

## The Characteristics of the Development of Psychotherapists in Korea - Focusing on the Experience of General Therapeutic Practice, In-Session Feelings and Variables Influencing the Development\*

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This study is a part of the “International Study of Development of Psychotherapists” (Orlinsky & Ronnestad, 2005). Using CCQKorea/04 of 166 Korean psychotherapists, this study explores the characteristics of therapists who report their perceived professional development as being in “growth” with therapists who are in either “mid-growth” or “deterioration” state. The main research questions are: 1) How different are the therapists in perceived “growth” group from therapists in “mid-growth” or “deterioration” groups in their “general therapeutic practice”?; 2) How different are the therapists in perceived “growth” from therapists in “mid-growth” or “deterioration” groups in their “in-session feelings?; 3) What are the variables influencing perceived “growth”? Based on the results, implications for education and training of the psychotherapists are discussed.

*Key words* : *psychotherapists' development, general therapeutic practice, in-session feelings*

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The research on psychotherapy has traditionally focused on the theory and practice of psychotherapy and there has been relatively less attention paid to psychotherapist themselves. This stems from a general perspective regarding psychotherapy as basically a set of methods, techniques or procedures that are efficacious and is supported by a scientific community that values rationality, objectivity and mechanisms conceived as an impersonal process (Orlinsky, 1989; Berger, Berger & Kellner, 1973). However, there is a significant amount of evidence supporting the view of psychotherapy as a professional relationship in which a crucial variable is the quality of personal relatedness between the patient and therapist as individuals. And this relationship is viewed as an important component in strengthening or limiting the influence of the therapeutic process itself. According to current research, the characteristics of psychotherapists and their development as practitioners are found to be one of key factors of psychotherapeutic outcome (Beutler, Crago, & Arizmendi, 1986; Franck & Frank, 1993; Havens, 1974; Luborsky et al., 1986; Orlinsky & Howard, 1975). According to this view, research on the characteristics and experiences of psychotherapists is an essential component of psychotherapy, a subject in which more research attention needs to be paid. Recently, the journal, *Clinical Psychology: Science and Practice* devoted a special section titled, "The Therapist as a Neglected Variable in Psychotherapy Research",

highlighting both the importance and under-attention received by the therapist as a key variable in psychotherapy.

Despite its infrequency, the study of psychotherapists' characteristics, training, and performance has been on going for more than 30 years (Orlinsky & Russell, 1994). Various research topics have been covered relating to the therapist variable including, the therapist effect in treatment (Beutler, Crago & Azrimendi, 1986; Beutler et al, 2004); reviews of research on therapists' training (Mararazzo, 1971; Matarazzo & Patterson, 1986); stress and burnout of therapists (Brady, Guy, Poelstra & Brokaw, 1999; Deutsch, 1984, 1985; Farber 1983; Farber & Heifetz, 1981; Guy, Poelstra & Stark, 1989; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2000; Norcross, Geller, & Kurzawa, 2001; Norcross, Prochaska, & DiClemente, 1986; Pines & Maslach, 1978); therapists' personal psychotherapy (Deutsch, 1985; Geller, Norcross, & Orlinsky, 2005; Pope & Tabachnick, 1994); therapists' ethical standards and conduct (Borys & Pope, 1989; Pope & Tabachnick, 1994); the selection of training, and supervision of student therapists (Bernard & Goodyear, 2004; Crits-Christoph et al., 1998; Ladany, Hill, Corbett, & Nutt, 1996; Ronnestad & Skovholt, 1993; Stoltenberg & Delworth, 1987); effects of training and professional experiences (Auerbach & Johnson, 1977; Berman & Norton, 1985; Hill, Charles, & reed, 1981); variations in therapists' theoretical orientations (Hill & O'Grady, 1985;

Norcross & Prochaska, 1988; Vasco & Dryden, 1997)

Recognizing the importance of the therapist variable in psychotherapy research, several members of Society for Psychotherapy Research (SPR) gathered to form a collaborative Research Network of International Study of Psychotherapists (CRN: ISDP) in 1989. This group designed a study of the development of psychotherapists over the entire course of their professional career, and included therapists of all professional backgrounds, theoretical orientations, and nations.

The personal experiences and self-perceptions therapists have about themselves in relation to their therapeutic work is a natural starting point for our exploration of the therapist's development. Reports by psychotherapists on their own professional work suggest that their experiences in general therapeutic practice and the feelings they experience while practicing therapy are very important in motivating their therapeutic work. Generally, most therapists report to enjoy working with their patients and derive a deep sense of personal satisfaction from doing therapy (Dryden & Spurling, 1989; Guy, 1987).

The feelings that therapists have as they work with patients during therapy sessions reflect the therapists' personal response to the changes of therapeutic work. In the CRN: ISDP, items reflecting this aspect of therapeutic work were based on the theoretical and empirical analyses of optimum experience and intrinsic motivation developed by Mihaly Csikszentmihalyi (1990,

1996). Csikszentmihalyi's initial model suggested three basic subjective states depending on the relative balance of challenge and skill an individual experiences in a particular situation. Feelings of anxiety are expected to the extent that a situational challenge exceeds the skills available at a person's command. On the other hand, feelings of boredom are expected to the extent that a situation fails to challenge a person's skills. The optimum state of involvement is expected when a situational challenge closely matches a person's skills and demands so that they be exercised fully, and at times stretched to new levels. The subjective state characteristic of this situation which is referred as "*flow*" is one of intense absorption, finely calibrated responsiveness and keenly felt satisfaction, generally accompanied by a withdrawal of awareness from extraneous situational cues and a diminution of reflective self-consciousness (Orlinsky & Ronnestad, 2005, p.45)". In the CRN:ISDP, three dimension and four scales for each dimension were constructed to measure each of the three affective states responsive to the balance between situational challenge and relevant skill. In the "Flow" dimension, the scale items are 'inspired', 'stimulated', 'engrossed' and 'challenged'. In the "Anxiety" dimension, 'pressured', 'overwhelmed', 'anxious', and 'trapped' are included. Finally, for the "Boredom" dimension, items used are 'absent', 'bored', 'inattentive', and 'drowsy'.

A major advantage of the CRN:ISDP is that

it allows a cross comparison study of therapist across several nations. In particular, regarding the experiences of Korean therapists vis-a-vis their Western counterparts, several noteworthy papers have been published based on the CRN: ISDP. According to Orlinsky, Ronnestad, et al. (1999), compared to Western therapists, Korean psychotherapists report to experience significantly low levels in “perceived career development”, “claimed therapeutic mastery”, “skill change”, “motivation to development”, “currently experienced growth”, “currently experienced flow”. However, Korean therapists see themselves as significantly high in levels of “currently experienced loss”. Also according to Orlinsky & Ronnestad (2005), Korean therapists, compared to Western therapists, report to experience being significantly low in “healing involvement”, which is an essential component for the development of psychotherapists. These results may indicate that compared to Western therapists, many Korean therapists are experiencing stagnation or stasis instead of development in their professions. The authors were motivated by the results of the two studies, (Orlinsky *et al.*, 1999; Orlinsky & Ronnestad, 2005), and decided to further explore the therapists' perceived career development in the context of Korean therapists. Since the scales used in the two studies were developed based on both the developmental theories and concepts as well as the factor analysis of the responses of the total sample data for which the majority were Western therapists, the authors intended to focus

just on the Korean therapists' unique experience of development in the areas of general practice and in-session feelings.

In sum, this study examines the characteristics of Korean therapists and their current perceived state of growth in their professions. Research concerning the development of psychotherapists in Korea are scarce, and the authors hope to provide some valuable information on therapists who report to make progress in their profession. In our explorations, we compare three groups of therapists, those in “growth”, “mid-growth” and “deterioration” states, based on groupings of self-reported responses to questions assessing their current state of professional development. The groups are compared with each other along the areas of “general therapeutic practice” and “in-session feeling”. Also, we seek to identify the common variables that influence the determination of these Korean therapists' self-reported state of development. Towards this end, the main research questions asked in this study are: 1) How are the therapists in the “growth” group different from those in the “mid-growth” and “deterioration” groups in their experience of “general therapeutic practice?”; 2) How are the therapists in the “growth” group different from therapists who are in “mid-growth” and in “deterioration” group in their “in-session feelings?”; 3) What are the key variables influencing the state of development?

The results will hopefully provide some insights on the key factors influencing the development of

Korean psychotherapists and serve as an opportunity for self-reflection and guidepost for their growth. Additionally, the results can provide valuable information of role in the training and supervision of Korean psychotherapists.

### Method

The data used for the study is based on the third wave of Korean sample of the CRN:ISDP. The CRN:ISDP is an on-going database that has been accumulated starting in 1989 by the Society for Psychotherapy Research (SPR), and has been continued for more than a decade (Bae, Joo, & Orlinsky, 2003; Joo, Bae, & Orlinsky, 2003; Orlinsky et al., 1999; Orlinsky & Ronnestad, 2005). The group known as SPR Collaborative Research Network (CRN) originally consisted of colleagues from Belgium, France, Germany, the Netherlands, Switzerland, the United Kingdom, and the United States, but subsequently expanded to include colleagues elsewhere in Europe, the Middle East, and Asia. In terms of Korea, the first wave of data collection was conducted in 1993 with the sample of 123 therapists (Joo, 1993, 1996) and the second wave of data collection was done in 1996. The total sample size of the first and second wave consisted of 538 Korean psychotherapists in a broad set of practice fields (Bae, Joo, & Orlinsky, 2003).

Based on this data of 538 Korean therapists,

several papers regarding the development of Korean psychotherapists have been published. These papers examined various topics related to Korean therapists focusing on their difficulties and coping strategies (Joo, 1998a); therapeutic relationships (Joo, 1998b, 1998c); professional and practice characteristics (Bae, Joo, & Orlinsky, 2003; Joo, Bae, & Orlinsky, 2003); motivation (Joo, 2004); strengths and limitations (Joo, 2005, Joo, Bae, & Orlinsky, 2005).

A third wave of data collection of the Korean sample was done from June through December 2004 based on the revised version of Common Core Questionnaire (CCQKorea/04). The CCQKorea /04 was revised to better accurately reflect the therapeutic situation in Korea, such as newly adding the “counseling Teacher (*Sang-dam Kyo-sa*)” group, those counselors practicing in school settings, in the professional groups of therapists. A total of 500 questionnaires were distributed, in person and by mail, based on the Korean Counseling and Psychotherapy Association (KCPA) and Korean Counseling Association (KCA) directory members. Of the 500 questionnaires sent out, 174 were returned, most of whom are used in this study.

### Research Instrument

The research instrument designed for use is the SPR Collaborative Research Network is the Development of Psychotherapists Common Core Questionnaire (DPCCQ) (Orlinsky et al., 1999;

Orlinsky & Ronnestad, 2005). The DPCCQ is a lengthy, self-administered survey consisting of 404 items covering various aspects of the therapist's professional and personal characteristics. The data from the structured responses are described in Bae, Joo, and Orlinsky (2003), Joo, Bae, and Orlinsky (2003), and Orlinsky and Ronnestad (2005). The items analyzed in this study are drawn from section seven of the DPCCQ, which focuses on the therapists' sense of their current professional development, the experiences that are having a positive or negative influence on their development, and their personal feelings during recent therapy sessions with patients (Orlinsky & Ronnestad, 2005, p.18).

The psychotherapists' experience in their "general therapeutic practice" were surveyed in the DPCCQ starting with the question, "in your recent psychotherapeutic work, how much...", followed by nine items on a 6-point Likert-type scale (0=*not at all*, 5=*very much*). The questions covered both positive and negative experiences in their practice by posing such questions as, "Do you feel you are becoming more skillful in practicing psychotherapy?", "Do you feel you are losing your capability to respond empathically?", and so on. The feelings that therapists experience during the process of working with patients were surveyed by asking, "Recently in sessions with patients, how often have you found yourself feeling...", followed by a set of fifteen 4-point Likert-type scales (0=*not at all*, 3=*very often*) representing dimensions of "Flow", "Boredom",

and "Anxiety" as defined in Csikszentmihalyi's (1990).

Other variables used in this study were age, gender, profession, years of practice, years of education in counseling theory and skills, years of experience in supervision, degree of each of the six guided theoretical orientations (Psychoanalytic, Behavioral, Cognitive, Humanistic, Systems Theory, Eclectic or Integrative approach), and number of counseling sessions per week. Psychotherapists' theoretical orientation was surveyed in the DPCCQ with questions starting, "How much is your current therapeutic practice guided by each of the following theoretical framework?", followed by six items (Psychoanalytic, Behavioral, Cognitive, Humanistic, Systems Theory, Eclectic or Integrative approach) on a 6-point Likert-type scale (0=*not at all*, 5=*very greatly*). Therapists' number of counseling session was surveyed by asking, "Currently, how many clients have psychotherapy session with you...", followed by four items (less than once weekly, once weekly, 2-3 times per week, and 4-5 times per week).

## Participants

From the third wave of the Korean sample of the CRN:ISDP, only 166 subjects were used in the study, due to some missing responses among the 174 returned questionnaires. Professionally, all of the 166 subjects in the analyses are psychotherapists practicing in the field of

counseling. In order to distribute the 166 therapists into the three categories of “growth”, “mid-growth”, “deterioration”, based on their professional development state, several questions were included in the CCQKorea/04 that asked, “In your recent psychotherapeutic work, how much ...” followed by the questions, “do you feel you are changing as a therapist?”; “does this change feel like progress or improvement?”; and “does this change feel like decline or impairment?” A 6-point Likert-type scale ( $0=not\ at\ all$ ,  $5=very\ much$ ) was used to measure the responses. Among those who responded to changing as a therapist, the second question, of making progress, is regarded as plus (+) score and the third question, of decline, was considered as minus (-) score and each participant's reponses final score was calculated by summing the values of the various positive and negative responses to

the relevant questions. For example, for a therapist who responded 3 in the first question and 2 in the second question, his/her final score would be 1 ( $3+(-2)=1$ ).

Table 1 shows the distribution of the responses of these questions, where the scores ranges from -1 to 5. Based on the distribution of responses, a therapist with final scores of 4 and 5 were defined as being the “growth” group ( $M=48$ , 27.6%), those with scores of 2 and 3 were considered to be the “mid-growth” group ( $M=77$ , 44.3%) and those with scores between -1 and 1 were determined to be the “deterioration” group ( $M=41$ , 23.6%).

Table 2 shows the distribution of professional and personal characteristics of the sample therapists. As can be seen from the table, though the research was designed to collect a random and representative sample of therapists within Korea, due to the different response rates to the questionnaires the sample in the study is over represented by those that are on average less experiences, are young females and are in the counselor or counseling teacher professions. Therefore, results of the study should be understood within these sample characteristics.

Table 1. Responses of Questions Regarding Development

Final scores of (Progress+(-Decline))	Frequency	Percentage
5	10	5.7
4	38	21.8
3	48	27.6
2	29	16.7
1	16	9.2
0	20	11.5
-1	5	2.9
Total (used)	166	95.4
missing	8	4.6
Total (collected)	174	100

## Data Analysis

For the statistical analysis, SPSS 11.0 was used. The nine 6-point item-scales surveyed “general therapeutic practice” were factor analyzed to determine empirically and

Table 2. Sample Characteristics by Groups

Category	Characteristics	Frequency (%)		
		Growth	Mid-growth	Deterioration
Gender missing 0(0%)	Female	41(24.7%)	68(41.0%)	35(21.1%)
	Male	7(4.2)	8(4.8)	7(4.2)
Age missing 8 (4.8%)	21~25 yrs.	2(1.2%)	7(4.2)	3(1.8)
	26~30	10(6.0)	26(15.7)	9(5.4)
	31~35	8(4.8)	14(8.4)	12(7.2)
	36~40	9(5.4)	11(6.6)	2(1.2)
	41~45	8(4.8)	7(4.2)	1(0.6)
	46~50	5(3.0)	5(3.0)	2(1.2)
	51~55	2(1.2)	2(1.2)	6(3.6)
Profession missing 7(4.2%)	Counselor	12(7.2)	17(10.2)	5(3.0)
	Counseling teacher	17(10.2)	35(21.1)	20(12.4)
	Social Worker	1(0.6)	3(1.8)	5(3.0)
	Psychologist	3(1.8)	3(1.8)	0(0)
	Psychotherapist	0(0)	1(0.6)	1(0.6)
	Pastor	3(1.8)	1(0.6)	1(0.6)
	Other	10(6.0)	14(8.4)	7(4.2)
Years of Practice missing 6 (3.6%)	0~5 yrs.	29(17.5)	50(30.1)	28(16.9)
	6~10	8(4.8)	15(9.0)	9(5.4)
	11~15	5(3.0)	4(2.4)	1(0.6)
	16~20	1(0.6)	3(1.8)	1(0.6)
	21~25	3(1.8)	1(0.6)	1(0.6)
	25~30	0(0)	1(0.6)	0(0)
Education in Counseling Theory and Skills missing 1 (0.6%)	0~5 yrs.	41(24.7)	71(42.8)	39(23.5)
	6~10	7(4.2)	6(3.6)	0(0)
	11~15	0(0)	0(0)	1(0.6)
Experience in Supervision missing 21(12.7%)	0~5 yrs.	36(21.7)	67(40.4)	36(21.7)
	6~10	0(0)	3(1.8)	0(0)
	11~15	1(0.6)	1(0.6)	1(0.6)
Current Practice Sessions (per week) missing 1 (0.6%)	1<	8(4.8)	16(9.6)	6(3.6)
	1	16(9.6)	21(12.7)	15(9.0)
	2-3	10(6.2)	20(12.0)	11(6.6)
	4-5	14(8.4)	17(10.2)	5(3.0)
Guided Theoretical Orientation Scale [0=Not at all..5=Very Greatly]	Analytic/Psychodynamic	Mean (SD) 2.95(1.21)	Mean (SD) 2.58(1.07)	Mean (SD) 2.75(1.03)
	Behavioral	2.88(1.26)	3.03(1.02)	2.65(1.16)
	Cognitive	3.11(1.18)	3.11(1.09)	3.00(1.08)
	Humanistic	3.78(1.13)	3.44(1.24)	3.07(1.08)
	Systems Theory	1.52(1.20)	2.05(1.29)	2.16(1.31)
	Eclectic/Integrative	3.30(1.12)	2.98(0.98)	2.72(1.01)



conceptually coherent dimensions. Cronbach's alpha was computed to assess the internal consistency of these scales. The same procedure was repeated for fifteen 4-point item-scales surveying "in-session feelings". Then the analyses-of-variance was used to compare therapists in the three different groups. Finally, multiple-stepwise regression analyses was used to determine the variables influencing the therapists in the "growth" group. The variables which entered into the regression were gender, as a discrete variable, age, years of practice, years of education in counseling theory and skills, years of experience in supervision, degree of each of the six guided theoretical orientations (Psychoanalytic, Behavioral, Cognitive, Humanistic, Systems Theory, Eclectic or Integrative approach) and number of counseling sessions per week, as continuous variables.

## Results

The results of this study are describe in the order of the research questions posed, as previously explained, and examine how the therapists in three groups differ in their general therapeutic practices and in-session feelings, as well as looking at what are the key variables that influence the self-perceived development of these therapists.

Research Question 1. How are the therapists

in the "growth" group different from therapists who are in the "mid-growth" and in the "deterioration" group in aspects of their general therapeutic practice?

Table 3 shows the contents and factor loadings of the therapists' experience in the area of "general therapeutic practice". Items of factor loading over .55 were selected and two factors emerged. The first factor consisted of six items with the Cronbach alpha of 0.87. The leading items were, "Do you feel you are becoming more skillful in practicing psychotherapy?" and "Do you feel you are deepening your understanding of psychotherapy?" The factor for these items was termed, "positive experience in general therapeutic practice". The results seem to indicate that being skillful and having a deep understanding of psychotherapy, among a myriad of reasons, are two of the key factors that influence whether therapists have a positive experience in their practice. The second factor consisted of three items with the Cronbach alpha of 0.77. The leading items for this factor were, "Do you feel you are becoming disillusioned about psychotherapy?" and "Do you feel you are losing your capability to respond empathically?" The second factor grouping these items was termed, "negative experience in general therapeutic practice". The items of this factor are typically related to experiences of burn-out and is significant in that they are crucial factors that can negatively influence the therapeutic

Table 3. Factor Analysis of Experiences in General Therapeutic Work

Name of the Factor	Items	Factor Loading
I. Positive Experience	* Do you feel you are becoming more skillful in practicing psychotherapy?	.86
	* Do you feel you are deepening your understanding of psychotherapy?	.79
	* Do you feel you are overcoming past limitation as a psychotherapist?	.76
	* Do you feel a growing sense of enthusiasm about doing psychotherapy?	.76
	* How capable do you feel to guide the development of other therapists?	.65
	* How important to you is your future development as a psychotherapist?	.62
II. Negative Experience	* Do you feel you are becoming disillusioned about psychotherapy?	.84
	* Do you feel you are losing your capability to respond empathically?	.78
	* Do you feel your performance is becoming mainly routine?	.55

Table 4. Group Differences in General Therapeutic Practice

Factor	Groups	Mean	SD	F
I. Positive Experience	Growth	3.18	.66	8.22****
	Mid-growth	2.88	.70	
	Deterioration	2.52	.91	
II. Negative Experience	Growth	1.56	.80	8.75****
	Mid-growth	1.78	.89	
	Deterioration	2.31	.89	

\*  $p < .05$  \*\*  $p < .01$  \*\*\* $p < .001$  \*\*\*\* $p < .0001$

relationship.

Table 4 compares the three development stage groups in terms of experience in the area of “general therapeutic practice”. The results show that the therapists who are in the “growth” group report to experience significantly high in positive experience ( $M=3.18$ ,  $SD=.66$ ) and, conversely, significantly low in negative experience ( $M=1.56$ ,  $SD=.80$ ), compared to the “mid-growth” and “deterioration” groups. By contrast,

therapists in the “deterioration” group reported to experience significantly low in positive experience ( $M=2.52$ ,  $SD=.91$ ) and significantly high in negative experience ( $M=2.31$ ,  $SD=.89$ ) relative to the other two groups.

Therapists in the “growth” group reported to experiencing high in the items, “How important to you is your future development as a psychotherapist?”, “Do you feel a growing sense of enthusiasm about practicing psychotherapy?”,

“Do you feel you are becoming more skillful in practicing psychotherapy?”, and “Do you feel you are overcoming past limitation as a psychotherapist?”. It seems that self-perceived developed therapists regard the developmental process to be important, enjoy practicing therapy, have built up their therapeutic skills over their careers and have been better at overcoming past limitations relative to those therapists who are “mid-growth” or “deterioration”. On the other hand, therapists in the “deterioration” group reported to experience high in, “Do you feel you are becoming disillusioned about psychotherapy?” and “Do you feel you are losing your capability to respond empathically?” It seems that therapists who experienced decline and impairment in their work feel that as they practice they become more disillusioned about psychotherapy and are not able to empathically respond to clients.

Research Question 2. How are the therapists in growth group different from therapists who are in mid-growth and in deterioration group in their in-session feelings?

In terms of therapists' experiences in the area of “in-session feelings”, the results closely match those of Csikszentmihalyi's model of the three basic subjective states, depending on the relative balance of challenge and skill an individual experience in a particular situation. For this research question, items with factor loadings of more than .52 were selected. The first factor,

“Flow”, has a Cronbach alpha of 0.89 and consists of items such as ‘engrossed’, ‘focused’, ‘stimulated’, ‘creative’, ‘inspired’ and ‘calm’. These adjectives are related to the optimum state of involvement when a situational challenge closely matches a therapist's skills. The second factor is “Anxiety” and the relevant items are ‘tense’, ‘pressured’, ‘anxious’, ‘inattentive’ and ‘unsure’. The Cronbach alpha for this factor is 0.85. This factor matches closely with Csikszentmihalyi's explanation of the anxiety state where feelings of anxiety are expected to the extent that a situational challenge exceeds the skills at a person's command. Finally, the third factor, “Boredom” consisted of the items ‘bored’, ‘drowsy’ and ‘distracted’, which is similar to the

Table 5. Factor Analysis of Items in In-Session Feelings

Name of the Factor	Items	Factor Loading
I. Flow	Engrossed	.73
	Focused	.71
	Stimulated	.70
	Creative	.70
	Inspired	.67
	Calm	.62
II. Anxious	Tense	.79
	Pressured	.71
	Anxious	.53
	Inattentive	.52
III. Bored	Unsure	.52
	Bored	.80
	Drowsy	.77
	Distracted	.61

boredom experience, where feelings of boredom are expected to the extent that a situation fails to challenge person's skills. The Cronbach alpha for this factor was 0.76. (see Table 5).

Table 6 shows the three groups' experiences in factors of "in-session feelings". The results indicate that there were no group differences in the "Boredom" factor, however significant group differences are found in the "Flow" and "Anxiety" factors. Compared to the other two, the "growth" group reported to experience significantly high in the factors "Flow" and low in "Anxiety". On the other hand, therapists in the "deterioration" group report that they experience high levels in "Anxiety" and low in "Flow" compared to the other two groups. Thus, therapists who are regarded to be in "growth" state tend to report that they feel engrossed, focused, stimulated, creative, inspired and calm when they are in session with patients. On the

other hand, therapists who are in "deterioration" state tend to report that they feel tense, pressured, anxious, inattentive and unsure when they are in sessions with their patients.

Research Question 3. "What are the variables influencing the development?"

Table 7 shows that two variables predicted 46.2% of the variance in therapists who report that they have changed and the change is progress or improvement ( $R^2 = .50$ ). The two variables are "Humanistic theory" and "Eclectic or integrative theory". Therapists who currently practice guided by "Humanistic theory" or regard their orientation to be "Eclectic or Integrative" report that they regard themselves as in growth/development. Surprisingly, other variables such as age, gender, profession, years of practice, education in counseling theory and skills,

Table 6. Group Differences in In-Session Feelings

Factor	Groups	Mean	SD	F
I. Flow	Growth	1.97	.49	3.57*
	Mid-growth	1.75	.54	
	Deterioration	1.68	.58	
II. Anxious	Growth	0.81	.51	7.09***
	Mid-growth	1.00	.53	
	Deterioration	1.24	.55	
III. Bored	Growth	0.83	.63	1.64
	Mid-growth	0.92	.57	
	Deterioration	1.07	.63	

\*  $p < .05$  \*\*  $p < .01$  \*\*\* $p < .001$  \*\*\*\* $p < .0001$

Table 7. Variables Influencing the Growth Group (Multiple-stepwise Regression Analyses)

Step	R Square	Adjusted R Square	Beta	Sig.
(Constant)			.86	
Humanistic Theory	.42	.39	.50	.000
Eclectic or Integrated Theory	.50	.46	.31	.000

Other variables entered but not significant in equation: Age, Gender, Profession, Years of practice, Education in counseling theory and skills, Experience in supervision, Degree of each of the four guided theories (Psychoanalytic, Behavioral, Cognitive, Systems), Number of counseling sessions per week

experience in supervision, theories (Psychoanalytic, Behavioral, Cognitive, Systems theory), number of counseling sessions did not seem to have a significant impact on the prediction of therapists development state.

In summary, regarding the experiences of “general therapeutic practice”, the results show that the therapists who were in the “growth” group reported to experience significantly high in positive experiences and low in negative experiences, compared to the “mid-growth” and “deterioration” groups. The therapists in “deterioration” group reported to being significantly low in positive experiences and significantly high in negative experiences. Specifically, therapists in the perceived “growth” group regard the developmental process to be important, were enthusiastic about practicing therapy, became more skillful in overcoming past limitations. On the other hand, therapists in the “deterioration” group reported feeling that the more they practiced psychotherapy, the more they became disillusioned about psychotherapy and not able to empathically respond to clients.

In terms of “in-session feelings”, the results indicate that there were no group differences in the “Boredom” factor. However significant group differences were obtained in “Flow” factor and “Anxiety” factor. Compared to the other two groups, the “growth” group reported to experience significantly high in “Flow” and low in “Anxiety”. On the other hand, therapists in “deterioration” group reported that they experience high in “Anxiety” and low in “Flow”, compared to other groups. Finally, exploring which variables influence the therapists’ perceived growth, therapists who’s current practices are guided by “Humanistic theory” or regard their theoretical orientation to be “Eclectic or Integrative” reported that they perceive themselves to be in “growth”.

## Discussion

The aim of this study was to explore the characteristics of Korean therapists of various states of self-perceived professional development.

Development implies an ongoing process of change and the authors focused on an experienced group of therapists who report to experience a continued sense of “growth”, as opposed to a stable and basically unvarying sense of therapeutic functioning. In a recent study on the development of psychotherapists, 86% of 5,000 psychotherapists from a varying number of countries (Europe, North America, Asia, etc.) emphasized the importance of further professional development as a key component of being an effective therapist (Orlinsky & Rennstedt, 2005). This was a main motivation for this study to ask what are the differing/differentiating characteristics of those who report to be in “growth” versus those who are in “mid-growth” or “deterioration” among Korean psychotherapists.

First, Korean therapists from our study who are in the “growth” group reported to have a positive experience in their general therapeutic practice. They hold continued development and growth in high regard and they are enthusiastic about their profession of practicing therapy. Therapists in the “growth” group tend also to feel that they became more skillful and overcame past limitation. There have been many studies on the effectiveness of psychotherapy, and one of the classical studies is that of Combs & his colleagues who concluded that the therapeutic outcome depends significantly on the belief and the characteristics of psychotherapists themselves (Combs, 1962; Combs et al., 1969). They suggest the notion of “self-as-instrument” as an

important technique in psychotherapy where the therapist himself/herself is a main factor for the client's positive change. Also we know from the claims done by self-efficacy theorists such as Bandura (1997) and Gist and Mitchell (1992) that one's own belief in the capability of executing tasks in given conditional needs, called the confidence in task performance, is highly related to outcome. Our findings confirm the results from the previous studies and suggest the importance of self-perceived growth and development in psychotherapy.

Second, Korean therapists in the “growth” group report to experience “Flow”, a subjective experience of intense absorption, finely calibrated responsiveness and keenly felt satisfaction, generally accompanied by a withdrawal of awareness from extraneous situational cues and a diminution of reflective self-consciousness. This experience occurs when the therapist's skill meets challenges and they feel engrossed, focused, stimulated, creative, inspired and calm. It is interesting to note the results of our factor analysis contrast in a notable way with previous studies, mainly of Western therapists where in the “Flow” experience ‘challenge’ was experienced instead of ‘calm’ (Orlinsky & Rennstad, 2005). One interpretation for this difference may be that in Korean, ‘challenge’ has a more negative connotation than for Westerners (Joo, 1993, 1996). Culturally, Koreans emphasize and place high value in accommodating rather than being aggressive (Choi, 1976). For many Koreans,

'challenge' implies being aggressive and attacking others, a conflict with being in the "Flow" state which is associated with a calming experience. On the other hand, therapists in the "deterioration" group report that they are more likely to be in the "Anxious" state which is expected when situational challenge exceeds the skills at a person's command. This result suggests how important it is for therapists to learn therapeutic skills and are able to use them appropriately. Often times, psychotherapy is regarded both as an art and a science in that it emphasizes the importance of creativity in the act of therapy and also due to the connection between the artistic and psychotherapeutic impulses (Holmes, 1992). Furthermore, it is interesting to note that Korean therapists report to feeling 'inattentive' when they are in this "Anxious" state. In other words, they tend to avoid difficult situations instead of coping constructively. This phenomenon is similar to the previous finding that when Korean therapists face difficulties they report to consider terminating therapy, which is a passive attitude and solution (Joo, 1998a).

Third, the importance of practicing therapy by the salient theory for the development of therapists was shown. Nearly 50% of the variance in self-perceived growth was explained by therapists who report to practice either Humanistic or Eclectic/Integrated theoretical orientation. This result coincides with the previous findings that Korean therapists prefer

Humanistic orientation to others (Joo, 1996). Joo interprets this as being that Koreans generally consider themselves to be people with "humanistic ethics" (Choi, 1976). Also, as therapists are in the helping profession they may report that they use the Humanistic approach, not necessarily meaning the theoretical orientation. Furthermore, it may be that therapists who practice based on Humanistic orientation tend to emphasize the importance of therapists' development. Also, the result that therapists who report to practice based on either the Eclectic or Integrative approach are more likely to perceive themselves to be in high development, which coincides with Orlinsky and Ronnestad (2005) study that showed therapeutic work is experienced more favorably by therapists who have a broad theoretical perspective. However, all these speculation and hypothesis need to be further studied.

According to Orlinsky & Ronnestad (2005), the integrated dimensions of optimal therapeutic work experience, called the "Healing Involvement", is centered on the therapists' investment in their work, affirmative manner with patients, sense of skillfulness and efficacy, and constructive coping with difficulties. The main predictors of Healing Involvement were intrinsic therapist qualities such as, theoretical breadth and depth of case experience across treatment, rather than extrinsic characteristics such as, profession, experience level, etc. This results coincides with the findings from this study

as well as another study done in Korea which shows that experience level does not correlate with the counselors' development level (Kim, 2002). Overall, therapists who practice a broad theoretical spectrum, and have worked in multiple treatment modalities, who feel supported and satisfied in their main work setting, and who have professional autonomy are more likely to be in the "growth" state of professional development than others. Compared to Western therapists, we found that a higher proportion of Korean therapists report to experience "deterioration", practice without salient theoretical orientation and have not worked in diversified treatment modalities (Joo, Bae & Orlinsky, 2003). These experiences may hinder the Korean therapists from practicing effectively and cause low self-confidence, thus leading to professional stagnation.

Based on the results of this study, several implications for the education and training of psychotherapists may also be found. Firstly, from results of this study it can be seen that therapists who perceive themselves to be in "growth" report positive therapeutic practice and experience an optimal state with patients in sessions. It has been known that self-awareness is viewed not only as a strategy for development but also as prerequisite for the therapists' professional conduct. It is deeply embedded in conceptions of high level therapeutic functioning as one of the key characteristics of master therapists (Skovholt, Jennings, & Mullenbach,

2004). Regardless of their career levels, therapists would be wise to continually evaluate the quality of their therapeutic work experience and their current growth. Secondly, in terms of the importance of theoretical orientation for the therapists in current development, rigorous teaching in theoretical aspect of counseling and psychotherapy is suggested. As it has been found that theoretical breadth enhances the likelihood of experiencing therapeutic work as a Healing Involvement. Thus, the authors feel it is important in teaching theoretical orientation to students in a manner that is broad and such that the accumulation of theories can be incorporated with each other at a later stage in the student/therapist's development. The initial theoretical and technical orientation given to students should be offered in a practical manner rather than in an ideological way to maximize flexibility of application and to encourage embracing further learning and the eventual formulation of theoretical breadth.

Several limitations to the current study must be mentioned. Due to the different return rates during data collection, an over sampling of those in the counseling profession seems to have resulted. Therefore, the findings of this study may not be representative beyond the context of this group. The authors plan to address this issue by conducting further research with more a diverse sample population. Also, in this study we used only a single measurement of development, "currently experienced development", based on



three key questions. For future research, several different measurements of development of psychotherapists such as, “retrospected career development”, “cross-sectional cohort development” and “longitudinal individual development” are recommended to be used.

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## 성장 심리치료자들의 특성에 관한 연구 - 전반적인 치료 업무의 경험과 치료 회기에서 느끼는 감정, 성장에 영향을 주는 변인을 중심으로 -

주 은 선                      유 난 영

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본 연구는 심리치료자들의 성장을 위한 국제협동연구 (CRN: ISDP)의 한 부분으로서 현재 자신들이 전문적으로 성장하고 있다고 보고한 치료자들의 특성을 알아보고자하는 연구이다. 공통 핵심질문지 (CCQ) 한국2004년도판을 사용하여 166명의 한국 심리치료자들을 대상으로 현재 자신들이 전문적으로 향상하고 있다고 느끼는지, 퇴보하고 있다고 느끼는지의 정도를 바탕으로 “성장 집단”과 “중간성장 집단”, “퇴보집단”으로 나누었다. 연구문제는 1) “성장 치료자들은 전반적인 치료업무의 경험이 다른 집단의 치료자들과 비교하여 어떻게 다른가?”; 2) “성장 치료자들은 치료회기 내에서의 느끼는 감정이 다른 집단의 치료자들과 비교하여 어떻게 다른가?”; 3) “성장에 영향을 주는 변인은 무엇인가?” 주요 결과는 성장 집단은 중간성장과 퇴보집단에 비해 전반적인 상담업무에서 통계적으로 유의미하게 긍정적인 경험을 하고, 치료 장면 내에서 프로우 (flow)를 느끼며 불안은 매우 낮게 느끼는 것으로 나타났다. 또한 “인본주의 치료”와 “절충적/통합적 치료 방법”에 근거하여 치료를 하는 치료자들이 전문적으로 성장한다고 보고한다는 것이다. 결과를 바탕으로 심리치료자들의 교육과 수퍼비전에 대한 다양한 방안들이 논의되었다.

주요어 : 심리치료자들의 성장/발달, 치료업무 경험, 치료 내 감정