Cross-Cultural Features in Applying Cognitive Behavior Therapy (CBT) in Korea

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Abstract

The present article illustrates cultural and/or cross-cultural characteristics in applying cognitive behavior therapy (CBT) to Korean clients under the following categories: (a) shamanistic healing, (b) dropping out in the initial stage of therapy, (c) being afraid of negative judgments from the therapist and therapeutic failure, (d) fear of being stigmatized by a medical term, (e) religious faith, (f) personal history about trauma or sexual issues, (g) when parents are the source of their children's problems, (h) hwa-byung as a psychosomatic problem, and (i) need for one shot therapy. The ideas presented in this article should be taken only as a framework for beginning to work with this client group. The tremendous varieties among Koreans require great care to avoid overgeneralization regarding clients and appropriate treatment methods. Nevertheless, with this caveat, the suggested solutions may be useful to cross-cultural therapists who work with Koreans.

Key Words: cognitive behavioral therapy (CBT), Korean, cross-cultural, shamanism, hwa-byung

Cultural norms regarding what behavior is regarded as appropriate in different situations can have a major impact on the practice of psychotherapy. Also, cultural norms of both the client and the therapist have an impact on interpersonal interactions. Therefore, cultural norms' impact on therapeutic relationships is crucial to psychotherapy. Furthermore, when the therapist's worldview, experience, and expectations are different from the client's, this can complicate the process of developing a shared understanding of the client's problems and possible solutions (Pretzer, 2013).

Cognitive behavior therapy (CBT) is a distinct, empirically supported psychotherapy for specific disorders and problems. Many Korean therapists identify themselves as cognitive therapists, even though their overall practice does not reflect such an orientation, and most of them do not have proper certification for doing CBT. Consumers, agencies, insurance companies, and researchers may be misled by erroneous self-labeling by psychotherapists.

The present article illustrates cultural and/or cross-cultural characteristics in applying CBT to Korean clients in the following nine catego-
ries.
· Shamanistic healing
· Dropping out in the initial stage of therapy
· Being afraid of negative judgments from
  the therapist and therapeutic failure
· Fear of being stigmatized by a medical term
· Religious faith
· Personal history about trauma or sexual
  issues
· When parents are the source of their children's problems
· Hwa-byung as a psychosomatic problem
· Need for one shot therapy

Shamanistic Healing
K. I. Kim (1972a) described the relational nature of shamanism as follows: Individuals who seek shamanistic rituals are more concerned about their family's or neighbors' pain than about their own pain. When the shaman asks his or her clients, “What is your wish?” the client invariably responds “harmony and peace in my family and my neighborhood.” One's trouble is seen as the trouble of one's family and neighbors, and the pain of one's family and neighbors is one's own pain (B.-L. C. Kim, 1996). An individual never exists alone, but always in relationship with others. Therefore, shamanistic culture is a relation-based culture. The importance of psychiatric therapy as the primary therapeutic modality for Koreans can also be supported by their most representative traditional method of problem solving through shamanistic healing.

Shamanistic healing has played an indispensable role in healing numerous psychological wounds experienced by traditional Korean families (K. I. Kim, 1972b). First, shamanistic healing provides a safe outlet for emotional ventilation and catharsis. Second, a shaman empathizes deeply with clients. By embracing their clients, verbalizing the clients' repressed sense of injustice, singing for their clients, and weeping with them, shamans share their clients' sorrows as if they were their own. Third, the shaman is trained to care for everybody. Shamanistic healing is characterized by client-centeredness and flexibility, because the rituals are performed taking into account the reality of the clients, and there is little rigidity regarding fees and types of rituals. Fourth, shamanistic healing gives hope and reassurance. In ritual performance, through an oracle, a shaman gives the client hopeful messages, such as when the client will be cured and that the malevolent spirits have been defeated. Fifth, shamanistic healing is active and directive. By using rituals and pantomimes, and by giving direction and homework, a shaman plays a very active role in the healing process. Sixth, shamanistic healing is also a sort of group therapy, in the sense that all those who attend the healing rituals experience their own healing. In the process of comforting the host family, realizing the commonality of human problems, and learning from others' coping processes, the guests also benefit from the experience (Y. S. E. Kim, 1987).

Solutions. Shamanistic healing is no longer accepted by the majority of Koreans. However, the therapeutic aspects of shamanistic healing merit the attention of modern cross-cultural therapists. To adapt the therapeutic elements found in shamanistic healing for their work with Korean clients, cross-cultural therapists should incorporate the shamanistic therapeutic elements as much as possible. One important factor in shamanistic healing is to attribute the cause of illness to the client's ancestors. This method may assist a therapist who is using CBT
to help clients who do not attribute their problems to their own faults.

**Dropping Out in the Initial Stage of Therapy**
Koreans are very sensitive to shame, and also are unfamiliar with treatments and have a fear of stigma. Korean clients are more likely to quit at the initial stages of therapy, unless the therapist collaborates with them successfully. Many Koreans equate a psychological problem with being insane, being disloyal to one's family, being incompetent, or having weak will power (Sue & Sue, 1999). Such negative perceptions of psychological problems evoke a strong sense of shame and humiliation.

**Solutions.** It is very important for a therapist to be empathetic with clients' discomfort, especially at the initial stage of treatment. A therapist must clearly pledge to keep patient-therapist confidentiality as the therapist is legally mandated to do so. The following strategies may help reduce Korean clients' discomfort, especially their sense of shame:

- Start each session with social conversation.
- Begin with "ice-breakers." Starting and ending sessions with social interaction on topics such as the weather, traffic, or news will help remove the client's initial discomfort about seeking treatment (Haley, 1976).
- Offer tea during the session.
- Assure clients of confidentiality.

**Being Afraid of Negative Judgments from the Therapist and Therapeutic Failure**
Not being familiar with treatment, Korean clients are often afraid that the therapist might make negative judgments about them. Korean clients enter a clinic with no hope, feeling frustrated and incapable, and being afraid of therapeutic failure (Y. S. E. Kim, 2005).

**Solutions.** A therapist's use of compliments based on the client's strengths (de Shazer, 1988) and an expression of respect for the client may alleviate such fears. For example, a therapist might say, "It takes strength for patient to seek treatment, and your seeking help indicates your courage to overcome your obstacles." Therapists should tell clients about other clients' success. Reassuring clients that their problems are not unique but are shared by other clients, as well as giving examples of other clients with similar problems, also reduces shame. Furthermore, hearing about positive changes made by other clients gives clients hope. Sometimes inviting a previous client who used to have the same problems as the current client to a treatment session can be effective in preparing a client for treatment, because it increases both the client's expectation of a successful treatment outcome and trust in the therapist. I have used the term "testimonial session."

**Fear of Being Stigmatized by a Medical Term**
Usage of medical terms such as psychotherapy can induce threatening and alienated feelings in many Korean clients. If clients have been advised to see a doctor to get psychotherapy, they may believe that they are perceived as crazy. For many Koreans, even the word treatment has negative connotations. Korean clients prefer educational terms to medical terms. Calling the therapist's office a counseling center or education center will appeal more to Koreans than if it is referred to as a treatment center.

**Solutions.** Using reframing strategies helps clients feel understood and respected by the therapist. Instead of saying, "Have you ever been abused by one or both of your parents?" it is better to say, "We all have different ways to care about our families. I wish to learn from
you about your experience of caring" (Ho, 1987).

Religious Faith

Some Korean clients may believe that their Christian faith alone should be sufficient to help them overcome their personal problems and, therefore, think that being in treatment indicates that their Christian faith is weak.

Solutions. When working with Koreans who have a strong religious affiliation, therapists should explore any spiritual conflicts that these clients have about seeking help. The therapist should also clearly show respect for the client’s religion.

Personal History of Trauma or Sexual Issues

Most Korean clients, especially clients with traumatic childhood experiences or sex life, feel very uncomfortable when the therapist, who is a stranger to them, asks personal questions. However, some individuals do not feel a sense of discomfort until after they have left the treatment room and then they experience delayed discomfort (Y. S. E. Kim, 2005).

Solutions. Therapists are advised to refrain from asking many personal questions of the client in the early stage. Therefore, when meeting such a client, it is best to say, “I feel honored that you trust me enough to be willing to share such a personal part of your life. However, I want to save those important stories for later sessions, because then I will have a better picture of you, and I can understand what you say better.”

When Parents Are the Source of Their Children’s Problems

Korean families often come for treatment because of their children’s problems. During the early stages of the treatment, if a therapist tries to deal with underlying problems by pointing out that the parents or the parental relationship is the real source of the problem, the therapist is likely to face resistance, and the clients might quit the therapy. For example, an 8-year-old girl was brought to a Korean psychiatrist by her father because of her behavior at school. At the end of the first session, the doctor, deciding that the child’s problems were triggered by her anger against her mother, asked the father to bring his wife to the next treatment session. But the family never came back. Later, the doctor found out from the referring doctor that the girl’s mother had said, “What sort of phony treatment is that?” and the family had stopped sending the child to school (Lee, 1982).

Solutions. In this case, if the psychiatrist had said that the girl’s treatment could not be successful without the help and the advice from the mother, because she was an expert on her daughter, then the premature termination of treatment might have been prevented. As this case indicates, it is best for a therapist to delay acknowledging one or both parents or the parental relationship as the problem (Lee, 1997) until the family is ready to acknowledge its own problems. Therapists should avoid using challenging techniques with clients. The use of challenging techniques is not appropriate for Korean clients, especially in an initial stage of therapy, because it increases their sense of shame. When challenging Korean families, it is best to optimize the basis of their strengths. A therapist might say to a child’s mother, for example, “I want to understand more about how such a strong and competent mother like you failed to discipline your child in this situation.”
Hwha-byung as a Psychosomatic Problem

Often, Korean clients express psychological discomfort through psychosomatic complaints because, in Korean culture, it is acceptable to have physical problems but not acceptable to have emotional ones. Korean women's "heartburn" is one example of a tendency to express psychological pain through physical symptoms. Hwa-byung and shin-byung were included in the American Psychiatric Association's (1980) Diagnostic and Statistical Manual (3rd ed., DSM-III) as culture-bound syndromes.

Solutions. Therapists may recommend a thorough physical checkup for clients. Therapists can also educate clients about the relation between mind and body, and help them shift their attention from body to mind. Actually, fewer clients are being diagnosed as hwa-byung or shin-byung due to changes in assertiveness and acceptable expressions in Korean society. There is a shifting tendency for an increased number of cases of hwa-byung among mothers-in-law, rather than daughters-in-law.

Need for One Clear Shot Therapy

Many Koreans are not familiar with the concept of self-therapist, which is often the final goal of CBT. They usually want to receive a strong and brief therapy, which might be expressed as "one clear shot." Most of them have low compliance with homework although, in CBT, it is a very important factor for producing therapeutic changes.

Solutions. The therapist should explain and educate the client about the concept of becoming a self-therapist and emphasize the goals of CBT. Therapists should remind themselves to train clients to be their own therapists.

Conclusion

The ideas presented in this article should be taken only as a framework for beginning to work with Korean clients. The tremendous varieties among Koreans require great care to avoid overgeneralization regarding clients and appropriate treatment methods. Nevertheless, with this caveat, the above solutions may be useful to cross-cultural therapists who work with Koreans.

There has been a tremendous change in the cross-cultural aspects of therapies, due to globalization. Nowadays, we also even need to consider cultural differences among generations within a country. In cognitive behavior therapy, we should proactively ignite a conversation about cultural differences. We can encourage our clients to educate us about their culture, alert us when cultural differences seem relevant to therapy, and help us recognize cultural issues as they emerge. If the therapist and the patient can address cultural difference issues constructively, the therapist can establish an environment in which the patient can feel respected and can cooperate with the therapist.

References


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