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# Korean Psychotherapists' Self-Report on Strengths and Limitations in Practice: An Exploratory Qualitative Study

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**Abstract:** This study examines the professional strengths and limitations of psychotherapists in South Korea as reported by themselves. Open-ended responses from 371 Korean psychotherapists from the Collaborative Research Network: International Study of Development of Psychotherapists (CRN: ISDP) (Bae, Joo, & Orlinsky, 2003; Joo, Bae, & Orlinsky, 2003; Orlinsky *et al.*, 1999) were analyzed using the consensual qualitative research (CQR) methodology developed by Hill, Thompson, and Williams (1997). Responses to two questions, 1) What do you feel is your greatest strength as a therapist; 2) What do you feel is your most problematic limitation as a therapist? were examined. From the answers to each of these questions, themes and core ideas were obtained. Several suggestions for the development of psychotherapists are offered.

**Key words:** Development of psychotherapists, Korean psychotherapists, Psychotherapists' strengths and limitations

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## I. Introduction

With the globalization of psychotherapy has become imperative for clinicians and researchers to understand and value international contributions to psychotherapy. Psychotherapy is increasingly offered to people in non-European cultures and thus, practitioners must consider the complexity and multidimensionality of human diversity and the potential meaning of cultural and individual differences for psychotherapy research. In “A Model of Intersubjectivity in the Counseling Process”, Ivey (1986) emphasizes the importance of the psychotherapist’s cultural/historical background as well as that of the client. Culture is no longer a novel topic in psychotherapy and a multicultural perspective is an essential component of the therapeutic process (Ivey, Ivey & Simek-Morgan, 1997). Therefore, this paper aims to highlight the importance for psychotherapy of researchers acquiring an appreciation of the relevance of individual and cultural differences to psychotherapy research using data from the “Collaborative Research Network: International Study of the Development of Psychotherapists” (Bae, Joo, & Orlinsky, 2003; Joo, Bae, & Orlinsky, 2003).

In this exploratory study, we consider the importance of culture as well as the current professional situations in South Korea as it relates to Korean therapists’ perceptions of their therapeutic strengths and limitations. In addition to the cultural implications, it is also meaningful to explore therapists’ perception of their strengths and limitations in the context of self-understanding and professional development. In light of the large volume of existing research on the self-understanding and self-esteem of patients and clients, it is interesting to note that while therapists are zealously concerned about the self-understanding and self-esteem of their patients, somehow we seem to pay less attention to the self-understanding of ourselves as therapists. And even within the existing literature, most issues concerning the strengths and limitations of the therapists are, in fact, studies of therapists’ competencies to offer treatment and to affect treatment outcomes, and less so on the personhood of the therapists

themselves (Orlinsky & Ronnestad, 2005). Indeed, Orlinsky and colleagues agree that therapists are a neglected variable in psychotherapy research (Beutler, 1997; Beutler, Crago, & Arizmendi, 1986; Garfield, 1997). Furthermore, this is a matter for concern because the personhood of the therapist is the ultimate tool that facilitates the therapeutic process. Thus, understanding the personhood of the therapist is pertinent to understanding the development of the individual therapist. One way to consider the personhood of the therapist is to consider one's strengths and limitations as a therapist.

An examination of the current literature of psychotherapy research will show that accounts directly related to the self-reported strengths and weaknesses or limitations of psychotherapists' professional expertise are scarce. An implicit portrayal of therapists' strengths is to be found in studies that delineate themes relating to optimal therapist development. For instance, continuous reflection on one's personal and professional experiences has been identified as pertinent to functional therapist development (Ronnestad & Skovholt, 2001; Skovholt & Ronnestad, 1992, 1995). Besides that, increased boundary clarity and responsibility differentiation are also considered to be favorable for the development of therapists (Skovholt & Ronnestad, 1992, 1995). Despite the vagueness of the definition of "master therapists" (Orlinsky, 1999), the study by Jennings and Skovholt (1999) is valuable in terms of the well-rounded cognitive, emotional and relational strengths found in these "master therapists." Similarly, themes of balance, adaptiveness/openness, transcendence/humility and intentional learning were found to characterize the experiences of "passionately committed" psychotherapists (Dlugos & Friedlander, 2001). This finding corresponds to those of earlier studies that showed self-awareness, personal values, interpersonal relationships and the balance between professional and private life as key to the well-functioning of therapists (Coster & Schweber, 1997; Schweber & Coster, 1998).

It is also interesting to note that there is virtually no existing

literature describing the self-reported personal difficulties of therapists, other than reports that describe problems encountered in the treatment process, a phenomenon which is often labeled as counter-transference. Even so, occurrences of undesirable therapist behaviors such as incompetence, boundary violations, impairment and burnout, are of concern within the mental health field (Reamer, 1992; Schoener & Gonsior, 1988; Smith & Fitzpatrick, 1995; Wijesinghe & Dunne, 2001). Given that they have a fear of being prematurely judged as professionally incompetent because of their personal shortcomings, it is understandable that therapists are more inclined to report traits that are desirable in therapist.

This study is an examination of the strengths and limitations of psychotherapists in Korea. The profession of psychotherapy is a relatively young one in Korea, but one that has been growing rapidly in recent years (Joo, in preparation). However, research on Korean psychotherapists, let alone on the professional strengths of therapists, remains scarce. This paper attempts to fill this void by looking at some pertinent issues related to the development of therapists in Korea. The research questions in this study are: 1) What do you feel is your greatest strength as a therapist? 2) What do you feel is your most problematic limitation as a therapist? The results will hopefully provide psychotherapists-in-practice with an opportunity for self-reflection as well as functioning as a guide for their development.

## II. Method

The data examining the strengths of psychotherapists were collected as part of a long-term, collaborative, international study of the development of psychotherapists that was initiated in 1989 by a group of members of the Society for Psychotherapy Research (SPR), and has continued for more than a decade (Bae, Joo, & Orlinsky, 2003; Joo, Bae, & Orlinsky, 2003; Orlinsky *et al.*, 1999; Orlinsky & Ronnestad, 2005). This group known as the SPR Collaborative Research Network (CRN) originally consisted of colleagues from

Belgium, France, Germany, the Netherlands, Switzerland, the United Kingdom, and the United States, but was subsequently expanded to include colleagues elsewhere in Europe, the Middle East, Asia and the Americas. Currently, the Korean sample consists of responses from 538 psychotherapists in the fields of psychiatry, psychology, social work and counseling.

### **Research Instrument**

The research instrument designed for use on 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 therapists' professional and personal characteristics. The data from the structured responses are described in Bae, Joo, and Orlinsky (2003) and Joo, Bae, and Orlinsky (2003). The items analyzed in this study are: 1) What do you feel is your greatest strength as a therapist; 2) What do you feel is your most problematic limitation as a therapist? These open-questions are included in the section 8, Concerning Your Current Therapeutic Work, so that the therapists are allowed to response freely.

### **Participants**

Among 538 Korean therapists, 371 respondents voluntarily answered the open-ended strength-related items in DPCCQ. Among them, 235 were male and 137 were female. The age range was from 25 to 69 years ( $M=37.2$ ,  $SD=8.8$ ). By professional category, 198 respondents identified themselves as psychiatrists, 50 as clinical/counseling psychologists, 27 as social workers, 22 as counselors and 21 referred to themselves as psychiatric nurses. In terms of experience level, with the exception of the senior therapist category, the percentages of other groups were relatively close.

**Table 1.** Korean Psychotherapist Sample (N=371)

Characteristics	N	%
<u>Gender</u>		
Male	235	63.3
Female	137	36.9
<u>Age</u>		
<30	57	15.3
<30-45	249	67.1
>45	65	17.5
<u>Profession</u>		
Psychiatrist	198	53.4
Psychologist	50	13.5
Social Worker	27	7.3
Counselor	22	5.9
Psychiatric Nurse	21	5.7
Other	47	12.7
<u>Experience Level</u>		
Novice(<1.5)	66	17.3
Apprentice(1.5-3.5)	79	21.3
Graduate(3.5-7)	52	14.0
Established(7-15)	74	19.9
Seasoned (15-33)	45	12.1
Senior(>33)	5	1.3

### Data Analysis

A qualitative methodology was used in this study because this is considered by methodologists to be the most effective means of analysis in the exploratory phases of investigation (Hoshmand, 1989; McLeod, 1996; Patton, 1990). In particular, the consensual qualitative research (CQR) methodology developed by Hill, Thompson, and Williams (1997) was selected for the data analysis. In the CQR, a small number of cases are examined in depth to gain a proper understanding of the phenomenon, the data analysis is conducted using a consensual

group process, and conclusions are drawn inductively. The CQR method was selected in this research since it uses multiple judges, as well as an auditor, thereby lessening the likelihood that any single perspective will unduly influence the data analysis process.

Three judges served as the primary research team: a 28-year old male, a 29-year old female and a 37-year old female. One researcher was a 4th-year graduate student in the department of statistics, another was a research assistant in an institute, and another was an assistant professor in the department of psychology at a university. A 36-year-old female assistant professor in the department of psychology served as the auditor. All responses were transcribed by a 2nd year graduate student in the department of psychology. Initially, the primary research team developed a list of themes by grouping the responses from the transcript. The themes were altered after reviewing the first few transcripts and then refined in the light of additional transcripts. Further changes were made throughout the process to reflect the emerging data. Once the themes were set, the cases that had been initially coded were reexamined. Then the coding was modified so as to be consistent with the theme list. Using the transcripts, the three judges independently assigned each meaning unit from each transcript into one or more themes. In the course of ten meetings from November 2003 through March 2004, the judges discussed the assigned units into themes until a consensus was reached. The auditor examined the consensus version of each case and checked the accuracy of both the theme coding and the wording of the core ideas, then made comments and suggestions for changes. The judges then discussed the auditor's feedback and again reached a consensus. It is important to note that most of the responses are written in one or two words and multiple responses are allowed. Therefore, the responses do not necessarily add up to 100%.

### **Researchers' Biases**

A researcher bias factor is inevitable in qualitative studies. Among the four members of the research team, the two had had previous

experience of examining and studying data from the “Collaborative Research Network: International Study of the Development of Psychotherapists”. However, the other two members had never been exposed to this particular kind of study and their scholarly background is not related to psychology. Additionally, unlike many other typical qualitative data, the responses from the open-ended questions were written clearly in one or two words by the therapists. A consensus of 98% among the research members was obtained.

### **III. Results**

The results of this study describe the themes in various forms of strength and limitation. Each domain will be briefly explained and the core ideas of the themes will be presented.

#### **Domain 1. Strength**

The question, “What do you feel is your greatest strength as a therapist?” is named as the “Strength” domain. This domain concerns the strength of the psychotherapists as reported by the therapists themselves. Seven themes emerged in this domain: 1) Empathy, 2) Positive Personality, 3) Permissiveness, 4) Education/Training, 5) Perseverance, 6) Neutral Stance, 7) Humanity.

Firstly, 55.3% of the responses are related to empathy. The core ideas of empathy are ‘able to empathize’, ‘acceptance’, ‘warmth’ and ‘understanding’. The responses are mostly empathic ability and it is expressed alone or combined with acceptance, warmth and understanding the client/patient. It is striking to find that more than half of the responses in strength attribution are qualities of empathy. The respondents strongly report that they perceive their empathic ability and quality as their strongest asset as therapists.

Secondly, 16.4% of the responses are the characteristics of positive personality. The core ideas of this theme are ‘optimistic personality’, ‘active personality’, and ‘passionate personality’. The respondents used terms such as cheerful, and bubbly to describe their positive

**Table 2.** Themes and Core Ideas of Strength of Korean Psychotherapists

Themes(Frequency)	Core Ideas
1. Empathy(55.3%)	* able to empathize * acceptance * warmth * understanding
2. Positive(16.4%)	* optimistic personality * active personality * passionate personality
3. Permissiveness(11.9%)	* able to embrace * fully accept the client's state without judgment
4. Education/Training (11.6%)	* supervision * education * workshop * training * professional motivation
5. Perseverance(11.3%)	* be patient * able to wait
6. Neutral Stance(9.4%)	* not being emotionally contaminated * not able to involve too much with patient/client
7. Humanity(7.8%)	* humane attitude

personality. Thirdly, 11.9% of the responses consist of the qualities related to permissiveness (or broadmindedness). The core ideas of this theme are 'able to embrace', 'fully accept the client's state without judgment'. The meaning of this core idea of acceptance is different from the core idea in the empathy theme in that it is specifically described as unconditional acceptance. Forthly, 11.6% of the responses in strength attribution concern education and training. The core ideas of this theme are 'supervision', 'education', 'workshop', 'training' and 'professional motivation'. Fifthly, 11.3% of the responses are the characteristics of perseverance. The ability to be 'patient' and 'wait' are core ideas of this theme. Sixthly, 9.4% of the responses are related to

neutral stance. This is an interesting result showing that therapists are able not to become emotionally contaminated (or affected) and able to avoid becoming over-involved patients/clients. Finally, 7.8% of the responses concern humanity, and the core idea is having a 'humane attitude'.

In sum, four out of seven themes, namely, empathy, permissiveness, perseverance and neutral stance, are related to the "relationship" between the therapist and the client/patient. Two themes, namely, positive personality and humanity, are concerned with the personal aspects of the therapist. Lastly, the education and training theme is related to the professional characteristics of the therapist.

### **Domain 2. Limitation**

The question, "What do you feel is your most problematic limitation as a therapist?" is called the "Limitation" domain. This domain concerns the limitations experienced by psychotherapists. Low response rates were found in this domain compared to the strength domain. It seems that therapists are more willing to report on their strengths than on their limitations. Four themes emerged in this domain, 1) Lack of Skill, 2) Lack of Training, 3) Negative Personality Trait, and 4) Burn-out.

36.7% of all responses have to do with lack of expertise. The core ideas in this theme are 'lack of empathic skill', 'lack of therapeutic skill', 'not able to accept', 'not able to condone', 'lack of insight', 'lack of understanding', 'lack of neutral stance', and 'not capable of offering good therapy'. Again, therapists seem to be aware of the importance of therapeutic alliance and if they lack components in this area, they tend to report those as their limitations as therapists. The major components of therapeutic skills are empathy, acceptance, permissiveness, insight, and understanding. These are the themes of the strength domain showing that strength and limitation are similar to two sides of the same coin. Again, being able to maintain a neutral stance can be a strength whereas if therapists can't, this becomes their limitation.

**Table 3.** Themes and Core Ideas of Limitation of Korean Psychotherapists

Themes(Frequency)	Core Ideas
1. Lack of Skill(36.7%)	<ul style="list-style-type: none"> <li>* lack of empathic skill</li> <li>* lack of therapeutic skill</li> <li>* not able to accept</li> <li>* not able to be permissive</li> <li>* lack of insight</li> <li>* lack of understanding</li> <li>* lack of neutral stance</li> <li>* not capable of conducting good therapy</li> </ul>
2. Lack of Training(21.0%)	<ul style="list-style-type: none"> <li>* lack of knowledge</li> <li>* lack of experience</li> <li>* lack of supervision</li> </ul>
3. Personality Traits(14.8%)	<ul style="list-style-type: none"> <li>* lack of perseverance</li> <li>* lack of self-confidence</li> <li>* dependent personality</li> <li>* too sensitive</li> </ul>
4. Burn-out(8.9%)	<ul style="list-style-type: none"> <li>* lack of time</li> <li>* lack of energy</li> <li>* skepticism</li> </ul>

21.0% of all responses concern lack of training. The core ideas are 'lack of knowledge', 'lack of experience', and 'lack of supervision'. Therapists report that they are lacking knowledge about their patients/clients, the theory of psychology and counseling. It is interesting to note that therapists express the opinion that they are lacking in supervision. Many therapists report that the longer they practice the more they crave for supervision.

14.8% of all responses are related to negative personality traits. The core ideas are 'lack of perseverance', 'lack of self-confidence', 'dependent personality', and 'being too sensitive'. Again, this result shows how personal aspects related to personality influences the professional aspects of the work of therapists. Therapists who report

having 'dependent personalities' or the characteristic of 'being too sensitive' report that these traits interfere with their ability to provide good therapy.

Finally, 8.9% of all responses concern the condition known as 'therapist burnout'. The core ideas are 'lack of time', 'lack of energy', and 'skepticism'. Some therapists report that they just don't have enough time to conduct therapy and expressed how tired they are with low energy levels and feelings of exhaustion. A few therapists noted that the more they practice, the more they lose interest in practicing therapy and experience skepticism in the power of therapy to effect change in people.

In sum, the highest response related to the limitation domain is the "relationship" between the therapist and the client/patient. The lack of training theme is related to the professional aspect and the personality trait theme concerns the personal aspect of the therapist. Lastly, the burn-out theme has to do with the internal and external difficulties experienced by therapists in Korea.

#### **IV. Discussion**

The findings suggest that Korean therapists feel their ability to develop and maintain therapeutic alliance to be their biggest strength. A large body of literatures as well as the results of this study implies that the personhood of therapists does manifest itself in therapy. Skovoholt and Ronnestad (1992, 1995) noted that the therapists' conceptual system, role, and working style tend to become increasingly congruent with their personalities and cognitive schemata, as part of their professional development. Accordingly, the therapists' strengths and limitations are also inevitably manifested through their therapeutic work. More importantly, the personhood of the therapist, qualities such as openness, understanding, empathy, or lack thereof, can influence the outcomes of therapy. In other words, the way therapists perceive themselves may possibly influence how the clients experience their therapeutic process.

Overall, it is striking to find that the themes of the strength domain are mostly related to the relationship issues. The finding that the majority of the therapists considered their empathic ability to be the strongest asset as clinicians highlights the well-known fact that empathy, which greatly influences therapeutic alliance may be the single most important factor in therapeutic work for Korean therapists. This finding is consistent with those of Western therapists. A study done by Orlinsky et al. (1996) also showed that the majority of cross-national therapists wanted to and did see their behavior in relation to their patients as accepting, friendly, warm, tolerant, committed, and involved, again highlighting the significance of the relational aspect of therapeutic work. Interestingly, such a proclivity towards a positive therapeutic bond also matched the therapists' perception of their own personal relationships. Jennings and Skovholts (1999) also highlight s the importance of the relational characteristics of therapists in defining master therapists. Though the sample in their study consists of different professional groups of psychotherapists (excluding psychiatrists), they found relational strengths such as balance, openness, and humility to be the characteristics of passionately committed psychotherapists. These are strengths similar to those found in this Korean sample (i.e. neutral stance, permissiveness, humanity). These findings seem to suggest that acquaintance with human suffering serves to enhance therapists' tolerance and acceptance of human variety, and that these are essential qualities in a therapist (Skovholt & Ronnestad, 1992, 1995). The findings from this study as well as from the existing literature appear to support the assumption that the personhood of the therapists can influence their therapeutic work. Additionally, given that there is a general consensus in the field that positive relational traits are considered ideal and desirable for therapeutic work, it is conceivable that therapists might be overly inclined to self-report strengths relating to the interpersonal sphere.

Interestingly, the other strengths reported in this study are also generally in agreement with the existing literature. For example,

Orlinsky and Ronnestad (2005) found that therapists perceived their therapeutic mastery as lying within the context of skill proficiency and being related to their years of practice. Korean therapists report education and training to be one of their main sources of strength and this suggests that feeling proficient in, knowledge, and experience is as important to the Korean therapists surveyed here as it was for the Western therapists. The fact that professional motivation was included in the category of education and training for the Korean sample suggests that dedication and discipline are considered to be important parts of education and training. This reflects Koreans' cultural emphasis on self-reliance and self-discipline in the context of achievement (Choi, 1976; Chung, 1985).

The strengths found in this study shed a great deal of light on the professional development of psychotherapists in Korea. It is surprising to find that what seems to be happening with therapists in Korea is quite similar to what is happening with Western therapists since some differential findings were expected as a reflection of cultural differences. Although some strengths such as perseverance and humanity may reflect the cultural beliefs and practices of Korean therapists in a country where these are valued and desired virtues, for the most part, the themes relating to strengths in the Korean sample appear to resemble what has been described as the desired traits of master therapists in the current literature in the West.

The limitations of the Korean therapists appear to manifest themselves in various forms of incompetence, impairment and burn-out in their therapeutic work, similar to what has been found in other studies (Dale, 1997; Dupree & Day, 1996). For instance, lack of skill and lack of training, which have been described by the majority of the Korean sample as personal limitations, would lead to feelings of incompetence as clinicians, which in turn might lead to less effective therapeutic work. Naturally, feelings of incompetence and ineffectual therapeutic relationships would eventually lead to feelings of burnout for many psychotherapists. Furthermore, the finding that Korean therapists perceive a lack of training and other professional

shortcomings as their main limitations may be explained by the fact that the field of psychotherapy in Korea is relatively new. Currently, there is a lack of and need for training, supervision, and development opportunities, especially as compared to the situations in the West (Joo, Bae, & Orlinsky, 2003; Joo, 2004). Thus, greater emphasis on clinical training in Korea would assist Korean therapists to feel more competent and perhaps more satisfied in their therapeutic work.

The result of this study should be interpreted in light of several limitations. Due to the data collection process, a disproportionately large number of psychiatrists as compared to other professional groups has been included. Therefore, it is important to note that the group of therapists in this study is not a representative sample of therapists in Korea as a whole. Also, subjectivity may still persist throughout the research process despite the best efforts made to minimize researcher bias by means of a collaborative data analysis between researchers. Based on this exploratory study, the authors would like to suggest the following research questions for further study. First, it would be worthwhile to investigate the relationship between the strengths and limitations reported by the therapists in this study. For example, 'What are the reported limitations of therapists who report that their strengths are empathy?' Second, a comparative analysis of the data based on the age, gender and experience of the respondents should provide more detailed information on the influence of these key variables on therapists' reported strengths and limitations. Third, on the topic of cultural differences, it would be interesting to compare the findings of therapists from different cultural backgrounds. Further research along these lines, we feel, will be fruitful in shedding light on the results of this study as well as deepening our understanding of the important role of culture in psychotherapy.

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