

# Difficulties and Coping Strategies Experienced by Psychotherapists in Belgium, France, Germany, Israel, America and Korea\*

Eun-sun Joo

Duksung Women's University

This study is a part of "International Study of the Development of Psychotherapists" which is a large scale multinational, collaborative research effort designed to study the professional development of psychotherapists(Orlinsky et al., in press, a). The study specifically explores the difficulties in therapeutic practice experienced by psychotherapists from six different countries, Belgium, France, Germany, Israel, America and Korea. It also examines what kinds of coping strategies these therapists employ when they encounter difficulties in their practice. The data for this study was obtained by using a subset of elements from the Development of Psychotherapists Common Core Questionnaire (CCQ). Using factor analysis and analyses of variance, the twenty items surveying "Difficulties in Therapeutic Practice" and twenty-six items concerning "Coping Strategies" were statistically analyzed. The results show that there are some differences in degree as to how therapists from different countries report experiencing difficulties and using coping strategies. American therapists perceive themselves to "Seek an Internal Solution" more than therapists from Germany and Korea. German therapists report "Seeking Relief away from Therapy" more than therapists from America and Korea. Also, Korean therapists report that they tend to "Consider Resigning from Case" more than therapists from Germany and America. Several discussions on the implication of the study is presented.

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\* 본 연구는 '97년도 덕성여자대학교의 교내 연구비지원으로 이루어졌음

The difficulties experienced by psychotherapists in their therapeutic practice are a constant issue of discussion among close colleagues and a frequent focus of attention in supervision (Davis & Davis, 1990; Davis et al., 1987). However, the therapist's actual experiences in the conducting of therapy has been curiously neglected by researchers (Orlinsky & Howard, 1975). Difficulties encountered by psychotherapists in their practice is an inevitable and valuable part of the therapeutic process, given that patients are bound to recreate in the interaction with their therapists precisely those difficulties which give rise to problems in their relationships with others. From this point of view, therapist-oriented difficulties can be seen as an abundant source of potentially therapeutic material to be struggled with and, hopefully, resolved in the therapy.

The Socratic imperative, "Know thyself," is a fundamental tenet to many of the current schools of psychotherapy. The therapist's emotional health, in several theories, is seen as the *since qua non* of her or his professional functioning (e.g., Ellis, 1973; Freud, 1917/1966; Rogers, 1957). Data extrapolated from other mental health professionals suggest that on this criteria therapists do not fare especially well. Data from the psychiatric professions show that psychiatrists are more prone

than others to suicide and alcoholism (Knutsen, 1977) and to psychosomatic and mental disorders (Willi, 1983). In order to reduce the stress experienced by therapists, it is important to understand what are the difficulties that therapists report to experience and what kind of coping strategies therapists report to use when they face difficulties in practice. This kind of research can be meaningful, especially for Korean psychotherapists when it is done in the form of comparative studies such as comparing Korean therapists' experience in practice to therapists in Western countries. Though it has been more than 50 years when the Western form of psychotherapy was introduced to Korea, it is difficult to find researches concerning the actual practice of Korean psychotherapists (Joo, 1996). Examining the Korean therapists' experience of difficulties in practice and coping strategies compared to non-Korean therapists' experience, furthermore, may provide some helpful insights and prevention for Korean therapists in their current practices.

In this paper, the researcher will explore the difficulties in therapeutic practice experienced by psychotherapists from six different countries, Belgium, France, Germany, Israel, America and Korea. I will also examine what kind of coping strategies these therapists employ when they encounter difficulties in their practice. Furthermore, I will

focus on the Korean therapists, how they differ from or resemble psychotherapists from Western countries in their experience with both therapeutic difficulties and coping strategies in their practice. Since psychotherapy is the product of modern technological society, it will be interesting to examine, how Korean therapists with non-western background, yet, westernized and modernized, differ from or similar with therapists from other western countries (Joo, 1996).

## METHOD

### 1. Instrument

The data for this paper was obtained using a subset of elements from the Development of Psychotherapists Common Core Questionnaire(CCQ). The CCQ was developed by members of the Collaborative Research Network(CRN) as part of the International Study of the Development of Psychotherapists. This is a large scale, multinational, collaborative research effort which is designed to study the professional development of psychotherapists(Orlinsky et al., in press, a; Orlinsky et al., in press, b).

The CCQ is intended to be filled out by psychotherapists within a one-to-two hour time span. It was designed for the assessment of both dependent and independent variables which were hypothesized to be closely associated with psychotherapist

development(Orlinsky *et al.*, in press, a). The CCQ consists of 370 closed-ended questions; of these a subset of 46 are used in this project.

Twenty items from the CCQ were used to assess the difficulties in therapeutic practice. Each item was answered on a scale of 0 to 5, with 0=Never and 5=Very Often. The difficulties encountered by therapists in practice are assessed by a series of structured items comprising two items for each of the ten categories of difficulty defined by the research of Davis et al.(1987). These ten categories involve therapists experiencing themselves as: incompetent(1, 11); damaging(2, 12); puzzled(3, 13); threatened(4, 14); out of rapport(5, 15); troubled by personal issues(6, 16); distressed by some painful reality in the patient's life situation(7, 17); confronting an ethical dilemma(8, 18); stuck(9, 19); and thwarted(10, 20)(Orlinsky, 1989).

In this paper, the researcher also hypothesizes that there may be similarities and differences in the types of coping strategies utilized by psychotherapists from different countries. Twenty-six items from the CCQ were used to assess the coping strategies therapists employ when they encounter difficulties in practice. Each item was answered on a scale of 0 to 5, with 0=Never and 5=Very Often. These twenty-six items were constructed by writing two items for each of thirteen

coping categories defined by the researcher of Davis & Davis(1990). In these, therapists are asked if they try to deal with difficulties: by turning to self through reappraisal of the situation(1, 14) or psychological self-management(2, 15); by turning to the patient as a step towards exploring or resolving the difficulty(3, 16); by turning to others for consultation(4, 17), for education(5, 18), to share professional responsibilities(6, 19) or for diverting gratification(7, 20); by turning to practice through attempting a technical intervention (8, 21), a non-technical intervention(9, 22) or a strategic reorientation(10, 23); by turning away from the difficulty, I. e., avoidance(11, 24); by criticizing or turning against the patient(12, 25); or by disengaging and turning away from the patient(13, 26).

## **2. Subjects**

The total sample of 1,435 subjects used in the analyses included medically and psychologically trained psychotherapists from six different countries: 112 therapists from Belgium; 103 from France; 626 from Germany; 82 from Israel; 104 from Korea; and 240 from America.

## **3. Statistical Analysis**

The 20 6-point item-scales surveying "Difficulties in Therapeutic Practice" were

intercorrelated and subjected to cluster and factor analysis to determine empirically and conceptually coherent dimensions. Items significantly and saliently loaded on each dimension were combined with unit weights to form a factor-scale, and Cronbach's alpha was computed to assess the internal consistency of these scales. The same procedures were repeated for 26 6-point item-scales surveying "Coping Strategies." This led to the definition of four-scales for Therapist Difficulties and five-scales for Coping Strategies.

The mean and standard error was computed for each factor-scale for the overall sample and for each of 6 different countries being compared. The intercorrelations between Difficulty factors and Coping factors were also computed for the overall sample and for each of 6 different countries separately. Finally, analyses of variance were used to compare therapists from 3 countries(America, Germany, and Korea) with respect to the levels of specific difficulties and tendency to utilize various coping strategies. This was done in a way that controlled for the concurrent influences of therapists' professions, theoretical orientations, and years of practice.(That is, a 2 way ANOVA with country as one way, profession as the second way, and continuous measures of professional experience and theoretical orientation as covariates.)

## RESULTS

Table 1 shows the content, alphas, means, and standard errors for the four factor-scales of Therapist Difficulties. The first factor scale, I named "Frustrated by Patient" which includes items 19. Bugged down with a patient in a relationship that seems to go nowhere, 20. Frustrated with a patient for wasting your time, 10. Irritated with a patient who is actively

blocking your effort. This factor scale is alpha of .67, mean of 1.38 and standard error of 0.02.

The second factor scale, I called, "Lack of confidence" and items are 1. Lacking in confidence that you can have beneficial effect on a patient, 3. Unsure how best to deal effectively with a patient, 2. Afraid that you are doing more harm than good in treating a patient, 4. In danger of losing control of the therapeutic

Table 1. Difficulties in Therapeutic Practice: Factor Scales\*

Currently, how often do you feel.....?	Mean**	S.E.
I. FRUSTRATED BY PATIENT (alpha = .67)	1.38	± .02
19. Bugged down with a patient in a relationship that seem to go nowhere.		
20. Frustrated with a patient for wasting your time		
10. Irritated with a patient who is actively blocking your efforts.		
II. LACK OF CONFIDENCE (alpha = .69)	1.66	± .02
1. Lacking in confidence that you can have a beneficial effect on a patient.		
3. Unsure how best to deal effectively with a patient.		
2. Afraid that you are doing more harm than good in treating a patient.		
4. In danger of losing control of the therapeutic situation to a patient.		
III. ETHICAL/EXISTENTIAL DILEMMA (alpha = .65)	1.47	± .02
7. Distressed by your powerlessness to affect a patient's tragic life situation.		
17. Angered by factors in a patient's life that make a beneficial outcome impossible.		
8. Troubled by moral or ethical issues that have arisen in your work with a patient.		
18. Conflicted about how to reconcile obligations to a patient and equivalent obligation to others.		
IV. EMPATHIC FAILURE (alpha = .62)	1.06	± .02
15. Unable to find something to like or respect in a patient.		
5. Unable to have much real empathy for a patient's experiences.		
6. Uneasy that your personal values make it difficult to maintain appropriate attitude toward a patient.		

\* Scale: 0=Never....5=Very Often.

\*\* n=1,435

situation to a patient. This factor scale is alpha of .69, mean of 1.66 and standard error of 0.02.

The third factor scale, I labeled "Ethical and Existential Dilemma" and items are 7. Distressed by your powerlessness to affect a patient's tragic life situation, 17. Angered by factors in a patient's life

that make a beneficial outcome impossible, 8. Troubled by moral or ethical issues that have arisen in your work with a patient, 18. Conflicted about how to reconcile obligations to a patient and equivalent obligation to others. This factor scale is alpha of .65, mean of 1.47 and standard error of 0.02.

**Table 2. Coping Strategies: Factor Scales\***

When in difficulty, how often do you....?	Mean**	S.E.
I. PROVIDE EXTRA-THERAPEUTIC HELP FOR PATIENT [alpha=.67]	1.63	± .02
22. Postpone the work of therapy so as to take care of a patient's more immediate needs.		
10. Make changes in your therapeutic contract with a patient.		
23. Modify your therapeutic stance or approach with a patient.		
19. Invite collaboration from a patient's friends or relatives.		
9. Step out of the therapists role in order to take some urgent action on patient's behalf.		
II. SEEK INTERNAL SOLUTION FOR DIFFICULTY [alpha=.56]	3.26	± .02
14. Review privately with yourself how the problem has arisen.		
15. Just give yourself permission to experience difficulty or disturbing feelings.		
16. See whether you and your patients can together deal with the difficulty.		
1. Try to see the problem from a different perspective.		
III. SEEK ADDITIONAL KNOWLEDGE [alpha=.60]	2.60	± .03
4. Discuss the problem with a colleague.		
5. Consult relevant article or books.		
6. Involve another professional or agency in the case.		
18. Sign up for a conference or workshop that might bear on the problem.		
IV. CONSIDER RESIGNING FROM CASE [alpha=.56]	1.31	± .02
13. Seriously consider terminating therapy.		
26. Explore the possibility of referring the patient on to another therapist.		
V. SEEK RELIEF AWAY FROM THERAPY [alpha=.54]	1.80	± .02
12. Criticize a patient for causing you trouble.		
24. Avoid dealing with the problem for the present.		
20. Express your upset feelings to somebody close to you.		
11. Simply hope that things will improve eventually.		
7. Seek some form of alternative satisfaction away from therapy.		

\* Scale: 0=Never....5=Very Often.

\*\* n=1,435

The fourth factor scale, I named "Empathic Failure" and items are 15. Unable to find something to like or respect in a patient, 5. Unable to have much real empathy for a patient's experiences, 6. Uneasy that your personal values make it difficult to maintain appropriate attitude toward a patient. This factor scale is alpha of .62, mean of 1.06 and standard error of 0.02.

Table 2 shows the content, alphas, means, and standard errors for the four factor-scales of Coping Strategies. The first factor scale, I named "Provide Extra-Therapeutic Help for Patient" and items are 22. Postpone the work of therapy so as to take care of a patient's more immediate needs, 10. Make changes in your therapeutic contract with a patient, 23. Modify your therapeutic stance or approach with a patient, 19. Invite collaboration from a patient's friends or relatives, 9. Step out of the therapists role in order to take some urgent action on patient's behalf. This factor scale is alpha of .67, mean of 1.63 and standard error of 0.02

The second factor scale, I called, "Seek Internal Solution for Difficulty" and items are 14. Review privately with yourself how the problem has arisen, 15. Just give yourself permission to experience difficulty or disturbing feelings, 16. See whether you and your patients can together deal with the difficulty, 1. Try

to see the problem from a different perspective. This factor scale is alpha of .56 mean of 3.26 and standard error of 0.02. The third factor scale, I labeled "Seek Additional Knowledge", and items are 4. Discuss the problem with a colleague, 5. Consult relevant article or books, 6. Involve another professional or agency in the case, 18. Sign up for a conference or workshop that might bear on the problem. This factor scale is alpha of .60, mean of 2.60 and standard error of 0.03. The fourth factor scale, I named "Consider resigning from case" and items are 13. Seriously consider terminating therapy, 26. Explore the possibility of referring the patient on to another therapist. This factor scale is alpha of .56, mean of 1.31 and standard error of 0.02. The last factor I called "Seek Relief away from Therapy" and items are 12. Criticize a patient for causing you trouble, 24. Avoid dealing with the problem for the present, 20. Express your upset feelings to somebody close to you, 11. Simply hope that things will improve eventually, 7. Seek some form of alternative satisfaction away from therapy. This factor scale is alpha of .54, mean of 1.80 and standard error of 0.02.

## **1. The Overall Picture of Difficulties and Coping Strategies**

Table 3 compares the difficulties and coping strategies reported by therapists in the six countries. The mean for each factor scale ranged only from 0.73 to 1.85 indicating that the therapists report fewer difficulties. Overall, regardless of which country therapists are from, among 4 factor scales, "Lack of Confidence" has highest means and "Empathic Failure", has relatively lowest means.

countries, they have a tendency to experience more difficulties in "Empathic Failure" than being "Frustrated by Patients". In terms of coping strategies, unlike difficulties, therapists report that they use coping strategies in varying degrees. Regardless of therapists' country background, "Seeking Internal Solution for Difficulty" has the highest means and "Consider Resigning from Case",

Table 3. Means and SE of Difficulty and Coping Strategy Scales in Different Countries\*

	Belgium n=112	France n=103	Germany n=626	Israel n=82	Korea n=104	USA n=240	Overall** n=1435
<b>Difficulties in Therapeutic Practice:</b>							
FRUSTRATED BY PATIENT	1.24 ±.07	1.50 ±.07	1.46 ±.03	1.51 ±.08	1.20 ±.07	1.25 ±.05	1.38 ±.02
LAKE OF CONFIDENCE	1.57 ±.07	1.66 ±.07	1.63 ±.03	1.71 ±.06	1.70 ±.08	1.85 ±.05	1.66 ±.02
ETHIC/EXISTENTIAL DILEMMA	1.15 ±.08	1.35 ±.08	1.50 ±.03	1.72 ±.09	1.46 ±.07	1.57 ±.05	1.47 ±.02
EMPATHIC FAILURE	0.73 ±.05	1.02 ±.07	1.15 ±.03	1.00 ±.07	1.44 ±.08	0.95 ±.04	1.06 ±.02
<b>Coping Strategies :</b>							
EXTRA-TX HELP	1.51 ±.10	1.39 ±.08	1.54 ±.03	1.61 ±.08	1.92 ±.07	1.88 ±.05	1.63 ±.02
INTERNAL SOLUTION	3.40 ±.08	3.16 ±.10	3.18 ±.03	3.41 ±.09	2.94 ±.09	3.47 ±.06	3.26 ±.03
ADDITIONAL KNOWLEDGE	2.51 ±.09	2.01 ±.10	2.63 ±.04	2.81 ±.09	2.48 ±.09	2.92 ±.06	2.60 ±.03
RESIGN FROM CASE	1.61 ±.10	1.32 ±.10	1.25 ±.03	1.18 ±.10	1.85 ±.10	1.09 ±.06	1.31 ±.02
RELIEF AWAY FROM TX	1.19 ±.07	1.13 ±.07	2.07 ±.03	1.71 ±.07	1.50 ±.07	1.86 ±.04	1.80 ±.02
* Scale : 0=Never...5=Very Often				** Includes additional therapists from other countries			

Korean therapists reported "Lack of Confidence" as their greatest difficulty and, compared with therapists from other

"Seek Relief away from Therapy" have lower means, meaning when they are faced with difficulty in practice, they



Table 4. Correlations Between Difficulty and Coping Strategy Scales in Different Countries

Correlation <sup>1</sup>	Belgium n=112	France n=103	Germany n=626	Israel n=82	Korea n=104	USA n=240	Overall <sup>2</sup> n=1435
<u>Frustrated By Patient</u>							
⟨Coping Strategies⟩							
EXTRA-TX HELP	<u>.30*</u>	<u>.31*</u>	.29**	<u>.30**</u>	.16	<u>.30**</u>	.23**
INTERNAL SOLUTION	.18	.15	.06	.14	.01	.09	.06
ADDITIONAL KNOWLEDGE	.16	.27*	.08	.11	.10	.13	.10**
RESIGN FROM CASE	<u>.30*</u>	<u>.34**</u>	<u>.38**</u>	.07	.24	<u>.38**</u>	.29**
RELIEF AWAY FROM TX	<u>.44**</u>	<u>.47**</u>	<u>.33**</u>	<u>.37**</u>	<u>.37*</u>	<u>.37**</u>	<u>.34**</u>
<u>Lack of Confidence</u>							
⟨Coping Strategies⟩							
EXTRA-TX HELP	.19	.20	.26**	.21	.26*	.15	.21**
INTERNAL SOLUTION	.18	.03	.01	.02	.12	-.05	.01
ADDITIONAL KNOWLEDGE	.26*	<u>.32*</u>	.08	.17	.27*	.21**	.16**
RESIGN FROM CASE	.25*	<u>.30*</u>	.26**	.07	.22	.08	.17**
RELIEF AWAY FROM TX	<u>.40**</u>	.28	.28**	.29*	<u>.46**</u>	<u>.34**</u>	.29**
<u>Ethical/Existential Dilemma</u>							
⟨Coping Strategies⟩							
EXTRA-TX HELP	<u>.37**</u>	<u>.36**</u>	<u>.38**</u>	.26	<u>.49**</u>	<u>.34**</u>	<u>.36**</u>
INTERNAL SOLUTION	.26*	.22	.10	<u>.31*</u>	<u>.32**</u>	.05	.14**
ADDITIONAL KNOWLEDGE	<u>.45**</u>	<u>.30*</u>	.13**	<u>.38**</u>	.21	.16	.21**
RESIGN FROM CASE	.26*	.29*	<u>.30**</u>	.04	.21	.17*	.22**
RELIEF AWAY FROM TX	<u>.38**</u>	.24	.29**	<u>.42**</u>	<u>.46**</u>	<u>.38**</u>	<u>.34**</u>
<u>Empathic Failure</u>							
⟨Coping Strategies⟩							
EXTRA-TX HELP	.27*	.19	.29**	<u>.31**</u>	<u>.30*</u>	.25**	.24**
INTERNAL SOLUTION	-.00	-.07	.01	.14	.21	-.07	-.04
ADDITIONAL KNOWLEDGE	.24	.17	.08	.20	<u>.31*</u>	.08	.11**
RESIGN FROM CASE	.25*	.28*	<u>.34**</u>	.06	<u>.38**</u>	<u>.30**</u>	.29**
RELIEF AWAY FROM TX	<u>.41**</u>	.23	<u>.34**</u>	.29*	<u>.54**</u>	<u>.33**</u>	<u>.35**</u>
1-tailed signif: *.01 **-.001		2-Includes additional therapists from other countries					

tend more to "Seek an Internal Solution" and less either "Consider Resigning from Case" or "Seek Relief away from Therapy". For Korean therapists, an interesting point is that though they tend not to "Consider Resigning from

Case", their higher mean on this scale, compared with other therapists, suggest that Koreans consider this strategy more than therapists from other countries. This may due to the fact that in Korea, which is a group oriented culture with

strong hierarchical structure, there may be a stronger societal referral network so when therapists experience difficulties, they may refer to other senior therapists.

## 2. Correlations Between Difficulties and Coping Strategies

Table 4 shows the intercorrelations between specific difficulties and coping strategies in the six countries.

In terms of relationship between the difficulties in practice and the coping strategies therapists use, when "Frustrated by Patient" therapists tend to "Seek Relief away from Therapy", except for German and American therapists. American and Germans tend to "Consider Resigning from Case" when feeling "Frustrated by the Patient". When feeling "Lack of Confidence", French therapists tend to "Seek Additional Knowledge" where other therapists tend to "Seek Relief away from Therapy". When confronted by an "Ethical and Existential Dilemma" in treating patients, French, German, and

Korean therapists tend to "Provide Extra-Therapeutic Help for Patient", Israeli and American therapists "Seek Relief away from Therapy", and Belgian therapists tend to "Seek Additional Knowledge". Therapists experiencing the difficulty of "Empathic Failure" tend to "Seek Relief away from Therapy", except French and Israeli therapists. French therapists "Consider Resigning from Case" and Israeli therapists "Seek Extra-Therapeutic help for Patient".

## 3. Differences Between German, Korean, and American Therapists

Due to the nature of the researcher's data set (Joo, 1996), Belgian, French and Israeli samples are excluded in analyses of variance. Table 5 and 6 show the differences between German, Korean, and American therapists in difficulties and coping strategies revealed by 2-way ANOVAS.

The overall picture is that for the difficulties, regardless of therapists' na-

Table 5. Differences in Difficulties in Practice Between German, Korean, and American Therapists[controlling profession, theoretical orientation, and years of practice]

	German (n=541)rank	Korean (n=66)rank	American (n=93)rank	F	p
FRUSTRATED BY PATIENT	1.47 [3]	1.17 [4]	1.23 [3]	7.937	.000
LACK OF CONFIDENCE	1.66 [1]	1.53 [1]	1.64 [1]	.258	.773
ETH/EXIST DILEMMA	1.49 [2]	1.50 [2]	1.42 [2]	.423	.655
EMPATHIC FAILURE	1.16 [4]	1.39 [3]	0.94 [4]	10.737	.000

Table 6. Differences in Coping Strategies Between German, Korean, and American Therapists [controlling profession, theoretical orientation, and years of practice]

	German (n=541)rank	Korean (n=66)rank	American (n=93)rank	F	p
PROVIDE EXTRA-TX HELP	1.33 [4]	1.85 [3]	1.73 [4]	4.412	.012
SEEK INTERNAL SOLUTION	3.18 [1]	2.90 [1]	3.49 [1]	12.030	.000
SEEK ADDITIONAL KNOWLEDGE	2.62 [2]	2.32 [2]	2.41 [2]	6.179	.002
CONSIDER RESIGNING CASE	1.25 [5]	1.80 [4]	1.25 [5]	7.456	.001
SEEK RELIEF AWAY FROM TX	2.06 [3]	1.46 [5]	1.82 [3]	27.224	.000

tionality, therapists report that "Lack of Confidence" as most difficulties in practice. Compared with German and American therapists, Koreans report that they experience more difficulties in "Empathic Failure" than "Frustrated by Patient."

For difficulties in coping strategies between German, Korean, and American therapists, again, the overall picture is that therapists regardless of their nationality, they report that when faced with difficulty in their practice, therapists tend to "Seek Internal Solution" and less likely to "Consider Resigning from Case" and "Seek Relief away from Therapy". However, as I examined closely for the means, American therapists report that they tend more often to "Seek an Internal Solution". Possibly this may be due to the individual characteristics of American culture. German therapists report that they "Seek Additional Knowledge" and "Seek Relief away from Therapy" more often. Korean therapists were more likely to "Consider Resigning

from Case" than German and American therapists.

## DISCUSSION

These preliminary results suggest that in general, therapists regardless of their nationality, they report to experience similar difficulties in practice and coping strategies. In practice, therapists report experiencing most difficulty in "Lack of Confidence" and least in "Empathic Failure". It is possible that therapists in practice always tend to question their own ability to be helpful. The reason that therapists report less difficulty in "Empathic Failure" may be that therapists generally must have at least some degree of empathy to continue the therapy. In terms of coping strategies, when faced with difficulty in practice, therapists in general, tend to "Seek Internal Solution" and are less likely to "Consider Resigning from Case" and "Seek Relief away from

Therapy.”

The overall similarities indicate that the role of psychotherapists is quite similar across different countries. This finding is not so surprising considering the emergent of transnational world culture which originated from metropolitan centers of western European and North Atlantic societies, and spread with the colonial expansion of those societies from 16th through 19th centuries. This emergent post-colonial and post-western cultural system now exists in major urban centers everywhere, from Moscow to New Delhi, from Sydney to Seoul (Joo & Orlinsky, 1994). Psychotherapists, as a typical representative group of this culture, seem to find similarities in experiencing difficulties and coping strategies in practice based on their similar work, regardless of therapists' nationality.

However, there are some differences in degree as to how therapists from different countries report experiencing difficulties and using coping strategies. For example, American therapists perceive themselves to "Seek an Internal Solution" more than therapists from Germany and Korea. German therapists report "Seeking Relief away from Therapy" more than therapists from America and Korea. Also, Korean therapists report that they tend to "Consider Resigning from Case" more than therapists from Germany and

America. These differences may be explained in part by differences in translation. However, these procedures were carefully conducted and it seems more plausible that they are due to different cultural backgrounds in the countries where therapists reside. As mentioned, due to individual characteristic of American culture, therapists from America have a tendency to "Seek Internal Solution" within themselves, and Korean therapists are more likely to "Consider Resigning from Case" compared to other therapists because therapists in Korea are able to consider that option due to strong societal referral network. However, there are many variables to be considered. Though therapists' professions, theoretical orientations, and years of practice were controlled, other aspect of variables among therapists, such as the severity of psychopathology typical in the therapist's practice, the amount of formal training and personal therapy the therapists received, and their work setting can benefit from further analyses that are presently underway.

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# 한국과 벨기에, 프랑스, 독일, 이스라엘, 미국의 심리치료자들이 치료시 겪는 어려움과 대처방안

주 은 선

덕성여자대학교

본 논문은 심리치료자들에 관한 주요 다국적 합동연구인 "심리치료자 자질개발을 위한 국제연구(International Study of the Development of Psychotherapist: ISDP)"(Orlinsky et al., in press, a)의 한 부분으로 이 중에서 한국과 벨기에, 프랑스, 독일, 이스라엘, 미국 치료자들이 심리치료시 치료자로서 겪는 어려움과 그에 따른 대처방안의 공통점과 차이점을 알아보도록 한다. 공통 핵심 질문지(Common Core Questionnaire; CCQ)를 사용하여 치료장면에서 겪는 어려움 20문항과 대처방안의 26문항에 대한 반응을 요인분석과 변량분석 등의 통계 방법을 사용하여 비교 연구하였다. 주요 결과로 치료자의 국가적 배경에 따른 유의한 정도 차이는 다른 국가 치료자들에 비해 미국치료자들은 "내재적 해결방안 모색"을 자주하고, 독일치료자들은 "치료장면 외에서 어려움을 해소"하려는 경향이 높게 나타났으며 한국치료자들은 다른 국가 치료자들에 비해 "치료를 그만두기를 고려"하는 방안을 자주 경험하는 것으로 밝혀졌다. 마지막으로 본 연구의 의의와 제한점, 앞으로의 보충연구 등이 논의되었다.