studies generally present “the multiple patterns of phenomena … by describing the context and conditions under which the patterns appear … using multiple sources of evidence for thick description” (p. 376). Third, case studies are currently being rediscovered as a worthwhile research strategy for social work and the human services (Gilgun, 1994; Yin, 1994). Case studies focus on a single unit – person, family,
organization, community – and then study that unit in depth and in context. Case studies rely on their credibility through an intensive data gathering effort, which allows for patterns of observation to emerge, and on the soundness of the conceptual or theoretical explanations of the data. The case study method can be a useful tool for examining assessment and intervention issues as they arise in professional practice (Gilgun, 1994).

Sampling

The sample cases for the study consist of two Korean immigrant women who received psychological treatment from transcultural perspectives by the investigator at a Korean American agency located in Chicago, Illinois. The two cases have comparable factors to demonstrate the purpose of the study. They grew up with similar cultural backgrounds and immigrated in their twenties to the United States. They have acculturative stress not only with their children who were born in America but also their husbands who adhere to their hierarchical position per Confucianism. Furthermore, they may experience inter-subjective conflicts between their traditional culture and newly adapted American culture. The cases are selected on the basis of the reasons mentioned above. They live in the suburban areas where Korean immigrant populations are increasing. They identified themselves as first generation immigrants who grew up in Korea, came to America as an adult, and gave birth to their children in America. The first client, Mrs. K, 49 years old, was in treatment for 46 sessions from July 28, 2005 to October 22, 2007. The second client, Mrs. C, 53 years old, received treatment for 20 sessions from May 6, 2006 to January 9, 2007 (See Appendix B).
**Therapy Setting**

The setting for the research is a Korean American agency located in Chicago, Illinois. A group of concerned citizens met to discuss solutions to the acute problems that Korean immigrants were facing upon arrival in Chicago. This initial meeting resulted in the creation of a community agency in 1972 to provide support services to the Korean community. The agency serves Korean Americans from all over Illinois as well as the local residents who are not Korean on the north side of Chicago. The agency has emerged as the largest, oldest, and most comprehensive social service provider and currently serves more than 7,000 clients per year, who range in age from 3 to 90 years old. Clients are composed of 73% Korean Americans, 20% Latino immigrants and 7% others. The agency has Korean, Korean American and Latino staff who speak in Korean, English and Spanish.

The program of each department of the agency is as follows: the Early Childhood Center provides preschool program serving over 80 children from low-income family each year, after school program, and parenting education. The Core Services Department provides citizenship and immigration services, housing resource center, employment and workforce development, job referrals and placement, interview assistance, résumé writing workshops, career counseling, and bi-annual job fairs. The Public Health and Benefits Department provides public benefits information, referral and case management, breast and cervical cancer education, outreach, health screenings, osteoporosis, hepatitis B outreach and education, immunization, senior depression prevention program, and the annual health fair. The Community Education Department provides ESL/Civics classes, adult computer classes, youth community technology programs, Girls Get Digital
program for teenage girls using digital media to foster leadership), open to the public
Community Technology Center, classes and workshop in contemporary and traditional
arts, cultural outings and shows and exhibits, adult Korean language classes, and Spanish
language classes. The Wellness Department provides individual, family and group
counseling, play therapy, school social work services, domestic violence services, crisis
intervention, and a Pro Bono legal clinic. All direct service staff of the Wellness
Department are LCSW/MSW, bilingual/bicultural, and professionally trained. Master’s
level internships are provided under clinical supervision of a licensed clinical social
worker.

Data Collection Procedure

Alerty (1990) describes primary information gleaned from direct observation as
material that emerged from observations through a process of reflecting about how the
data are interconnected to form a relationship whole. The resulting perspective is not a
fixed view point, says Albery (1990), and it is not a personal opinion; nor does it arise
from placing a predetermined interpretive structure or standard on the observations. This
perspective results from the documenter integrating as many aspects of the phenomena
conveyed in the actions observed and the records collected. In analyzing the case
material, the researcher initially reviewed all documented chart records, as well as
progress and process notes recorded over the course of treatment. The researcher reread
everything gathered and thought about how to best represent the case study resulting in
new perspectives and connections to the data. Reexamining observations at a primary
level allowed the researcher to see the clients anew. It is however, through the process of
reflecting about and beginning to interpret the recorded observations – what Albery
(1990) referred to as a secondary level of examination – that the researcher came to view
the material as reflective simultaneously of the clients and the researcher.

**Triangulation**

Triangulation has been generally considered a process of using multiple
perceptions to clarify meaning, verifying the repeatability of an observation or
interpretation. But, acknowledging that no observations or interpretations are perfectly
repeatable, triangulation serves also to clarify meaning by identifying different ways the
phenomenon is being seen (Stake, 1994, p. 241). Triangulation is the act of bringing more
than one source of data to bear on a single point (Marshall & Rossman, 1999). Data from
different sources can be used to corroborate, elaborate, or illuminate the research in
question (Rossman & Wilson, 1994). Triangulation is used in this study through data
analysis of process records, participant observation and therapist inter-subjectivity.

**Data Analysis Method**

Narrative or qualitative data can be very valuable scientific data. The term
“trustworthiness,” that includes ideas analogous to traditional notions of “external
generalizability” and “objectivity” as well (Lincoln & Guba, 1985), was used to achieve
the credibility of findings in this study. The study utilized Cronbach’s alpha to measure
inter-rater reliability of each theme.

**Validity**

Data analysis in case study design basically involves “the organization and
communication of findings” (Gilgun, 1994, p. 374). Case study data are organized
according to the conceptual or theoretical categories or issues that are most salient in
making the result interpretable (Anastas, 1999, p. 105). Pattern matching can be used either to confirm theoretical ideas or to show where theory might be questioned because the data do not “fit” (Fraiberg, 1970). The study not only provides explanation or interpretation of the major concepts derived from the theories but also demonstrates what theory may predict with the data. The study then uses pattern matching to enhance the credibility of findings and address “analytic generalization” (Gilgun, 1994, p. 372).

External validity or generalizability is addressed with important research issues in this study. Laboratory-based studies of humans lack external or environmental validity. The laboratory is an artificially constructed environment that induces entirely different effects on participants or subjects in the research than what they would experience in their native environment (Bronfenbrenner, 1979). We may be concerned about the effects of the treatment if the therapeutic process in this study was made in a constructed treatment setting for the purpose of the research. Participants in clinical research bring some issues that they experience in a natural environment to a controlled circumstance of a therapeutic setting. They may try to change the conflictual relationships with their natural environment through a therapeutic process. Therefore, the therapeutic setting is considered as a holding environment, per Kohut terminology. The therapeutic setting and the native environment would be in discord, but the main goal of treatment may be to enhance ecological validity. The researcher tried to reduce the biases induced from the clinical research by considering the impact on environmental validity.
Reliability

Strategies such as long and intimate contact with study informants often in their usual settings and in everyday situations enhance reliability. Direct reliance on the words and ideas of the participants themselves, and “researcher self-monitoring” in the form of a “disciplined subjectivity … that exposes all phases of the research activity to continual questioning and reevaluation” are also factors that enhance the credibility of reliability and validity (Goetz & LeCompte 1984, p. 221). The prolonged engagement and the lengthy contact between the researcher and participants were provided in this study. One case was in contact for a year and six months and the other case for eight months. Triangulation, or obtaining data about a phenomenon using more than one data collection method, such as through observation and interview, enhances reliability (Padgett, 1998). Triangulation is achieved in this study to reduce research bias that would occur in case study research.

The therapy sessions were transcribed in Korean and were translated into English by the researcher. The English translation was then reviewed by an American editor who was studying linguistics in college. A 1.3 generation\(^2\) Korean American who is bilingual in Korean and English and studied social work at a master’s level also reviewed the English translation. Two raters were involved to help clarify the operational definitions of the themes and to rate counseling excerpts into the emergent themes of the study. One rater is bilingual in Korean and English, and studied social work at the graduate level and has 14 year clinical experiences. The other rater is a bilingual LCSW in Korean and

\(^2\) Those who immigrate to the U.S. for undergraduate or graduate studies
English, is a doctoral student in social work, and has 10 year clinical experiences. Two raters have worked with parents and children in family conflict. The researcher provided the raters with the operational definitions before the rating session, and helped them clarify the themes by developing their own ideas or questions concerning the themes, and then had them rate two separate sets of twelve themes including twenty two sub-themes. The previous supervisor who provided the researcher with supervision on the cases of Mrs. K and Mrs. C reviewed the transcription. The accurate transcription and translation regarding an in-depth data analysis of cultural meaning and understanding, provided by diverse and culturally competent therapists and editors, were done to ensure reliability.

**Cronbach’s Alpha Coefficient**

The study utilized Cronbach’s alpha which is the most common form of internal consistency reliability coefficient to measure inter-rater reliability which examines agreement among raters. Cronbach’s alpha can be interpreted as the correlation of the observed scale with all possible other scales measuring the same thing and using the same number of items. Internal consistency ranges between zero and one. By convention, a lenient cut-off of .60 is common in exploratory research and alpha should be at least .70 or higher to retain an item in an “adequate” scale. Many researchers require a cut-off of .80 for a “good scale.”

Isaac and Michael (1997) state that “[there] are various ways of calculating inter-rater reliability, and that different levels of determining the reliability coefficient take account of different sources of error” (p. 134). There is still intense review and formulation needed in order to determine the applicability of inter-rater reliability in
qualitative analyses and the researcher attempted to find the appropriate degree of coherence that should exist in the establishment of inter-rater reliability (Marques & McCall, 2005). Srebnik, Uehara, Smukler, Russo, Comtois, and Snowden (2002) interpreted inter-rater reliability in the following manner: .60 or greater is strong; .40 to .59 is moderate; and less than .40 is weak. Through multiple reviews of accepted reliability rates in various studies, this researcher finally concluded that the acceptance rate for inter-rater reliability varies between 50% and 90% (McMillan & Schumacher, 2001).

The researcher allowed two raters to code each theme according to the level of agreement such as high level, middle level and low level. The researcher weighted each theme based on agreement level as multiplying three by each theme of high level agreement, two by middle level agreement, and one by low level agreement. The researcher summed up numbers of three level agreements about each participant and took the mean of two participants about each theme. The researcher utilized Cronbach’s alpha in SPSS to calculate the inter-rater reliability coefficients.

**Inter-rater Reliability Results**

The proportion of agreement among the two raters was calculated for each theme. For the themes of identity and father-daughter relationship, the two raters agreed with each other on 100% of their ratings which produced a reliability coefficient of 1.00. The proportion of agreement was >.90 for the themes of family relationships, external family relationships, father-son relationship, mother-daughter relationship, guilt, han, hanpuri, independence vs. interdependence, dual-self structure, and directive counseling styles.
The proportion of agreement was ranged from .80 to .90 for the themes of academic achievement, mother-son relationship, self-esteem, sexuality, overlapping ego boundary, help-seeking behavior, and higher expectation of treatment results. For the themes of adjustment difficulties, coping, victim of domestic violence, and mental illness, the proportion of agreement was ranged from .70 to .80. For the themes of separation-individuation, no sense of spatial boundary, cheomyŏn, somatic terms, and therapist inter-subjectivity was ranged from .60 to .70. Acceptable inter-rater reliability was established for the former presented themes. The proportion of the theme was .527 for hwa-byŏng, and .29 for increased independence (See Table 1). The themes of hwa-byŏng and increased independence may be regarded as unacceptably low because an alpha of .60 to .70 indicates acceptable reliability. The two raters were perhaps confused by the concepts of han, hwa-byŏng and hanpuri, and the concept of increased independence was also not clear to the raters. However, the researcher added the two themes because they were significant items in understanding typical Korean women for the purpose of the study.

Table 1

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation</td>
<td>Family Relationships</td>
<td>.992</td>
</tr>
<tr>
<td></td>
<td>Adjustment Difficulties</td>
<td>.786</td>
</tr>
<tr>
<td></td>
<td>External Family Relationships</td>
<td>.995</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>.772</td>
</tr>
<tr>
<td></td>
<td>Identity</td>
<td>1</td>
</tr>
<tr>
<td>Separation-Individuation</td>
<td></td>
<td>.684</td>
</tr>
<tr>
<td>Parent-Child Relationship</td>
<td>Academic Achievement</td>
<td>.872</td>
</tr>
<tr>
<td></td>
<td>Mother-Son Relationship</td>
<td>.860</td>
</tr>
<tr>
<td></td>
<td>Father-Son Relationship</td>
<td>.994</td>
</tr>
</tbody>
</table>
### Summary of Chapter

The secondary data collected regarding the two Korean immigrant women who received psychological treatment from transcultural perspectives by the investigator at a Korean American agency located in Chicago, Illinois supported a multiple case study design. Two bilingual raters analyzed counseling excerpts into the emergent themes of the study. The study utilized Cronbach’s alpha to measure inter-rater reliability which examines agreement among raters. The acceptance rate for inter-rater reliability in the study is >.60. The proportion of agreement was ranged from .60 to 1.00 for all of the
themes except for the themes of increased independence and *hwa-byŏng*. The researcher added the two themes considering their representative characters in the study.
CHAPTER FOUR
RESEARCH FINDINGS

This chapter provides participants’ family pseudonyms, demographic characteristics, narrative code numbers of cases by themes and sub-themes, and genograms for family with multigenerational patterns (See Table 2, 3 and 4, and Figure 1). The themes related to clinical issues that the researcher experienced with the two participants in therapy session were analyzed.

Background of the Participants

The analysis of the data concerning the two case study participants in this study supported a multiple case study design. The following section provides a brief description of the participants in each case. Pseudonyms were created for the participants, family members and peers to conceal their true identity.

Case 1: Mrs. K

Mrs. K is 49 years old. Her family, a Korean first-generation immigrant family, is composed of her 53-year-old husband, her 19-year-old daughter who was a college sophomore, and a 12-year-old son in the 6th grade. Mrs. K and her husband grew up in South Korea and both children were born in the United States. The family owned a cleaner, where Mr. & Mrs. K worked six days a week. Mrs. Kim was referred to the agency from her son’s school on July 28, 2005 because of his reported sexual impulse.
such as when he wrote his female classmate “I want to have sex with you” and the case notes were recorded from February 23, 2006. The researcher has seen her once a week for a year and six months (July 28, 2005 to September 27, 2006; June 21, 2007 to October 22, 2007) until October 22, 2007 but she intermittently missed sessions.

Mrs. K grew up as the youngest daughter of five children. Mrs. K’s mother was a cold person and was very strict toward her children. Her mother was so frugal that she did not meet Mrs. K’s needs. Mrs. K often felt ashamed of her mother’s behavior and resented her mother. When Mrs. K was in kindergarten, she had bought her favorite food. When her mother noticed that she did so, she asked Mrs. K to return the food she had bought. Furthermore, when she was in high school, her father had an affair. Mrs. K also experienced the pain and the trauma her mother felt. This came as a shock to her because she adored her father. Mrs. K began to pity her mother and became hostile to her father. This stage of emotions continued to her adulthood. Mrs. K visited her mother when she had a stroke caused by hypertension twenty years ago. Mrs. K, however, did not bother to visit her father when he was suffering with laryngeal cancer a year before her mother’s death. She did not experience any emotion regarding her father’s death.

Mrs. K’s husband grew up as the fourth son of five children and was raised by an overprotective mother. She was attached to him much more than her other children. Mr. K resented his father over his childhood. Mr. K’s father was the eldest son of a big family and was not able to satisfy the high expectations of his parents. Most of Mr. K’s father’s siblings were successful but he was only the head of a small town. Mr. K’s mother
constantly criticized his father about not making enough money to take care of her five children.

When Mr. K was in fifth grade, his parents moved to a rural place. They chose to bring only their youngest daughter to live with them. The rest of the children lived separately in the city away from their parents. Mr. K’s mother gave money to the eldest daughter and asked her to take care of the rest of the siblings. However, Mr. K’s sister ignored her mother’s words and did not provide enough food and necessities to her younger siblings. Mr. K remembered not being able to bring lunch to school. These types of experiences often made him project anger and depression toward his elder sister and parents. One year during summer vacation, two years after Mr. K’s separation from his parents, he visited his parents who lived in a rural place. He experienced a great disappointment because his mother never knew about his difficult situation. He became depressed when he saw his parents and his youngest sister had plenty to eat. He hated his older sister and projected his anger toward somebody who had similar characteristics as her.

**Case 2: Mrs. C**

Mrs. C was 53 years old. Her family, a Korean first-generation immigrant family, was composed of her 63-year-old husband, her 20-year-old son who was a college student and 15-year-old son who was a high school sophomore. Mrs. C and her husband grew up in South Korea. Both children were born in the United States. Mr. C was a taxi driver and Mrs. C was an owner of a toupee shop. Mrs. C was referred to the agency from a hospital after a suicidal attempt. Mrs. C came to therapy on May 6, 2006 and the
researcher saw her once a week for eight months until January 9, 2007 but also intermittently missed sessions.

Mrs. C has one older brother, one younger sister and one younger brother. Mrs. C’s mother died when Mrs. C was seven years old. Mrs. C’s mother suffered from a weak heart for a long time. Mrs. C’s father was an intelligent person graduating from college in Korea but he was not successful in his work. He was a heavy drinker and fought with her mother a lot. Mrs. C’s mother grew up in a rich family and her family helped the C family with their financial difficulty. Mrs. C’s maternal grandmother died when Mrs. C’s mother was young and a stepmother raised Mrs. C’s mother. Mrs. C remembered her mother as warm and kind. Mrs. C always took care of her mother in times of sickness. She cried a lot when her mother’s body was bound for burial. They told her that her mother would rise again when they bound her body. She always waited for her at the doorway. Three or four months after her mother died, her stepmother came to her home. Her stepmother is very different from her birth mother. She is a very strong and sturdy person. Her stepmother fought with her father because he drank a lot and had an affair. Her father died of lung cancer 10 years ago in Korea. She hated him because he caused many problems.

Mr. C has two brothers and three sisters. He is the fourth son. His parents had a small business in Japan and moved to Korea to have the same business. They had high expectations of their first son and he was only one who graduated from college. However, they were disappointed with him because he got married while he was in college. They
wanted him to earn a lot of money and support them before he married. Mr. C seemed not to be interested by his parents when he was growing up.

Figure 1

Genograms for Family with Multigenerational Patterns

Mrs. K

Mrs. C
Figure 1 shows the family with relational patterns and behaviors through three generations. Even though Mrs. K is emotionally distant from her husband, she is very close with her son. Mrs. K’s husband tended to criticize and abuse his daughter and son and was also cut off from meaningful contact or dialogue with his parents. Mrs. K’s strong closeness with her mother resulted in poor differentiation from her daughter. The fused and close relationship between Mrs. K and her children built triangular patterns in conflict between Mrs. K and her husband. Mrs. C was in a conflictual relationship with her father which influenced a conflict with her husband. The strong closeness between Mrs. C and her birth mother caused a fused and conflictual relationship with her sons. Having a distant relationship with his parents caused Mr. C to have a close relationship with his sons. The genogram presents triangular patterns with Mrs. C and her parents were repeated over generations (Roberto, 1992, pp. 114-115).

Table 2
Participants Family Pseudonyms

<table>
<thead>
<tr>
<th></th>
<th>Husband</th>
<th>Daughter 1</th>
<th>Son 1</th>
<th>Son 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. K</td>
<td>Mr. K</td>
<td>Mary</td>
<td>Matthew</td>
<td></td>
</tr>
<tr>
<td>Mrs. C</td>
<td>Mr. C</td>
<td></td>
<td>Paul</td>
<td>Mark</td>
</tr>
</tbody>
</table>
Table 3
Demographic Characteristics of Two Cases

<table>
<thead>
<tr>
<th></th>
<th>Mrs. K</th>
<th>Mrs. C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>49</td>
<td>53</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>Married</td>
</tr>
<tr>
<td>Education</td>
<td>4 year college</td>
<td>High school</td>
</tr>
<tr>
<td>Occupation</td>
<td>Owner of a cleaner</td>
<td>Owner of a toupee shop</td>
</tr>
<tr>
<td>Religion</td>
<td>Roman Catholic</td>
<td>Roman Catholic</td>
</tr>
<tr>
<td>Age of husband</td>
<td>53</td>
<td>63</td>
</tr>
<tr>
<td>Education of husband</td>
<td>4 year college</td>
<td>High school</td>
</tr>
<tr>
<td>Occupation of husband</td>
<td>Owner of a cleaner</td>
<td>Taxi driver</td>
</tr>
<tr>
<td>Religion of husband</td>
<td>Roman Catholic</td>
<td>Roman Catholic</td>
</tr>
<tr>
<td>Age/gender/grade of children</td>
<td>19/Female/College</td>
<td>20/Male/College/6th grade</td>
</tr>
<tr>
<td>Homeland</td>
<td>South Korea</td>
<td>South Korea</td>
</tr>
<tr>
<td>Status of immigration</td>
<td>Naturalized citizen</td>
<td>Naturalized citizen</td>
</tr>
<tr>
<td>Length of U.S. residency</td>
<td>24 years</td>
<td>27 years</td>
</tr>
<tr>
<td>Residence</td>
<td>Suburb</td>
<td>Suburb</td>
</tr>
<tr>
<td>Length of counseling</td>
<td>July 05 - Oct. 07 18 months (46 sessions)</td>
<td>May 06 - Jan. 07 8 months (20 sessions)</td>
</tr>
</tbody>
</table>

**Thematic Analysis of the Two Cases**

Counseling excerpts from the two case study participants have been utilized to describe the emergent themes that existed in each of the cases. There are twelve themes
including twenty two sub-themes which emerged from data analysis. Outstanding
narratives that emerged from each case are presented in this analysis. This narrative is
explained from the researcher’s participatory observations and the themes are presented
in this chapter as follows: acculturation (family relationships, adjustment difficulties,
external family relationships, coping, identity), separation-individuation, parent-child
relationship (academic achievement, mother-son relationship, father-son relationship,
mother-daughter relationship, father-daughter relationship, no sense of spatial boundary),
self-esteem in Confucianism, sexuality, shame (increased independence, victim of
domestic violence, overlapping ego boundary), guilt, chemyŏn, han, hwa-byŏng, hanpuri
and culturally sensitive practice (attitude toward emotional/psychological symptoms:
memal illness, somatic terms, help-seeking behavior; characteristics of therapeutic
relationships: therapist inter-subjectivity, independence vs. interdependence, dual-self
structure, directive counseling styles, higher expectation of treatment results).

The researcher described both cases of Mrs. K and Mrs. C as K and C in the
narratives (See Table 4)

Table 4

Narrative Code Numbers of Cases by Themes and Sub-Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
<th>Mrs. K (K)</th>
<th>Mrs. C (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation</td>
<td>Family Relationships</td>
<td>K1, K2</td>
<td>C1, C2</td>
</tr>
<tr>
<td></td>
<td>Adjustment Difficulties</td>
<td>K3</td>
<td>C3, C4</td>
</tr>
<tr>
<td></td>
<td>External Family Relationships</td>
<td>K4</td>
<td>C5,</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>K5, K6</td>
<td>C6, C7</td>
</tr>
<tr>
<td></td>
<td>Identity</td>
<td>K7</td>
<td>C8, C9</td>
</tr>
<tr>
<td>Separation-Individuation</td>
<td></td>
<td>K8, K9</td>
<td>C10, C11,</td>
</tr>
<tr>
<td>Parent-Child Relationship</td>
<td>Academic Achievement</td>
<td>K10, K11</td>
<td>C13, C14</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Mother-Son Relationship</td>
<td>K12, K13</td>
<td>C15</td>
<td></td>
</tr>
<tr>
<td>Father-Son Relationship</td>
<td>K14, K15</td>
<td>C16</td>
<td></td>
</tr>
<tr>
<td>Mother-Daughter Relationship</td>
<td>K16, K17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father-Daughter Relationship</td>
<td>K2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Sense of Spatial Boundary</td>
<td>K18, K19</td>
<td>C17, C18</td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>K20, K21</td>
<td>C19, C20</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td>K22, K23, K24, K25</td>
<td>C21, C22</td>
<td></td>
</tr>
<tr>
<td>Shame</td>
<td>Increased Independence</td>
<td>K26, K27</td>
<td></td>
</tr>
<tr>
<td>Victim of Domestic Violence</td>
<td>K28, K29, K30</td>
<td>C23</td>
<td></td>
</tr>
<tr>
<td>Overlapping Ego Boundary</td>
<td>K31</td>
<td>C24, C25</td>
<td></td>
</tr>
<tr>
<td>Guilt</td>
<td>K32, K33</td>
<td>C26, C27</td>
<td></td>
</tr>
<tr>
<td>Chemyŏn</td>
<td></td>
<td>C28, C29</td>
<td></td>
</tr>
<tr>
<td>Han</td>
<td>K34, K35, K36, K37, K38, K39</td>
<td>C30, C31</td>
<td></td>
</tr>
<tr>
<td>Hwa-byŏng</td>
<td></td>
<td>C32, C33, C34</td>
<td></td>
</tr>
<tr>
<td>Hanpuri</td>
<td>K40, K41, K42, K43</td>
<td>C35, C36, C37, C38, C39, C40, C41, C42</td>
<td></td>
</tr>
<tr>
<td>Culturally Sensitive Practice</td>
<td>Attitude Toward Emotional/ Psychological Symptoms</td>
<td>Mental Illness</td>
<td>C43, C44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somatic Terms</td>
<td>K44, K45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C45, C46, C47</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Help-Seeking Behavior</td>
<td>K46, K47, K48</td>
</tr>
<tr>
<td></td>
<td>Therapist Inter-Subjectivity</td>
<td>K49, K50</td>
<td>C48, C49, C50</td>
</tr>
<tr>
<td></td>
<td>Independence vs. Interdependence</td>
<td>K8, K29</td>
<td>C51, C52</td>
</tr>
<tr>
<td></td>
<td>Dual-Self Structure</td>
<td>K51, K52, K53, K54, K55</td>
<td>C53, C54</td>
</tr>
</tbody>
</table>
Korean Women’s Acculturation

Family Relationships

One of the sub-themes of the Korean women’s acculturation was family relationships. The proportion of agreement was >.90 for the theme of family relationships. Participants and their children had different cultural expectations and disagreed because they did not understand their different cultural backgrounds. The participants felt distressed with their children because they did not meet their expectations. Participants from the emergent cases described family relationships in the following terms:

K1: My daughter (Mary) wanted to go to D University in Indiana with her friends for some event. I didn’t allow her to go there because I didn’t know the specific events and I didn’t want her to sleep outside of the house with her friends. She was very angry at me and she said to me “Why don’t you trust me!” I said to her, “I trust you but I cannot trust the circumstances in which you are going to be with your friends. I don’t like your friends.” She cried and complained to me about preventing her from going (session 30).

K2: My husband was so angry at me and my daughter, perhaps because he met Mary’s roommate Ellie who was with her boyfriend in the dormitory. My husband does not like Ellie’s boyfriend staying in the dormitory. I also hate knowing that they often sleep together there and I don’t understand why Mary doesn’t care about that! Mary asked me if she could go to Champaign with Ellie and Ellie’s boyfriend for her birthday party. I said no because I don’t
like the idea of a party with a lot of adolescents that may
drink or have sex at the party (session 31).

C1: I was shocked when I looked at my son (Mark)’s
eyebrow. He had a ring on his eyebrow. I don’t understand
why he pierced his eyebrow. He hurts me very much. I
cried in the car and said that I was suffering because of
him. I cannot cry anymore because my eyes are sore. He
has many earrings in his ears. He had a ring on his tongue.
He doesn’t have a ring on his tongue now because I said I
hate it and cannot stand it (session 2).

C2: My older son Paul will move into his new apartment
tomorrow. He will live with his two roommates. One is his
ex-girlfriend and another one is his male friend. I don’t
understand why he wants to live with his girlfriend before
marriage. I’m very ashamed and upset of that. I thought he
broke up with his girlfriend, but it might be not true
(session 15).

From these narratives, Mrs. K did not want her daughter to go to the event and
sleep outside of their home with her friends. Mrs. K and her husband were very upset
when their daughter did not care about what her roommate was doing with her boyfriend
in the dormitory. Mrs. K did not understand her daughter’s friendships in the U.S. and
Mrs. K’s internal anxiety related to premarital sex might influence her cultural conflict in
the relationship with her daughter.

In the case of Mrs. C, Mrs. C expected her sons to dress neatly and not pierce
their bodies. However, she was very disappointed that her younger son Mark pierced his
eyebrow and tongue. Mrs. C was distressed with her older son when he shared a room
with his girlfriend before marriage. Mrs. C felt ashamed about that because she thought it
might not be right in her Korean family culture.
Adjustment Difficulties

The second sub-theme of the Korean women’s acculturation was adjustment difficulties. The proportion of agreement was ranged from .70 to .80 for the theme of adjustment difficulties. The case study participants felt comfortable speaking Korean with their children and they wanted their children to learn Korean culture. The participants worked very hard and they did not have time to help their children learn the Korean language. They forced their children to go to a Korean language school.

Participants from the emergent cases described adjustment difficulties as follows:

K3: My son Matthew couldn’t go to the Korean language school because he and my daughter, Mary, didn’t get up last Saturday. He couldn’t wake up because he played computer games last Friday until late at night. I was angry with Mary because she couldn’t drive him. I screamed at them over the phone (session 32).

C3: Paul, I heard a Korean language school opens in S University every summer. Will you go to Korea next year?

Paul: I don’t want to.

C3: The program will help your language studies.

Paul: Well… I will think about it (session 12).

C4: We have an English service every two weeks at church. I asked Paul if he wanted to go to the English service. Paul wanted to go with me. I was not comfortable going to the English service because I have to read the Bible and sing to the songs in English (session 17).

Mrs. K sometimes asked her daughter to take care of her son and drive him to the Korean school. When her daughter did not do what Mrs. K told her to, Mrs. K was very angry with her daughter. Mrs. K scolded her son when he did not attend the class. Mrs. K’s daughter was distressed with playing a mother’s role and her son was stressed with
learning the Korean language. Mrs. C asked her older son Paul to attend the Korean language school at S University. S University is a prestigious school in Korea and Mrs. C would be proud of him if he went to that school. Mrs. C seemed to be disappointed with his reluctant response about going to the school. Mrs. C was not comfortable going to an English church service because of language barriers, even though she wanted to attend church with her son.

**External Family Relationships**

The third sub-theme of Korean women’s acculturation was external family relationships. The proportion of agreement was >.90 for the theme of external family relationships. The case study participants did not want their children to have romantic relationships because they felt insecure about their children’s behavior. The following dialogues present the concept:

K4: My daughter said, “Mom, my friend asked me out to dinner.” I was angry with her, “Why would he ask you out?” He invited her to his parents’ anniversary party. She was excited and happy. I yelled, “Why do you want to go to the party? Are you engaged to him?” I don’t understand why she makes friends with a businessman not a student … She had another white boyfriend who was chubby. She really doesn’t have an eye for choosing guys. The white boyfriend asked her to have dinner at BC restaurant last month. The place is very expensive, about $70 per person. My husband and I were very upset and didn’t allow her to go out with him (session 33).

C5: Paul was a wonderful son to me until he had a girlfriend, Crystal, in his junior high school. His grades went down more and more, and other female friends didn’t call him because Crystal forbade him to speak with other female classmates. She was very smart and active, as well as pretty and cute. She got good grades even though Paul’s grades went down. I hated her because he didn’t study
because of her. I was surprised out of my senses to find a hickey on his neck. I hit him a lot out of anger because I was very jealous of her. I felt like I lost him after he met Crystal (session 8).

Mrs. K projected her anxiety about her daughter’s having premarital sex toward her daughter and Mrs. K was very angry with her daughter when she tried to be close to her boyfriend. On the other hand, Mrs. K was concerned that her daughter did not have boyfriends her age. Mrs. K’s ambivalence toward her daughter may impact the development of her romantic relationship. Mrs. C was emotionally merged with her older son and she unconsciously wanted to be his lover. Mrs. C could not control her anger when she found a hickey on her son’s neck. She was very jealous of her son’s girlfriend and she had a feeling of loss because she thought that his girlfriend stole him from her.

**Coping**

The fourth sub-theme of Korean women’s acculturation was coping. The proportion of agreement was ranged from .70 to .80 for the theme of coping. Participants preferred religious support or family members for seeking help rather than professional counseling. The Korean first generation parents are more involved in the Korean religious community, especially in the Korean Catholic or Protestant church, because many useful resources are provided through the church and they do not feel language barriers there. Participants looked to religion more to resolve their family problems. They felt more comfortable sharing their problems with their family because sharing their problems with the larger Korean community would be showing weakness in Korean culture. Participants from the emergent cases described how to deal with their family problems in the following terms:
K5: Since I grew up in a Catholic family, I was even baptized when I was four. Church was very important to me. Although he was a Christian Protestant, he kept my children and me from going to church (session 26).

K6: My sister who lives in Washington called me and asked what happened to me. I told my sister that I fought with my husband but then I changed my mind about leaving him and went back to my workplace (session 28).

C6: I want Mark to attend the camp that the Catholic church holds this summer. Mark attended the camp last year and he seemed to like it. He told me it was not bad. I want him to change his life through this. Because this program is very spiritual, I like it. I registered him for it without his agreement but his response to my suggestion is not bad ... Paul was very devoted to God when he was very young, but Mark didn’t want to go to church. Paul was obedient to me but Mark was not (session 10).

C7: He (Mark) didn’t seem to have come back home when I went to the bedroom but I fell asleep after praying to God for him. I checked up on him when I got up this morning and I found him sleeping. I gave thanks to God because He heard my prayer (session 18).

Mrs. K grew up in a Catholic family and she went to church with her son every week. However, her husband sometimes asked her not to go to the church because he thought that serving in the church was a waste of time. In his internal psyche, he did not feel comfortable that Mrs. K developed a social life in the church because he was anxious about her being sociable with people and he was jealous of her attendance of social events. Mrs. K usually felt relieved from her stressful situation by talking to her sister. Mrs. K did not feel ashamed talking to her sister about her fighting with her husband because she felt comfortable about that. Mrs. C thought that her older son Paul, who was devoted to God, was obedient to her, but her younger son Mark, who did not want to go
to church, was not compliant with her. She felt rejected by her younger son and she asked him to attend a religious camp. She thought that he might change his manner toward her after participating in the event. When she found that Mark slept at home rather than staying out all night, she tended to give thanks to God rather than appreciate her own efforts to resolve problems.

**Identity**

The fifth sub-theme of Korean women’s acculturation was identity. The proportion of agreement was >.90 for the theme of identity. Participants tended to engage more in Korean cultural groups; they went to Korean churches and their friends were all Koreans. They only had interaction with other ethnic populations in their workplace. Participants were prejudiced against other minority ethnic populations such as Filipinos, Chinese, and Cambodians. Participants described the concept of identity in the following terms:

K7: I’m so upset my daughter has a boyfriend. He is a Filipino businessman. I don’t like Filipinos. White people and Japanese people are much better. I don’t like Chinese people also. I didn’t care when she made friendships with Filipinos when she was in high school. But I can’t stand it now. I want her to have a Korean boyfriend. I feel more comfortable having Korean food and speaking in Korean (session 33).

C8: Paul has a white girlfriend now. He grinds his teeth with anger at Crystal (his former Korean girlfriend) and hates Korean girls … I want him to make friends with a Korean girl because I’m much more comfortable eating Korean food and speaking in Korean (session 8).

C9: Paul told me he broke up with his girlfriend a few weeks ago and they are just friends. American culture is interesting! How can they become friends with each other
after breaking up? I don’t understand it … Mark brought his girlfriend to the party. She is small and Cambodian. I don’t like her because Cambodia is a poor country. I have no idea how my sons with good looks met plain girls (laughter) (session 13).

Mrs. K and Mrs. C wanted their children to be friends with Koreans because they felt more comfortable eating Korean food and speaking in Korean. They seemed to have pride in their ethnicity because they established a stable economic status. On the other hand, they felt disappointed because they were not fully integrated into American culture and society. Mrs. K sometimes complained about her job because almost all of their customers were Caucasians and she felt ashamed about serving them. Mrs. C was proud of herself for working with African Americans on the South Side of Chicago. However, Mrs. C was frustrated with her children’s failure of academic achievement because she wanted them to work with the upper-class in American culture. Mrs. K preferred ethnic groups like Japanese who have achieved a high level of global and economic status and Mrs. C also did not want her sons to be friends with other minorities either. Mrs. K was angry with her daughter when she wanted to go to her boyfriend’s family party. Mrs. C felt upset when she heard that her son stayed as friends with his ex-girlfriend. Participants had difficulty understanding their children’s friendships in American culture because their cultural background differed from their children.

Korean Women’s Separation-Individuation

Asian family structure is typically hierarchical and patriarchal. The proportion of agreement was ranged from .60 to .70 for the theme of separation-individuation. Asian values emphasize interdependence, non-verbal communication, compliance and familial
harmony over independence and autonomy, which are highly valued in Western cultures (Ho, 1990; Lee, 1996a; Marsella, 1993; Tu, 1985). Participants had different concepts about separation-individuation than those of Western culture. They felt abandoned by their children’s practice of separation-individuation. Mrs. K thought that her daughter was not compliant with her when her daughter tried to be independent. Mrs. C started to understand her sons’ behavioral patterns during their adolescence. The following dialogues present conflict between participants and their children who are experiencing second separation-individuation:

K8: My daughter (Mary) said to me, “I want to feel free from you. My roommate’s mother was so surprised of my attachment to you. I’m afraid that I’ll follow your footsteps. I don’t want to be like you and I hate your life! Please help me to detach from you.” … She got admitted into A University in Chicago and B University in Urbana-Champaign as well. She made the decision to go to A University in Chicago, and I agreed with her decision. I think that to go to A University here in Chicago is much better because Urbana-Champaign is so far from our house. However, allowing her to live in the dormitory was a big mistake. She may never have run into these problems if she was living with me. Maybe I never focused on the problems with our relationship because she was always so obedient (session 30).

K9: It is very difficult to understand this issue, I’m not comfortable living with her at home again. My husband and I didn’t annoy and scold her when she stayed with us as she was preparing to transfer to B University in Urbana-Champaign. I think she liked living with us because she was comfortable and decided not to go to Urbana-Champaign at that time. But now she wants to be distant from us (session 31).

C10: My younger son Mark had a lot of caregivers. More than 10 babysitters cared for him until he was five. I advertised for them in a newspaper. Elderly Korean
babysitters took care of him. They left him because he was very picky and complained to them. He often called me when I worked. He complained about his babysitter that they didn’t slice the bread like I did. Sometimes his school nurse called and asked me pick up Mark because he was in the nurse’s office. I was very angry with him because it took a long time to drive to his school from my workplace (session 2).

C11: I learned it is very important to separate from children in other group counseling session I attended. It hurts me a lot but I will have to do it. All children want to leave their home when they are 18 years old … I feel Paul still looks younger and is immature for his age. Paul showed his independence from me when he became 18. Paul’s relatives gave him some money on special occasions. I saved around $1,500 instead of giving it to him to waste when he was growing up. He asked me to change the name on the account from mine to his. I was disappointed with his cold attitude toward me when he told the banker he wanted to change the name on the account because he couldn’t trust me (session 8).

C12: Last week, Mark received his first paycheck for three weeks of work. However he cashed his check at the ATM and wanted to keep all the money, $290. I asked him to deposit the money into the bank but he didn’t listen to me. I told him angrily, “So you are not my son anymore!” He was very surprised to hear that and gave me $100. I told him that I would deposit it for him, and I let him keep $190 (session 13).

Mrs. K’s daughter made a decision to go to A University at Chicago and it presented her daughter’s separation anxiety about moving into a new place far from home. Mrs. K complained that her daughter was no longer obedient to her. She wondered if her daughter would be more obedient if she was living at home instead of the dorm. This reflects Mrs. K’s strong attachment to her daughter. Mrs. K was very disappointed with her daughter’s detachment from her and felt abandoned.
Mrs. C’s younger son Mark, had 10 different babysitters growing up and did not develop normal separation-individuation from her. Mark’s complaints against his babysitters and requiring his mother to drive a long distance to pick him up from school and take care of him represented his anger toward his mother’s absence as well as his strong wishes to be with her. The lack of an intimate relationship during his developmental stages made him strongly attached to and dependent on her because of his separation anxiety. His behaviors such as coming back home late, going out to dance and refusing to study represented his wish to be independent from her. He oscillated between periods of dependence and independence from his mother. However, Mrs. C’s concern and scolding can be described as resistance to his independence and her attitude itself shows a strong bond with him.

Mrs. C was very disappointed that her older son Paul changed the name on the bank account to his name when he was 18. She was angry at his younger son Mark when he did not give his first paycheck to her. It is common that the children give their first paycheck to their parents as an expression of filial piety in Korean culture. Typically in Korean culture, parents feel financially responsible for their children for beyond American parenting standards. For their monetary provision, parents feel entitled to strong emotional ties with their children. Mrs. C had abandonment feelings because of her sons’ economic independence. Mrs. C wanted her sons to be under her care as she considered them to be immature, even though her older son Paul was a college student and her younger son Mark managed his own salary. As Mahler mentioned, children do
want to separate from their caregivers but caregivers do not want to separate from their children because of the caregivers’ separation anxiety (Mahler, Pine, & Bergman, 1975).

**Parent-Child Relationship**

**Academic Achievement**

Immigrant parents deprived of traditional sources of self-esteem while also feeling undervalued by American culture, insist even more strongly that their children excel in school and gain admittance into prestigious universities (McGoldrick, Giordano, & Garcia-Preto, 2005, p. 354.). One characteristic of Korean parents is their unselfish devotion and sacrifice toward their children’s academic success. Korean mothers especially see their children as extensions of themselves (Park & Kim, 2006). The proportion of agreement was ranged from .80 to .90 for the theme of academic achievement. The following dialogues present the participants’ disappointment caused by their high expectations of their children’s academic achievement:

K10: My daughter doesn’t study and wastes a lot of time hanging out with her friends, and it bothers me so much. My daughter was exhausted all the time from studying when she was in high school but she doesn’t want to study as hard any more now that she’s in college. Maybe it’s my fault because I forced her to do so many extracurricular activities to prepare for college which were so far from our house (session 30).

K11: My son Matthew got his grade for this semester. He got a 93. I was disappointed with him because he got a 97 last semester. Maybe he couldn’t concentrate on his studies because of computer games. So I told him to improve his grades next semester (session 32).

C13: (tears in her eyes) I am so hurt because of my son Mark. If he doesn’t take this summer class, he will drop out of high school. He goes to dance clubs every weekend. He
leaves home at 4 p.m. on Fridays and comes back home at around 4 a.m. He plays computer games until midnight and doesn’t wake up in the morning. Even though I warned him not to go to clubs, he doesn’t listen to me. I hid the computer cord so that he couldn’t play computer games. Nevertheless, he goes to dance every Friday. I’m so helpless and I don’t know how I can help him (session 1).

C14: I was so disappointed with Paul. He didn’t listen to me when I asked him to take care of Mark. He said to me, “It’s your job, not mine.” All of his teachers liked him when he was in junior high school. He was smart and got good grades. He played piano and cello, did tae kwon do, and was tutored at several centers. I devoted my life to providing a lot of activities for him. But his grades fell when he was in junior high school. He wanted to go to C University in Chicago but he couldn’t get admitted to that school because of his low scores. He finally entered E University in New Jersey (session 5).

Mrs. K sent her daughter to a private high school because she wanted her daughter to go to a good college. Even though the school was far from home, she devoted herself to taking care of her daughter and to letting her daughter participate in many activities. Mrs. K was disappointed with her daughter because she did not study hard and did not get good grades in college. Mrs. K had high expectations for her son’s academic achievement and she pressured him to get a better grade even after he scored a 97.

Mrs. C had developed separation anxiety after her biological mother died at the age 7. Her strong feelings of abandonment caused her to be anxious about her older son’s leaving home. The anxiety from her abandonment trauma caused her to unconsciously desire her younger son to academically fail, in which case he would not leave home to attend an out of state, and prestigious university. Acting through her unconscious desire, she deliberately and excessively encouraged him to study, which
caused him not to study at all. Consequently, he did not need to leave home and heavily depended on her mother. Her narcissistic injury at her developmental stage also caused her low self-esteem and she wanted her sons to compensate for her deprived self-esteem. Mrs. C thought that her sons were her whole life and she did her best to raise them. She was very frustrated with her sons because they did not meet her expectations, such as when her younger son Mark dropped summer classes and her older son Paul did not go to a prestigious university.

**Mother-Son Relationship**

Participants’ selfhood and identity were immersed in those of their sons’. Each felt that she had the right to be compensated for her denial of and loss of self. Their sons felt guilty and obligated to return the sacrificial love and devotion which they had received from their mother (Kim, 2007). Korean culture tends to favor boys over girls and, consequently, parents bond strongly to their sons and impose high expectations upon them. Korean women who feel emotionally neglected by their husbands tend to isolate their husbands from their children and have conflicts with their sons by clinging strongly to them. The proportion of agreement was ranged from .80 to .90 for the theme of mother-son relationship. Participants described their relationships with their sons in the following terms:

K12: I’m also wondering about my son’s sexual impulses. He spent his four-day weekend watching a dirty movie. He even told me, “I touched a girl on her shoulders two months ago.” I was so surprised that I strongly told him to control his sexual impulses. I started yelling at him and asked why he didn’t tell me about this when it happened instead of waiting two months (session 25).
K13: Matthew still tells me about his sexual impulses. It bothers me a lot. I told him, “Why did you tell me about your sexual urge? I don’t want to hear that any more. Don’t annoy me.” He said to me, “Mom, I’m very uncomfortable when I don’t tell you about that. I feel better after talking to you about it.” Maybe he is relieved after telling me about it because he feels guilty about his sexual urges. But I don’t want to hear about it. I feel so uncomfortable and I have no idea what I should say to him. He called me and told me he touched his penis a few days ago. I was upset and tried to avoid his comment (session 36).

For Mrs. K, sex was taboo and she suppressed her sexual desires when she was growing up. She felt guilty because she had premarital sex and, therefore, she believed she had to tolerate her husband’s abusive behavior toward her because of her feelings of guilt. Her son’s expression of his sexual urges stimulated her suppressed sexual desire and her guilt. She felt like her husband had discovered her premarital sex and she projected her anger for her husband onto her son.

The therapist had a session with Mrs. C’s younger son Mark, and then saw Mrs. C after the session with him. The following dialogue is representative of the relationship between Mrs. C and her younger son Mark:

SW³: What has brought you here?

Mark: My mom has a problem. I don’t have one.

SW: What do you think about your mother?

Mark: She irritates me so much. She always tries to control my life. I hate it.

SW: How does she control you?

³ An abbreviation of social worker
Mark: She says, “Come back early. Don’t go out. Don’t play computer games, and so on.”

SW: Why does she control you so much?

Mark: I don’t know. I felt free for the last two weeks. I was feeling good because my mom doesn’t bother me.

SW: You feel free. Would you come to see me once a week?

Mark: I don’t need counseling and only my mom needs it. She has to change her personality.

(Mark left the room and Mrs. C came to the session.)

C15: What did you talk to him about?

SW: Well, he said he’s felt freer in the last two weeks.

C15: What? (laugh) Did he feel free?

SW: What do you think about his feelings?

C15: I don’t know.

SW: (silence)

C15: Did I control him too much? I don’t understand why he feels free.

SW: Previously, what did you ask him to do?

C15: I would tell him, “Get up early, go to sleep early, don’t go to dance clubs, don’t play computer games, do your homework, and so on” (session 2).

Mrs. C’s younger son Mark, felt more freedom from her because she tried not to ask him to do a lot of things. However, Mrs. C did not realize why this would make him feel freer. Mrs. C wanted him to change his behavior and her son wanted Mrs. C to
change her behavior. The following dialogue demonstrates the relationship between Mrs. C and her older son Paul:

SW: How is your relationship with your mother?

Paul: She’s O.K., but sometimes she asks me to take care of my brother. It bothers me so much. I don’t like taking responsibility for him.

SW: What does she ask you to do?

Paul: She said that I should tutor my brother, check on where he is, and drive him back home. I was angry with her but I couldn’t disobey her.

SW: You are not comfortable taking care of him.

Paul: No, I’m not.

SW: Do you feel it is a burden?

Paul: Sometimes.

SW: Have you told your feelings to her?

Paul: No.

SW: Why don’t you tell her?

Paul: Well, I don’t know.

SW: Will you tell her about your uncomfortable feelings?

Paul: Well… (session 4).

Mrs. C wanted to be cared for by her older son Paul, and asked him to take care of her younger son Mark. She interacted with Paul as if he were her husband and depended on him emotionally. Paul felt it was too big a burden of responsibility. However, he did not explain to Mrs. C about the stressfulness of the situation because he would have felt
guilty if he had told her about it. Mrs. C sometimes felt disappointed with Paul when he did not do what she wanted him to do for Mark.

**Father-Son Relationship**

Participants’ husbands were part of a triangle in the relationship among themselves, their wives and their sons. Mrs. K and her son were allied against her husband as the “outsider.” Alliances within triangles shifted. Sometimes Mrs. K and her husband were allied and her son was the “outsider.” Mr. K felt jealous of his son and critical toward him when Mrs. K took his son’s side and angry when his son did not meet his expectations. His son’s lack of sports ability made him feel disappointed because his son’s behavior reactivated his own unresolved childhood conflicts (Anthony, 1969). Mr. K’s complaint about his son’s behavior stemmed from his anger because Mrs. K always took his son’s side. Mr. C was distressed with the strong bond between Mrs. C and their sons. The proportion of agreement was >.90 for the theme of father-son relationship. The following dialogues are representative of the relationship among Mrs. K, her husband and their son:

K14: Few days ago, my son was playing basketball against another school’s team. My husband was disappointed with my son’s performance because he was so slow and the other teammates did not seem to want to involve him into the game. My husband complained to me about my son’s slowness on the court (session 25).

K15: My husband was angry that my son ate greedily before we started eating together. My husband complained about the food and asked me to bring seaweed. I didn’t want to give it to him because I didn’t understand him why he wanted other food when there was already so much food. After dinner, my husband told my son with anger, “Matthew, you can’t be approved of by other people if you
can’t be admired by my family. Your great-grandfather didn’t approve of your grandfather because your grandfather didn’t meet his father’s expectations. I don’t want you to be like your grandfather.” … My husband told me that he wanted to buy a 200-dollar tennis racket for Matthew. He wanted to do his best for his children because he didn’t receive enough care from his parents. Finally he bought an expensive one for my son (session 39).

Mr. K was disappointed with his son’s performance because he did not act swiftly and did not seem to be involved in the game. He projected shame from his own lack of integration into American culture onto his son and was, consequently, not sociable toward him. His anger toward his son might have derived from negative feelings for himself. He made Mrs. K, who was merged emotionally with his son and always took his son’s side, feel angry as he complained about their son’s performance. Mr. K became irritable at his son’s greediness for food and his wife’s allowance of his son’s behavior. He wanted his wife to care for him and so angrily asked her to bring different food for him. Mr. K was not appreciated by his father and felt ignored by his son when his son did not meet his expectations. However, when their son asked for a $200 tennis racket, Mr. K bought it to fill his son’s request. This enabled him to feel satisfied at his ability to provide for his son in ways his father did not do for him. Mr. K became his father and his son became Mr. K at the moment. The following dialogue demonstrates the tension in their relationship between Mrs. C and her husband:

Mr. C: I don’t think she is taking care of him (Mark) very well. She always controls him. She wants to know where he is and when he comes home. She wants to know about everything in his life. She calls his friends to check who he is with. My son is irritated with her.
C16: (look at Mr. C) I don’t understand why you allow him to go to the dance clubs. You make him worse.

Mr. C: He can go to dances at his age. He gets worse because you annoy him. You cause him to make trouble. You force him not to move even an inch.

C16: What, why do you make me the bad guy? You always ignore me when I’m with my children. Mark doesn’t obey me because of you. You said to them, “I don’t like your mom. Let’s look for a new mom.” You bought pets for them without discussing it with me. I really hate pets (session 1).

Mr. C wanted to be respected by his sons by always taking their side and blamed his wife. On the other hand, he was jealous of their strong bond with his wife and he wanted to have a more intimate relationship with his sons by allowing whatever his sons asked for even though his wife disagreed and strained his sons’ strong attachment to his wife. While Mr. C allowed Mark to go to dance clubs and ignored his coming home late, Mrs. C scolded Mark about this. Triangulation within the C family intensified by their poor differentiation stabilized the anxious system of Mrs. C and her sons.

**Mother-Daughter Relationship**

Mrs. K was very disappointed with her daughter’s acts of disobedience, such as going to a party out of town, allowing her roommate to stay with her boyfriend in the dormitory, hanging out instead of studying, not helping Mrs. K with her business, not wearing the right clothes and not taking care of her brother. The proportion of agreement was >.90 for the theme of mother-daughter relationship. The following dialogues are representative of the conflict with her daughter:

K16: I was so disappointed with my daughter, who is always obedient to me. I couldn’t understand why she was
so upset and fought against what I told her to do. I did my
best to raise her. I drove her to her dormitory and I talked
with her inside my car until 1:00 a.m. She told me about
everything that she hated about our relationship. I almost
got crazy because I never got any of these kinds of
complaints from her before. I can’t stand her being angry at
me and I’m so sad because I thought I was raising her very
well (session 30).

K17: Do you know how much money we spent on her and
how hard we tried? She made us depressed. She’s been
staying at home since she finished her semester. But she
doesn’t help me and doesn’t study at all because she is
always hanging out with her friends all day. She comes
back home very late, usually midnight. When I call to tell
her to come back home early, she doesn’t answer or asks
me to let her come back late. I expect her to help with the
housework – clean the house or cook some food and help
take care of us. I want her to understand how hard I work
both at home and at work, but she doesn’t care. I often
complain to her about my situation and ask her to help me
(session 32).

Mrs. K was concerned that her daughter had premarital sex and would be hurt like
she was. Mrs. K always controlled her daughter’s friendships and did not allow her to
sleepover at friends’ houses. Her daughter was very stressed because of Mrs. K’s
behavior and she did not want to do what Mrs. K asked of her anymore. Mrs. K’s
daughter felt a burden of responsibility that she had to help out at her family’s business
and complete household chores.

**Father-Daughter Relationship**

The proportion of agreement was >.90 for the theme of father-daughter
relationship. Mr. K does not fully enjoy his daughter’s growth and independent
development (Kernberg, 1987, p. 39). He did not allow his daughter to go to parties and
he was angry that she did not care that her roommate slept with her boyfriend. Mr. K
tried to control his daughter in the way he controlled his wife. He was concerned about his daughter having premarital sex and strongly objected that his daughter went to parties and got together with her friends.

Mr. K did not develop Western values that his daughter internalized in the U.S. which are different from his Eastern values stemming from a Confucian society in Korea. Mr. and Mrs. K’s parenting style stresses hierarchical husband-wife and parents-children relationships. Also, emphasizing the importance of women’s chastity made her daughter feel stressed and inferior in the same way Mrs. K felt. Mr. and Mrs. K’s cultural identity in Korea was set from the time they immigrated to the U.S. and they are even more conservative than others their age in Korea (See K2, session 31).

**No Sense of Spatial Boundary**

The proportion of agreement was ranged from .60 to .70 for the theme of no sense of spatial boundary. The strong bond between participants and their children has existed throughout their lives (Kim, 2007, p. 78). The intimate contact entailed no spatial boundaries between participants and their children (Lee, 1983, pp. 193-203). Participants described the lack of spatial boundaries in the following terms:

K18: I often asked him how many hairs he had on his penis as a joke. He went downstairs naked after taking a shower to get his clothes. My daughter was so upset and said to him, “Why are you so disgusting?” My husband and I asked him to show us his penis. He was embarrassed and ran away after showing us (session 32).

K19: My daughter complained about why she didn’t have boyfriends in high school. I was also wondering why she didn’t have boyfriends then. But I can’t stand how she has a boyfriend now. She cooked and washed the dishes for her friends when she went to camp in high school. Her
classmates liked her but felt like she was like a mother and not a girlfriend. I told her not to take care of them like that and that they should treat her like a princess. I regret raising her to serve other people. It’s my fault (session 33).

C17: (crying) A couple days ago, Mark had a final exam but didn’t go to school. I asked my husband to wake Mark up before 11:00 a.m. because class started at 11:00. My husband told me that the class started at 1:30 p.m., not 11:00 a.m. Later, my husband and I realized that the class started at 11:00 a.m. but Mark already missed the exam. I was very angry with my husband. I don’t understand why he told me as if he knew. He thinks he’s always right … My sons are my whole life. I threatened Mark that I would divorce his father if he didn’t listen to me. I told Mark to be careful because if he was too much trouble, I would get a divorce since my marriage lost all its meaning anyway (session 6).

C18: We are planning to have his birthday party this Thursday but I can’t prepare anything for it because I had severe back pain. Paul held me and let me lay on his bed. He kissed my face and said to me “please, be careful.” I was very happy to be treated so well by him. Mark also put the telephone close to me and then asked for some money. My sons are very funny (session 8). I was surprised to find a hickey on Paul’s neck and asked him who did it. I was so out of control then that I hit Paul a lot (session 13).

Mrs. K did not build a boundary between herself and her son. Mr. and Mrs. K considered their son as a baby even though he was 12 years old. Their inappropriate attitude caused his immaturity. Mrs. K was angry because her daughter seemed to follow the way that she served other people more than she took care of herself. Mrs. K was worried because her daughter did not have boyfriends when she was in high school. However, she could not stand her daughter having a boyfriend at present. Mrs. K was ambivalent toward her daughter’s romantic relationships. On the one hand, Mrs. K wanted her daughter to feel free to have sex with her boyfriends. On the other hand, she
was concerned that her daughter might be hurt from having premarital sex like she was.

Mrs. K did not develop differentiated senses of herself and her daughter.

The boundary between Mrs. C and her sons was very weak. When Mrs. C’s younger son Mark missed a final exam, she cried and was very angry with him. Mrs. C felt like she failed the exam and projected her anger toward her husband as well. Her sons are her whole life and the happiness of her marriage depended on her sons’ behavior toward her. When Mrs. C had back pain, her two sons treated her well. She possibly felt like being their lover. When she found a hickey on Paul’s neck, she went out of control and hit him repeatedly. She may have felt at times more like their girlfriend than their mother.

**Korean Women’s Self-Esteem in Confucianism**

Participants were expected to have subordinate roles in the relationship with their husbands and children due to their Confucian background. They experienced low self-esteem and a pervasive sense of shame by the lack of development of the self (Son, 2006, p. 326). The proportion of agreement was ranged from .80 to .90 for the theme of self-esteem. Participants described the concept of self-esteem in Confucianism in the following terms:

K20: My personal development stopped when I married him. I forgot how to smile and socialize since my marriage (session 26). When I told him that I wanted to go to Washington and take our son with me this summer, he was so upset and angry with me. He didn’t want me to go. I never expressed my opinion to him before because I was so afraid of his response … I also cannot understand why he signed the contract for the cleaners by himself without consulting me. Perhaps he feels that he can control me financially (session 28).
Mrs. K was very distressed about her relationship with her husband because he did not allow her to take trips anywhere and he did not put her name on the contract for their dry cleaning business. Her self had been arrested since her marriage. Conflict with Mrs. K and her husband was stated in the following conversation between the therapist and her husband over the phone:

SW: Would you like to see me at the agency?

Mr. K: I’m sorry but I don’t want to see you. What are you talking about? I don’t have any problems.

SW: I want to talk about your marriage. I want to see you individually in the sessions because you are a very important person in your family.

Mr. K: (laugh) Oh, my wife is the head of our family. I’m nothing in the family (session 31).

Mrs. K’s husband felt threatened about Mrs. K’s empowerment through therapy. He had defense mechanisms of denial and projective-identification claiming that he did not have any problems and his wife was the one with the problem. That seemed to make his wife inferior and himself perfect. On the other hand, he exalted his wife as the head of the family and underestimated himself as if he were nothing in the family. This could represent his fear that she would become the head of the family and he strongly opposed her going to therapy because of his insecurity.

K21: I couldn’t come to therapy because my husband strongly opposed it. Maybe he’s afraid that I’m getting stronger. Matthew became the leader of altar boys at church. I really didn’t want him to be a leader because I automatically become a leader of their mothers when he becomes a leader. I told my husband that Matthew wants to be a leader of altar boys and I may become a leader of their mothers. He told me with anger, “Don’t do unnecessary
things! I don’t want you and Matthew to become leaders.” I thought I should become a leader because I don’t want to yield to him when he screamed at me. He said to me, “Do you want to divorce me?” I responded defiantly to him, “Sure, I want to.” We fought that day. Maybe he was surprised at my response because I never responded so strongly against him before (session 34).

Mrs. K’s husband did not want Mrs. K to be a leader of the mothers’ association at church because he felt threatened that she was getting stronger. He wanted her to rebuild her attachment to him by forcing her to be submissive to him because her independent behavior caused him separation anxiety. The following dialogues represent Mr. C’s attitude in that he asks Mrs. C to be submissive to him and his sons.

Mr. C: (deep breath) O.K. She controls all our family members. She makes my sons mad all the time. She is the head of my family.

SW: What do you think of what he’s saying?

C19: Well. What does being the head mean? We don’t have a head of our family. He just calls me “you” (never honey or darling). I hate that (session 4).

Mr. C: (speaking loudly) You need to change your personality. You are wrong. They are O.K. and you have problems. Why don’t you leave them alone? Why do you control them so much? Why aren’t you close to them? Give them a hug and smile. You are angry with them and scold them every day when you come home. I’m irritated by you! Change your behavior if you want them to love you. Ms. Choi, please look at my hands. They are very tough and old. I work very hard to support my family. I clean the clothes and wash the dishes all the time. She lets the clothes pile up and doesn’t clean. She never says “thank you.”

C20: (bitter smile) “What, why do you make me the bad guy? You are the best and I am the worst. You are right and I am wrong. I hate the way you clean the clothes. All of the clothes get dirty because you mix up them without
separating the towels from the other things. Don’t clean the clothes if you don’t like to hang up the washing. I hate wrinkled clothes.

Mr. C: … She has to change her life. My sons can’t breathe because of her.

C20: You are always right and I’m wrong. You take their side, not mine, and ignore me in front of them.

Mr. C: (speaking loudly) What? I’ll divorce you if you want. Ms. Choi, I want to leave now. Sorry about that (leaves the room).

C20: (silence) (session 5).

Mr. C felt isolated in his family because Mrs. C and his sons have a strong bond. Mrs. C called their sons and checked to see where they were and she did not sleep until her younger son Mark came back home. She was concerned about her older son Paul’s studies and worried that he worked too much. Mr. C felt like Mrs. C was the head of his family and he wanted to recover his authority by taking his sons’ side and ignoring his wife. Mrs. C felt like a bad mother because her husband complained to their sons and blamed her critical behavior in the presence of her sons. She felt alone because her husband and her sons did not understand and support her.

**Korean Women’s Sexuality**

According to neo-Confucianism, Korean women should be virgins until marriage and, thereafter, should have a sexual relationship only with her husband (Kim, 1989, p. 94). Mrs. K was very distressed by her husband because he suspected her of having premarital sex. The proportion of agreement was ranged from .80 to .90 for the theme of
sexuality. The following dialogues demonstrate conflict between Mrs. K and her husband on the issue of sexuality:

K22: My husband suspected that I was not a virgin when I married him. He always questioned me about having premarital sex before meeting him. I misled him by telling him that I was a virgin and that I don’t even remember when I tore my hymen. I even explained to him that a woman could tear their hymen from riding a bicycle or extraneous work (session 25).

K23: I think that having sex before marriage is not good! (session 31) My daughter wants to go to Champaign with her friends this weekend. I’m wondering if she goes there with her boyfriend. What should I do? She might sleep with him. I can’t allow her to have sex before marriage. I don’t want her to be hurt by premarital sex the way I was (session 33).

Mrs. K had to endure his abusive behavior because she felt guilty about having premarital sex. Mrs. K suffered the suspicion and anger of her husband for their entire 20 years of marriage because he suspected her of having premarital sex, which was taboo in Korea when they were growing up. That is why she did not want her daughter to have sex before marriage. Mrs. K constantly told her daughter that a woman should be a virgin until she marries. Her daughter was overwhelmed with her constant forage of warnings and fought with Mrs. K about her unsolicited advice.

K24: I don’t want to have sex with him. I hate having sex. Sex is annoying to me. We always fought with each other because of that. Having sex with him is an assignment I must finish. I have to have sex with him to have a previous intimate relationship like we had before. I know if I have sex with him, he will feel better and be nice to me. But, I don’t like that. When I don’t have sex with him, I’m very anxious and tense about his response (session 41).
Mr. C: My sons don’t have problems. Only my wife and I have problems. We haven’t had sex for over a year even though we use the same room. I want to have sex but she is never interested. I sometimes want to have sex with other women to satisfy my sexual arousal. It makes me so stressed. I’m so relaxed and feel better when I smoke. I can’t control my smoking.

C21: You know. Many women are not interested in sex when they are over 50 years old. In fact, I hate his smoking. I don’t like to be with him. I’d like to date somebody and enjoy my life. My husband would be okay, except for his smoking (session 4).

Mrs. K and Mrs. C had problems in their sexual relationship with their husbands. Mrs. K did not want to have sex with her husband and she only thought of having sex with him as an assignment she must finish. She was very anxious and tense about his response until having sex with him. Mrs. K developed a negative image of sex as she identified her premarital sex with her father’s affair which saddened her and made her look down on her father. She felt guilty because premarital sex was like an affair to her. She tried to retaliate for her hurt from her premarital sex by not having sex with her husband who was always suspicious of her premarital sex and made her feel distressed.

Mrs. C did not want to have sex with her husband because of his smoking, while he complained that he smoked because his wife did not want to have sex with him. Mrs. C projected a negative image of her father who was heavy drinker, had an affair and severely harassed her mother, onto her husband. She was not interested in having sex with her husband, who was always critical to her. Mrs. K and Mrs. C thought that sex is bad because their mothers were hurt by their fathers’ affair. Having sex with their husbands made them feel guilty and have a bad self-image. Typically, parents may bond
too closely with a newborn child and neglect the needs of the spouse (Minuchin, 1981; Minuchin & Fishman, 1981). Korean women tend to pay more attention to her children and become sexually distant from their husbands after giving to birth their children. Mrs. K and Mrs. C were more emotionally tied with her children while sexually ignoring their husbands. A divorced woman depicts negative images in Confucian societies. The following dialogues are representative of Mrs. K’s and Mrs. C’s anxiety about being divorced:

K25: He said to me, “Do you want to divorce me?” I responded defiantly to him, “Sure, I want to.” We fought that day. Maybe he was surprised at my response because I never responded so strongly against him like that before (session 34).

Mr. C: (speaking loudly) What? I’d like to divorce you if you want to. Ms. Choi, I want to leave now. Sorry about that (leaves the room).

C22: (silence) (session 5).

Mr. K and Mr. C usually mentioned divorce when they had conflicts with their wives. Mrs. K strongly responded that she wanted to divorce which she had never done before. Mrs. C was just silent when her husband told her angrily that he wanted a divorce. Mrs. K and Mrs. C seemed to be passive toward their husbands because divorce would be considered their own personal failure and shameful for both them and their family (Lee, 2003).
Shame

Increased Independence

Mrs. K was ashamed of her increased independence that conflicted with the traditional submissive roles of women (Son, 2006). The proportion of agreement was ranged from .20 to .30 for the theme of increased independence. She described the concept of shame caused by increased independence from her husband in the following terms:

K26: I don’t want to live with him. I just want to live my own life, travel to different cities like Washington, or New York, and experience life. I really do want to leave him. Sometimes I pity him when I look at him. On the other hand, I can’t change him and I can’t take it any longer (session 27).

K27: I was surprised at my high level of expenses when I checked our tax report. I was afraid of getting a divorce because I’m not financially independent from him. I have to live with him under any circumstances (session 29).

Mrs. K could not tolerate conflicts with her husband anymore because he did not allow her to travel to other places and controlled all aspects of her life. She wanted to leave him. On the one hand, she felt pity for him because she could not imagine him being alone or her living on her own. On the other hand, she felt helpless because she could not change her difficult situation at all because she was unable to financially support herself. Mrs. K was afraid of getting a divorce when she found out about the high level of expenses in the tax report. The circumstance made her feel depressed because she was not financially independent from her husband and she could not leave him. She experienced shame because living alone seemed not to be socially sanctioned for her. She
felt inadequate, inferior, defective, and her self-esteem was suffering from conflicts with him (Morrison, 1986, pp. 349-352).

**Victim of Domestic Violence**

Participants’ experience of domestic violence made them live with a pervasive sense of shame because Korean conventional culture has been lenient toward violence against women (Son, 2006). The proportion of agreement was ranged from .70 to .80 for the theme of victim of domestic violence. The following dialogues are representative of the participants’ shame caused by domestic violence:

K28: I had two bad experiences in the past with him which is why I left him. When my daughter was 6 years old, my husband abused me physically for the first time. I missed my daughter so much while I was staying in one of those shelters for a week. I had another experience when my son was 12 months old. I left home with my son for two weeks and I didn’t contact or say anything to him. I can’t forget those experiences and they bother me so much (session 28).

K29: I was very disappointed when he did not want to put me as a cosigner for the cleaners before. I really wanted to put my name on the new contract. But he did not want me to cosign the contract with him. I was very angry with him and said to him, “Why don’t you put my name on the contract?” He was against me, “Why do you want to put your name on it?” I said, “I really want to put my name on the contract. Do you know how frustrated I was with you when you put yourself on the contract for the cleaners in the past? I won’t give up this time.” I left angrily to bedroom after saying this to him and laid down on the bed. He followed me and pulled me by the hair. I screamed at him, “What, don’t touch me! You must not hit me anymore. I will not stand for it!” He hit me with a pillow and I fought with him a lot. He started to shower abusive language again and I felt mad. He left home with some cash and clothes after that (session 40).
K30: I had a big fight with my husband last week. I tried to salvage our relationship. I came back home as soon as I finished work. I got home earlier than my husband. I took off my clothes in his room and waited for him. I can’t tell you how nervous I was. He was very angry at me when he saw my naked body. He said to me, “What, you are crazy about sex! Go take a bath! You bitch!” After that, he left the room. I was at a loss as to what to do at that moment. I was very upset and anxious about him. I was so overwhelmed with shame that I wished the floor would open and engulf me. I have no idea how to resolve conflicts with him (session 43).

C23: I don’t want to come to therapy this Saturday. (short silence) Mark bought some expensive shoes that cost 300 or 400 dollars on the website. I couldn’t understand him and I was very angry with him. Furthermore I can’t stand why my husband looked the other way when Mark bought it. I yelled, “Why do let him do everything he wants?” He said to me, “What, you got therapy but it didn’t change anything in your life. You don’t need therapy anymore!” I was very frustrated with him. We fought with each other. The event was a day after we had a Thanksgiving party. He threw the dishes toward me in anger and I screamed a lot (session 20).

Mrs. K experienced physical abuse from her husband when her daughter was 6 years old and her son was 12 months old and still experiences verbal and physical abuse since the two events. Mrs. K was very frustrated with her husband because he did not want to put her name on the contract for their new dry cleaning business. She did not want to give up on putting her name as a cosigner for the business. Mr. K asked Mrs. K to take a subordinate role because he did not agree with her financial independence. Her effort to recover the relationship with her husband through having sex made her feel ashamed and she felt hurt by her husband’s verbal abuse. Her husband projected his sex-related anxiety onto her and he was angry with her. His words toward her such as “you
are crazy about sex” may actually have been him talking to himself. Mrs. K felt depressed from the continuous switching back and forth between her efforts to develop her self and her low self-esteem and this caused a returning sense of shame (Son, 2006). Mrs. C was very distressed with her husband, who did not support her and took her son’s side. Mrs. C might have felt ashamed because she wanted to be a better mother by going to therapy but felt like a bad mother because of her husband’s criticism. Her shame may have been related to a self-assessment process in which she felt inadequate since she had not accomplished her ideal of being a good mother (Cooper, 1998).

Mrs. K’s use of the moral defense attempted to deny her husband’s badness by taking the badness onto herself, thus making him good. Mrs. K had to tolerate her husband’s abuse because she assumed that the abuse that she was experiencing from him was her fault. It relieved Mrs. K to blame herself and it prevented her husband from being condemned as a bad person. The moral defense enabled her continued attachment to her husband by justifying her husband’s abuse of her. The development of the moral defense causes Mrs. C to blame herself for her sons’ academic failures and to endure her husband’s verbal insults and condemnation.

The splitting defense used by Mrs. K and Mrs. C prevented them from perceiving their husbands as having both rewarding and frustrating potentials. When Mrs. K fought with her husband, she and her husband did not see any positive characteristics in each other. Mrs. K and her husband could not integrate the rewarding and frustrating views they had of each other. Mr. K and Mr. C developed an abused sense of self because they experienced rejection and hate from their parents. Mrs. K’s husband felt neglected by his
parents because they left for a small town when he was fifth grade and his older sister took care of him. Mr. C’s parents only paid attention to their first son and were not interested in caring for Mr. C. The abused self of Mr. K and Mr. C revived when they were faced with rejection or hate from their wives. Mrs. K and Mrs. C did not see any positive aspects about their husbands when they were abused. However, the hopeful self activated in Mrs. K and Mrs. C after abusive experiences blocked any memories of abuse and made them return to their husbands. The splitting defense enables Mrs. K and Mrs. C to maintain a positive perspective regarding their relationship with their husbands.

**Overlapping Ego Boundary**

Participants who had close relations with family and community members formed a shame-based Korean culture. There was no separation in Mrs. K’s relationship with her son and her daughter. Mrs. C felt ashamed when her son did not behave according to family and community expectations (Augsburger, 1986, p. 118). The proportion of agreement was ranged from .80 to .90 for the theme of overlapping ego boundary. The following dialogues present the concept of overlapping ego boundary:

K31: Once, more than 10 years ago, I fought with my husband and he forced me to say I was sorry on my knees. I cannot understand why I kneeled down. I felt so humiliated. Whenever my son doesn’t follow his instructions, he asks him to kneel down. When my son makes mistakes, he kneels down and says to me “I’m sorry.” I was so angry at my son because he behaved just like me (session 28).

C24: I went to a restaurant with my family and my sister’s family for Mark’s birthday party last Thursday. My sister was surprised to see his eyebrow pierced and told him, “What is wrong with you? Is this normal? Doesn’t it bother
you?” I couldn’t tell her anything and kept silent (session 9).

C25: I want Mark to attend the camp at the Catholic church this summer. Almost all of the participants are conservative and they don’t pierce their ears. I’m worried he will get attention by other attendees or leaders because he pierced his ears as well as his eyebrow (session 10).

Mrs. K was very angry with her son because his behavior reminded her of her relationship with her husband. Mrs. K felt humiliated and ashamed when she was forced by her husband to say “I am sorry” on her knees. She could not tolerate her son kneeling down and saying “I am sorry.” There was no ego boundary between Mrs. K and her son and she felt easily ashamed and anxious about his behavior. Mrs. C was sensitive to her family and community expectations and wanted to satisfy them. However, she felt disappointed and ashamed when her sister was upset about Mrs. C’s son having his body pierced and worried that other attendees and leaders of her son’s camp might criticize her son about his body piercing. Mrs. C did not develop separateness between her son and herself. Her son’s behavior did not meet family and community expectations which made her feel ashamed.

Guilt

Participants developed feelings of discord among their ego, moral and behavioral standards. Their perception of personal responsibility caused guilt for behavior that violated a moral standard or rule (Tangney, Burggraf, & Wagner, 1995; Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990). The proportion of agreement was >.90 for the theme of guilt. Participants described guilt in the following terms:
K32: My husband suspected that I was not a virgin when I married him. He always questioned me about having premarital sex before meeting him … It was very difficult for me to be in a relationship of mutual mistrust. At the time, I couldn’t stand any display of affection on television such as hugging or kissing (session 25).

K33: I want to give up on him. I have lived only for him until now and I want to live for myself. Until now I believed that he treated me this way because I had premarital sex. I have endured his verbal abuse because I felt guilty but I cannot condone his malicious behavior any longer (session 27).

C26: I didn’t raise my sons very well. Mark took four classes this summer. But he will drop out this semester because he missed some classes. I was very angry with him and I screamed at him because he didn’t attend the classes (session 5).

C27: I read the book you gave me when I said I didn’t want to come to therapy two weeks ago. I couldn’t read it anymore even though it is a great book because it hurts me a lot. I cried a lot while I read it. I’m afraid of reading it because the author may touch me again. I feel guilty because I’m not a good mother to my sons (session 12). (crying) I feel sad because I’m a bad mother to my sons. I cried and said to Paul, “Paul, I’m a bad mother. The author of this book said that all children are born without any problems like a white paper but they are influenced by their parents’ nurturing” (session 14).

Mrs. K felt uncomfortable watching any display of affection on television such as hugging or kissing because the scene stimulated her guilt about having sex before marriage. She had endured her husband’s verbal abuse because she felt guilty about having premarital sex. She was exhausted trying to please her husband whenever he was angry at her or her children. Mrs. C’s guilt was caused by the perception that she did not
raise her sons very well. She thought that Mark’s academic failure was a result of poor parenting on her part. She developed self-blame that she was not a good mother.

Mrs. C cried a lot while she read the book the therapist gave to her. She said she could not read it anymore because it was too painful. She did not return it to the therapist and still kept it even though she stopped coming to therapy. In session 45, Mrs. K said to me, “I want to return the book that you lent to me. I’m going into the city to see a doctor and I want to get a chance to see you as well.” She told me in the final session 46, “I want to see you and give the book to you because I would be sorry if I dropped it off at your office without saying hello to you.” However she did not return it to me after she stopped coming to therapy. Berzoff et al. (2002) stated, “The transitional object is literally the only bridge to the possibility that a person continues to exist even if absent” (p. 138).

Mrs. K’ and Mrs. C’s discontinuance of therapy may leave them with a sense of complete emptiness. The book might strengthen their capacity for internal representation. The book acts as a constant reminder of the therapist and enables the clients to feel connected however distant.

*Chemyŏn*

Mrs. C presented inconsistency between her inner feelings and behavior in the relationship with her son Paul’s girlfriend. Mrs. C did not like his girlfriend because his grades went down since he met her and Mrs. C was very jealous because his girlfriend took Paul away and she had feelings of loss for him. However Mrs. C bought an expensive gift for his girlfriend in order to save face and hide her hostility (Choi & Kim,
1998, 2000; Goffman, 1967). The proportion of agreement was ranged from .60 to .70 for the theme of chemyŏn. Mrs. C described chemyŏn in the following terms:

C28: My son Paul wanted to go to C University in Chicago but he couldn’t get admitted to that school because of his low scores. He finally entered E University in New Jersey. He and his girlfriend received a lot of awards when he graduated from his high school. I was still proud of Paul even though he didn’t get into C University in Chicago (session 5).

C29: I bought a $200 (designer brand-name) purse for her as a graduation present because she was Paul’s first girlfriend even though I hated her. Paul told me he got admitted into A University in Chicago and he will apply to G University in Chicago next January because he missed the due date for the application. Maybe he is afraid of applying to G University because he doesn’t have good grades. He might trick me. I encouraged him to study at G University and told him I could take out a loan even though it is a private school. I’m not sure he will apply to the school (session 8).

Mrs. C was disappointed with her son Paul because he did not enter C University in Chicago even though she said that she was still proud of him. She lost face and felt ashamed because he did not meet her and her family’s expectations. Mrs. C encouraged him to apply to a private school rather than a state school even though the tuition of the private school was more expensive. She wanted to save face in her community through his admittance into a private school. Mrs. C felt ashamed when her son wanted to live with his girlfriend before marriage because Mrs. C grew up in a Confucian culture in Korea (See C2, session 15). Mrs. C might have been concerned that his behavior made her family lose face in their community.
Han

The proportion of agreement was >.90 for the theme of han. Participants experienced multi-layered suffering which stems from their parents and passes down to their children (Kim, 1999). Mrs. K grew up in a Confucian family that asserts that women must maintain their virginity and chastity. She was angry at her father and felt pity for her mother because her father had an affair and her mother was hurt by him. Mrs. K repressed humiliation from the patriarchal family system that maintained that her mother had to endure suffering from her father’s affair.

Mrs. C’s mother was raised by a stepmother after the death of her birth mother when Mrs. C’s mother was very young. Mrs. C was also raised by a stepmother because her own mother died when she was 7 years old. Just like Mrs. C’s mother, Mrs. C was sad about her own mother’s death and did not have a chance to properly mourn. Mrs. C wanted to be a good mother who took good care of her children because she did not experience being cared for by her birth mother and stepmother. Mrs. C’s lamentation caused by her belief that she did not accomplish her wishes to be a good mother and Mrs. K’s repressed emotion that she had to be a virgin were described in the following terms:

K34: He bothered me once again while we were watching a TV program about couple’s therapy. He said to me, “Why did she have an affair? She is immoral and filthy! Maybe all women have the same outlook.” I felt a chill going down my spine for two seconds, I couldn’t stand the whole situation and it made me feel angry at him again. A few years ago my husband installed a hidden audio recorder in the living room because he wanted to hear my conversations with other people over the phone. That bothered me so much. I opposed this strongly but a year ago he wanted to set whole thing up again. He wants to know what I am up to at all times (session 29).
K35: I didn’t explain my thoughts or feelings to my husband until I came to counseling. I was afraid of saying anything to him because he is a very strict person. I tried to have a comfortable relationship with him by repressing my thoughts and feelings. I haven’t done anything except work at the cleaners for over 20 years (session 36).

C30: (tears in her eyes) I cannot forget what my husband said to me. He said to my children, “I don’t like your mom. Let’s look for a new mom.” He bought pets for them without talking about it with me even though I really hate pets (session 2).

C31: … A few days after Thanksgiving, one of my sisters-in-law told me over the phone, “Oh, I heard your personality changed a lot. Good for you!” I was angry with her because she treated me like a bad person. I was miserable because I felt like a bad person. I don’t want to come to therapy anymore. I know the treatment helped me to realize conflict with my family and to improve my relationship with them. However I don’t want to be treated like a bad person anymore. I don’t understand why they all treat me like a bad person! (session 20)

Mrs. K’s perception that she had to be a virgin before marriage made her feel guilty since she lost her virginity. She could not express her feelings about his negative attitude until she got counseling and she could not do anything except work at the cleaners which she has done for over 20 years. Mrs. K’s husband did not want her to have a social life outside of home and controlled her personal life by installing a hidden audio recorder in the house. Mrs. C was hurt when her husband told their sons “I don’t like your mom. Let’s look for a new mom.” Mrs. C did not want to leave her children like her mother had left her. She did not want her children to have a stepmother like she did. Her husband’s critical responses, such as “you got therapy but it didn’t change anything in your life” (See C23, session 20) and her sister-in-law’s sarcastic tone, such as “you
changed your personality a lot. Good for you!” made her feel like a bad mother. Mrs. K and Mrs. C both felt frustrated with their unfulfilled wishes. Mrs. K repressed her anxiety, guilt related to her chastity, and anger about living for her husband and her children not for her own life. Mrs. C has accumulated such feelings of sadness, pain and bitterness as a result of her birth mother’s death and lack of parenting as her birth mother experienced from her own mother. Mrs. C wanted to feel free from the suffering and to be a good mother.

**Hwa-byŏng**

Participants had *hwa-byŏng*, a culturally patterned way of expression for Koreans experiencing depression and related conditions such as anxiety and somatization (Lin, 1983). The proportion of agreement was ranged from .50 to .60 for the theme of *hwa-byŏng*. Mrs. K’s chronic anxiety and Mrs. C’s major depression were described in the following terms:

K36: I want to blow my top whenever my husband verbally abuses me. I feel hurt from my husband’s abuse because I grew up not knowing any type of abuse from my parents. I wanted to talk with my husband about our problems but he ignored me (session 27).

K37: I’m very mad at my husband because he forces me not to move an inch. I wanted to go to my favorite beauty salon even though it’s far from my workplace. He said to me with anger, “Why do you go the beauty salon that’s so far away? We have a beauty salon close to here. Why do you waste money and time?” He always wants me to go the shop with him early in the morning even when it’s not necessary. I don’t understand why he wants to be with me all the time (session 35).

K38: I feel the effects of menopause. My emotions switch a lot as if I were back in my teenage years. However I don’t
I want to live like my previous life. I didn’t even have free time to drink a cup of coffee. I don’t want to only concentrate on my work. I feel like a scatterbrain. I can’t control my emotions just like a teenager. It’s funny because I didn’t have any problems during my teenage years. Ha ha ha! (session 36)

K39: I am depressed because only I am concerned about my family and nobody knows how much difficulty I have in taking care of them (session 37). I resolved conflict with my husband. A couple days ago, I came to his room and we slept together. I had a headache until I had sex with him. However my headache disappeared after my relationship with him improved. It is interesting! (session 44)

C32: (crying loudly) I’m so sad. I’m depressed. I want to fall into the lake and die. Nobody helps me. I’m sorry for crying. I just can’t take it anymore (session 5).

C33: (crying) … Mark never obeys me. I feel helpless. He went out with his friends last night and hasn’t come home yet. I want to smack him when he comes back home. My feelings toward him are bad. You said to me, “Don’t give him any orders. Don’t tell him what to do.” I don’t know what I can do for him. I don’t want to give up on him (session 6).

C34: I want my husband to tell Mark to use a condom and to understand the importance of birth control because I’m not comfortable telling him about it. However, I was very angry with my husband because he never told Mark anything about it. He never does what I need him to do. I wanted him to take Mark to a bank to open an account. However, he didn’t accept my words and he delayed it. I don’t like his pattern (session 13).

Mrs. K was distressed by her submissiveness to her husband and her children because nobody appreciated her devotion to them. Rather, she felt hurt from her husband because of her premarital sex and disappointed with her children’s disobedience. Mrs. K’s husband insulted her when she refused to have sex with him. He was very suspicious
of her personal life and he did not allow her to move an inch. She suffered from anxiety and headaches until she resolved conflicts with her husband by having sex. Her effort to achieve separation-individuation from her husband made her feel like she was back in her teenage years. She was anxious to feel free from his bond with her and she could not control her emotions as if she were a teenager.

Mrs. C had developed major depression ever since her birth mother died, and felt helpless because nobody knew how much she suffered from taking care of her sons who did not meet her expectations. She was also frustrated with her husband who always delayed her request to explain to their son about the importance of birth control and helping their son to open a bank account, and in the end did not do either. That reminded her of her relationship with her birth mother and stepmother, both of whom did not meet her needs. Mrs. C’s effort of being a good enough mother to her sons and a holding environment for her family was displayed in session as a form of hanpuri.

*Hanpuri*

The proportion of agreement was >.90 for the theme of *hanpuri*. Participants experienced *hanpuri*, which is a disentangling process of *han* as a way of releasing their “entangled emotions.” Mrs. K began to express her repressed anger and to develop her own insight into conflicts with her husband and children. Mrs. K tried to resolve conflicts with her husband by verbally expressing her feelings to her husband. Mrs. C improved her relationship with her son Paul by having a therapy session with him. Mrs. C’s son Mark’s Mother’s Day card helped her disentangle conflicts with him. Mrs. K described the concept of *hanpuri* in the following terms:
K40: When he yells at me now, I don’t even flinch. I became a free person because he is not a person I care for anymore … When I told you about my premarital sex last December, I felt free but also anxious because I never told anyone except a nun (session 27).

K41: I will tell him that I just go to the agency to resolve my children’s problems. In fact, I don’t have problems with my children but my husband has a lot of problems. I know my relationship with him is the most important, so I come to see you to improve my life. This counseling is for me so I can influence my husband and children (session 37).

K42: Oh, I gave kinder words and behaved better to him. He was very happy and said to me, “Did something good happen at church? You seem to look different than before. I’d be happy about you going to church if you treat me like this” (session 38).

K43: I know he has problems but I have problems too. I really want to know what kinds of problems I have and how to resolve the issues. I want to look at my inner problems and I’m beginning to understand how to do that (session 44).

Mrs. K felt relieved after she told the therapist about her premarital sex because she had never told anyone except for a nun. That may have been an important start in disentangling emotions such as anxiety, shame and guilt, and so on. Mrs. K thought that she did not have problems and that it was her husband who had the problems and she often complained about her husband. She later began to realize that both she and her husband had problems and therapy influenced her relationship with her husband and children. She seemed to be surprised at her husband’s kind response as she was learning how to improve the relationship with her husband through therapy. She wanted to understand her inner problems and resolve them through the sessions. The following
dialogues are representative of the process of disentangling Mrs. C’s entangled emotions with her husband and sons:

C35: (tears in her eyes) I cannot forget what my husband said to me. He said to my children, “I don’t like your mom. Let’s look for a new mom.” He bought pets for them without talking about it with me even though I really hate pets.

SW: Mr. C, what do you think about what she’s saying?

Mr. C: What, I don’t remember. I didn’t say that.

C35: What?

SW: Mr. C, would you say “sorry” to her? She was hurt by that comment.

Mr. C: Okay.

SW: Would you hold her hands?

Mr. C: Sure. (holding her hands) I am sorry I hurt you. I don’t want to hurt you again.

C35: (smile) (session 2).

C36: … He just calls me “You.” I hate that.

SW: What do you want him to call you?

C36: I like “dangsin” or “yeobo” (“darling” or “honey”).

SW: Mr. C, would you call her “dangsin” or “yeobo?”

Mr. C: Sure, dangsin.

C36: (smile) (session 4).

C37: I bought a new suit for my husband for the wedding. I want to give it to him tomorrow because it is Father’s Day.

SW: Sound’s great. Maybe he’d be happy.
C37: Maybe (smiling) (session 7).

Mrs. C felt relieved from her anger toward her husband as he verbally expressed sentiments to her such as “I am sorry I hurt you. I don’t want to hurt you again” and “sure, dangsin.” Mrs. C felt hurt from her husband’s criticism of “looking for a new mom” because the words reminded her of her birth mother who had an unhappy life. Maybe Mrs. C was afraid that she would lose her sons like her birth mother did and her sons would experience conflicts with their stepmother like Mrs. C did. Her tears changed to a smile by her husband’s apology about verbally hurting her. The fact that she bought a suit for her husband may be evidence of her disentangling her feelings toward him. The following dialogue is representative of Mrs. C’s self-confidence about expressing her gratitude about her son Mark:

C38: I went to a restaurant with my family and my sister’s family for Mark’s birthday party last Thursday. I prepared a big cake for him and prayed for him before we ate.

SW: Sounds great! Did you pray for him?

C38: Yes, I did. I never prayed for him in public in my entire life. That was my first time for him.

SW: Perhaps your family and especially Mark may have been moved by your prayer.

C38: (smiling)

SW: What made you pray for him in public?

C38: Well, I was encouraged to pray for him unconsciously. I had self-confidence about praying for him in public.
SW: You did very well. You invited many of Mark’s friends to his party and prayed for him in public. I want to clap for you (clapping for her).

C38: Thank you (session 9).

Mrs. C prayed for her son Mark in public at his birthday party. Praying for him represented that she felt free from her guilt of not raising him well and she accepted herself as being a good mother. Her prayer may be an expression of sadness, sorrow and anxiety as well as her embracement and reconciliation toward Mark. Her prayer showed that she resolved her anger and disappointment toward him and made him feel touched because she never prayed for him in public. The following dialogue is representative of the improvement in her relationship with Mark:

C39: This is a card that Mark sent me for Mother’s day. He made this card by himself.

SW: It is beautiful!

C39: (smile)

SW: Can I read it?

C39: Sure.

SW: (reading) “Dear Mom, Thank you for all you have done and put up with. I know you care a lot about me and Paul, and I’m just letting you know that I appreciate everything that you have done for me … Sometime in my life you have to let me choose and decide what’s right and wrong. I have responsibilities and you don’t have to be there watching over me all the time, but thank you. I love you. Love Your Son, Mark.” He is sweet.

C39: (smiling and tearing in her eyes) Yes, he is. I’m very moved with his card. This is a letter where I wrote my thoughts after the group counseling. The counselor asked us to write the letter after the program. However, nobody
brought it except me. I couldn’t read it because I was ashamed. The other participants and I cried a lot when one of us read it in the last meeting.

SW: They were moved by your letter.

C39: Maybe.

SW: Can I read it?

C39: Of course.

SW: (Mrs. C cried while I read it.) That is very impressive and you are very genuine. You are a good mother. I’m touched by it.

C39: I’m not a good writer but I tried to write sincerely.

SW: (clapping for her) I want to applaud you.

C39: (smile) Thanks (session 10).

Mrs. C cried and was moved by Mark’s Mother’s Day card as well as the letter that she wrote after the group counseling. Mrs. C thought she was not a good mother and that she did not raise him very well. However, she changed her mind after she received his powerful letter saying that he really wanted to make decisions for himself and have responsibility for his own life, and that he loved her very much. Her autobiographical letter, in which she wrote about her experiences about her two sons, reminded her of hardships she had in her relationship with them and disentangled from her suffering. She felt relieved from the han that made her feel like a bad mother through this event. She wanted to be a “good enough” mother for her sons and she developed a sense for her sons’ needs like the way the therapist tried to become a holding environment that was supportive and comfortable.
After two months of therapy with the therapist, Mrs. C said in a phone conversation, “Ms. Choi, I don’t want to come to therapy anymore. I don’t have anything to talk about with you. However, Paul said to me that I have to see you. I don’t know why he said that to me.” The therapist asked to come with her son. The following dialogue is representative of the improvement in her relationship with her older son Paul:

SW: Paul, would you tell me why you want her to come to see me?

Paul: I feel comfortable because she doesn’t call me as much anymore. She only calls me one or two times a day and sometimes she doesn’t call me at all. I was very irritated when she called me five or six times everyday.

C40: I called you because I was worried about you.

SW: Mrs. C, you changed your lifestyle!

Paul: I think so.

C40: (smile) Did I change?

SW: Yes, you did. Paul is comfortable because you changed your lifestyle in only two months. You did a great job! (session 12)

Mrs. C seemed to be surprised about her changing behavioral patterns with her son Paul. Mrs. C and her son Paul experienced dependence and anxiety together while separating from each other (Winnicott, 1960, 1963). The therapy functioned as a transitional phenomenon and holding environment that helped them master their anxiety and prevented environment impingement that they experienced in the process of separation-individuation (Summers, 1994). Mrs. C was happy to hear Paul confirm that
she had changed her behavioral patterns in her relationship with him. Paul’s strong recommendation to her about getting therapy encouraged her to continue with counseling.

The following session occurred after Mrs. C attended her youngest niece’s wedding reception. The wedding was an important event in that Mrs. C realized she was a good caregiver for her nieces and could be a good mother for her sons. This is the release of bad objects from her unconscious. The therapist tried to become a sufficiently good object for her by providing a safe environment to help release bad objects.

C41: My niece wanted my husband to walk her down the aisle at her wedding. My husband’s sister asked about who will light a candle and my third niece said, “I want to do that because I took care of her.” My husband’s sister said, “I think it is better if your aunt lights the candle because your cousin will walk her down the aisle, right?” Finally, she asked me to light the candle. (tears in her eyes) I felt ashamed because I thought I didn’t help them a lot. I just took care of one of them for eight months in my house. I only helped them once in a while because I didn’t have much time or money to help them.

SW: They remembered your thoughtful and warm heart even though you think you didn’t help them a lot. You gave your best to them.

C41: I visited them to clean up their house in Michigan even though it took five hours each way to get there. They lived in a small apartment and they raised cats, hens and hamsters because the youngest niece felt lonely. I couldn’t stand the bad smell. I cleaned the refrigerator and other small areas.

SW: You spent a lot of time and did your best for them.

C41: That was all I could do for them.

SW: You did great work.
C41: (smiling) The wedding was very meaningful. My husband’s name and my name were written on the program and my sons, Paul and Mark, were listed as helpers on the program. I kept the program to remember that day. When I came back home, I was moved with my nieces’ thoughtfulness. They returned the check that I gave her as her wedding present and sent it with a thankful letter. (crying) They are very sweet.

SW: You were very touched by them.

C41: Right. How can I be a good caregiver for them?

SW: Mrs. C, you were a good motherly figure to them and you are still a good mother to them these days.

C41: (silence) (session 16).

Mrs. C felt ashamed lighting the candle at her niece’s wedding because she thought she did not take good enough care of her nieces. However, Mrs. C was very moved by her nieces and cried when she found that her husband’s name, her name and her sons’ names were written as helpers on the invitation card and also when she received a thank you card returning the check she had presented as a wedding gift. The wedding provided her with self-confidence that she indeed had been a good caregiver for her nieces as well as for her sons. The following dialogue is representative of the improvement in her relationship with her sons after four months of therapy:

C42: Mark tried to do homework last week. It was amazing to me because he never tried to do that. He watched a video until 11:00 p.m. after school and he tried to do homework. I was very happy that he did homework by himself even though he did it after watching a video.

SW: (clapping) Mrs. C, you did a good job! Mark changed his behavior with your help.

C42: (smiling) Thanks to God. God helps me a lot!
SW: I know. Did you commend him on his good behavior?

C42: (tears in the eyes) I just said to him, “Mark, thank you for doing that. I’m very happy you did homework by yourself.” … I wanted to attend church service with Paul regularly if he wants to. I was very surprised that Paul called me to tell me that he wanted to come to the English service with me. I forgot to go to the English service but he remembered it. He was very loving toward me. I was touched by him.

SW: (clapping again) I want to congratulate you, Mrs. C. You are very touched by your two sons!

C42: Right. I’m very happy.

SW: Mrs. C, you are doing very well for your sons. Please don’t push Paul to go to church with you. Please let him make his own decision.

C42: Yes, my mentor. Ha ha ha! (session 17)

Mrs. C was very touched by her sons’ behavior because her younger son Mark tried to do homework and her older son Paul wanted to go to the English service with her. She developed a deeper understanding of her own shortcomings in her relationship with Mark and was excited to learn about how to deal with conflicts. Mrs. C’s lessened separation anxiety from her two sons motivated her not to push Mark to do homework or Paul to go to church and, instead, let them take responsibility for themselves. She was very touched when Paul conceded to her wish of wanting to attend church service with him. That represented her process of disentanglement with her unresolved problems concerning her sons through therapy.
Culturally Sensitive Practice

Attitude Toward Emotional/Psychological Symptoms

Mental Illness

Mrs. C and her husband did not want to seek outside assistance for her sons’ psychological problems because the issue made them feel stigmatized by their family members and their community and also feel shame for their family. The proportion of agreement was ranged from .70 to .80 for the theme of mental illness. Mrs. C described the concept of mental illness in the following terms:

C43: My husband and I were wondering if Mark was using drugs that night. We heard him repeatedly open and shut his closet and so we asked him if he used drugs. He told us that he used them a little bit. We called a policeman friend to warn him about the danger of addiction. The policeman told us that he could spray mace into Mark’s eyes if he denied using drugs (session 2).

C44: I was so surprised to find Paul’s letter saying “I want to kill myself. That makes me relax.” I asked him, “What happened to you?” He said to me, “Nothing is wrong. It is not serious just normal. Please don’t worry about that.” I didn’t find out that he took marijuana until I found his letter. I was so scared when I found marijuana in his pocket. At that time, Mark was in 7th grade. My friend’s daughter, a college student, visited me and she was so surprised to see his painting on the wall. His painting was not an ordinary leaf but a marijuana leaf. I never knew that it was marijuana. I asked him how he got the marijuana. He told me that Paul gave it to him. I was very frustrated with my two sons. I didn’t raise them very well. I am a bad mother to them. (crying) I wanted Mark to enter a rehabilitation center in L.A. I lied to him that he was going his cousin’s home in L.A. The pastor, director of the center, asked me to take him back home because he was so young. I also tried to make Paul go to the rehabilitation center but he didn’t want to (session 5).
Mrs. C and her husband were concerned about Mark’s drug usage and they called a policeman, a friend of one of her relatives, because they wanted to hide their son’s psychological problems. Mrs. C was very frustrated with her sons because they were addicted to drugs. She did not want to utilize resources from their school or community but chose to send them to a rehabilitation center far from her residential home because of the potential shame the situation could cause her family if people were to find out about her sons’ addiction to drugs.

**Somatic Terms**

Participants complained about their physical symptoms rather than their emotional or psychological problems since the explicit expression of mental distress is often seen as a sign of weakness and the expression of the physical pain related to the emotional distress brings less stigma and shame (Kim, Bean, & Harper, 2004). The proportion of agreement was ranged from .60 to .70 for the theme of somatic terms. Participants described somatic symptoms in the following dialogues:

K4: I feel the effects of menopause. My emotions switch a lot as if I were back in my teenage years (session 36).

K4: I had a headache until I had sex with him. However my headache disappeared after my relationship with him improved. It is interesting! (session 44)

C4: I have back pains. I couldn’t move suddenly when I stretched my back a couple days ago. The oriental medicine doctor visited me and gave me acupuncture. I was very sick. Mark’s birthday is this Thursday. We are planning to have his birthday party but I can’t prepare anything for it because I had severe back pain. Mark was disappointed with this situation when I told him that I wanted to postpone the party until next Thursday because I can’t cook (session 8).
C46: I want to drink some soda because I have a stomachache. I prepared some pancakes for Mark but he didn’t eat breakfast. So, I ate a lot of pancakes and I’m a little sick (session 18).

C47: I had acupuncture and took oriental medicine for two weeks because I was sick. I just didn’t have energy and I thought that was the most likely cause of my wrist pain. My wrist joint might be weak. I’m getting better now (session 20).

Mrs. K seemed to be ambivalent about trying to be independent of her husband. On the one hand, she was very excited to feel free of him. On the other hand, she was afraid of being separated from him. She may have experienced a second adolescence as she practiced her second separation-individuation. She may have not wanted to express her internal conflicts and she felt that her emotions switched markedly because of menopause. Her chronic headaches that were associated with the sexual issues with her husband protected her from acknowledging her main conflicts with her husband.

Mrs. C indirectly benefited from her back pain in that she did not need to cook for Mark and his friends, who she did not like. Mrs. C felt abandoned because Mark rejected her food and her stomachache was caused by her feelings of abandonment. Mrs. C had wrist pain a few weeks after she fought with her husband and she felt comfortable complaining that her wrist joint might be weak because of a work injury rather than expressing her emotional distress related to conflicts with her family.

**Help-Seeking Behavior**

Mr. K did not want therapy and Mr. C attended only a few sessions and later stopped attending due to his busy work schedule. Coming to therapy made Mr. K and Mr. C feel weak and stigmatized as having mental problems. Mrs. K and Mrs. C tended to ask
for advice or guidance about conflicts with their family from their friends or relatives.

The proportion of agreement was ranged from .80 to .90 for the theme of help-seeking behavior. The following dialogues are representative of their help-seeking behavior:

K46: I was very irritated by my husband because he does not allow me to come to therapy. I wonder if he thinks I complain a lot about him during counseling. However he really does not want to come to therapy. He thinks we don’t have any problems (session 37).

K47: My brother-in-law lives in New York. His wife has a very hard life because he abuses her physically and verbally. Once, she came back from work and he checked her underwear. He suspected her of having an affair and was paranoid. He even went to jail because he assaulted his wife. I don’t want to live like her. She and I sometimes talk about our conflicts with our husbands (session 27).

K48: My sister who lives in Washington called me and asked what happened to me. I told my sister that I fought with my husband but then I changed my mind about leaving him and went back to my workplace (session 28).

C48: I took medicine for depression treatment for a week after hospitalization. But I don’t need to take medicine because I know the reason why I am depressed. My friend told me that people who don’t know the reasons need to take it (session 6).

C49: Mark had problems with his behavior when he was in elementary school. The therapist suggested to me that Mark took medicine. I didn’t provide any medicine for him because I was afraid of its side effects (session 11).

C50: Paul told me that he wanted to move to another apartment because he had a lot of problems with his roommates. I told my friend about his situation and she told me that I should ask him to come back home. I’m not sure if it is good for him or not. One of my friends told me that positive and constructive words for children change their attitude. I need to give positive encouragement to him so
that he regrets his behavior and changes in the future (session 18).

Mr. K did not want Mrs. K to go to therapy because he suspected that Mrs. K complained about him and he was afraid of her being empowered through therapy. Mrs. K was concerned that he would complain about issues related to premarital sex if he came to therapy. Mrs. K felt comfortable and relieved from her distress as she shared her feelings of depression with her brother-in-law’s wife who had similar conflicts. Mrs. K sometimes talked to her sister about her argumentative relationship with her husband. She received advice from her sister and did what her sister told her to do.

Mrs. C preferred her friend’s advice regarding her depression and conflicts with her family to that of professionals. She did not want to take medicine in accordance with her friend’s comments and she did not want Mark to take medicine either. Taking medication made her feel uncomfortable because she did not want to feel that she and Mark were mentally ill people. She tended to tell her friends about her family conflicts and asked for their advice with issues such as her son Paul’s move to another apartment and what would be good treatment for her sons.

**Characteristics of Therapeutic Relationships**

**Therapist Inter-Subjectivity**

Participants formed an inter-subjectivity system of reciprocal mutual influence through transference and countertransference between the therapist and the participants (Stolorow & Lachmann, 1987, p. 42). The proportion of agreement was ranged from .60 to .70 for the theme of therapist inter-subjectivity. The following dialogues with Mrs. K are representative of the concept of therapist inter-subjectivity:
K49: I told Matthew, “Matthew, I’m glad that you feel sorry about your unkind behavior toward dad. Maybe dad wanted to treat you very thoughtfully. However, I’m proud of you because you regret what you said to him. I think you are growing up.” I also said to my husband, “I know you are very disappointed with Matthew because of his rough behavior. He told me about what he said to you and he seems to regret his behavior.” My husband and my son seemed to be happy and felt comfortable. I’ve always played a role like this and it’s tiring to meet both of their needs. I don’t want to be in the middle anymore.

SW: You did a great job … Maybe if you treat him kindly, his mood will improve and he won’t be as upset about your coming to counseling sessions. He may be happy because of your sweet words and behavior.

K49: Oh, I never did it for him. That is very unnatural for me. I can’t do it.

SW: Mrs. K, maybe your husband wants to be treated sweetly by you.

K49: (laughing) How can I give him loving words?

SW: I think you can give him loving words (session 37).

K50: When I avoid having sex with him, I’m very anxious and tense about his reaction. I know how to deal with the problem right now. Whew, we use different rooms from each other now. What should I do? Should I go to his bedroom?

SW: You need to try to do that.

K50: O.K. That is not easy but I’ll try it (session 41).

The therapist encouraged Mrs. K to meet both her husband’s and her son’s needs. After the session, the therapist realized that her role in her family was to always please her parents during conflicts between her father and her mother and in a triangle with her brother. The therapist, working under the influence of Korean Confucian culture, asked
Mrs. K to speak sweet words to her husband in the same way the therapist’s mother would usually submit to her patriarchal father. The therapist experienced countertransference related to her submissive behavior toward sexuality when she asked Mrs. K to resolve conflicts with her husband through sex even though the therapist provided Mrs. K with feelings of empowerment in order to free herself of the guilt over having premarital sex. The following dialogues with Mrs. C are representative of the concept of therapist inter-subjectivity:

SW: I experienced back pain two months before I resigned from my agency and left Korea. I had difficulty sitting and standing. I also had acupuncture and took oriental medication for a month. I totally understand your pain.

C51: Oh, you did? I’m sorry.

SW: It seems like you are uncomfortable sitting on your chair. Would you like to switch your chair to mine?

C51: Oh, thank you very much. (smiling) I’m your therapist from now on.

SW: (smiling) You try it (session 8).

C52: Did you celebrate chuseok (Korean Thanksgiving)?

SW: Well, no, I didn’t. There are not any celebrations for this day here. I also didn’t have time to enjoy this day.

C52: Oh, I’m sorry about that. I visited my brother-in-law’s home to celebrate chuseok and had a meal with his family.

SW: That’s good!

C52: I bought some rice cakes, dates and Korean sweet potatoes for you. I was wondering if you ate “songpyŏn” (rice cake that the Korean people eat during chuseok). I think dates will be good for you because it has a lot of vitamin C.
SW: You are very nice, Mrs. C. I love rice cakes and sweet potato. Maybe I’ll need a lot of vitamin C at this time. I’m very touched with your thoughtfulness. Thank you (session 18).

Mrs. C’s back pain reminded the therapist of an earlier experience when she was in a similar type of pain. The therapist shared her countertransference with Mrs. C and the therapist understood Mrs. C’s situation more, which helped Mrs. C to feel more relieved from her sickness through the therapist’s empathy. The therapist felt free of her homesickness when Mrs. C provided the therapist with Korean traditional food from *chusoek*. The therapist’s loneliness was accepted and understood by her client, and Mrs. C sought to soothe the therapist. The therapist and Mrs. C experienced co-transference as two faces of the same dynamic in the therapeutic process (Orange, 1995, p. 67).

*Independence vs. Interdependence*

The proportion of agreement was >.90 for the theme of independence vs. interdependence. The therapist and the participants experienced different notions of the self from differing cultures. The therapist, oriented to psychodynamic theory, tended to stress the importance of individual independence in the process of therapy. The participants developed conflicts between an independent self-view and an interdependent view of the self in which the participants do not want to be separated from their social context, but would rather be connected to others (Markus & Kitayama, 1991). The following dialogues represent conflicts between (1) the therapist and the participants and (2) the participants and their family in a culturally differing view of the self:

Mrs. K felt like her daughter’s independent behavior, such as expressing her feelings of discomfort to Mrs. K, meant that she was not obedient to her. Mrs. K was very
frustrated with her daughter because she had never before encountered her disobedience. Mrs. K wanted to be more connected and less differentiated from her daughter as is the goal in Korean culture. However, her daughter, having grown up in Western society, was motivated to express her emotions and to develop autonomy in the relationship with her family (See K8, session 30). Mrs. K developed empowerment, self-confidence and independence from therapy and she seemed to be surprised to express her feelings to her husband. She had a big fight with her husband when she expressed her disappointment regarding the issue of being a cosigner on the contract for the cleaners. Her husband may have been angry with her independent and assertive behavior because she never expressed her feelings to him before and he was threatened by her separation (See K29, session 40).

Mrs. C being a typical product of Korean culture that emphasizes interdependence developed conflicts with her sons who grew up in Western society that stresses independence. Mrs. C was disappointed with her son Paul’s independent behavior, such as changing the bank account to his name because his behavior made her feel disconnected from him, even though his independence was considered healthy and mature in the Western culture (See C11, session 8). Mrs. C was very frustrated because her husband and her sister-in-law treated her like a bad person. She did not want to have therapy for a while because the therapy stressed the idea of giving her sons independence and autonomy, and the failure of her efforts to let them make decisions by themselves made her feel depressed and like a bad mother (See C23, session 20).
Dual-Self Structure

The proportion of agreement was >.90 for the theme of dual-self structure. Participants had a dual-self structure of both formal hierarchical expectations and hierarchical intimate relationships (Roland, 1988). Mrs. K presented her expectations regarding age to the therapist and developed an intimate relationship with the therapist by sharing personal information or trying to have dinner with the therapist. Mrs. C, also, asked for advice and guidance from the therapist in handling her family problems and formed intimacy with the therapist by trying to have dinner together. The following dialogues with the therapist and Mrs. K described dual-self structure in therapeutic relationship:

K51: Ms. Choi, are you get married?

SW: No, I’m not. Why are you asking me about this?

K51: You might not understand my situation because you aren’t married yet (session 5).

SW: I want to work on counseling sessions with you to develop a relationship with your daughter. Would you like to have another appointment with me?

K52: O.K. I really want to resolve these problems. I will cancel my computer class and I will make an appointment with you for the session. Perhaps I’m not focusing on my problems with her enough because she was always so obedient (session 30).

SW: What time are you available to see me?

K53: Well, my daughter helps me during this summer. She will go back to school next week. I will let you know my schedule. Do you have a cellular phone?

SW: No, I don’t have one.
K53: Umm…

SW: Do you want my home phone number?

K53: Yes, I do. Thanks. I don’t want to bother you. I feel you are very easy to work with (session 36).

K54: (deep breath) … Are you available to have dinner together next week?

SW: That’s okay, Mrs. K. I appreciate your invitation, but your encouraging words are thanks enough for me.

K54: Is it not allowed in your agency?

SW: No, it isn’t. Our policy doesn’t allow it. I’m sorry about that.

K54: (Mrs. K seems to be unhappy.) It’s okay. Our relationship is only business! I’m disappointed with that (session 37).

SW: I know that he doesn’t want you to come to therapy. Why do you think he doesn’t want that?

K55: I don’t know. He has to work hard while I’m absent. Maybe it bothers him a lot. What do you think about that?

SW: A lot of work may bother him during your absence. More importantly, he may not want to change the current family structure since you’ve become much stronger with counseling. He might feel afraid of losing his roles as a father and husband. I know you have gained a lot of strength and power from therapy. You need to serve him with both warmth and strength. He might feel unkindly toward your power.

K55: Oh, that’s right. (deep breath) Can I treat him nicely?

SW: Sure, you can do that. You have to continue the therapy (session 39).
Mrs. K grew up in a Korean Confucian society in which younger people have to listen to the advice and guidance of older people. Her cultural background may have made her disregard the therapist at the beginning because the therapist was not married and looked younger than she was. Mrs. K tended to ask for advice and guidance from the therapist as she used to from her family elders. The therapist stressed the importance of continuing counseling when she presented her resistance to therapy. She cancelled her computer class and was willing to reschedule the session through the therapist’s strong encouragement. Mrs. K wanted to receive the therapist’s ideas and do what the therapist said in dealing with her family issues. She wanted to find some resolution from the therapist by asking the therapist questions such as, “I really want to continue counseling with you. Would you let me know what I can do about that?” She wanted to find the right answer from the therapist rather than answering questions for herself. For instance, when the therapist asked her why her husband was angry at her and did not allow her to go to therapy, she responded by saying, “I don’t know. He has to work hard while I’m absent. Maybe it bothers him a lot. What do you think about that?” On the other hand, Mrs. K tended to form hierarchical intimacy with the therapist by asking for the therapist’s cellular phone number and inviting her over for dinner. Mrs. K seemed to be disappointed with the therapist’s kind refusal to meet these requests. The following dialogues are representative of the relationship with the therapist and Mrs. C:

C 53: Would you go out for dinner with me after the session?

SW: It’s O.K., Mrs. C. I appreciate your thought. Thanks for offering to treat me.
C53: Umm… I was just thinking that you might not have had dinner.

SW: I did. Thanks for asking (session 7).

C54: I know he is out of control to me. I don’t know how I can raise them very well now because they’re already teenagers. I asked my two friends about Paul’s situation and they said to me that I forced him not to live with his girlfriend … (short silence) I might expect your response like this. I don’t have any solutions except for accepting his decision. He seemed to be well (session 15).

Mrs. C wanted to do what the therapist suggested in resolving conflicts with her family. Under the therapist’s advice and guidance, Mrs. C tried to let her sons make decisions by themselves, such as when Mark chose not to do homework, played computer games and came back home late or when Paul lived with his ex-girlfriend in the same apartment or decided not to go to church. She anticipated the therapist’s response in handling conflicts with her family and when she improved her relationships with her sons, she offered the therapist respect by saying, “Yes, my mentor” (See C42, session 17). On the other hand, she wanted to form a more intimate relationship with the therapist, such as having dinner with the therapist. In Korean society, those who are close to each other usually have a meal and this signifies intimacy in their relationships.

**Directive Counseling Styles**

Participants expected directive answers from the therapist and wanted the therapist to make decisions for them (Yuen & Tinsley, 1981; Mau & Jepsen, 1988). The proportion of agreement was >.90 for the theme of directive counseling styles. The following dialogues are representative of directive counseling styles between the therapist and participants:
K56: Sometimes I hid the Victoria’s Secret magazine so that my son couldn’t look through it. Do you think that I should allow him to look at it? (Mrs. K shows the magazine.)

SW: You need to give him his independence. The more you try to control his behavior, the more his desire strengthens.

K56: So then I don’t need to hide the magazine? I’ll keep that in mind (session 25).

K57: … What should I say to my daughter?

SW: You don’t need to ask a lot of things regarding her birthday party, you just can say to her, “How was your birthday party? I’m happy you enjoyed it! What presents did you receive from your friends? What would you like me to give you for your birthday?” (session 31)

K58: She wants to go to Champaign with her friends this weekend. I wonder if she’s going to go there with her boyfriend. What should I do?

SW: What are you worried about?

K58: Perhaps she may sleep with him. I can’t allow her to have sex before marriage. I don’t want her to be hurt by premarital sex like me … I have no idea. Should I let her go there?

SW: She may follow your steps if you don’t give her the freedom of sex.

K58: It is not easy to give her the responsibility of sex. O.K., I will try. Thanks (session 33).

K59: … How should I respond to my son?

SW: Mrs. K, masturbation is a natural biological occurrence in adolescence. You need to accept his situation. You can say to him, “Matthew, it is natural to masturbate during the teenage years. Please don’t worry about it.”
K59: Oh, I got it (session 34).

K60: My son complained to me that my husband isn’t sociable. I feel bad telling him about my husband’s lack of social life but I don’t know what I can say to him.

SW: I know you don’t want your son to have a secluded life like your husband. What if you said something like, “Matthew, dad isn’t sociable now because he grew up in an unsocial family. That is not his fault. I know he is boring to you but you need to understand him. Do you want to be a sociable person? If you want, you can do that.”

K60: It is not easy. My daughter, my son and I are on the same page but my husband is all alone. (deep breath) It will be difficult for me but I will try. Thanks (session 37).

Mrs. K wanted to receive approval and support from the therapist about her decision. She asked the therapist if she should have allowed her son to look at the magazine, and if she should have allowed her daughter to go to Champaign. Mrs. K wanted to get advice from the therapist that would give guidance in handling conflicts with her family even though it would not be easy for her to follow. Mrs. K did not know what she should say to her son who complained about her husband’s unsociable life and asked about how she should respond to her son whose difficult question made her feel uncomfortable. She felt relieved when receiving advice from the therapist and also improved her self-confidence by creating her own solutions after the therapist’s response. The following dialogues are representative of directive counseling styles among Mrs. C, her husband and the therapist:

SW: Would you follow my suggestion?

Mr. & Mrs. C55: Sure.

SW: Mrs. C, will you scold him?
C55: No, I won’t. What do I have to do then?

SW: You don’t need to do anything. You don’t need to say, “Come home early. Don’t go to dance. Don’t play computer games” (session 1).

C56: What can I do about him missing the final exam?

SW: Are you comfortable with contacting his teacher?

C56: Of course.

SW: Would you call and ask if Mark can still take the final exam?

C56: Sure (session 6).

C57: I want to write “big guy” on Mark’s birthday cake because he is very immature. Perhaps he may have responsibility for his life by looking at the word “big guy.”

SW: How about “good son” instead of “big guy?”

C57: How can I call him “good son?” He is not a good one.

SW: It is important to say to him “good son” because he can be a good boy the way you imagine him to be. You need to prepare a card and write very encouraging words to him. It is meaningful that your whole family writes to him.

C57: Okay. I always wrote scolding words to him but I will try positive ones for him (session 8).

C58: I saved $300 for him (Paul) since he was born. I wonder if I should give it to him. I was very frustrated with him when he took $1,800 I saved for him at the age of 18. Is it better to give it to him when he does something special?

SW: I know you were very disappointed with him. However, he might explain his independence from you through his behavior like that. You don’t need to give it to him now. You need to wait for a proper time to give it him.
You don’t need to meet his needs before he asks you for something (session 16).

C59: … Can I ask a question?

SW: Sure.

C59: Paul has two jobs. He works as a cashier at Starbucks and as a tutor at a language center. He will start his class soon and I wonder if he can manage his jobs. I’m very concerned he would be able to study because of all his responsibilities. What do you think about talking to his manager at the language center about his situation? I want to ask the manager to reduce his work hours.

SW: I know, Mrs. C. You are very worried about his situation. What do you think about giving him autonomy so that he makes a decision about that by himself? He knows how to manage his life and he will find some resolutions when he faces some difficulty. It is very important that you trust in him.

C59: O.K., Ms. Choi. I’ll try that. Thanks (session 20).

Mrs. C expected the therapist to be a directive authority figure while she played a passive role in the counseling process (Yuen & Tinsley, 1981). However, her intense anxiety decreased as she learned to respond to her sons and was soothed by the therapist’s empathic environment. Mrs. C tried to follow the therapist’s suggestions, such as “You don’t need to do anything about that,” “You don’t need to say anything about that,” or “How about saying ‘good son’ instead of ‘big guy’?” The clients expected to receive the “right answers” from the therapist through their directive questions like “What do I have to do then?” or “Is it better to give it to him when he has done something special?” Mrs. C was worried about Paul’s work situation and tried to give him autonomy
by following what the therapist suggested. She wanted the therapist to make decisions for her and she felt comfortable following the therapist’s advice and guidance.

**Higher Expectation of Treatment Results**

The proportion of agreement was ranged from .80 to .90 for the theme of higher expectation of treatment results. Participants expected their problems to be resolved quickly by the therapist and they were not interested in gaining insight into conflicts with their family because they thought it would take too long (Nguyen, 1982; Kinzie, 1989; Lin & Shen, 1991). The following dialogues are representative of participants’ expectations of concreteness and immediacy of treatment results (Flaskerud & Faan, 1991):

K61: I have had counseling with you for a year. I’m wondering how much I have changed my life. Would you tell me that? I want to know the level of change in my present life … (nodding) During the first few months of therapy, I always really wanted to come to counseling. I came to counseling even when there was traffic and my husband tried to force me not to go. I didn’t care at all about the things that made it hard for me to come to my sessions. However, now I’m worried about traffic and my husband getting angry, even though his temper has improved. The only thing stopping me from coming to counseling is me (session 36).

K62: … But I’m very worried about my husband’s attitude once I get back to work … (deep breath) May I see you every two weeks? It is hard for me to come to the agency every week (session 39).

Mrs. K was wondering how much she had resolved the issues in her life because she had been coming to therapy for a year and she thought it was a very long time. She had improved her relationship with her husband through therapy, but she did not want to spend more time in order to resolve the remaining issues in her life. She may have
thought that this was an excessively time-consuming process. She felt uncomfortable coming to therapy because her husband did not want her to have therapy. She asked the therapist if she could come to therapy every two weeks. Her resistance to therapy may have resulted from her disappointment that her husband did not change all that much and she still had unresolved problems with her children. The following dialogues describe Mrs. C’s expectations of treatment results:

SW: Mrs. C, do you know why Paul wants you to come to therapy?

C60: Well… I don’t know. I think I don’t need to come to the agency because I don’t have anything to talk to you about. I realized that I couldn’t change Mark’s behavioral patterns. He didn’t come back home early even though I waited for him until midnight and I scolded him. I totally gave up on him! Therapy helps me avoid these difficult situations (session 12).

SW: I’m very sorry to hear that. You were disappointed with your husband and your sister-in-law because they treated you like a bad person. You can’t stand feeling like a bad person.

C61: (short silence) I don’t want to see you for a while … (bitter laughter) But I don’t want to improve my life now and I want to stay in this situation (session 20).

Mrs. C did not want to come to therapy anymore because she claimed she did not have anything more to talk about with the therapist. Her son Paul was upset at hearing that she no longer wanted to see the therapist and he pressured her to continue therapy. She may have felt disappointed with therapy because her son Mark did not change his life even though she tried to do her best to improve him. Mrs. C did not want to continue therapy because the therapy made her feel like a bad person and she thought it made her
situation worse. The desire to stop her therapy may have resulted from her unfamiliarity with insight-oriented Western psychotherapy and the lack of understanding of psychodynamics that could happen in the therapeutic process.

**Summary of Chapter**

This chapter presented the findings from the thematic analysis of twelve themes including twenty two sub-themes related to a major research question with three sub-questions. The twelve themes addressed in this chapter are as follows: acculturation, separation-individuation, parent-child relationship, self-esteem in Confucianism, sexuality, shame, guilt, chemyŏn, han, hwa-byŏng, hanpuri and culturally sensitive practice.
CHAPTER FIVE
DISCUSSION AND IMPLICATIONS

Based on the foregoing chapter, the researcher discussed the most relevant findings according to three research sub-questions and theoretical integration with foci on transcultural perspectives. Implications for social work practice and research and conclusion are presented as well.

Discussion

This chapter presents the three sub-questions that were tested through thematic analysis to understand the major research question: what are the clinical issues in applying psychodynamic theories to the two Korean immigrant women. It consists of three parts representing each sub-question as follows: (1) applicability of psychodynamic theories from transcultural perspectives, (2) influence of acculturation and separation-individuation, and (3) reconceptualization of the intervention strategy.

Applicability of Psychodynamic Theories from Transcultural Perspectives

The first research sub-question was to find how psychodynamic theories from transcultural perspectives were applicable in working with Korean immigrant women. The answer to this question was derived from the theme of hanpuri which emerged across the two cases. Hanpuri is the disentangling process of han, that is, it is a therapeutic process (Kim & Choi, 1995). Participants demonstrated how they tried to resolve conflicts with their family by focusing on self psychological and object relations.
perspectives. Mrs. K did not develop any empathic mirroring responses because her self was arrested under the influence of dominant-subordinate dynamics with her husband (Kohut, 1971, 1977). However, Mrs. K did not care about her husband’s insults about her premarital sex and began to feel free from that issue by expressing her suppressed anger to her husband. She explained her experience with premarital sex, which she had never told anyone except for a nun, while in session as a result of the therapist’s empathic environment. In the beginning she complained that she felt hurt because of her husband and children but soon realized that she had problems and was an influential member of the family. She developed insight into her issues as represented by the following statement: “I know he has problems but I have problems too. I really want to know what kinds of problems I have and how to resolve the issues. I want to look at my inner problems and I’m beginning to understand how to do that” (See K43, session 44).

Mrs. K’s early experiences of being deprived of her mother caused her to use the defense mechanism of splitting. She perceived her father and her husband as “bad objects” and her mother and her children as “good objects.” Mrs. K felt disappointed by her father because of his marital affair, which led her to devalue him and feel pity for her mother. The anger toward her father caused her to stay away when he was suffering with laryngeal cancer even though she visited her mother at the hospital in Korea when she had a stroke caused by hypertension. Mrs. K projected her anger and disappointment about her father to her husband and internalized her mother’s complaints and feelings of depression regarding her father’s affair. The splitting is addressed by the following dialogues: “I don’t have problems with my children but my husband has a lot of problems
… My daughter, my son and I are on the same page but my husband is all alone” (See K41, K60, session 37).

Narcissistic pathology occurs in the absence of the parents’ empathic response to the child’s needs which are to be mirrored and to find a target for idealization (Kohut, 1977, p. 187). Mrs. C experienced a disturbance in the empathic merger with her parents during her development stage. Mrs. C’s birth mother died when she was 7 and was not properly cared for by her stepmother who was strong and cold or her father who was the cause of many problems. She projected her parents’ image of neglect onto her sons and, consequently, sought her sons to fulfill her emotional needs and to give her attention. It was ordinarily uncomfortable for her to give her son Mark a hug but she felt good when he hugged her during her hospitalization. She was also happy when Paul held her and let her lay on his bed and kissed her face when she had back pain.

She felt deprived of her older son Paul, who she idealized, after he found a girlfriend in the same way she was frustrated with her father who she did not respect because he was a heavy drinker and had an affair. The suffering from her empathic indifference at her development stage was described in the following dialogue: “Paul was a wonderful son to me until he had a girlfriend. I felt like I lost him after he met Crystal” (See C5, session 8). It explained how she tried to compensate the absence of her parents’ empathic response with her in the relationship with her sons.

Mrs. C tended to utilize the therapist as a mirroring and idealizing self object. Mrs. C’s parents did not provide the appropriate empathic responses to satisfy her needs. She became vulnerable to feelings of worthlessness, inadequacy, and low self-esteem.
She did not build up an idealized parental imago of calmness and omnipotence with which she could merge during her development stage. Her narcissistic vulnerability might have resulted from the absence of ideal parents or after a traumatic experience that destroyed her image of ideal parents. Therefore, she looked to the therapist as an idealizable person who made her feel secure and calm within the therapeutic relationship like in relationship to parental perfection and power (Kohut, 1978). The therapist’s response to Mrs. C’s vigor, greatness, and perfection helped her infantile grandiosity to develop toward healthy and reasonable ambitions and goals. Mrs. C improved her relationship with her sons after four months of therapy. For example, she was touched by her son Mark’s behavior when he did homework on his own and was surprised when her other son Paul wanted to attend the English church service with her. The therapist tried to provide empathic attunement for her and to help her recover from her narcissistic vulnerability. Mrs. C referring to the therapist as “my mentor” (See C42, session 17) may represent her development of healthy narcissism.

Mrs. C suffered early psychological deprivation from the loss of her mother. This loss may have caused her to use the psychological defense mechanism of splitting. She idealized her birth mother and her older son Paul as “all good” and saw her stepmother, her father, her husband and her younger son Mark as “all bad.” Mrs. C’s feelings of abandonment that originated from the loss of her birth mother caused her to cling to her sons and would not allow them to separate from her. Although she idealized her birth mother, Mrs. C never received the love and care she wanted. Instead, she always cared for her ailing mother until she died. Similarly, her stepmother was not a good caregiver.
but Mrs. C would never refer to either her birth mother or stepmother as “bad.” Instead, her bad objects were internalized and repressed and she would rather be bad herself than to have bad objects. When her husband complained to her, her response to him represents her feelings of guilt and fear that she was not a good mother: “What, why do you make me the bad guy? You are the best and I am the worst. You are right and I am wrong” (See C20, session 5). Her splitting helped her avoid her insecure environment that is feared as bad and unacceptable (Berzoff, Flanagan, & Hertz, 2002, p. 152).

Mrs. K and Mrs. C faced serious conflicts with their family while battling with their low self-esteem by expressing their own voice. Mrs. K was habituated to a traditional submissive role while her husband acted as the authority figure, according to Korean Confucian culture. The therapist, however, stressed the importance of individual independence from a psychodynamic perspective. Mrs. K was frustrated with her husband because he was becoming more disapproving of her and giving her less autonomy. Her husband was also depressed about her because he was afraid of her independence, self-expression and equal status. The therapist encouraged her to focus on self-confidence during sessions and Mrs. K became excited to feel free of her arrested self. For instance, Mrs. K disagreed with her husband when he refused to recognize her as a cosigner for their new dry cleaners. She was disappointed and wanted to sign the contract with him but he strongly disagreed with it. Mrs. K’s strong response to her husband’s disagreement represented her development of self and her efforts of independence from her husband while also threatening cultural standards of patriarchy and submission in Confucian society.
Within the context of individually oriented cultures, therapists from most Western societies tend to stress the importance of individual independence in the process of psychotherapy. Although achieving autonomy is among the major tasks that each individual needs to master throughout all stages of personal development, as described by Erikson (1963), the kinds of interpersonal relations that are considered desirable or healthy are subject to cultural views. Interpersonal relations, particularly in terms of mutual dependence, require a careful cultural adjustment and theoretical judgment in the practice of psychotherapy (Tseng, 2004, p. 155). The therapist tried to help Mrs. C release her bad objects that had been internalized and repressed into the unconscious and encourage her to let her children have autonomy and independence from her. Even though she changed markedly in the relationship with her family, she returned to her bad object due to her insecure environment. For example, her husband and her relatives did not approve of and support her and verbally chastised her on many occasions.

Both the current family environment and that of her childhood made Mrs. C feel unsafe and unprotected by her caregivers and her current family environment is very reminiscent of the neglect she felt during her childhood development stage. In both instances, her family system did not provide her with a good enough holding environment. On the one hand, she developed resistance to therapy because she was used to feeling bad and the change in her relationship with her husband threatened to relieve from her bad image. On the other hand, her husband wanted to maintain his hierarchical relationship with her by ignoring her improvement and changed attitude and maintaining a dysfunctional family system.
The participants developed their self that had been arrested in Korean Confucian culture and tried to improve their relationships with family members from psychodynamic approaches considering transcultural perspectives. For example, Mrs. K had adhered to traditional standards of chastity under Korean Confucian values. That developed into han and she developed hwa-byŏng, a chronic anger in conflict with her husband. Similarly, the early loss of her birth mother induced Mrs. C to want to become a good mother. When she did not meet her idealized image for herself, she felt devalued and led her to develop hwa-byŏng of depression. The therapeutic process that enabled participants to develop their self and integrate their split image of their family was like hanpuri in that it was a process of releasing their entangled emotions. Therefore, applicability of psychodynamic theories from transcultural perspectives to Korean immigrant women was supported to be significant from the evidence of the qualitative findings even though they presented conflicts with their families in the process of therapy.

**Influence of Acculturation and Separation-Individuation**

The second research sub-question involved finding how acculturation and separation-individuation of Korean immigrant women influenced conflicts with their children. As Korean first generation immigrants, Mrs. K and Mrs. C tended to value their original culture strongly which presented difficulties in understanding and accepting their children who grew up in American culture. The participants’ relative cultural isolation and lack of integration with mainstream culture impacted the separation-individuation issues with their children (Berry, 1997). Participants who grew up in Korean culture –
based on Confucian philosophy that emphasizes interdependent relationships and the
primacy of family and community – had conflicts with their children who developed a
different concept of self because they were growing up in a culture where independence
and autonomy are highly valued (Tu, 1985). Mrs. K had conflicts with her daughter, who
developed different cultural expectations about acculturation and separation-
individuation from Mrs. K.

Mrs. K did not want her daughter to sleep outside of the house or her dormitory
because she was afraid that she would lose her virginity. Mrs. K’s response was
influenced by Confucian culture that says women must keep their chastity until marriage.
Mrs. K’s daughter began expressing her suppressed anger and desire to be independent
from Mrs. K who asked her to be obedient and dependent on her. This conflict reflects
culturally different concepts between Mrs. K’s interdependence and her daughter’s
independence.

Mrs. C’s lack of acculturation and her different concept of separation-
individuation caused conflicts with her son Paul. Mrs. C’s older son Paul internalized the
Western cultural values of individualism which emphasizes autonomy, emotional
independence and financial security. It was not strange for him to live with his ex-
girlfriend and try to be economically independent when he turned 18 years old (Hofstede,
1980). However, it was difficult for Mrs. C to understand and accept that her son Paul
lived with his ex-girlfriend in the same apartment. Furthermore, he asked her to change
the main account holder to his name and this hurt Mrs. C who grew up in a Confucian-
based collectivist value system which emphasizes family ties, relatedness or
connectedness, and works against the achievement of independence and autonomy from the family. His behavior made her feel ashamed for her family. Regarding her younger son Mark, who did not accomplish the developmental stage of separation-individuation, she responded negatively to his academic failure. Her anger and complaints toward him kept him from separating from her and made him cling to her. The following dialogue addresses how his separation anxiety is interrelated to his academic achievement: “(tears in her eyes) I am so hurt because of my son Mark. If he doesn’t take this summer class, he will drop out of high school … I’m so helpless and I don’t know how I can help him” (See C13, session 1).

Mrs. C would often urge him to study instead of playing computer games and would wait up for him until he came back from dance clubs. Her protective behavior toward him kindled an intimate relationship and they clung to each other emotionally. Mark wanted to be free from her scolding but her scolding behavior could not be separated from his mother’s sheltering concern and he, in actuality, felt afraid of separating from her. Mark could leave home to attend a prestigious college if he finished high school successfully but his academic success makes her feel threatened because she unconsciously did not want him to go far away from her. Their unconscious assumptions may have led them to stay in their conflictual relationship so that they would not have to feel separation anxiety.

The participants and their children internalized different concepts of separation-individuation in two different cultural value systems. The participants’ high expectations of their children’s academic achievement stemmed from the personal sacrifices the
participants made for their children and acted as compensation for the fact that they could not enter the mainstream of American society. That is, they felt like they were successful when their children accomplished their schooling successfully. The gap of acculturation and different cultural definitions of independence and interdependence between the participants and their children have caused conflicts in their relationships. Furthermore the lack of the participants’ separation-individuation in their developmental stage kept their children from developing their self-esteem and doing well in school. The participants’ own unresolved issues might influence the gap between their acculturation with their children and adjustment to different concepts of separation-individuation.

Therefore the second sub-question of how acculturation and separation-individuation of Korean immigrant women influence conflicts with their children was supported by the evidence of the qualitative findings of thematic analysis of acculturation and separation-individuation.

**Reconceptualization of Intervention Strategy**

The third sub-question was to find how a therapist conceptualized the terms of self-esteem, sexuality, shame, guilt, *chemyŏn, han, hwa-byŏng* and *hanpuri* in relation to Korean immigrant women. Korean Confucian society stressed women’s subordinate roles in the family and prevented Korean women from developing their self-esteem. Koreans’ use of “we” as oneness stems from the self remaining undifferentiated from others. The boundary between “I” as an individual, and family as a community, fades away since family is an essential part of the person (Chung, 1980, pp. 20-23). In Korean interpersonal relations, where the expression of “we” is more important than “I,” Mrs. K
suppressed her own desires and emotions and tried to meet her family’s needs. Mrs. K’s husband strongly disagreed with her cosigning on the contract for the cleaners at the same time she was becoming empowered enough to express her feelings through therapy. He did not want her to develop her independent self of “I” because he was used to the concept of the interdependent self of “we.” Mrs. K experienced conflicts with her husband during the process of trying to differentiate herself from her husband.

The following narrative presented by Mr. C stressed the subordinate relationship between his wife Mrs. C and the family: “(speaking loudly) You need to change your personality. You are wrong. They (their sons, Paul and Mark) are O.K. and you have problems. Why don’t you leave them alone? Why do you control them so much? Why aren’t you close to them? Give them a hug and smile. You are angry with them and scold them every day when you come back home. You make me angry! You have to change your behavior if you want to receive love from them” (See C20, session 5). Mr. C expected Mrs. C to be a sacrificial mother and submissive wife as reflected in hyŏn mo yang chŏ (賢母良妻) (Yao, 2000, p. 183) and to keep the rule of the three-fold obedience (sam chong chi do 三從之道) – especially maintaining obedience to him and their sons (Kim, 1976, p. 44).

Mrs. C’s undifferentiated self between her and her family members caused conflicts in her family. Mark’s missing of the final exam was his responsibility not for her or her husband. However, she was angry at her husband and felt depressed as if she did not take the exam. That reflected the undifferentiated self of Mrs. C and her husband,
and the self of Mrs. C and her son Mark (Chung, 1980). It demonstrates the unclear boundary between Mrs. C and her son when Mrs. C claims that her marriage depended on Mark’s attitude toward her (See C17, session 6). This reflected the importance of her family over Mark as an individual. Subordinate roles for the participants and their undifferentiated self within a Korean Confucian context influenced the participants’ low self-esteem. The concept of self-esteem in Western culture stresses that the individual is to pursue differentiation of the self from others. However, in Eastern culture, which emphasizes family and community, an important issue may be how to develop the self of each family member using the concept of “we” through harmony and not differentiation.

Female sexuality in Korea was modeled after neo-Confucianism that claimed that a woman should be a virgin until she marries and thereafter should only have sexual relations with her husband (Kim, 1989, p. 94). Divorce was considered a personal failure and shameful for herself, her parents and her family because of the idea that a divorced woman’s sexuality and body were not pure (Lee, 2003, pp. 152-154).

Mrs. K maintained the idea that a woman should be a virgin but the failure of keeping her own chastity made her feel guilty and obligated to endure her husband’s suspicion and hostility. She did not want to have sex with her husband who was suspicious and made her feel irritated because of her premarital sex. Her suppressed sexual feelings prevented her from accepting that her son’s sexual impulses and her daughter’s sleeping outside of their home were not unusual. She was very uncomfortable when her son spoke openly of sexual thoughts or behavior and she urged him angrily to control his sexual impulses. Mrs. K was worried that her daughter would lose her
virginity and be hurt like she was. She firmly kept her daughter from going to parties and sleeping outside of their home; however, her daughter did not want to suppress her sexual desires like Mrs. K did.

Mrs. K and Mrs. C felt anxious about getting divorced. Mrs. K said that she wanted to get a divorce from her husband but she could not consider divorce after she found that her tax bill was high. Her economic dependence made her feel anxious about getting divorced and she felt more afraid of being alone and stigmatized by her family and community. Mrs. C did not want to have sex with her husband because of his smoking but Mr. C smoked because he was stressed with her refusal to have sex with him. This reparative and conflictual relationship made Mrs. C more passive about sex and Mr. C more aggressive about sex. Mrs. C demonstrated her passivity through silence when her husband told her angrily that he wanted to divorce. She was afraid of getting divorced because divorce might destroy her image as an ideal mother and make her feel ashamed. Mr. C’s allegation that he wanted to get a divorce from her was a thinly veiled threat implying that she should be more submissive to him.

Korean American women’s sense of shame is related to the conflict between the traditional submissive values they internalized from Korean society and the egalitarian values they encounter in the Western system (Son, 2006). Kohut (1978) mentioned that shame is one of the by-products from the arrested development of the self and is a prevalent affect with respect to the undeveloped self. Mrs. K whose self was arrested in the Confucian society did not travel out of her town because her husband strongly disagreed with that idea. Her high level of expenses in a tax report left her financially
dependent on her husband. She developed shame about herself because she had to do what her husband told her to do and had to stay with him due to her economic dependence on him.

The domestic violence ensued because Mr. K was threatened by Mrs. K’s self expression and wanted to maintain a patriarchal relationship. Similarly, Mr. C, who felt insecure about his wife’s changes wanted to maintain homeostasis in his family by ignoring her improvement in the relationship with her sons. Augsburger (1986) described that the collectivism of Korean society, which stresses close relatedness and harmony within the family and among community members, tends to form a shame-based orientation compared to guilt-based Western culture (p. 118). The criticism of participants’ husbands toward the participants was caused by a threat of broken harmony within their family.

The findings represent interaction between guilt-based Western values and shame-based Eastern values. Mrs. K internalized Confucian philosophy about being a virgin until marriage and when her husband discovered that she had premarital sex, she developed feelings of guilt as if she had an affair like her father. Freud (1923) described that “bad object” guilt occurs whenever the child must feel bad or self-blaming in order to maintain a needed relationship (p. 29). Fairbairn (1943) also discussed the use of guilt to mask the painful feelings that one’s love is not good enough. Mrs. K did not regard herself as a good wife because she was attached to a bad object that condemns her morality and confirms her inferiority. Mrs. C tended to overlap ego boundaries between herself as a parent and her children. She felt like her sons were her whole life. When her
sons did not meet her expectations, she was very disappointed and felt guilty because she felt like a bad object that did not raise them well. According to Summers (1996), existential guilt originates not from an object relationship maintained by “badness” but from a tie to a caretaker who requires compliance. Mrs. K who had to comfort and accept her mother’s emotions regarding her father’s affair was tied to her mother. She developed guilty feelings by being attached to her husband who demanded obedience and she did not do what she really wanted. She felt her self being crushed if she did not obey him. Her self only felt complete when she was attached to him because disconnectedness with him gave her separation anxiety.

*Chemyŏn* – originating from Korean culture – can cause people to behave contrary to their own personality or values in order to save their social face because losing social face causes them to feel ashamed (Goffman, 1967). Mrs. C and her family were proud of her older son because he got good grades and many awards at school. However, when he did not go to a prestigious school, she was very frustrated and ashamed because he did not satisfy her expectations. Mrs. C was sensitive to others’ views toward her and her family. She kept silent when her sister was upset about Mark’s body piercing. She was concerned that other attendees and leaders of her son’s camp might criticize him about his body piercing. She also felt ashamed when her son Paul wanted to live with his girlfriend before marriage. She felt like her family and community condemned her because of her sons’ behavior since, in Korean Confucian society, children are seen to reflect their parents’ manners. As Goffman (1967) mentioned, Mrs. C’s expensive present for her son’s girlfriend and her wish for her son to attend a private
school represented the inconsistency between her inner minds, behavior and her broken sense of self.

Korean women have experienced *han*, an accumulated feeling of sorrow, pain, and deep bitterness that comes from the perception of being unjustly treated and abused for a long period of time. *Han* is unique to Korean women though there are other groups who suffer tremendously from cultural sanctioned oppression and injustice (Kim, 2007, pp. 724-726). Mrs. K indirectly experienced her mother’s hurt because of her father’s marital affair and observed that her mother had to endure the suffering because she could not express her feelings in Confucian society. She internalized her mother’s suppressed sorrow, pain or anger as she grew up. She also suffered from patriarchal and Confucian oppression just as women in Korean culture like her mother experienced. She could not express to her husband any feelings about his abusive behavior because her guilt from losing her virginity before marriage dominated her behavior toward him.

Mrs. C’s mother was raised and cared for by her stepmother. Both Mrs. C and her mother were not able to truly grieve their mothers’ deaths which caused Mrs. C to internalize her mother’s feelings of sadness, despair, and bitterness. While Mrs. C’s unfulfilled wishes that she wanted to be a good mother and Mrs. K’s suppressed value system that she had to be a virgin until marriage in Korean Confucian culture remained *han*.

*Hwa-byŏng* is a Korean culture-bound syndrome (Lee, 1977, pp. 63-69) attributed to the suppression of anger (American Psychiatric Association, 1994). Mrs. K’s mother did not express her anger to her husband about his affair because expressing her feelings
contradicts her husband’s role as the head of the family structure. Mrs. K’s mother suppressed her anger and complained about her depression, anger and bitterness, which Mrs. K internalized and projected in her conflicts with her husband. She also suppressed her anger toward her husband because she felt guilty about having premarital sex as she had internalized the pressure that Confucian philosophy places on a woman regarding chastity until marriage. Mrs. K’s husband was extremely suspicious about her premarital sex and repeatedly harassed her about it. Mrs. K suppressed her anger like her mother did and suffered from chronic anxiety and headaches as a result of her suppressed emotions.

Mrs. C developed major depression ever since her birth mother died and suppressed her anger about her father’s marital affair. Mrs. C was frustrated by: her father, who did not provide a good image as a father; her mother, whom Mrs. C cared for because of her sickness; her husband, who did not meet her needs; and her sons, who did not satisfy her expectations and made her feel like a bad mother. Mrs. C’s accumulated anger was expressed as a syndrome of depression.

*Hanpuri* is a way of releasing entangled emotions like anger, sadness, or sorrow and repressed sexuality through dancing, singing, or tears (Park, 1997). *Hanpuri* is a therapeutic process that helps clients disentangle their repressed emotions in therapy sessions. Mrs. K had repressed her sexual desire after losing her virginity and later developed a strong opinion about sexuality which she imposed upon her son and expected him to suppress his sexual impulses. Similarly, she expected her daughter to keep her virginity until marriage, but her daughter’s strong rejection made her feel disappointed and caused conflicts with her as well. During treatment, Mrs. K began to
understand the roots of her repressed emotions concerning sexuality and as she began to cast off cultural standards of sexuality, her son’s strong sexual impulses also lessened and she came to accept her daughter’s perspective. Mrs. K began to express her feelings toward her husband and did not need to feel distressed about his abusive behavior as a result of her newly gained self-confidence through an empowering treatment process.

Mrs. C’s inability to meet her own standard of a good mother brought on *hwabyŏng* of depression. During her time in therapy, she improved her relationship with her sons with whom she was disappointed because they did not meet her expectations. She was touched with her older son Paul’s caring for Mark, his devotion to religion, successful employment at a tutoring center, and admittance into a good school. Her younger son Mark’s Mother’s Day card made her cry because she never heard such encouraging words from him before. She was also touched by him serving food at the senior center for two years. Mrs. C felt freer to let her sons make decisions by themselves as her separation anxiety about her sons decreased. The request for Mrs. C to light the candle⁴ at her niece’s wedding provided an important message that she had, in fact, been a good motherly figure and let go of her poor self-image as a bad mother. The limited number of sessions with Mr. C prevented Mrs. C from disentangling her repressed emotions toward him even though the beginning sessions with her husband helped them both to share their feelings and develop an understanding about the cause of their

---

⁴ In the traditional Korean weddings, the mothers of the bride and groom light the two taper candles. This symbolizes the joining together of two families, and their love for the bride and the groom, into one united family that loves the new husband and wife. More often it is to symbolize the union of two individuals, become one in commitment.
conflicts. The unwillingness of participants’ husbands in treatment may have come from
their fear that the participants’ emotional changes could threaten their patriarchal
Confucian system.

**Implications**

This study examined the clinical issues in applying psychodynamic theories to the
two Korean immigrant women by inter-rater case analysis. The three major implications
are addressed in terms of social work practice and education, including modification of
Western theories, conceptualization of cultural norms, community education and mental
health policy, limitations of the study and future research.

**Social Work Practice and Implication**

**Modification of Western Theories**

Disciplines such as social work, psychology, psychiatry, and nursing are highly
developed in Western societies in terms of their empirical, methodological, and
theoretical contributions. Many cross-cultural and ethnic minority researchers present an
issue of the applicability and validity of theories developed in the West and imposed
upon non-Western societies or cultures. Some researchers and clinicians believe that
current psychotherapeutic practices based on Western modes of treatment may be
culturally inappropriate with ethnic minority groups (Aponte, Rivers, & Wohl, 1995, pp.
268-269). The findings of this study suggest that psychodynamic approaches such as self
psychology, object relations theory, and non-psychodynamic approaches such as Bowen
systems theory which are applied in a culturally sensitive practice are applicable to
Korean clients even though the two Korean subjects would not be representative of Asian
groups. Modifications of psychotherapeutic approaches from Western cultures with culturally responsive interventions will be a more effective way for treating Asian clients. Social work practitioners should be knowledgeable about psychodynamic and non-psychodynamic approaches such as Bowen systems theory, cognitive behavioral therapy and empowerment.

Social work practitioners should be culturally competent about the client’s culture and their status. The regulation of emotions is deemed more important to ego development in Asian cultures than the release of emotions advocated in Western culture. Asian clients would be less prone to catharsis. Social work practitioners should be aware that Asian values of interdependence within the family network contrast with a Western emphasis on independence. Asian clients are not familiar with expressing their voices or opinions to the family because that might disturb their family harmony and structure. Asian clients that adhere to the Confucian view of filial piety expect the therapeutic relationship to be hierarchical in contrast to the Western emphasis on assertiveness and equality. Social work practitioners who are oriented on psychodynamic psychotherapy expect the client to take responsibility, while the client expects the therapist to be an authority figure and give advice. The relationship is reframed to fit within the worldview and cultural values of the Asian client in order to develop an effective therapeutic alliance. Psychotherapy with Asian American clients often causes the dilemma of educating the client in the ways of Western psychotherapy versus shaping psychotherapeutic practice to the ethos of the client’s culture. Social work practitioners who perceive that psychotherapy is a standard practice will experience difficulty in
working with Asian American clients. Effective psychotherapy is possible when this standard practice is modified in consideration of culture (Chin, 1993, pp. 17-26).

Wu (1987) suggested that social work practitioners attempt to understand the implications of the client’s cultural perspective instead of assuming that clinical phenomena identified in standard theoretical frameworks are universal. Reframing psychotherapy from this anthropological perspective helps to advance the development of effective psychotherapy with Asian American clients.

Social work practitioners need to understand that Western psychotherapy practices stand in direct contrast with Asian cultural patterns. There is a strong tendency in Western models of therapy to distinguish between physical and mental health. For Asian Americans, physical and mental health are not viewed as separate phenomena. Self-disclosure and direct communication of feelings are emphasized in Western forms of therapy. In many Asian cultures feelings are expressed indirectly and emotional restraint is valued in discussions about oneself or one’s family. Most Western models of therapy emphasize independence and autonomy focused on individual development, while Asian culture stresses interdependence and maintenance of strong ties to one’s family. Thus, values in Western therapy models may be unfamiliar, confusing, or distasteful to Asian American clients. Social work practitioners must be clear about the expectations that clients bring into psychotherapy and the ways in which those expectations may differ from their own. Therefore, social work practitioners need to inform themselves fully about their Asian American clients’ expectations and to educate their clients about the
nature of psychotherapy and how it works to establish a therapeutic alliance and successful treatment (Sue, 1981).

Social work practitioners may want to integrate positive reframing and compliments in the therapy process because these methods avoid shaming clients while preserving their dignity and traditional filial roles in the family (Song, 1999). It may be advantageous to initiate therapy with the focus on the children’s educational planning and slowly move the family to consider additional issues for therapy (Shin et al., 2000)

When conducting psychotherapy with Korean Americans, social work practitioners need to consider acculturation differences. First generation Korean Americans may identify more strongly with the Korean culture and prefer a more directive treatment. On the other hand, second generation Korean Americans who are deeply connected with American culture may be more suited to a less directive treatment approach (Lee, 1997). However, a differential treatment approach and insight regarding the acculturation level and ethnic identity of Korean Americans should be considered.

**Conceptualization of Cultural Norms**

The findings of this study present culture-bound syndromes as an important term. A culture-bound syndrome is a term used to refer to recurrent patterns of aberrant behaviors and experiences that are locality specific and outside the domain of conventional psychiatric diagnosis as described by the DSM-IV (American Psychiatric Association, 1994). Culture-bound syndromes are bound to specific cultures because they are linked in a cultural context different from the cultural expectations of the Western clinician. Certain behaviors seen in culture-bound syndromes may occur in various
settings and may be experienced and interpreted differently in each culture. The common underlying theme is that the understanding of these behaviors is influenced by region-specific views of the individuals, their values, their sense of vital essence, the presence of a supernatural being or power, sickness, and health. Social work practitioners need to have a heightened awareness of culture-bound syndromes since many symptoms of these disorders are somatic in nature (Ng, 1999, pp. 249-250).

In particular, *hwa-byŏng* is a culture-bound syndrome that has been reported in Korean culture. Some DSM-IV diagnoses that have been associated with this disorder are major depression, dysthymia, anxiety disorder, phobic disorder, somatization disorder, obsessive-compulsive disorder, and panic disorder (American Psychiatric Association, 1994, p. 153). Clinicians need to be aware that issues that clients present such as depression, anxiety or somatization may be associated with a culture-bound syndrome. Clinicians need to develop greater insight into the relationship between culture and mental illness and understand how individuals interpret and cope according to their cultural determinants.

A patriarchal structure in Confucian philosophy is deeply embedded in Korean society. It has provided a rigid ethical standard for Korean women and created *han* in their life. *Han* is a unique syndrome to Korean women that manifests as accumulated feelings of sorrow, pain and deep bitterness from the perception of being unjustly treated and abused for a long period of time. Korean women, who have been oppressed in the social structure, feel powerlessness and like non-beings. The concept of power in patriarchal structure is considered as controlling others by exercising power over them.
The power to control others does not mean external conditions which may threaten a person’s survival but inner feelings of helplessness and powerlessness. Study participants Mrs. K and Mrs. C felt controlled in their relationships with their husbands and their husbands felt threatened by the participants’ change of attitude and sudden expression of their opinions.

People have reciprocal relationships, influencing each other in their life journeys. If one rejects another’s influence, one rejects life’s creativity and develops a biased perception of life. One will be scared instead of being enhanced (Loomer, 1976). The concept of power needs to be redefined in Confucian values, which emphasize harmoniousness, relatedness and connection. Stress from empowerment does not disturb the family system but smoothes relationships with family members. The dysfunction of psychosocial phenomenon that Korean women have experienced in Confucian society should be reexamined at the individual, family and community level. Social work practitioners need to help them change their biased perceptions about powerlessness and empowerment based on positive influences of Confucian philosophy in the treatment setting as well as community education.

Hanpuri is the process of disentangling tragedy that Korean American women use through laughing, singing, crying or praying and is also the process of liberation from the individual level to the collective. It emerges from the transformation of both the individual and collective levels as well as from value systems of autonomy and harmony. It is the collective unconscious yearning of Korean American women who have internalized the value of “we-ness” (Kim, 1991). Social work practitioners need to help
Korean American clients create their own ways of resolving their pain within an understanding of the collective cultural system. There could be some variations among Korean American women in their ways of disentangling their han due to their individual and personal differences. Social work practitioners need to recognize and understand these unique backgrounds and variables, including the historical, political, social, and cultural factors which Korean American women bring to the treatment setting.

**Community Education and Mental Health Policy**

Mental illness is associated with personal weakness and a great deal of shame in Asian culture. Asian Americans who experience emotional problems tend to feel that they have failed and have brought shame to their families and their community. Seeking help for problems outside the family brings shame to the family because Asians fear this will reflect poorly on their parenting skills and leave them stigmatized within the larger community. Therefore, social work practitioners need to be sensitive to the shame and stigma associated with mental illness and lesser manifestations of emotional distress in Asian communities (Liem, 1993). Chemyŏn is an important value in the interdependent Korean culture. The expression of the flaws or failures of the individual and the family would cause Korean immigrants to lose face in their community. Thus, like other Asian groups, Korean Americans are more likely to seek help from their family and friends, religious leaders, and church groups before seeking the help of mental health professionals (Ishii-Kuntz, 1997; Yeh & Wang, 2000).

The underutilization of mental health services is also attributed to client factors such as a lack of familiarity or misconceptions about traditional counseling, linguistic
barriers, a dearth of culturally sensitive therapists, and a lack of alternatives to traditional approaches (Yeh & Wang, 2000). Mrs. K and Mrs. C in the study did not voluntarily seek treatment. Mrs. K was referred by her son’s school and Mrs. C from the hospital. Asian Americans are reluctant to seek mental health services and they tend to consider therapy as a last resort only when they are faced with a crisis that they and their families are unable to handle anymore. In addition, a lack of culturally sensitive treatment centers providing bilingual services makes first generation family members and their second generation children feel more uncomfortable about seeking help.

Mental health education can help Asian Americans increase their knowledge of mental health services, understand the impact of multiple stressors on their psychosocial functioning, and learn adequate coping skills. In terms of coping strategies, Korean Americans are more likely to cope with problems by engaging in religious activities than their other Asian American counterparts (Yeh & Wang, 2000). Of Korean immigrants, 70% to 80% attend church regularly (Ng, 1995) because the Korean church provides a central location for social networking for new immigrants. Korean immigrants not only practice religion but also partake in Korean customs and traditions in the church and churches oftentimes provide Korean language programs that also emphasize traditional Korean values, such as filial piety (Min, 1991; Park et al., 1998). Thus, the Korean church maintains a strong sense of pride in Korean culture and ethnicity for Korean immigrants while also serving as a buffer for social, cultural and psychological problems. As a result, the Korean church plays an integral role in the lives of many Korean Americans and they often seek emotional and social support from their church leaders.
prior to seeking counseling (Bjorck et al., 2001 & Park et al., 1998). Social work practitioners should consider discussing religious attitudes and church involvement with their Korean American clients. Social work practitioners need to create prevention programs to reduce psychological, cultural, and social problems of Korean immigrants with the cooperation of Korean churches. One effective strategy is for social work practitioners to provide consultation and mental health education to church leaders.

At the community level, social work practitioners should be aware of their Asian clients’ cultural backgrounds, develop policies that address community needs and establish culturally sensitive professionals and treatment centers. In addition, social work practitioners should address public policies that create more resources and develop specific prevention programs for Asian Americans by funding more research studies. The collaboration with governmental and non-profit organizations is important to curtail the development of mental illness among Asian American women. Connections with these organizations help the population acquire more access to resources offered by the government, and increase social support with other non-profit organizations which provide supplemental programs for immigrants regarding adjustment, acculturation and psychological issues.

**Limitation of the Study**

The specific issues related to the study include the sample, methodology and data analysis. One significant limitation of the study regarding the sample is the uniqueness of the two Korean American female participants who have similar demographic backgrounds. Populations who have differences of acculturation level, demographic
backgrounds, or their own cultural issues in their family system would provide different findings for the study. The composition of the sample limits the generalization of the findings to other Asian American women who may have different cultural and ethnic experiences in spite of various similarities and sufficient commonalities to their cultural backgrounds. The two cases analyzed for the study may not be representative of all Asian American women due to the small sample size.

Another limitation of the study was that the study utilized secondary data. The bias induced from secondary data analysis may be addressed because the researcher provided therapy to the highlighted population before the study actually began. The coding questionnaires developed based on the literature review of the researcher and demographic composition of the sample may be organized for the purpose of the study. The bias of each theme and sub-theme within each domain may influence the findings of the study. The marital relationship in criteria of the coding questionnaires was not addressed in the study. The 22 sub-themes addressed all included elements of the woman’s relationship with her husband, but a deeper investigation into this theme could have added more insight to the findings and should be a topic of further research.

An additional limitation relates to the translation of Korean into English in the case notes. The significant nuances of the Korean language relevant to Korean culture may not be comprehensively addressed in English. It would provide a bias in data analysis and the results of the study. The study preferred two 1.5 or first generation Korean American male clinicians who are oriented toward psychodynamic theories as inter-raters of the study. The raters may provide different perspectives to data analysis
and reduce potential prejudgment and bias of the study. In the end, however, the researcher recruited two first generation Korean female clinicians who were familiar with less psychodynamic theories because there are few Korean American male clinicians in the community. The female raters may have been limited in maintaining an objective perspective in order to analyze the data.

**Implication for Future Research**

Future studies should include a larger sample size with Korean immigrant women from different acculturation levels, demographic backgrounds, and family values. This study examined how Western theories are applicable to Korean immigrants who have psychosocial and cultural differences. Asian Americans are a diverse group and differ in their origin, language, culture, socioeconomic status, educational attainment, and immigrant experience (Chiu & Ring, 1998; Ho, 1992). Furthermore, examination of the different Asian ethnic groups would allow future studies to make practical generalizations and expand applicability of Western theories to Eastern populations.

The researcher provided various clinical issues and effective strategies in treating first generation Korean immigrant women. The case study for Korean immigrant husbands is necessary in providing different clinical issues from experiences that Korean immigrant wives have faced in Confucian society. The study would allow social work practitioners to better understand conflict within the family, learn how to develop therapeutic relationships with these populations, and to create different types of interventions with these populations.
Korean American children are caught between two different cultures, each with its own expectations and roles. While trying to assimilate into U.S. culture, they are expected to maintain their Korean heritage (Park, 1999). In the process of attempting to balance the two different cultures, Korean American children may experience internal and external conflicts (Lee et al., 2001). Korean American children experience conflicts and lack of communication with their parents as they assimilate into a new culture and acquire English fluency faster than their parents (Gim Chung, 2001; Ishii-Kuntz, 1997; Kim et al., 1993). Korean American children’s mental health problems need to be understood within a cultural context as well as their family’s acculturation level. A qualitative study for different therapeutic approaches to Korean American children who have different acculturation levels would address and reduce these parent-child conflicts and develop effective treatment interventions in working with Korean American children.

Conclusion

The study has examined clinical issues in working with Korean immigrant women through in-depth case studies. The two cases that received psychological treatment from transcultural perspectives by the investigator were analyzed by the two inter-raters who have more than ten years of clinical experience and are bilingual in Korean and English. Little research has been conducted on how psychodynamic theories are applicable to Eastern populations even though the efficacy of psychodynamic approaches in the West has long been investigated. The study addressed cultural factors in applying psychodynamic theories of self psychology, object relations and non-psychodynamics based on the Bowen theory. The study provided modifications of Western theories on the
basis of Asian cultural values and strategies to effectively intervene with these populations concerning the cultural factors.

The study advocates for social work practitioners who work with Asian Americans to be sensitive of and knowledgeable about the cultural values of their clients. Acculturation differences between Korean first generation immigrants holding on to their dominant culture and their children growing in the American mainstream affect separation-individuation issues with their children. Korean women’s low self-esteem developed under Confucian influence and their shame-based orientation perpetuate patriarchal structures in the family and build chemyŏn to prevent from losing social face in their community. Han, hwa-byŏng and hanpuri are significant components in understanding Korean women’s cultural and psychological background. The study addressed han, accumulated feelings of sadness and pain that Korean women have endured over a long period of time in Confucian society, and a Korean culture-bound syndrome (Lee, 1977, pp. 63-69), hwa-byŏng through narratives of the two cases. The study presented how the participants developed a way of releasing entangled emotions like anger, sadness or sorrow (Park, 1997) through hanpuri – a therapeutic process.

In-depth case studies used by secondary data will help social work practitioners to understand the inter-subjectivity of transference and countertransference between therapist and clients. The comprehensive case analysis helps social work practitioners to understand psychodynamics in the treatment process and examine important clinical issues that quantitative methods have overlooked. Utilizing process records, participant
observation and therapist inter-subjectivity as triangulation for the data analysis ensured the strength of the study.

The study addressed community-based prevention interventions to assist Korean American women to better anticipate and meet the challenge of intergenerational and intercultural conflict with their children and accumulated psychological pain from their relationships with their husbands. The study made a significant contribution to the literature on therapeutic approaches to Asian immigrant families by demonstrating the effectiveness of psychodynamic theories based on Asian cultural values in enhancing parent-children relationship and resolving family conflict.
EPILOGUE

I had a chance to meet with Mrs. K and Mrs. C to attain approval of informed consent for the case study. I met with Mrs. K seven months after she had the last session and with Mrs. C fourteen months after final contact with her. Mrs. K was surprised that her husband drove her to therapy even though he did not want to come to therapy. She has developed insight and coping skills regarding conflicts in their relationship. She was not annoyed by her son’s behavior anymore, although she was stressed by unresolved problems with her daughter. The following dialogue addresses her current relationship with her family:

I’m doing very well because of your help. I appreciate it very much. My relationship with my husband is going well. I know how to develop our relationship. I learned from this therapy. Thanks (laughing). My son received a scholarship for $5,000 this semester. You know he also got $5,000 last year. He enjoys studying and he is interested in sports. At first, I came to therapy because of him, but now he doesn’t have any problems. He manages his life very well. I’m proud of him and I’m satisfied with him. However, my daughter has lots of problems. I never thought she had problems and I was not concerned about her. But I was very disappointed by her because she got a 2.6 grade-point average when she graduated. Also, she has to take more classes before applying to a nursing program this summer. I don’t know why she didn’t complete her classes before graduation. She has delayed required coursework for the nursing program. I didn’t want to take any more time talking about my daughter in our therapy sessions and stopped bringing her issues to therapy. I regret that! If I had had therapy for my daughter, she would have improved her
life very much. That might be my fault. I don’t know what I should do now.

Mrs. K was proud of son when he received a scholarship. She was touched by him who was eager in his studies and sports because she complained about his addiction to computer game and his lack of sports ability in sessions before. However Mrs. K regretted that she did not continue therapy on behalf of conflicts with her daughter. Mrs. K wanted to learn how to deal with her problems within a short time and she sought for advice to reduce conflict with her daughter and develop that relationship.

Mrs. C spoke about her relationship with her sons, but not about her husband. It was impressive for her to reform her relationships with her sons and stepmother as the following dialogue demonstrates:

Mrs. C: (laughing) My sons are doing well. My older son, Paul is working as a tutor and he doesn’t annoy me at all. I’m not concerned about him. My younger son, Mark has been serving food for old people in a senior center for two years. It is amazing that he hasn’t quit his job. I respect him very much! (tears in her eyes) You know how much disappointed I was by them. When I recall my relationship with them in the past, I feel like I’m frozen in the ice. Can you imagine? How fearful I was! I was in pain and I was afraid of the uncertainty of my future. Now, there is a big difference from those days. I’m recovering from that stressful period of my life and I feel better. I feel like I live in a different world.

SW: Different world?

Mrs. C: Yes, I got out of the ice. I couldn’t do anything in the ice because I couldn’t move … Now, I’m not irritated with my sons. I was very stressed with them but I’m not annoyed with them now. I was strongly attached to them and I didn’t leave them alone. It is interesting that I feel free in the present. Counseling worked well for me. Thanks for your help, Ms. Choi. I appreciate it very much! My
stepmother lives in a senior house in L.A. I’m very touched by her phone calls saying she prays for me every morning at church. I give her a small monthly allowance for pocket money. She appreciates it very much. I want to get in touch with her even though we are separated by a long distance.

Mrs. C felt like she was frozen in the ice. She felt lonely, helpless and hopeless because she could not do anything to get out of the ice. However, she was empowered through therapy sessions and was no longer afraid of living. She was impressed by her older son working as a tutor and her younger son serving food in a senior center. Mrs. C’s reformed good self-image changed her perspective on her stepmother and her stepmother’s phone calls and prayers for her made her feel closer to her.

I enjoyed a long journey with my clients, Mrs. K and Mrs. C, who were chasing a delusional perception of love. They helped make me a good therapist who fights darkness and seeks illumination as Dr. Yalom mentioned. The words of Dr. Yalom ring in my ears: “I do not like to work with patients who are in love. Perhaps it is because of envy – I, too, crave enchantment. Perhaps it is because love and psychotherapy are fundamentally incompatible. The good therapist fights darkness and seeks illumination, while romantic love is sustained by mystery and crumbles upon inspection. I hate to be love’s executioner” (Yalom, 1989).
APPENDIX A
INFORMED CONSENT
I _______________________________, authorize ______________________________

PRINTED NAME OF CLIENT          PRINTED NAME OF PRACTITIONER

a staff member under clinical supervision from a licensed mental health practitioner at
Korean American Community Services, to utilize information of my assessment or
treatment that she or he obtains for research or publications at Korean American
Community Services as well as a graduate program from which she or he is currently
enrolled. I understand that this information may be used for research or publications but
no identifying information will be released. All identifying information will be kept
confidential, abiding by Federal HIPAA standards.

I also understand that I may review this information upon request. This consent is valid
for research and publications unless I request to revoke my agreement.

I understand that refusal to consent will not interfere with my rights to receive treatment
and that I may revoke my consent at any time in writing.

나 ________________________________, 한인사회복지회에서 주공인 상담 자격증을

PRINTED NAME OF CLIENT

갖춘 상담가로부터 수퍼비전을 받고 있는 상담가 ________________________________ 가

PRINTED NAME OF PRACTITIONER

진단 및 치료과정과 관련된 정보를 한인사회복지회 뿐만 아니라 그 상담가의 현재
소속 학교에서 연구 혹은 출판을 위해 활용하도록 허락한다. 이 과정에서 나 개인의
어떠한 신상정보도 유출되지 않을 것이며 이 모든 정보는 정부 HIPAA 아래서
비밀이 철저히 보장될 것이다.

이 동의서는 내가 허락하는 한 연구 혹은 출판을 위해 유효하다. 이 동의서는
상담받을 수 있는 권한에 부정적인 영향을 미치지 않을 것이며 언제라도 문서로 이
동의안을 폐기할 수 있다.

______________________________________                __________________________
Client Signature                                    Date

______________________________________                __________________________
Witness                                                  Date
APPENDIX B

LETTER FROM COOPERATING INSTITUTION
Dear Sir or Madam:

This letter is being submitted in support of Kyung-Mee Choi’s research at Korean American Community Services (KACS).

I, Inchul Choi, approve Kyung-Mee Choi to conduct research of “Transcultural Psychotherapy: Clinical Issues in Working with Korean Immigrant Women” through two clients at KACS.

I understand the researcher’s purpose to examine clinical issues that are relevant in working with Korean immigrant women through analysis of two cases by employing the case study method. I also understand consent was obtained from the clients and data collection through progress and process notes recorded over the course of treatment.

I will cooperate with the researcher for the study. If you have any questions or need more information, please contact me at (773) 583-5501 ext. 101.

Thank you so much.

Sincerely yours,

Inchul Choi
Executive Director
APPENDIX C

RATER CODING SYSTEMS
Instruction for Coding System Units

The researcher has the raters read the therapy session transcript and explores themes and sub-themes in detail that the researcher distributed to them. The researcher described theme as 1, 2, 3,… and sub-theme as 1), 2), 3),… or a), b), c),…, and so on. The researcher used the symbol of ‘•’ to explain each theme or sub-theme addressed in therapy session transcript.

1. Korean Women’s Acculturation

Berry (1997) identified four acculturation strategies. These strategies carry different names, depending on which group (the dominant or non-dominant) is being considered. From the point of view of non-dominant groups, when individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures, the assimilation strategy is defined. In contrast, when individuals place value on holding on to their original culture, and at the same time with to avoid interaction with others, then the separation is defined; but when it is required of them by the dominant society, the situation is one of segregation. When there is an interest in both maintaining one’s original culture, while in daily interactions with other groups, integration is the option. Finally, when there is little possibility for interest in cultural maintenance (often for reasons of enforced cultural loss), and little interest in having relations with others (often for reasons of exclusion or discrimination) then marginalization is defined.

1) Family relationships
   • Cultural expectations impact family relationships (e.g., parents/children do not understand each other because of cultural differences)
   • Feels pressure to meet parents’ expectations
   • Korean parents differ from American parents because of cultural background (e.g., parenting, discipline, curfew, sibling relationship, friendship)

2) Adjustment difficulties
   • Linguistic adjustment usage
     - Linguistic shifts (e.g., children speak Korean with parents and speak English at school and church)
     - Language proficiency concerns
• First generation parents experience more difficulty adjusting to life in the U.S.
• Music/movie/food preference

3) External family relationships
• Peer relationships
  - Feels close and comfortable with Korean/Asian friends
  - Has close friendship with Korean church friends
• Participation in Korean/American occasions, holidays, traditions
• Fit with other Asian of the same ethnicity
• Fit with other Americans who are non-Asians

4) Coping
• Does not feel comfortable seeking help from a counselor
• Utilize social support networks
  - Religious support
  - Friendship
  - Family/kin members
• Resolve problems on own
• Engages him/herself with other activities

5) Identity
• Cultural difference within Korean groups impact identity
• Has pride in ethnicity
• Negotiates across cultures
  - Feels caught between American and Korean cultural groups
  - Shifts cultural self
  - Differences between self-perceptions and other’s perceptions
• Forms friendships regardless of race/ethnicity
• Religion outlooks affect self and relationships with others
• Belief in Korean/American values (e.g., marriage, families, friendship, education, work) (Yeh et al., 2005, p. 176; Suinn et al., 1987).

2. Korean Women’s Separation-Individuation
(e.g., client-mother, client-children, client-husband)

• Mahler points to a developmental movement from embeddedness within a symbiotic matrix of child-mother to the achievement of a stable individual identity within a world of predictable and realistically perceived others. She terms this process “separation-individuation” or “psychological birth” (Greenberg & Mitchell, 1983).
• Second Individuation Process - An adolescent successfully resolves developmental tasks by a “shedding of family dependencies,” achieving freedom from the internalized parental object that were formed during the latency period. These views imply that
attaining separation from parents and consolidating a sense of individuality help adolescents make the transition into early adulthood (Blos, 1979). Adolescent children often showed blunt rejection, which left their mothers feeling unwanted, unappreciated, and unloved (Genevie & Margolies, 1987).

• Asian Culture – The family structure is typically hierarchical and patriarchal (Ho, 1990; Lee, 1996a). Interdependence, non-verbal communication, harmony, finding their proper place within the family and the social structure, and the primary of family and community throughout the lifecycle (Marsella, 1993; Tu, 1985).

• Western Culture – Independence, autonomy, emotional expressiveness and an appreciation for conflict and verbal communication (Marsella, 1993; Tu, 1985).

3. Parent-Child Relationship

1) Academic Achievement – The utmost important of Korean parents’, especially mothers, unselfish devotion and sacrifice in the children’s academic success. Motherhood is the single most important role for many Korean women. The “Korean mother’s self is not abandoned, but extended to that of her children … not a case of self-denial, but of self-transformation, becoming one with their children … Korean mothers see their children as extensions of themselves.” This unwaveringly bond between the mother and the child persists throughout their lives (Park & Kim, 2006).

2) Mother-Son Relationship – The mother’s selfhood and identity are immersed in those of her son’s. Although it is highly praised and has much virtue in her voluntary abandoning of self and merging into the life of her son, the identity of the mother is forever changed and altered from the birth of her son. Some side effects of this seemingly unselfish and sacrificial devotion often turns into less than healthy attachment to or demands from the son. The mother, consciously or unconsciously, feels that she has the right to be compensated for her denial and losing her self. The son, on the other hand, feels guilty and obligated to return the sacrificial love and devotion which he has received from his mother (Kim, 2007).

3) Father-Son Relationship – Clinical literature contains many references to fathers’ reactions that are considered potentially harmful to the adolescent, i.e., fathers who are overly critical, jealous and interfering in the peer relationships of their children; fathers who become overly competitive and critical of their sons and react with hostility to a son’s growing maturity, virility and occupational success. The son’s attempts to accomplish his adolescent tasks reactivate the father’s own unresolved childhood conflicts (Anthony, 1969).

4) Mother-Daughter Relationship – Immigrant daughters contribute to the household by assisting in family businesses, completing household chores, and babysitting for younger siblings while doing their homework. This inverse parent-child relationship changes the
traditional family dynamic by enhancing the daughters’ generation and gender status, although the reversal of roles often occurs at the expense of the daughters’ childhood (Hune, 1997). Eng (1999) illustrates the daughters’ conflict as follows: Contrary to what many researchers may think, “fitting in” is not an exercise of self-hatred. Instead, it is a coping mechanism, a protective sap, that allows Asian American daughters to go on with their lives, to raise their families, to get their promotions and live life free of the annoying daily reminders that things may be more difficult than they care to admit. It’s always easier to wear the right clothes, drive the right care, talk the right way, and keep our conversations light than to ask ourselves why we feel we have to, or even want to. To figure out how to be Asian in America without resorting to the power of fitting in is hard work (p. 89).

5) Father-Daughter Relationship – Narcissistic middle-aged father has particular difficulties in facing the growing independence of his adolescent children. To empathize with this growing world of adolescence while feeling subtly and increasingly excluded from it requires maturity and empathy with others, which compensate for the natural sense of loss and mourning, overcoming or neutralizing the universal feelings of envy. He misses the sheer enjoyment of his children’s growth and independent development (Kernberg, 1987, p. 39).

6) No sense of spatial boundary – Parents and children share an ego by overlapping the zones of ego boundaries. There is not word for the identification of projection of a parent’s ego to children, since they supposedly share a common ego (Hahm, 1988).

4. Korean Women’s Self-Esteem in Confucianism

- Low opinion of women (Yao, 2000)
  - Hyŏn mo yang chŏ (賢母良妻; ideal womanhood; wise or sacrificial mother and submissive wife)
  - Nam chon yŏ pi (男尊女卑; social ethos; inherent superiority of men and inferiority of women)
- Five different relationships (father-son, ruler-subject, husband-wife, elder-younger, friends) (Kim, 1976)
- The rule of the three-fold obedience (三從之道; sam chong chi to) (Kim, 1976)
  - Obedience to the father in childhood
  - Obedience to the husband during marriage
  - Obedience to the son in old age
- Women’s filial piety was defined as “her obligation toward parents and parents-in-law, assistance to her husband and education of her children” (Yao, 2000).
5. Korean Women’s Sexuality

- Devotion to only one man (一夫從事; il bu chong sa) – A woman should be a virgin until she marries and thereafter should have sexual relationships only with her husband (Kim, 1989). Social pressure such as stigma and punitive sanction ensured against a woman who dishonored her sexual chastity. A single woman who lost her virginity before marriage was stigmatized as a “dirty” woman and socially ostracized, and she became unmarriageable (Chai, 1998).

- The impropriety, unacceptability, or undesirability of divorce was confirmed by the research participants. Divorce meant a voluntary dissolution of marriage. Such a voluntary dissolution of marriage meant personal failure in dealing with marital relations and problems. This personal failure brought social ostracism, stigma, and shame to the couple as well as to their parents and families (Lee, 2003).

6. Shame (conflict between ego and ego ideal)

Shame was viewed as an emotion evoked by public exposure of disapproval, while guilt was considered more of an internal affect evoked by one’s conscience (Tangney, 1990, 1995). Shame results from the self-perception that one has failed to uphold standards of worth in the eyes of others. Shame-based reactions include wanting or trying to hide, blushing, and averting one’s gaze (Stipek, 1995). Shame functions to maintain compliance with socially sanctioned behavior and increases awareness of behaviors that threaten self-esteem (Mascolo & Fischer, 1995).

1) Increased Independence – Korean American women are at more of a risk of being subject to shame due to their increased independence which conflicts with the traditional submissive role of women. Korean American women’s gain in economic roles puts them in conflict with traditional dominant-submissive relationship dynamic between men and women (Son, 2006). The traditional authoritarian values and the new value system embedded in the equalitarian orientation – collide within family (Yu, 1980).

2) Victim of Domestic Violence – The shame is caused by not only the degrading experience of being beaten but more so by their self-blame for such violence because Korean conventional culture has been lenient violence against women. Cultural expectation of women’s subordinate role gives birth to an arrested development of the self in women who, in turn, fall into trap of a perpetual rollercoaster between grandiosity and low self-esteem and live with the pervasive sense of shame as fact of life (Son, 2006).

3) Overlapping Ego Boundary – Even though Korean people do not express their feelings openly in general, there is no separateness between two persons when the relationship is close enough to be like kin (Kim, 1991). Shame is easily felt when one does not behave according to family or community expectations, since a broken
relationship raises doubts regarding integrity, not only in individuals but also in families and the community (Augsburger, 1986).

7. **Guilt** (conflict between ego and conscience)

- Guilt typically involves feelings of tension, remorse, and regret over an act of wrongdoing or transgression of a moral standard/rule. Guilt also tends to motivate the individual to repair the damage or harm done to someone or something as a result of one’s transgression. There is a desire to take personal responsibility for one’s actions and to restore the balance of moral order (Lindsay-Hartz et al., 1994; Tangney, 1995). In this sense, guilt enables a person to see the importance of moral and behavioral standards and also helps the individual learn about him or herself as an active agent (Barrett, 1995).
- Guilt results from the perception that one is responsible for behaviors that are considered wrong according to social norms. Guilt-based reactions include reparative behaviors, confession, apologies, and asking for forgiveness (Tangney, Burggraf, & Wagner, 1995; Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990).

8. **Chemyŏn** (體面; Face saving)

- In Confucian culture, face can be defined as an individual’s contingent self-esteem (Ng, 2001), or as a person’s cognitive response to social evaluation of his conduct in a particular situation (Goffman, 1959; Ting-Toomey, 1994). “Saving face” implies that one’s behavior has complied with others’ expectations in a specific situation (Choi, 2000; Choi & Kim, 1998, 2000; Choi & Lee, 2002).
- *Chemyŏn* deeply pervades the social contexts of interpersonal relationships in Confucian cultures. In Korea, people’s consciousness of their own and others’ *chemyŏn* can be so strong as to cause them to behave contrary to their personality or values. Korean *chemyŏn* can be interpreted as implying inconsistency between peoples’ inner minds and behavior, a lack of solid sense of self, or even guiltless dishonesty (Goffman, 1967).
- Losing social face induces or results in a sense of shame, and it is this sense that differentiates humans from nonhumans. When peoples’ behavior falls short of others’ expectations, they lose *chemyŏn* and feel ashamed (Choi & Kim, 1998, 2000)

9. **Han** (恨; Lamentation and unfulfilled wishes)

- The Korean people’s collective emotion which is embedded in community as well as the individual, and inherited through generations. This repressed, emotional sediment is accumulated through the repetitive process of experiencing multi-layered sufferings, due to existential and environmental conditions which inhibit the community or persons from realizing full potential, and deprive them of means to eliminate or correct the causes. *Han*
is also dynamic energy which can be directed, either constructively or destructively, to
others or to oneself (Kim, 1999).

• Korean North American women not only suffer from the patriarchal and Confucian
oppression of women from Korean culture, but also from the racial oppression from
North American culture as well. The make-up of han for Korean North American women
can be even more severe and acute when one considers the bicultural or “in-between two
cultures” aspect of Korean North American women. Korean North American women too
often get caught between the two cultures – Korean patriarchal system and North
American racism – and find themselves in situations where they are doubly victimized
(Kim, 2007).

10. **Hwa-byŏng** (火病; Anger syndrome)

• A culturally patterned way of expression for Koreans experiencing major depression
and related conditions (Lin, 1983).

• Diagnostically, depression, anxiety and somatization disorders are most frequently
observed as many Korean patients tend to have two or more diagnoses. The prognosis
seemed to be chronic and poor. The possible relationship between the psychopathology
of *hwa-byŏng* and *han* is thought to be a culture-bound syndrome (Min, 1989).

• A Korean folk syndrome literally translated into English as “anger syndrome”
attributed to the suppression of anger. The symptoms include insomnia, fatigue, panics,
fear of impending death, dysphoric affect, indigestion, anorexia, dyspnea, palpitations,
generalized aches and pains, and a feeling of a mass in the epigastrium (American
Psychiatric Association, 1994).

11. **Hanpuri** (Disentangling process of *han*)

• *Hanpuri* is a lively session with songs, dances, costume changes, tears, shouts, jokes
and laughter. This is essentially an entertainment session, bringing all the family troubles
and problems into the open (Suh, 1991).

• In *hanpuri*, the repressed bodies of Korean women under the Confucian society find
freedom to express their joys and sorrows in dance. Their repressed bodies and sexuality
come forth in dancing, singing, tears, wild shouts, public condemnation, embracement
and reconciliation. It is the repressed body of Korean women that has cried out for
freedom of expression in voice, dance, and in the public space (Park, 1997).

• Disentangling is seen as a way of releasing client’s “entangled emotions” as it takes
place in the socially and collectively fulfillment. Examples can be included: reflective
listening to music, writing and reading letters, and collective family dialogue which were
absent before in their home life. Through all these processes, clients can distance themselves from their own self, as well as, from their own tragedy (Kim & Choi, 1995).

12. Culturally Sensitive Practice

1) Attitude Toward Emotional/Psychological Symptoms

a) Mental Illness – Mental illness is considered stigmatizing by most Asian and Asian American cultures. Asian and Asian Americans often consider psychiatric illness to be a sign of weakness in the individual, degrading, jeopardizing the marriageability of the identified patient and their family members, and shaming for the entire family who failed to properly care for the distressed individual, who as a result requires outside assistance for psychological problems. Requiring professional help indicates the personal failure to meet cultural expectations of self-control and stress management, which intensifies the stigma. For many Asians, an individual’s psychological stress or illness is viewed as a family problem or even a community problem.

b) Somatic Terms – Asian Americans are believed to relate their emotional difficulties in somatic terms with complaints of physical maladies intermingled with, or masking, psychosocial problems. As an example, although there may be a clear indication that work-related stress or family conflict is the problem, clients may be more likely to present for therapy with concerns about their physical well-being (e.g., headache, stomachaches) (Lee, 1996b; Paniagua, 1998; Sue & Sue, 1999). Korean Americans are not likely to discuss emotional or psychological symptoms openly, because the direct expression of mental distress is often seen as a sign of weakness. It is more acceptable to express the physical pain or discomfort that is associated with the emotional distress, because this carries less stigma and shame (Kim, Bean, & Harper, 2004).

c) Help-Seeking Behavior – Asian Americans’ underutilization of mental health and counseling services. They tend to ask for advice or guidance from friends, relatives, pastors or priests.

2) Characteristics of Therapeutic Relationships

a) Therapist Inter-Subjectivity

- Therapeutic work is conceptualized as ‘a science of the inter-subjectivity, focused on the interplay between the differently organized subjective world of the observer and the observed’ (Atwood & Stolorow, 1984, p. 41).

- There exist two subjectivities, that of the therapist and the client. Accordingly, transference and countertransference are thought to ‘form an inter-subjectivity system of reciprocal mutual influence’ (Stolorow & Lachmann, 1987, p. 42).
• Cotransference treats the organizing activity of client and therapist as two faces of the same dynamic (Orange, 1995, p. 67).

b) Independence vs. Interdependence (issues that clients experience conflicts in the independence/interdependence process from their husband/children during therapy)

• The Western notion of the self is fairly independent, viewing the self as an autonomous person with unique qualities. In cultures with an independent self-view, people are motivated to express or assert the internal attributes of the self. However, many Asian cultures are found to have an interdependent view of the self, in which a person is not considered separate from the social context, but rather more connected and less differentiated from others (Markus & Kitayama, 1991).

• In Western culture, maintaining dependent relationships with others in adulthood tends to be regarded as immature or unhealthy. However, in other cultures, such as many Eastern cultures, maintaining certain dependent relationships among adults is considered desirable or, at least, acceptable (Tseng, 2004).

c) Dual-Self Structure

• Formal psychosocial dimension of hierarchy – Asian patients observe the social etiquette of formal hierarchical expectations (related to age and gender). Asian American patients will try to sense what the therapist expects of them while being polite and obedient. Indian immigrants, for instance, will often ask for a great deal of advice and guidance in handling their problems as they are used to this from family elders (Roland, 1988).

• Hierarchical intimacy relationships – There is an expectation for caring, empathy, and closeness in insider relationships where outer ego boundary are fluid, and much less in outsider relationships (Roland, 1988).

• Congruent with both the dimensions of the formal hierarchy and hierarchical intimacy relationships, Asians and Asian American patients have a dual-self structure. They all have a self that observes the social etiquette of formal hierarchical expectations, more rigorously observed in Japan and Korea and less so in South Asian countries; while all kinds of thoughts, feelings, and fantasies are kept in a private self, only revealed to those whom they sense are receptive to them (Roland, 1988).

d) Directive Counseling Styles

• Asian Americans appear to prefer a more directive and nurturing authority figure as a counselor and more “passive” role in the counseling process (Yuen & Tinsley, 1981).

• Asian Americans expect counselors to make decisions for them (Mau & Jepsen, 1988).
e) Higher Expectation of Treatment Results

- Higher expectation of concreteness and immediacy of treatment results than Caucasians (Flaskerud & Faan, 1991).

- Many Asian Americans expect therapy to be brief and their psychological symptoms to be reduced quickly by the therapist (Kinzie, 1989; Lin & Shen, 1991).

- For the therapist to comprehend the underlying problem and for clients to gain insight into their problems, extended discussions may have to take place. This can be a time-consuming process. Many foreign-born Asian Americans, unfamiliar with the conceptual underpinnings of Western psychotherapy, feel frustrated by the questions, balk at a therapy that apparently involves only talking (Nguyen, 1982).
APPENDIX D
RATER CODING QUESTIONNAIRES
Please rate how many times the themes are found in the dialogue:

1. **Korean Women’s Acculturation**
   
   _____  1) How many times did you find the sub-theme of *family relationships* in the dialogue?

   _____  2) How many times did you find the sub-theme of *adjustment difficulties* in the dialogue?

   _____  3) How many times did you find the sub-theme of *external family relationships* in the dialogue?

   _____  4) How many times did you find the sub-theme of *coping* in the dialogue?

   _____  5) How many times did you find the sub-theme of *identity* in the dialogue?

2. **Korean Women’s Separation-Individuation**
   
   _____  How many times did you find the theme of *separation-individuation* in the dialogue?

3. **Parent-Child Relationship**
   
   _____  1) How many times did you find the sub-theme of *academic achievement* in the dialogue?

   _____  2) How many times did you find the sub-theme of *mother-son relationship* in the dialogue?

   _____  3) How many times did you find the sub-theme of *father-son relationship* in the dialogue?

   _____  4) How many times did you find the sub-theme of *mother-daughter relationship* in the dialogue?

   _____  5) How many times did you find the sub-theme of *father-daughter relationship* in the dialogue?

   _____  6) How many times did you find the sub-theme of *no sense of spatial boundary between parents and children* in the dialogue?
4. **Korean Women’s Self-Esteem in Confucianism**

How many times did you find the theme of *self-esteem in Confucianism* in the dialogue?

5. **Korean Women’s Sexuality**

1) How many times did you find the theme of *sexuality* in the dialogue?

6. **Shame**

1) How many times did you find the sub-theme of *increased independence* in the dialogue?

2) How many times did you find the sub-theme of *victim of domestic violence* in the dialogue?

3) How many times did you find the sub-theme of *overlapping ego boundary* in the dialogue?

7. **Guilt**

How many times did you find the theme of *guilt* in the dialogue?

8. **Chemyŏn**

How many times did you find the theme of *chemyŏn* in the dialogue?

9. **Han**

How many times did you find the theme of *han* in the dialogue?

10. **Hwa-byŏng**

How many times did you find the theme of *hwa-byŏng* in the dialogue?

11. **Hanpuri**

How many times did you find the theme of *hanpuri* in the dialogue?
12. **Culturally Sensitive Practice**

1) **Attitude Toward Emotional/Psychological Symptoms**

   _____ a) How many times did you find the sub-theme of *mental illness* in the dialogue?

   _____ b) How many times did you find the sub-theme of *somatic terms* in the dialogue?

   _____ c) How many times did you find the sub-theme of *help-seeking behavior* in the dialogue?

2) **Characteristics of Therapeutic Relationships**

   _____ a) How many times did you find the sub-theme of *therapist inter-subjectivity* in the dialogue?

   _____ b) How many times did you find the sub-theme of *independence vs. interdependence* in the dialogue?

   _____ c) How many times did you find the sub-theme of *dual-self structure* in the dialogue?

   _____ d) How many times did you find the sub-theme of *directive counseling styles* in the dialogue?

   _____ e) How many times did you find the sub-theme of *higher expectation of treatment results* in the dialogue?
REFERENCES


VITA

Kyung-Mee Choi received a Bachelor of Arts in Social Work from Silla University in Pusan, Korea. After graduating from college, she worked as a social worker at the Sanglee Community Center for about three years, where she was able to apply the theories that she learned in school to a real-life setting for children, adolescents, single parents, the elderly, and the disabled. The community center was located in a poor neighborhood with a high concentration of juvenile delinquents and alcoholic patients with mental disorders. This experience made it possible for her to understand social welfare problems and to develop new treatment programs for them. During this period, she began to take great interest in the importance and the role of the family and she felt the necessity to study more about family therapy.

Eventually, she entered graduate school at Daegu University in Korea, majoring in social welfare, in order to begin an exhaustive study of family therapy in 1997. She began questioning why schizophrenic patients did not come to the hospital during the day to have proper medical care continuously, which she wrote about for her Master’s thesis. Her thesis is entitled “The Causative Influences of Drop-outs During the Treatment Process Among Schizophrenic Patients at the Day-Hospital.” She received her license as a professional family therapist under the supervision of the Korean Family Therapy Institute in 2000. Later on, she worked as a family therapist at the Korean Family
Therapy Institute from April of 2001 to April of 2003. She provided individual, family and group counseling and had an opportunity to grow in knowledge and improve her treatment technique.

Kyung-Mee moved to Chicago to study in the Master of Social Work Program at Loyola University Chicago in the fall of 2003. After completing her Master’s program in 2005, Kyung-Mee began her doctoral program in the School of Social Work at the same school. She worked as a clinical social worker and clinical supervisor at Korean American Community Services during her studies in Loyola’s doctoral program. She is currently directing the Wellness Department of Korean American Community Services and has been well-trained in providing both individual and family counseling to immigrant Asian families who experience intergenerational conflicts and cross-cultural adjustment difficulties. She is an active member of the Korean American Social Workers Association in Chicago and served as a student volunteer at the 54th Annual Program of The Council on Social Work Education held in Philadelphia in 2008. She presented a paper entitled “Transcultural Psychotherapy: Clinical Issues in Working with Korean Immigrant Women” at the 55th Annual Program of The Council Social Work Education held in San Antonio in 2009. She also presented a paper entitled “An Integrative Theoretical Approach to Korean American Immigrant Families” at the 15th Annual Conference of Global Awareness Society International in 2006.
The dissertation submitted by Kyung-Mee Choi has been read and approved by the following committee:

Daniel B. Lee, DSW, Director
Full Professor of Social Work
Loyola University Chicago

James A. Marley, Ph.D.
Associate Professor of Social Work
Loyola University Chicago

Fred R. McKenzie, Ph.D.
Associate Professor of Social Work
Aurora University

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

_________________________________________  ______________________________________
Date                                                                   Director’s Signature