

Psychotherapy in South Korea: A Preliminary Exploration of Past, Present and Future Challenges*

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This paper attempts to provide a historical perspective of psychotherapy in South Korea. Until the mid 20th century, the Shamanistic healing and Chinese medicine were the main traditional treatment methods for mental illness. With the advent of westernization and modernization, the Western concept of psychotherapy has been prevalent in South Korea. Various professionals, their practices, associations and licenses related to psychotherapy in South Korea will be explained. Bridging the past and the present, future challenges in the field of psychotherapy in South Korea will be examined. The use of Western therapeutic approaches in a non-Western cultural context is discussed with respect to the potential conflicts for practitioners between imported methods that embody individualistic values and the traditional collectivist orientations of their societies.

Key words : *psychotherapy in South Korea, history of psychotherapy in South Korea, licence/certification of psychotherapists in South Korea*

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Korea has a long history of more than 5,000 years and throughout this time the country has developed a unique culture. Due to its geographical situation of being surrounded by powerful nations, Korea was invaded many times throughout its history. Through the painful experiences of frequent attack and occupation, Koreans learned to protect themselves socially by forming a group-oriented lifestyle as one of its unique cultural traits (Choi, 1976). In addition, traditionally as an agricultural society, tightly-knit groups were important since farming required highly collaborative work. In history, links with China have been strong. Much of the Korean heritage originated in China, from Confucianism, Buddhism, Taoism, to court culture. Though many traditions were imported from China, they have become so Koreanized that most Koreans no longer see them as foreign. Fuelling this adaptation and Koreanization of the imported tradition has been the continuing search for harmony. For example, in the case of Buddhism, the main doctrine is to seek a life lived in harmony with ultimate reality and with our own true inner nature. In terms of Confucianism, the basic philosophy aims to live life in harmony with our fellow human beings. Furthermore, in the case of Taoism, a life lived in harmony with natural course of things is emphasized (Howard, Pares & English, 1996; Kim, 1996). For several centuries, all these religious beliefs and doctrines were harmoniously incorporated in the everyday life of Koreans. The morals of Confucianism, the

ascetic practices of Taoism, the concept of karma, the three states of existence from Buddhism and the spiritual world of shamanism govern and influence the psychology of Korean people (Choi, 1996).

One of the biggest challenges in Korean history was the Korean War of 1950s. Due to this tragedy, Korea was divided into North and South. After the Korean War, the country was devastated, so in the 1960's, economic development was the most critical challenge that Korean people and society had to face. Social consciousness at that time focused on the urgent desire to modernize and develop the country. With the rapid economic development of the 1970s and high growth of the 1980s, the basic needs were being and the Korean people began to focus their attention on democracy and the rediscovery of traditional Korean culture and heritage. During the process of modernization and emulation of Western culture, Koreans began experiencing weakened cultural identity, and to some extent, disintegration. With the stability of the Korean economy and political situation, the Koreans began to realize the importance of rediscovering their own identity and heritage. Currently, it can be interpreted that Koreans are in the self-reflecting stage. At the same time, Koreans are struggling with high rate of divorce, suicide and emerging problems related to youth and children. Society in general is in need of psychotherapy and due these demands, the mental health field has been

growing rapidly. In this context, the author seeks to examine the traditional development and modern state of psychotherapy in South Korea and attempts to place them in a socio-economic perspective.

Past: Traditional Healing Methods in South Korea

In Korea, there are two traditional methods by which Koreans resort for solving physical and/or psychological problems: Shamanistic healing and oriental medicine.

Shamanistic Healing

The basic function of Korean Shamanism is to resolve human conflict and anxiety (Kim, 1972b). In traditional Korean society, Shamanistic healing played the role of “psychotherapy”. Korean Shamanism has been largely devoid of any form of religious theory, scripture, organizational or ethical code. Its focus has been only on the idea of *bok* (meaning “blessing” or “bliss” in English) (Chung, 1985). The idea of *bok* is an important element in Korean mentality. It is fundamentally a belief that bliss, or happiness, is something that is granted by the supernatural forces, rather than something that men achieve through their effort. The opposite of *bok* is *wha*, to which means “catastrophe”. By *bok*, Koreans usually refer to longevity, material prosperity, health, many sons, and by *wha*, early death, sickness, poverty, and discontinuation of family line. The

fundamental function of the Shaman is to placate the supernatural forces in order to avert the *wha* and bring forth the *bok* for his or her clients (Lee, 1983).

In Shamanism, the cause of illness is most often attributed to spirit intrusion, i.e., a possession phenomenon. The supernatural beings which are most frequently believed to possess people are ancestral spirits who are angry with their surviving family members. The next most frequently made diagnosis is violation of taboo; for example, the Shaman often says that gods have become infuriated because a dead ancestor is buried in the wrong place, or because moving, marriage, journey, or house repair has occurred on the wrong date. After giving the client a diagnosis in terms of the cause of his/her illness, a shaman instructs the clients to perform one of several healing ceremonies, depending upon the severity of illness, the nature of the cause, and the financial status of the client. Ceremonies vary from a basic rites such as *son-bi-bim*, which entails giving simple offerings and prayer to the twelve gods to drive away evil spirits from the patients, to *kut*, a grand healing ceremony of chanting, drumming and dancing (Kendall, 1985; Kim, 1972a).

The therapeutic elements of Shamanistic healing can be summarized into seven points. First, one of the major therapeutic values of Shamanistic healing is the experience of ventilation and catharsis. Shamanistic healing provides a safe outlet for emotional ventilation

and catharsis in a society in which expression of emotion is frowned upon (Kim, 1972a). Second, Shamanistic healing is characterized by the Shaman's strong humaneness, sensitivity, and warmth. The Shaman supposedly cares for everybody in trouble regardless of their financial status. Third, fees, places of practice, and healing methods are all adjusted to the client. Fourth, since the "charismatic" shamans become Shaman through suffering from the so-called "incurable mental diseases" and their suffering is believed to cease only when they are cured by a Shamanistic ritual, the shamans develop a new identity, a new perspective, and a new meaning in life through practicing Shamanistic healing. Fifth, the Shaman gives her clients hope for a cure through the pre-treatment preparation as well as through actual performance rites. Consequently, the client develops faith in the Shamanistic treatment. Kim (1972b) maintains that a client's faith in the Shamanistic treatment is the most crucial factor for a successful outcome of Shamanistic treatment. Sixth, Shamanistic healing is problem- or crisis-centered and short-term, since Koreans seek Shamans only when they have a specific problem or wish. As soon as the pressing problem is resolved, the therapeutic relationship ends, until another urgent problem arises. Seventh, in Shamanistic healing, the Shaman plays a very active role by taking care of the whole process of the ritual, which requires her intense emotional, visual, auditory, verbal, and physical involvement with

clients. A Shamanistic ritual has elements of psychodrama, and in the course of performing a ritual, the Shaman dances for and with clients, rebukes clients or evil spirits, cries for and with clients, console clients, verbalizes wishes of the spirits of the deceased ancestors to the clients, etc. Therefore, Shamanistic healing makes a strong and vivid impact on clients and it elicits active emotional, sensuous, cognitive, and verbal responses.

Oriental Medicine

Along with Shamanistic healing, "Oriental medicine (*han-bang*)" has formed an important elements in traditional Korean culture through the centuries, and its impact on to this day is still very strong. The theoretical framework of Oriental medicine is provided by the philosophical tradition of ancient China. It is based on the naturalistic view of the unity of man and nature and the mutual correspondence of macrocosm and microcosm, of natural phenomena and physiological phenomena (Colgrave, 1980). It is also based on the theory of *yin-yang* and the five elements. According to the theory, the universe and all objects and phenomena in it are the products of two counterbalancing and counter-playing principles. The two principles of *yin* and *yang*, and the five elements are thought to be in continuous interaction with one another, keeping the endless cycle of becoming and perishing in motion (Colgrave, 1980; Kim & Kim, 1973). The equilibrium state attained

through their interaction, or the state of integration of these principles and elements, is thought to be the state of well-being in human life, in nature, or in history (Colgrave, 1980). This holistic view of Oriental medicine allows no single part of the human body to be considered separately from its relationship to the whole organism (Rhi, 1976) which also holds to the unity between psyche and soma (Colgrave, 1980).

Consequently, what Western medicine terms “emotional problems” are viewed in Oriental medicine as originating from the malfunctioning of certain organs. For example, depression is attributed to a dysfunction of the liver and the kidney; anxiety to that of heart; and mental confusion to that of the heart and spleen (Kim & Kim, 1973). Oriental medicine aims at strengthening certain weak physical organs (Kim & Kim, 1973; Rhi, 1977). Moreover, the malfunctioning of certain organs is believed to be caused by the organ’s corresponding emotion, thoughts, or spirit. For example, one’s kidney becomes weak because one is fearful, and one’s liver becomes weak because one is depressed.

Rhi(1991) maintains that in Oriental medicine sustaining good emotional health is most important because physical health depends upon emotional health. The fact that Oriental medicine does not make a sharp distinction between psyche and soma has influenced the Koreans’ perception of illness, and this is especially clear when Koreans express psychological distress in terms of physical

symptoms (Kim & Kim, 1973). Though slowly changing, for many Koreans an herbal doctor’s diagnosis that a neurotic illness is caused by a bad heart or malfunctioning liver is much more understandable and acceptable than a modern psychiatrist’s diagnosis. Furthermore, since traditionally in Korea mental illness has been regarded as a stigma, whereas physical illness tends to evoke sympathy, Koreans patients and their families prefer a physical diagnosis over a psychiatric one.

Since Oriental medicine does not distinguish the psyche and soma from one another, it usually also treat mental patients with herbal medicine. Only in rare cases is some sort of psychotherapy used, and in such cases mainly a short-term, directive, problem-centered strategic type of psychotherapy is typically used. *Tong-Ui-Po-Kam*, the encyclopedia of Oriental medicine practiced in Korea, carries some examples of psychotherapy, all of them characterized by their short-term, problem-centered strategic approach. (Rhi, 1976).

In summary, the two main traditional healing methods in Korea provide some common points. First, the role of healer (a Shaman or Oriental medicine doctor) is quite authoritative and directive. It is acceptable in Korean society for healer to demand that the patient or patient’s family or even neighbors do certain things, such as prepare for the ceremonial ritual and even participate in the process. Second, both methods are short-term, crisis-centered, and strategic.

Koreans seek Shamans or Oriental medical doctors when they have specific a problem or wish, and a healer is not interested in solving all the problems of a certain client but only in solving a specific problem that is urgent. As soon as the pressing problem is resolved, the therapeutic relationship ends until another urgent problem arises. In this respect, traditional healing in Korea contrasts greatly with the psychoanalytic approach in Western societies.

Present: Modern Psychotherapy in Korea

Brief History

The concept of Western psychotherapy was first introduced to Korea in the 1930s (Rhi, 1972, 1985), but it was not until after the Korean War of 1950-1953 that clinicians actually began to practice psychotherapy. Due to the rapid Westernization and modernization of Korean society, a large and growing number of professionally trained counselors and psychotherapists are now practicing the Western concept of psychotherapy in the country.

The current field of psychotherapy in South Korea consists of five main types of helping professionals: psychiatrists, psychologists (clinical and counseling psychology), counselors, social workers and a new and rising practitioner group (includes developmental psychologists, children & family therapists, play therapists, music and art therapists, and pastoral counselors). Historically,

psychiatrists have been the most dominant group of helping professionals. During the 1950s and 1960s, most psychiatrists were psychoanalytically-oriented having studied mainly in Germany, Japan, and the United States. However, it was not until the mid-1960s that any of this group fully completed training in a psychoanalytic school. During the 1970s and 1980s, several professional organizations affiliated with the medical, psychology and social work background developed in South Korea. In the 1990s, professionals in social work, education, religion, family studies, art and music also developed associations. Today, psychotherapy has become one of the booming professional fields in South Korea. In terms of training and education, professionals have adopted the system practiced in the West, in particular they have followed the therapeutic models in the United States and partially, Germany. Most of the textbooks are imported from the United States, and are in English or translated into Korean. Naturally, psychotherapeutic orientations are similar to those of the West: psychoanalytic/psychodynamic, humanistic, cognitive, behavioral, and systemic orientations. However, it is interesting to note that a recent study on the practice characteristics of psychotherapists in Korea suggest that compared to Western psychotherapists, there is higher percentage of Korean therapists who report to practice based on humanistic orientation and non-salient theoretical orientations. Furthermore, in terms of work setting, a majority of Korean

professionals report to practice in public therapeutic settings and work at more than one place whereas the majority of Western therapists report to work in private settings, which provides more autonomy in therapeutic practice (Bae, Joo, & Orlinsky, 2003; Joo, Bae & Orlinsky, 2003; Orlinsky & Ronnestead, 2005).

Professionals

The documents or publications concerning the information of different mental health professionals in Korea are scarce. Though various professional associations and organizations publish newsletter and operate on-line web site, most of the contents are basic introductory information of the association. In addition, there are some conflicts and hidden competition among professional groups, so they are hesitant to share inside information. Therefore, it is not easy to find concrete information of professional organizations and members. The information used in this study was obtained by the author using a snowball sampling method. The author received recommendation from the chief secretary of each association by asking the question, "what other professional organizations and associations are involved in the psychotherapeutic field that you can recommend?" Also, the author contacted various professional associations by writing formal letters, through phone contacts and face-to-face meetings with the official members of the associations and organizations. The professionals are explained in chronological order and related

fields. Table 1 shows the different professionals' names of licences/certificates, starting issue year, number of current holders, and web-site which may provide description of specialty area, role activities and qualification requirements of licence/certificate. It is important to know that many professionals obtained more than one licence or certificate.

The first and oldest professional group in the field of psychotherapy is psychiatrists. As such they have had the most political power and professional jurisdiction (Abbott, 1988). Indeed, until 1995, psychiatrists were the only mental health professionals who were legally allowed to practice psychotherapy in Korea (Kang, 2002). As with the case in other countries, psychiatrists have not been inclined to share the domain of psychotherapy with other professionals. Most of the psychiatrists are oriented toward neurology and pharmacology, mainly treat severe cases and practice in hospital settings or private practices. Majority of the psychiatrists are members of the Korean Neuro-psychiatric Association, an active and powerful association established in 1968. According to the Korean National Statistics Office(KNSO), up to 2006, the Korean government issued medical licensure to 1,600 medical professionals in the field of psychiatry which includes neuro-psychiatry.

The second major professional group is psychotherapists in the field of clinical psychology. In 1974, the Korean Psychological Association (KPA) established a division of clinical and

Table 1. Description of Various Licence/Certification in the Field of Psychotherapy

Starting Issue Year (approx.)	Names of Licence/Certificate & (Number of Current Holders by 2006)	Web-site
1968 government licence	*psychiatrist (1,600) <including neuro-psychiatrist>	www.knpa.or.kr
1974	*professional clinical psychologist (279) *clinical psychologist (400)	www.kcp.or.kr
1974	*professional counseling psychologist (294) *counseling psychologists (902)	www.akcp.or.kr
1990	*professional developmental psychologist (65) *developmental psychologist (181)	www.baldal.or.kr
1995 government licence	*mental health clinical psychologist I (411) *mental health clinical psychologist II (692)	www.kcp.or.kr
1997 government licence	*mental health social worker I (186) *mental health social worker II (866)	www.kamhsw.or.kr
1997	*professional art therapist supervisor (8) *professional art therapist (33) *art therapist (277)	www.korean-arttherapy.or.kr
1998	*professional play therapist educator (7) *professional play therapist (15) *play therapist (62)	www.playtherapykorea.or.kr
1999	*Christian/pastor counseling supervisor (40) *Christian/pastor counseling specialist (82) *Christian/pastor counselor I (30) *Christian/paster counselor II (220)	www.kapc.or.kr
2000	*professional counselor supervisor (160) *professional counselor I (245) *professional counselor II (659)	www.counselor.or.kr
2000	*professional child counselor I (14) *professional child counselor II (26)	www.childkorea.or.kr
2001	*professional health psychologist (39) *health psychologist (0)	www.healthpsy.or.kr

counseling psychology (This division became separated into two different divisions, a division of clinical psychology and a division of counseling and psychotherapy in the year of 1986). In terms of clinical psychologists at that time, there was no government license to practice as clinical psychologists, so the Korean Association of Clinical Psychology (KACP) started to issue professional certification to clinical psychologists to be qualified to practice psychotherapy. The certifications are called “Professional Clinical Psychologists (*Yim-sang Sim-li Chun-mun-ga*)” and “Clinical Psychologists (*Yim-sang Sim-li-sa*)”. The qualification to become professional clinical psychologists is more demanding since they play the role of supervising clinical psychologists and are actively involved in training and educating psychotherapists. There have been 279 professional clinical psychologists certified since 1974. In 1988, the association made certificate for clinical psychologists and currently, there are 400 certified members. Due to the constant request from non-medical mental health professionals, in 1995, the mental health welfare law was reformed and the government started issuing licensures of clinical psychologists called “Mental Health Clinical Psychologist (*jung-sin bo-kun yim-sang sim-li-sa*)”. There are two types of mental health clinical psychologists, level I (1 *keup*) and level II (2 *keup*). As of 2006, there are 411 mental welfare clinical psychologists in level I and 692 people in level II. In Korea, most of the clinical psychologists are involved in

psychological evaluation and assessment, practicing in hospital settings administering psychological tests. Slowly they have begun to operate clinics, to treat clients, and to supervise other psychotherapists.

The third professional group is counseling psychologists, also called as counselors in South Korea. Most of their backgrounds are either psychology or educational psychology. As mentioned above, the division of counseling and psychotherapy was established within the division of clinical and counseling psychology in 1986. Currently, many South Koreans who feel a need for psychotherapy are still hesitant to seek help from psychiatrists and clinical psychologists (Joo, 1996). For the general public, at least, there appears to be fewer stigmas involved in seeing a non-medical counselor or therapist than going to a hospital for treatment by a psychiatrist. Recently, the increasing number of problems related to children and adolescents are becoming a huge societal issues and parents are more likely to consult non-medical therapists, such as counselors, concerning the problems encountered by children and adolescents (Bae & Orlinsky, 1997; Joo & Han, 2000). Instead of going to a psychiatrist in a hospital, clients are looking for less stigmatizing settings, and counselors and counseling centers more and more are filling the needs of clients. Counselors work mostly in school and university settings, as well as national counseling centers, social organizations, and industrial settings. The Korean Association of

Counseling and Psychotherapy, a division of the Korean Psychological Association, provides certification for “Professional Counseling Psychologists” (*Sang-dam Sim-li Chun-mun-ga*) and “Counseling Psychologists” (*Sang-dam Sim-li-sa*). The certification system began in 1974 when there were only 6 professional counseling psychologists and by 2006, the number rose to 294. There are 902 people issued with certification of counseling psychologists. In 2000, many professionals in the counseling field, who mostly have non-psychology background, established the Korean Counseling Association (KCA) in an attempt to distinguish themselves from other professionals in the counseling field. Their certificate system consists of three categories, “supervisor level professional counselor”, “professional counselor I (1 keup)” and “professional counselor II (2 keup)”. Currently, there are 160, 245, and 659 certified members in each group.

As in the case of the United States, the number of social workers is increasing in Korea. Initially, they were mostly involved in making and developing social policies, however, they soon developed a clinical domain. As many universities started to establish departments of social work and welfare (or administration). In 1985, the Korean Academy of Social Welfare (KASW) was established and in response to the increasing number of social workers, in 1997, the Korean government started to issue “Mental Health Social Workers (*jung-sin bo-kum sa-byo-bok-ji-sa*)” licence to practice. There are two types

of mental health social workers, level I (1 keup) and level II (2 keup). By 2005, there were 186 mental health social workers in level I and 866 people in level II licensed. Most of the social workers are working in social welfare centers in communities, hospitals and health related centers.

More recently, in the early 1990s, professionals with backgrounds in fields such as developmental psychology, child and family studies, art and music, health psychology and religion, started to enter the field of psychotherapy. As mentioned earlier, problems related to children and adolescents are increasing and parents are more likely to seek therapy from non-medical professionals. In order to meet this demand, professionals in the field of developmental psychology and child and family studies are working as therapists. Under the Korean Psychological Association, the division of developmental psychology is issuing certifications in 1990 called “professional developmental psychologist (*bal-dal sim-li chu-mun-ga*)” and “developmental psychologists (*bal-dal sim-li-sa*)”. Currently there are 65 professional developmental psychologists and 181 developmental psychologists certified. Most of them are treating children and adolescents with problems such as attention deficit hyperactivity disorder (ADHD), autism, adjustment disorder, learning disability problems, etc. In terms of treating children, the Korean Association of Child Studies (KACS) started issuing certificates called “professional child counselor”, “child counselor I (1 keup)” and

“child counselor II (2 keup)” in 2000. Currently, there are 14 professional child counselor and 26 child counselor I keup.

At the same time, in order to meet the demands of many different clientele groups, various therapy methods such as play, art and music therapy are rapidly gaining in popularity. In 1997, the Korean Art Therapy Association (KATA) was established, and subsequently Korean Association for Play Therapy (1998) Korean Music Therapy Association were established (1999). In terms of art therapy, the certificate system consists of three categories, “professional art therapist supervisor”, “professional art therapist”, and “art therapist”. Currently, there are 8, 33, and 277 in each group. In terms of play therapy, the certificate system consists of three categories, “professional play therapist educator”, “professional play therapist”, and “play therapist”, Currently, there are 7, 15, and 62 certified members in each group.

According to the Korean National Statistics Office (KNSO), in 1995, 50% of the population in South Korea report to being religious and among which 40% of them are Christian, which is the second largest religious group in Korea after Buddhism (46%). The Christian population is one of the fastest growing population in South Korea (information available on-line: www.nso.go.kr). Accordingly, pastoral counseling is fast gaining popularity and many religious institutions and centers are offering training programs and workshops to train counselors in this field. In

1999, the Korean Association for Pastor Counselor (KAPC) start to issue certificate called “pastor counseling supervisor”, “Christian counseling supervisor”, “pastor counseling specialist”, “Christian counseling specialist”, “pastor counselor I (1 keup)”, “pastor counselor II (2 keup)”, “Christian counselor I (1 keup)” and “Christian counselor II (2 keup)”. Currently, there are 40 supervisors, 82 specialists, 30 counselors in level I (1 keup) and 220 counselors in level II (2 keup).

For the general public, professionals in the health psychology field are providing therapy for issues related to psychosomatic matters. As mentioned, Koreans are more likely to report psychological problems as somatic problems. Therefore, health psychologists are claiming that their role will be recognized soon. Currently, their role in the field of psychotherapy are not clear. However, the division of health psychology in Korean Psychological Association, started to issue certificates called “professional health psychologist(*kun-kang sim-li chun-mun-ga*)” and “health psychologist(*kun-kang sim-li-sa*)” in 2001. Currently, there are 39 professional health psychologists and 0 in health psychologist group.

Summarizing the history and professional aspect of modern psychotherapy in South Korea, the development of psychotherapy can be explained by different stages of the emergence of new professional group of psychotherapists in South Korea. The first stage was established in the 1960s which can be called, the ‘Beginning

Stage”, when only psychiatrists who had medical backgrounds were allowed to practice therapy. The psychiatrists who studied abroad and returned basically lead the field. Then in the 1970s, the second stage was developed which can be named as “Emerging Stage”. This is when non-medical professionals, who were mostly clinical psychologists entered the psychotherapeutic field. However, their roles were mainly performing psychological diagnosis and assessment in the hospital setting working for the psychiatrists. Economically, South Korea developed rapidly in the 1980s and from the public, the demand of professional help increased. This third stage can be called, “Developing Stage”. This stage is when not only medical professionals, but also non-medical professionals, such as clinical, counseling psychologists and counselors, began to treat clients. Scholars, academics as well as professionals in the field of psychotherapy started to organized many professional organizations. The third stage provided the foundation for the further development of psychotherapy in South Korea. In the 1990s, professionals with various different backgrounds, such as developmental psychology, child and family studies, art, religion, etc., started to work as psychotherapists. This stage can be named as the “Booming Stage”. In relatively short period of time, many different professional groups were have been in Korea with each seeking to establish its position in the field of modern psychotherapy.

In conclusion, the modern field of psychotherapy

in Korea developed tremendously within the last 50 years. Korea has given birth to many different professionals in the mental health domain: psychiatrists, clinical and counseling psychologists, counselors, social workers, developmental and health psychologists, play therapists, art and music therapists, pastoral counselors, etc. Secondly, at the same time, many issues remain that need to be addressed. One issue is the confusion related to licensure or certificate system. There are only three types of certificates (medical, clinical psychology and social work) issued by Korean government. However, except psychiatry, professionals who have government issued license to practice are not respected well socially or financially compared to other professionals with certificates issued by associations. This creates great confusion and financial burden for students or psychotherapists-in-training. Currently, without direction or guidance, they do not know which license to obtain for their career and end up pursuing many different certificates, resulting in wasteful effort and unwarrented expenses.

Future Challenges

The last half of the 20th century has brought about a rapid and dramatic transformation of the Korean society. As one of the Four Tigers of East Asia, South Korea has achieved an incredible record of growth and integration into the high-tech, modern world economy. Three decades ago, Koreans' GDP per capita was

comparable with levels in the poorer countries of Africa and Asia. Today its GDP per capita is around \$10,000 which is equal to the lesser economies of the European Union. This transformation is reflected in the life styles, values, and psychological attitudes of the Korean people (Chung, 1985).

Problematic Issues

Similar to its economic development, the mental health field in Korea has grown rapidly. However, this development was more focused on the quantity, rather not quality. Therefore, mental health professionals in the 21st century South Korea are faced with new challenges related to quality control issues. Firstly, there are major issues with regard to the professional qualifications, ethical issues, and licensure system. Secondly, the education and training of psychotherapists needs to be reexamined. A recent study on the experience and characteristics of professional counselors in Korea suggest that counselors report a great need of specialty training (Joo, Bae & Orlinsky, 2003). Slowly, researchers are becoming aware of the importance of counselor education. Some researchers, such as Son, Yoo and Sim (2003) and Kim (2005) suggest “reflective practice” for the education and professional development of counselors. Finally, psychotherapy research concerning patients or clients are severely lacking. Recently, however, several studies from various fields such as clinical psychology, health psychology, education and

childrens' studies concerning the effects of cognitive-behavioral approach on psychological state of children and adolescents are increasing (Choi & Kim, 2005; Ha et al, 2004; Kang & Son, 1998; Lee & Choi, 2005; Yang, 2005). Hopefully, these studies will stimulate further research on psychotherapy process-outcome. Psychotherapy is a collaborative work between a therapist and a client, therefore, it is imperative to study expectations, needs, experiences of clients in order to provide better services.

Suggestions

There are several suggestions for the further development of psychotherapy in South Korea. Firstly, “multidisciplinary”, or “team approach” needs to be incorporated more often. Instead of different professional groups competing with each other, a strong referring or network system is needed. For example, in order to treat patients with eating disorders, currently, some physicians in the oriental medical institutions (*han-ju-won*) are working with clinical and counseling psychologists as a team. Secondly, government related organizations or associations can step into play a role of regulator in the psychotherapy field. The organizations consisting of different professionals in the mental health field can issue all licenses in the mental health field and provide guidance or direction in the field. Thirdly, more education or promotion of psychotherapy to clients, potential clients or general public is needed. Unlike clients in the Western countries,

the concept of modern psychotherapy is still new to many Koreans. Often times, clients expect the therapist to provide direct answers to their problems. Their passive attitude in therapy often times delays or result high drop out rate in therapy. It may be helpful for clients to know ahead that their participation in therapy is crucial for effective treatment. Finally, as society becomes more complex and advanced in technology, developing new methods or techniques, such as cyber counseling and psychotherapy should be explored. According to Kim & Joo (2001), adolescents in Korea often prefer cyber counseling over face-to-face counseling, and such mediums need to be developed further.

Discussion

The issue of applying the Western concept of psychotherapy in a non-Western society, and rapidly changing into more modernized and westernized society is a challenging task for many mental health professionals. Currently, in Korea, as a counter-reaction to rapid Westernization, there are some social movements toward re-examining traditional Korean heritage, values, etc. Many Koreans are experiencing the drawbacks of rapid Westernization and are trying to seek some wisdom from their historical roots. This trend is also true in the field of psychotherapy in Korea. Recently some Korean psychotherapists have been attempting to combine Western

psychotherapeutic techniques with traditional values from Oriental medicine, Taoism, Zen Buddhism, and Korean Shamanism in order to better attune the concept of psychotherapy at a time of renewed interest in Korean culture (Kang, 1995; Rhee, 1995; Rhi, 1991). Specifically, studies such as the combined effects of hand-acupuncture and Western psychotherapy on social phobia patients (Choi & Lim, 2000), integrating Mindfulness meditation and Western approach on anxiety disorder patients (Kim, 2003) are among a few the emerging researches that in attempt to combine the Eastern and Western approach. This trend is starting to gain acceptance internationally as well. Recently, American Psychologist, published an article of building bridges between Buddhism and Western psychology (Wallace & Shapiro, 2006) and the article has drawn a lot of attention from psychologists all over the world.

As mentioned earlier, the characteristics of traditional healing in Korea can be described as “directive” or “authoritative”, “short-term” or “problem(crisis)-centered” and “psychosomatic”. It is possible that Koreans have been accustomed to these characteristics of mental healing for more than 5,000 years. However, just within 50 years, Koreans have also been introduced to new mode of psychotherapy which emphasized egalitarian relationship between the therapist and the client. Also, clients’ participation and involvement in therapy is strongly encouraged (Joo, 1998). In this regard, it can be argued that there is a certain gap between the

psychotherapists and general public. The gap is that psychotherapists are too Westernized and the general public is still in the process of becoming more Westernized with respect to the therapeutic relationship. For example, since Korean clients tend to expect a more directive and short-term approach in therapy, is cognitive-behavioral approach more effective in Korean setting compared to long-term approach such as psychoanalysis? (Joo & Orlinsky, 1994). How can a Western trained psychotherapist in Korea explain or persuade clients the effectiveness of collaborative or egalitarian therapeutic relationship over the authoritative or directive approach? (Joo, 1998) Since Korea is known for its strong group-oriented culture, is group counseling or therapy more effective than individual therapy? Also, the family's value as a unit is prioritized rather than individual family member's needs in Korea. Does this mean that family therapy is a more desirable mode of therapy in Korea? How important a role does cultural differences vis-avis the West play in the therapeutic act?

Based on the dramatic quantitative development of the mental health field in Korea from 1950s to 2000, the early phase of 21st century is be a good time for psychotherapists to reflect and reexamine the development of psychotherapy in the context of the past and present. This may provide direction or guidance for the future psychotherapists in Korea as well as psychotherapists in other countries where they experience similar challenges.

Several limitations to the current study must be mentioned. Though the author invested much effort, some information may have been misinterpreted or omitted due to the unorganized mass of data concerning the licensure and certification of psychotherapists. Mistakes, if any are solely the author's own. Based on this preliminary study, the author hopes to further research concerning the development of psychotherapy in South Korea.

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한국에서의 심리치료: 과거와 현재, 그리고 미래에 도전받는 과제들의 예비 탐색 연구

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한국에 서구의 심리치료가 도입이 된지 반세기 이상이 지났고 현재 심리치료 분야는 급속도로 발전하고 있다. 그러나 한국에서의 심리치료의 역사적 관점을 제공하고 미래를 조망해보고자 하는 연구는 미흡한 실정이다. 본 연구는 전통적인 한국의 심리치료를 소개하고 현재 활동하고 있는 다양한 분야의 심리치료 전문가 집단과 함께 이들의 활동, 관련 학회, 자격증 등에 관한 정보를 제공하고자 한다. 더 나아가 과거와 현재를 통해 미래에 도전받는 이슈들을 제시하고 특히 개인주의에 바탕을 둔 서구중심의 심리치료가 전통적인 집단주의에 근거한 한국과 같은 문화에 어떻게 적용이 될 것인가에 대해 토의한다.

주요어 : 한국의 심리치료, 한국 심리치료 역사, 한국의 심리치료 관련 자격증