College Students' and Counselor Trainees' Perceptions of a Psychologically Healthy

Person: A Comparative Study on Cultural Values

between the United States and South Korea

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to God who led me to pursue a career in psychology as my vocation,

and to those who strive to enhance psychological health in a multicultural society.

Abstract

The definition of a psychologically healthy person varies depending on changes in personality or counseling theories. Several common features—such as independence and autonomy—appear to describe the psychologically healthy person in the Western mental health field (Pack-Brown & Williams, 2003), reflecting personality and counseling theories based on European American individualism. European American values of psychological health, however, may not be entirely applicable to other cultures or countries, because one's cultural orientation and values influence one's understanding of well-being and what is ideal (Suh, 2000). The purpose of this study is to explore college students' and counselor trainees' perceptions of a psychologically healthy person and perceptions of certain cultural values while examining for potential differences between the United States and South Korea.

United States participants included 200 undergraduate students and 103 graduate students in counseling psychology programs in the Midwestern United States. Korean participants included 241 undergraduate students and 119 graduate students in counseling psychology programs in Korea. The study used four different versions of the survey: a counselor trainee version and a college student version in both English and Korean. Each survey consisted of two different parts. The first part was comprised of the Asian American Values Scale–Multidimensional (AAVS-M; Kim, Li, & Ng, 2005) and the independent Self-Construal Scale (Singelis, 1994). The second part was an open-ended questionnaire which asked for participants' perceptions of psychological health.

A two-way MANOVA was performed with SPSS to examine differences in perceptions of Asian cultural values with the five subscales (i.e., Collectivism, Conformity to Norms, Emotional Self-Control, Family Recognition through Achievement, and Humility) of AAVS-M by nationality (United States vs. South Korea) and profession status (college student vs. counselor trainee). A two-way ANOVA was performed to examine differences in perceptions of individualistic values by nationality and profession status. The qualitative data was analyzed using qualitative content analysis (Morgan, 1993) with principles of inductive analysis (Patton, 2002) and Consensual Qualitative Research (Hill, Thompson, & Williams, 1997) to find themes in participants' answers for open-ended questions using Nvivo software.

The MANOVA revealed significant differences in perception of Asian cultural values by both nationality and profession status. The interaction effect of the two independent variables was also statistically significant, indicating that the nature of the difference between counselor trainees and college students varies in the United States and Korea. The ANOVA revealed significant differences in the perception of individualistic values by both nationality and profession status. The interaction effect was also significant, indicating that American counselor trainees perceived individualistic values in a more negative light than American college students, while Korean counselor trainees perceived individualistic values in a more positive light than Korean college students. As a characteristic of a psychologically healthy person, 8 domains (personal and self, interpersonal relations, social norms, affect, cognitive-behavioral, purpose in life, coping, absence of mental illness) and 29 themes emerged as a result of qualitative analysis.

Thematic differences between the United States and Korea as well as college students and counselor trainees were identified.

The results help us understand cultural value differences as well as impacts of counselor training in the United States and Korea. The findings suggested that counselor trainees in both the United States and Korea should be aware of their potential tendency to devalue Asian cultural values in their clinical work. The greater value differences between Korean college students and Korean counselor trainees particularly raised needs to develop culturally relevant counseling models and training in Korea. Suggested implications for training and practice of counseling in cross-cultural situations will be elaborated upon in detail.

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Chapter 1

Introduction

The definition of the ideal person in terms of mental health has varied depending on changes in personality theories or counseling theories across the last one hundred years. Freud (1917) believed the psychologically healthy person should be able "to work and to love." Maslow (1968) described his ideal person as "self–actualizing." Still later, Rogers (1980) called the healthy individual a "fully functioning person." Despite these differences, several common features—such as independence and autonomy—appear to describe the psychologically healthy person in the Western mental health field, reflecting personality and human development theories based on European American individualism. Yet, European American values of psychological health may not be entirely applicable to other cultures or countries, because one's cultural orientation and values influence one's understanding of well-being (Kwon, 2008; Suh, 2000). That is to say, different cultures conceptualize good health and quality of life differently based on their own cultural values.

Acknowledging a rapid racial and ethnic diversification in the United States, counseling psychologists have begun to pay more attention to promoting culturally relevant practices to better serve diverse clients (Sue & Sue, 2008). Multicultural counseling theory emphasizes that counselors should be aware of their own biases and values, gain knowledge of clients' worldviews, and develop appropriate skills and strategies to help diverse clients (Sue & Sue). Research, however, suggests that in the United States there are clear disparities in mental health services provided to ethnic minorities versus European Americans, and these differences in care are due to limited

access to the services and relatively insufficient services for minority clientele (Department of Health and Human Services, 2001). Thus, counseling psychologists and researchers must continue to increase attention on the unique counseling needs of and strategies for serving ethnic minorities.

The culture of psychology is multifaceted and pluralistic, but also holds mutually agreed-upon values, rules, and principles (Handelsman, Gottlieb, & Knapp, 2005). As new trainees enter the field of psychology, they are acculturated into the professional culture of psychology (Handelsman et al., 2005). As a result, trainees are not only groomed to develop a scientific approach and critical thinking skills, but they also must partially give up their original values by "unlearning… aspects of [their] previous repertoire that are no longer appropriate" (Berry & Sam, 1997, p. 298, as cited in Handelsman et al., 2005) for their new profession. Gradually, new psychologists adopt values that are embedded in counseling theories, clinical practice, and codes of ethics. Scholars, however, have raised concerns about the shared professional values in current psychology because the values reflect European American culture influence; thus, these professional values do not aptly coincide with the values of minority clients (Atkinson, 2004; Sue & Sue, 2008). For example, autonomy, which is embedded in the ethical principles of the American Psychological Association (APA; 2002), may conflict with a value of hierarchical interpersonal relationships emphasized in collectivistic cultures such as Asian cultures.

The cultural value conflicts between Asian clients and non-Asian counselors have been reported in the literature as a reason for underutilization of mental health services and premature termination among Asian Americans (Kim, Atkinson, & Yang, 1999).

Similarly, acknowledging cultural differences between South Korean (hereinafter referred to only as Korean) culture and Western cultures, Korean psychologists have begun to question whether the culture of psychology in Korea is too westernized (Chang,2002; Seo, 2005). Historically, most Korean counseling training programs have taught Western theories without due attention to Korean cultural features (Kim, Kwon, Han, & Sohn, 2008), such as the Confucian family-oriented culture, because pioneers in the field were educated and trained in Western countries. Contrary to the strong emphasis on multicultural counseling in U.S. training programs, Korean psychologists have paid relatively little attention to culturally appropriate practice. This could be due to the short history, underdeveloped stage of the field of counseling psychology, or the assumption of culturally relevant practice based on the fact that generally counselors and clients are both Korean.

Given the previous lack of concern about cultural differences globally, increasing attention to developing culturally relevant counseling approaches by researchers in South Korea (hereinafter referred to only as Korea) is noteworthy (Chang, 2004; Lee & Kim, 1989; Lee, Yang, & Suh, 2007). Recently Kim et al. (2008) found Korean-specific factors leading to successful counseling outcomes for Korean clients (e.g., "regarding their clients as their own child" and "knowing the parent-children centered system of Korean family") (p. 986). Little research, however, has addressed whether Korean counselors hold culturally appropriate values for clients in counseling. That is to say, researchers have not explored whether dominant Western theories in psychology have led Korean counselors to endorse individualistic values rather than Korean values when they work with their clients. Given that trainees in Korean counseling programs mainly study

Western theories, it is possible that they regard individualistic values such as *independence, competitiveness,* or *uniqueness* (Chen & West, 2007) in more positive light than the Korean public or clients. Perhaps counselors try to consciously or unconsciously unlearn and devalue traditional values which may seem less aligned with new knowledge learned through their counseling education.

Regardless of cultures or countries, having discrepant values between the counselor and the client may be less problematic if the assumption is that counseling is value-free and counselors remain objective in multicultural counseling settings. However, research has shown that the counselor also influences the value system of the client (Kelly, 1990). Tjeltveit (1999) has also suggested that the values or worldviews of counselors tend to widely influence diagnosis, case conceptualization, counseling process, counseling goals, mental health perspective, and the assessment of outcomes. Therefore, psychologists cannot help but be particularly concerned about the possibility that counselors may unintentionally influence their clients based on a biased view of mental health in counseling, perhaps a vision of mental health based on their own values and worldviews that may not coincide with those of clients.

Ideally, culturally competent counselors should be able to work with clients who have different cultural backgrounds and values (Sue & Sue, 2008). However, these differences can make counselors' clinical work complicated, especially in cross-cultural encounters with clients who hold a different perspective on psychological health based on their cultural values. In reality, value differences between the counselor and the client may be an important underlying reason that minority populations are less inclined to seek mental health services (Department of Health and Human Services, 2001).

Regardless, there is a paucity of research, particularly in the international domain, about how psychologically healthy persons are characterized across cultures or by mental health professionals, as well as how counselors perceive certain cultural values in their clinical settings. Given the variability across cultures and nations, the study of psychological health and counselors' perceptions on certain cultural values in a world context can be indeed a massive project. As a starting point, this study seeks to explore psychological health and cultural value differences between the United States and South Korea.

Significance of the Problem

This study is timely given recent calls to internationalize counseling psychology (Leong & Ponterotto, 2003). A special edition of The Counseling Psychologist (volume 31, number 4, 2003) is one example of the increasing attention given to the relevance of counseling psychology, as it is researched and practiced in the United States in global contexts. Another important facet of this study is anchored in the fact that it uses an Asian cultural value construct to explore value differences between counselor trainees and college students. To date, previous research has thematic limitations due to having used non-specific general value constructs (e.g., Rokeach Value Survey, or individualism and collectivism) to investigate the influence of values in counseling. The study follows Beutler and Bergan's (1981) suggestion, using a construct that is able to discriminate "values that uniquely characterize individuals, social groups, [or] ethnic populations" (p. 19). The findings will help U.S. psychology programs attain global relevance and create ideas for better transference of knowledge to different cultural regions and countries as well as training Asian international psychology students to become internationally

competent psychologists. Also, the findings will have implications for providing culturally relevant mental health services to Asian clients in the United States. Exploring American counselor trainees' perception of Asian cultural value constructs will help to identify potential specific value conflicts in multicultural settings which may impede the counseling process. In addition, this study is needed for Korean psychology to further develop an indigenous counseling model and a training program that can be established in Korean culture. The findings will provide a snapshot of value differences which may exist between counselors and clients in Korea. Lastly, the findings will have great potential to provide a foundation for discussing the role of cultures in other health-related disciplines such as medicine, psychiatry, nursing, social work, family therapy, and public health, among others.

Chapter 2

Literature Review

The purpose of this literature review is to understand how values influence counseling practice and to understand characteristics of a psychologically healthy person. Specifically, first, how *value* similarities and dissimilarities between counselors and clients are related to counseling processes, outcomes, and value changes of clients is explored. Second, articles are reviewed that address how *worldview* in the counselor-client relationship influences counseling processes and outcomes, specifically exploring the effects of worldview match on counseling. Third, articles are reviewed that explore the *value* or *worldview* profiles of the counselor and its influence in counseling. Fourth, studies are introduced that help describe the characteristics of a *psychologically healthy person* or an *ideal person* as conceptualized by Western psychology and Eastern Confucianism.

The Influence of Values in Counseling

Historically, counselors believed that counseling is a value-free enterprise, implying that values do not play a role in counseling or psychotherapy. Yet, in the 1950s, psychologists started to recognize the possibility that personal values influence counseling (Kelly, 1990). Many researchers observed that "therapists do not remain value free even when they intend to do so" (Kelly, 1990, p. 199), but the nature of values' influence in counseling has been unclear. Early research on this topic failed to provide consistent conclusions due to varying value constructs and lack of rigorous methodology, such as the use of unreliable measures. Therefore, this review of literature attempts to

clarify the influence of values in counseling by reviewing recent empirical literature on this topic.

Twenty years ago, Kelly (1990) reviewed relevant studies on the role of values in counseling or psychotherapy. Acknowledging the aforementioned problems in previous research, Kelly first attempted to clarify the definition and measurement of values in the literature. Based on a review of different value constructs in research, Kelly identified Rokeach's (1973) definition of values as a coherent and well-researched construct, and regarded the Rokeach Value Survey (RVS; Rokeach, 1973) as a reliable measurement tool. According to Rokeach, a value is defined as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence" (1973, p. 5). Using the work of Rokeach (1973) as a reference, Kelly identified 10 studies that had used the RVS or a value construct closely related to Rokeach's value definition, cited here chronologically spanning 30 years of the earliest research in this area (Rosenthal, 1955; Farson, 1961; Pentony, 1966; Cook, 1966; Welkowitz, Cohen, & Ortmeyer, 1967; Beutler, 1971; Martini,1978; Beutler, Pollack, & Jobe, 1978; Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985). To explore the influence of values in counseling, Kelly critically reviewed the selected 10 studies in terms of value construct and measure, process and outcome perspective and measure, strength of the study design, and findings.

From this review, Kelly (1990) made the following three conclusions. First, over time, the values of clients became similar to values of counselors in counseling, known as *convergence* (Beutler et al., 1983, as cited in Kelly, 1990). This convergence was

positively related to the original value dissimilarity between counselors and clients. Second, clients' and counselors' value convergence was related to the counselors' perceived improvement of clients, but it was not related to clients' self-perceived improvement or standardized outcome (Beutler et al., 1983, as cited in Kelly, 1990). Third, the association between early value similarity and counseling outcome was intricate and unclear due to inconsistent findings across studies. Arizmendi et al. (1985, as cited in Kelly, 1990) proposed that certain values may play more important roles in counseling than others, depending on the degree of clients' problems associated to value related issues (e.g., marriage conflicts). Based on Martini's (1978, as cited in Kelly, 1990) study, Kelly also raised the question of whether the influence of values differs by type of therapy, exemplifying that values may have a limited role in strict behavioral approach as opposed to a relational approach.

Compared to other early reviews (e.g., Beutler, 1981; Kilmann, Scovern, & Moreault, 1979), Kelly's (1990) review yielded credible findings from previous literature by using a strict selection standard to screen out studies that used an analogue design or constructs unrelated to values such as favorable counseling goals. Yet, Beutler and Bergan (1981) argued that by reducing multiple value dimensions, Rokeach's (1973) value construct is too general. The value construct cannot explain the complex nature of value interactions between counselors and clients in counseling (Kelly, 1990).

To extend findings from Kelly's (1990) review, Kelly and Strupp (1992) conducted a field study to explore three hypothesized relationships: (a) the pattern and degree of clients' value assimilation, (b) counseling value assimilation and outcome, and (c) the value similarity of counselors and clients after termination and outcome. In this

study, *assimilation* was defined retrospectively as, "perceived value changes in the direction of the therapist's values" (p. 34). The authors selected 49 participants who represented general outpatient adult clients. One of the selection criteria was that participants presented noticeable interpersonal problems. Counselors included 8 psychiatrists and 10 clinical psychologists in Time-Limited Dynamic Psychotherapy (TLDP) training, who had at least two years of post-resident and post-doctoral clinical experience. The counselors and clients completed the previously mentioned RVS (Rokeach, 1973) to assess values after termination. The RVS consists of two major scales: *Terminal values* and *Instrumental values*. Terminal values consist of two sub-scales, *Personal Goals* (e.g., wisdom and comfort) and *Social Goals* (e.g., equality and freedom). Instrumental values consist of two sub-scales, *Competency* (e.g., ambition and capability) and *Morality* (e.g., honesty and responsibility; see Rokeach, 1973, pp. 29-30). To explore the association between value assimilation and outcome, the authors used four different perspectives on outcome assessment: those of clients, counselors, a third party clinician, and a standardized measure of interpersonal problems.

The results indicated that at least a half of the participants reported perceived changes for most of the *Personal Goals* values and *Competency*, but only three reported changes in *Moral* values or none of *Social Goals* values. Only 36% of value change occurred in the direction of counselors' values. The correlation analyses between value assimilation and four outcome assessments revealed only one significant relationship between Terminal value assimilation and counselor's outcome assessment ($r = .40, p < .05$). A multivariate analysis of variance (MANOVA) was conducted to examine effects of value similarity between counselors and clients on four outcome assessments. There

was a significant interaction between *Terminal value* similarity and *Instrument value* similarity, indicating a moderate degree of value similarity after counseling predicted positive outcomes. Kelly and Strupp (1992) interpreted this result to imply that marked value dissimilarity between counselors and clients may interfere with rapport building, but excessive value similarity may not be able to identify value-related problems that might need to be addressed for therapeutic improvement.

Kelly and Strupp's (1992) study has several limitations. In this study, value changes were assessed at either one- or two-year follow-up. Even though the authors argued that historical effects were minimal due to the test-retest reliability of the RVS, the results would have been more reliable if they measured value changes at the same time (e.g., at termination) across all participants. In addition, the number of sessions might have confounded the findings, because a greater number of sessions may have more greatly impacted value changes for clients. Even if there was a 25-session limit in the study, each dyad probably had a different number of counseling sessions. The number of sessions, however, was not controlled in the analyses. Also, participants' ethnicity was not reported or controlled in the study even though cultural factors related to ethnicity and ethnic match between counselors and clients can be influential in counseling. Last, types of client problems and types of therapy may have different impacts on value changes (Kelly, 1990); the study has limited external validity since researchers recruited clients with interpersonal issues and counselors in the time-limited dynamic psychotherapy (TLDP) training.

Acknowledging that the initial discrepancy in preferences between counselors and clients play more important roles in the beginning stages of counseling more than in the

final stages (Tracey & Dundon, 1988), Vervaeke, Vertommen, and Storms (1997) investigated the influence of initial value similarity and dissimilarity on the quality of the early counseling process, using dropout as an indicator. Eighteen counselors and 90 clients originally participated in this study at outpatient clinical settings. Both groups completed the modified version of the RVS (Rokeach, 1973), which measures value preferences with a four response, Likert-type scale, "based on the distinction between the direction and coercion of the preference" (Vervaeke et al., 1997, p. 3). Researchers measured the dependent variable by whether or not the clients dropped out of counseling services within the first five sessions. The authors chose the first five sessions as a criterion because they were interested in the effect of value (dis)similarity on early counseling process, especially rapport building. The data analyses included 78 completed dyads in which 11 clients dropped out of counseling.

A *t*-test was conducted to examine the difference between a dropout group (*N*=11) and a non-dropout group (*N*=67) for value similarity scores and dissimilarity scores respectively. There was a statistically significant group difference for value dissimilarity indicating that clients in the dropout group had higher value dissimilarity scores than those in a non-dropout group. Yet, there was no significant difference between the two groups for the value similarity score. Vervaeke et al. (1997) argued that the results supported Kelly and Strupp's (1992) idea that accumulated value dissimilarity between clients and counselors interferes with building a therapeutic relationship. Noting a significant relationship between dissimilarity and dropout, the authors indicated that the finding goes against a traditional belief that value similarity between clients and counselors is associated with client attendance in counseling.

Compared to Kelly and Strupp's (1992) study, Vervaeke, Vertommen, and Storms' (1997) study has stronger external validity, because the researchers recruited 18 counselors who had various backgrounds in terms of training programs, theoretical orientations, and years of clinical experience. Also, the 90 client participants presented various problems as opposed to clients who had only interpersonal issues in Kelly and Strupp's study. The current study, however, also has its limitations. For example, the authors excluded 12 client and counselor dyads with incomplete data, so it is possible that sampling bias exists in the study. Also, given a wide range in counselors' experience, from 3 to 20 years, this wide range of counselors' experience might confound the results. Last, considering that clients' motivation for change and a working alliance are closely related with droping out, those two factors may have confounded the effects of value (dis)similarity on the dropouts.

Contrary to Vervaeke et al.'s (1997) study, a dissertation by Lupini (2000) measured the therapeutic alliance in exploring relationships among value (dis)similarity and therapeutic alliance as an outcome variable. Additionally, the author investigated potential mediating effects of therapeutic alliance between value (dis)similarity and counseling outcome. The original participant pool in this study included 58 master's level trainee counselors and 99 clients from the local community or university. Immediately following the fifth session, both clients and counselors completed the Working Alliance Inventory (Horvath & Greenberg, 1986) and a modified version of the RVS (Rokeach, 1973), which was used in Vervaek et al.'s (1997) study. The clients also completed the Counselor Effectiveness Rating Scale (CERS; Atkinson, & Wampold, 1982). The data analyses included 40 completed dyads.

The correlation analyses among value (dis)similarity, the therapeutic alliance, and counseling outcome revealed significant positive relationships at the .05 level of p-value between value dissimilarity and client-rated therapeutic alliance ($r = .32$), and counseling outcome and client-rated therapeutic alliance ($r = .78$). There was a significant negative relationship between value similarity and dissimilarity ($r = -.77$). Lupini (2000) also conducted a regression analysis, with results identical to correlation coefficients because the author only included one predictor in the regression models; additionally, a series of regression models did not reveal any of the mediating effects for the therapeutic alliance between value (dis)similarity and counseling outcome. The post-hoc analyses indicated that both value similarity and dissimilarity influenced therapeutic alliance.

The results of Lupini's (2000) study should be carefully interpreted due to some limitations. The author argued that value dissimilarity has a positive impact on therapeutic alliance and pointed out inconsistency with Vervaeke et al.'s (1997) and Kelly and Strupp's (1992) study. Yet, it should be noted that each study measured clients' values at different time points in the counseling process (e.g., the first session in Vervaeke et al.'s study, the final session in Kelly and Strupp's study, and the fifth session in Lupini's study). Since the value (dis)similarity between counselors in three studies has different meanings, comparison of findings is not appropriate. Given literature that clients' values change during counseling work (Kelly, 1990), Lupini also acknowledged that clients' values measured at the fifth session are different from initial values of clients. Last, the client-rated CERS at the fifth session may not accurately reflect an overall counseling outcome.

Similar to Lupini's (2000) study, Thomas (1994) explored relationships between value similarity between counselors and clients and the therapeutic alliance in marital therapy. Additionally, Thomas investigated whether a certain set of counselor values helps to predict the therapeutic alliance. The sample included 49 counselors, 53 couples, and 120 individual clients. Thomas used the RVS (Rokeach, 1973) to measure values of participants and Kendall's coefficient of concordance to assess similarity of counselors' and clients' values. The author also used the Couple Therapeutic Alliance Scale (CTAS; Pinsof & Catherall, 1986) to measure the therapeutic alliance. The control variables included gender, years in marriage, religion, and length of counseling. Three hypotheses were included in the study. First, the terminal value similarity is negatively associated with the therapeutic alliance. Second, the instrumental value similarity is positively associated with the therapeutic alliance. Third, certain counselor values predict the therapeutic alliance more so than others.

Thomas (1994) conducted the correlation analyses between similarity and the therapeutic alliance and the partial correlation analyses with control variables. The author concluded that similarity between counselors and clients for both terminal values and instrumental values is positively related with the therapeutic alliance, particularly with a goal aspect of the therapeutic alliance, disconfirming the first hypothesis and confirming the second hypothesis. Regarding the third hypothesis, the author found that the therapeutic alliance was positively related to counselors' values of *a comfortable life, forgiveness*, and *intellectual qualities* and negatively related with *a sense of accomplishment*, *social recognition*, and *ambition*.

Thomas's (1994) study has the following limitations. First, the author did not clarify when participants completed the RVS and the CTAS in the course of counseling process, so there is a limitation in interpreting and comparing current results with other related studies. Addressing the finding contrary to the first hypothesis, Thomas mentioned the necessity of measuring value similarity as well as value convergence in a different period of counseling process. Second, participants were counselors and clients engaged in the work of marital counseling; the result may not be generalizable to individual counseling needs and settings.

Contrary to the aforementioned studies (Kelly & Strupp, 1992; Lupini, 2000; Thomas, 1994; Vervaeke, Vertommen, & Storms, 1997), Hamblin, Beutler, Scogin, and Corbishley's (1993) conducted a study in group counseling and pharmacotherapy settings. The researchers explored relationships among the following: initial value similarity between the counselor and the client; value convergence; clients' ability to surmise the counselor's values; clients' responsiveness to counselors' values; client changes in cognitive distortions; and counseling outcome. The study included clients 65 years old or older with a diagnosis of Major Depressive Disorder. A total of 37 participants who met study criteria were randomly assigned to an 18-session cognitive group counseling condition or a 20-week pharmacotherapy treatment. Due to attrition, the final sample for analysis included 29 participants. The researchers used a correlation between a client's and counselor's rank order on RVS (Rokeach, 1973) to measure value similarity, and a correlation between a client's prediction of counselor's rank order on RVS and actual counselor's rank order to measure a client's estimation of counselor's values. The authors also used the change score in value similarity between pretest and posttest to measure

value convergence. Additionally, the authors used the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961) to measure depressive symptoms, the Cognitive Error Questionnaire (CEQ; Lefebvre, 1981) to measure dysfunctional beliefs, and the Treatment Sensitivity Survey (TSS) to measure client's responsiveness to values of counselors.

Two *t*-tests were conducted to compare cognitive group counseling and pharmacotherapy treatment in terms of clients' precision in predicting counselor's values and value conversion. The results indicated that clients in the cognitive group condition more accurately predicted counselor's values and that more counselor-client value convergence occurred as opposed to those assigned to the pharmacotherapy treatment condition. A multiple regression analysis was conducted using clients' change in depressive symptoms as a dependent variable. The independent variables included clients' predictions of counselors' values, value convergence, and responsiveness to the counselor's values. The result indicated that a client's responsiveness to a counselor's values was only a significant predictor for improvement in depressive symptoms. Another multiple regression analysis was conducted using value similarity between counselors and clients after treatment as a dependent variable and initial value similarity, responsiveness to counselor's values, and change in dysfunctional belief as an independent variable. The result indicated that initial value similarity was significantly associated with final value similarity. Given no significant relationship between value convergence and a client's capacity to identify the counselors' values, the authors suggested that there are unclear and indirect relationships among value convergence, counseling outcome, and clients' awareness of value influencing process. The authors

concluded that clients' responsiveness to counselors' values was positively associated with counseling outcome.

The Hamblin et al. (1993) study, however, has limitations. First, in the reconsideration of presented items (e.g., "I have done differently this past week because of what I learned in therapy.", and "I want to see things the same way my therapist does.") of the TSS in the article, measurement construct validity remains unclear as to whether researchers captured the degree of a client's compliance with treatment or their responsiveness to values of the counselors. Also, given that cognitive group treatment was highly structured (Hamblin et al., 1993), a counselor's personal values may less reflect on treatment process in this study than in real-life treatment settings. Second, generalizability of the results is limited by sample size and participant profiles, representing only the elderly with depression (Hamblin et. al, 1993). As mentioned before, the results may not be applicable across therapy type to individual counseling settings.

Summary of Studies Regarding the Influence of Values in Counseling

In contrast to prolific studies completed in the 1970s and 1980s, there has been limited research on values in counseling during the last two decades (Beutler et al., 2004), or at least a decrease in the rate of publication on the topic. Accordingly, recent research only partially advances knowledge of the influence of values in counseling beyond findings in Kelly's (1990) review, but it is noteworthy that researchers (Lupini, 2001; Thomas, 1994) take into account therapeutic alliance to clarify relationships between values similarity and counseling outcome. The following is a holistic address of the methodological issues of the aforementioned research and summarizes broad findings on

the influence of values in counseling as a way to take stock of the direction for future research and to understand implications for counseling practice.

Reflecting Kelly's (1990) idea that the Rokeach Value Survey (RVS; Rokeach, 1973) is a reliable measurement tool to assess values, all five studies in this review used the RVS to measure values of participants. Thus, all the studies explored the effect of values in counseling in terms of Rokeach's (1973) value construct, an important methodological note. Yet, there was inconsistent assessment for value similarity between counselors and clients across the studies (e.g., using a difference score or a correlation score between counselors' and clients' ratings on values). In the Vervaeke et al. (1997) and Lupini (2000) studies, value similarity as well as dissimilarity was measured by administering a modified version of the RVS. The most challenging issue is that valid comparisons of the results are limited because the studies focused on the effects of value similarity or dissimilarity at different or unspecified time-points in the counseling process (e.g., initial or final value similarity).

Despite these methodological concerns, the review of the literature offers several critical findings with implications for research and clinical practice. First, certain values of clients change in the direction of counselor values (Hamblin et. al, 1993; Kelly, 1990; Vervaeke et al., 1997). Thus, counselors should be aware of their influence on clients' value systems. Second, value match between counselors and their clients enhances the therapeutic alliance (Thomas, 1994; Vervaeke et al., 1997). Even though Lupini (2000) found the opposite, her result was relatively less reliable because values were measured in the middle of the counseling process. Initial value match may play a more important role in early counseling process, but investigation of its effect on final counseling

outcome can be a difficult task due to the complexities of variables present throughout the counseling process. Third, clients' value convergence or assimilation is positively associated with the counselors' perceived improvement of clients (Kelly, 1990; Kelly & Strupp, 1992); yet it remains unclear whether it is related to actual counseling outcomes due to inconsistent findings. This finding implies the possibility that counselors consciously or unconsciously want their clients to adopt their values even though the value convergence does not guarantee client's improvement. This possibility can further create ethical problems in multicultural counseling settings when there are clear cultural value conflicts between counselors and clients.

Influence of a Worldview Match in Counseling

After Sue (1978) addressed implications of worldview in counseling practice, the concept of worldview became one of the most popular constructs in multicultural counseling research due to how it influences various psychological processes (e.g., motivation, perception, and feeling) that often are addressed in counseling (Williams, 2003). Recently, Koltko-Rivera (2004) defined worldview as "a set of assumptions about physical and social reality that may have powerful effects on cognition and behavior" (p. 3) based on his review of different conceptualizations of worldview in the literature. Koltko-Rivera also distinguished worldviews with values such that values are *prescriptive* or *proscriptive* beliefs but worldviews encompass a set of values including *existential* and *evaluative* beliefs.

Acknowledging that "a worldview constitutes our psychological orientation in life and can determine how we think, behave, make decisions and define events" (Sue, 1978, p. 458), the American Psychological Association (APA; 2003) emphasized that

psychologists should be aware of their own worldviews, as well as those of ethnic minority populations, to better serve clients via the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. Fisher, Jome and Atkinson (1998) also understood the importance of worldview and considered a shared worldview as one of four common factors – *the therapeutic relationship*, *shared worldview, client expectations*, and *rituals or intervention* –in their multicultural counseling framework. Fisher et al. insisted that "a shared worldview provides a common framework from which both client and counselor think about their work together. The more the counseling participants share an understanding of each other's worlds, the easier it may be to form therapeutic relationship" (p. 534). Yet, little is known regarding actual effects of a shared worldview in counseling practice. Therefore, the following empirical studies will explore the influence of worldview match in counseling.

Trevino (1997) investigated the effects of worldview congruencies and problem etiology discrepancies in cross-cultural counseling. The study tested two hypotheses: (a) congruencies between a counselor and a client in worldview improve the therapeutic relationship, and (b) discrepancies between a counselor and a client in conceptualization of the problem promote client change. The study used a 2 by 2 factorial design with two factors; worldview (congruent and discrepant) and problem etiology (congruent and discrepant). Participants included 48 minority clients with interpersonal problems. Clients were randomly assigned to one of four conditions and received two counseling sessions from one of four White female doctoral student counselors. Depending on assigned conditions, counselors were instructed to match or mismatch with clients in terms of a worldview and problem etiology during two sessions. The Individualism-Collectivism

Scale (Singelis, Triandis, Bhawuk, & Gelfand, 1995) was used to measure interpersonal orientation as the clients' worldview. As a counseling process variable, the therapeutic relationship was measured with the Working Alliance Inventory (Horvath & Greenberg, 1986), the Empathy scale of the Relationship Inventory (Barrett-Lennard, 1986), the Counselor Rating Form-Short Version (Corrigan & Schmidt, 1983), and a thought listing procedure. Counseling outcome variables were measured by assessing clients' change on a measure of acceptance for their counselor's interpretation of their problem, a procedure in which clients listed their thoughts after their session and commented on these thoughts relevance to the session that just ended, and a procedure in which clients made a concept map that portrayed the conceptualization of their problem.

Regarding the counseling process variable, a three-way MANOVA, with worldview, problem etiology, and time, was used to test the working alliance. The result indicated that clients in a discrepant condition in terms of problem etiology reported a better bond in working alliance over time. A three-way ANOVA with the same variables was used to test counselors' empathy, but there were no statistically significant differences. Last, a three-way MANOVA was used to test counselor *expertness, trustworthiness,* and *attractiveness.* The results indicated that clients in a discrepant condition in terms of problem etiology reported better perceptions of the counselor. There was no statistically significant difference regarding worldview match. In addition, qualitative analysis using the thought listing also confirmed the above quantitative findings. The results indicated that clients in the discrepancy condition for problem etiology were more engaged in the counseling process but worldview conditions did not generate any clear differences in the counseling process.

Regarding the counseling outcome variable, a two-way MANCOVA, with worldview and problem etiology as factors, was used to test acceptance of the intervention after controlling for pretest scores. There was no significant result. The author used a three-way ANOVA with the same variables to test *elaboration, favorability,* and *unfavorability* scores of the thought list. The result indicated that clients in the matched worldview condition tend to favor counseling interventions over those in a mismatched condition. In addition, qualitative analysis using the thought list and concept map confirmed the above quantitative findings. The results indicated that clients in a matched worldview condition were more likely to accept the counselor's interpretation, but problem etiology conditions did not generate any clear difference.

Even though the two hypotheses were not confirmed, Trevino (1997) concluded the following: First, when clients learned about a different perspective on their problems, they developed a positive perception of their counselors. Second, when clients received interpretations which coincided with their worldviews, they experienced a better counseling outcome. Yet, the current study has some limitations in generalizability. To manipulate worldview conditions (congruent and discrepant), counselors were instructed to make philosophical statements and interpretations based on their assigned conditions in the sessions. Given that a worldview is conceptualized to influence multiple psychological processes (Williams, 2003), mismatched worldviews between a counselor and client in real counseling settings may have greater impact on the counseling process. It is noteworthy that two of the clients in the mismatched worldview condition expressed strong negative reactions to the counselor's worldview. Also, the result may not be applicable to other clientele because the study included only White female counselors and

minority clients who had interpersonal problems. Also, results may be different if the study had recruited European Americans who endorsed more individualistic worldviews and presented different concerns. Last, interpersonal orientation was chosen to represent a worldview, but interpersonal orientation may not fully capture one's real worldview which shapes one's social reality that influence thoughts and behaviors.

Similar to Trevino's (1997) study, Kim, Ng, and Ahn (2005) explored the effect of client-counselor worldview match on counseling session outcomes as a part of their study, using Fisher, Jome and Atkinson's (1998) four common factors—*the therapeutic relationship, shared worldview, client expectations,* and *rituals or intervention —* framework in multicultural counseling. Citing Fisher et al.'s (1998) point that when counselors shared worldviews with clients, they would have a similar casual understanding of their problems, Kim et al. (2005) operationalized a shared worldview as counselor's agreement with the client's thoughts on the etiology of the problem in this study. Participants included 99 volunteer Asian American college students who were recruited through advertising the study on a university campus. For this study, attended a single, experimental, counseling session which was provided by one of 11 female doctoral student counselors. As assigned experimental conditions, counselors were instructed to either agree or disagree with clients' belief about the main cause of their problem, after exploring problem etiology with clients. As outcome measures, clients completed the Working Alliance Inventory-Short Form (WAI-SF; Tracey & Kokotovi, 1989), the Session Depth Subscale of the Session Evaluation Questionnaire (DEPTH; Stiles & Snow, 1984), the Counselor Effectiveness Rating Scale (CERS: Atkinson & Carkaddon, 1975), and the Empathic Understanding subscale of the Relationship

Inventory (EUS; Barrett-Lennard, 1962). In addition to effects of a worldview condition (match vs. mismatch), the study also examined the effects of the client's expectation for counseling success, Asian cultural values, European American cultural values, and interaction effects between aforementioned variables on session outcomes.

After controlling for counselors' comfort level of implementation, hierarchical multiple regression analyses were conducted with the four outcome measures separately. The results indicated that a worldview match condition was positively related to working alliance and counselor empathy. Clients' level of Asian cultural values was positively associated with working alliance. Clients' level of European American cultural values was positively associated with working alliance and the depth of a session. Also, counselor empathy was associated with an interaction effect of client's expectation for counseling success and European American cultural values, meaning that higher expectation and higher level of European American cultural values led to higher perception of counselor empathy.

Kim et al.'s (2005) study revealed that shared worldview between clients and counselors, in terms of consensus on problem etiology, facilitated therapeutic alliance and made clients feel more empathy from their counselors. The current results appear to contradict Trevino's (1997) finding that discrepancies between a counselor and a client in problem conceptualization promote therapeutic appliance. Yet, it should be noted that counselors in the discrepancy condition of Trevino's study were instructed to provide a different explanation about clients' problems while counselors in the worldview mismatch condition of Kim et al.'s (2005) study were instructed to briefly express their disagreement with clients' beliefs about problem etiology.

The authors acknowledged the following limitations. First, a counselor's agreement or disagreement of problem etiology is a "narrow and simplistic conceptualization" of a worldview match or mismatch (Kim et al., 2005), and counselors in real settings would not express their disagreeing opinions to clients in their first session (Kim, Ng, & Ahn, 2009). Thus, further studies should be conducted with a more sophisticated construct of worldview match. Second, clients were volunteer Asian American clients and counselors were all female European American counselors. Thus, results might have been different if the researchers recruited actual clients and counselors with different ethnicities.

To address the limitations of Kim et al.'s (2005) study, Kim, Ng, and Ahn (2009) conducted a similar study in a more naturalistic setting with real clients. Kim et al. (2009) explored the effect of clients' expectations of counseling success, a level of Asian cultural values, perceived counselor-client worldview match, and the interaction between the aforementioned variables on counseling session outcome. Contrary to their earlier study, participants were 61 Asian American clients who sought counseling services and agreed to participate in the study. Also, rather than experimentally manipulating worldview match conditions, the clients were asked to complete a survey assessing the degree of shared understanding between counselor and clients about the cause of their problem. In addition to four outcome measures—WAI-SF, DEPTH, CERS, and EUS— used in the Kim et al. (2005) study, clients completed the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), the questionnaire assessing likelihood to recommend the counselor to others, and whether or not they returned for the next session.

After controlling for session length, hierarchical multiple regression analyses were conducted with the seven outcome measures separately. The results indicated that there was a significant effect of shared understanding of problem etiology on six outcome variables: counselor effectiveness (CERS), working alliance (WAI-SF), session depth (DEPTH), cross-cultural competence (CCCI-R), counselor empathy (EUS), and willingness to recommend the counselor to others. Also, there was a significant relationship between working alliance and an interaction of client's expectation for counseling success and shared worldview, meaning that higher expectation and strong agreement on problem etiology led to higher perception of working alliance.

By using a field study design, Kim et al.'s (2009) study provided strong evidence that a client's perceived shared worldview, in terms of shared understanding of problem etiology between counselor and client, is positively associated with counseling session outcomes. Yet, similar to Kim et al.'s (2005) study, limited operationalization of shared worldview necessitates further study using a well-defined definition of worldview which multifariously influences counseling process and outcome. Also, the study has limitations. Two measures (client' expectation and shared understanding of problem etiology) and two single items (willingness to recommend the counselor to others and willingness to next session returning) have not been psychometrically validated.

Summary of Studies Regarding of the Influence of a Worldview Match in Counseling

Despite scholars' interest in the role of worldview in counseling psychology, there has been limited empirical research done focusing on the influence of worldview match between counselors and clients in counseling. The aforementioned studies, however,

provided promising findings for counseling researchers to continue exploring the role of worldview in multicultural counseling. The following will compare the previous studies and summarize important findings and implication.

In Trevino's (1997) study, a worldview was operationalized with interpersonal orientation – individualism and collectivism – which has proven fruitful in explaining cultural differences in people's attitudes, behaviors, and values (Triandis, 1996). Even though Trevino manipulated a worldview match as an experimental condition, Trevino's study used a relatively more comprehensive worldview construct compared to Kim et al. (2005, 2009) studies, where a shared worldview was operationalized as a consensual understanding of problem etiology. At a glance, it seems that problem conceptualization conditions (congruent or discrepant) in Trevino's study and worldview match conditions (agreement or disagreement with client's problem etiology) in Kim et al.'s (2005) study are similar. Yet, Trevino instructed counselors in a discrepant condition to provide a different explanation about client's problems, which is different from the mismatch condition in Kim et al. study, where counselor disagree with clients' belief of problem etiology.

The review of these three studies offers several important findings and implications. First, a shared worldview between counselor and client, in terms of interpersonal orientation, promotes clients' changes (Trevino, 1997). Given that the individualism and collectivism worldviews have critical implications for counseling in terms of *assessment, intervention,* and *the counseling relationship* (Williams, 2003), counselors should be aware of their own interpersonal orientation as well as those of clients and its influence on counseling process. Second, a shared worldview leads

counselors and clients to have a mutual understanding of clients' problem etiology and improves the therapeutic relationship as well as the counseling process (Kim et al., 2009). Thus, counselors should make deliberate efforts to form a consensus with clients' thoughts on causes of problems, particularly in the beginning stage of the counseling process (Kim et al.). Third, counselors who offer clients a different explanation of clients' problems are positively perceived by clients and promote clients' engagement in the counseling process (Trevino). Perhaps it would be more therapeutic if counselors could provide a new perspective that is compatible with the client's worldview while showing their understanding of the client's view points.

The above findings enhance our understating of the influence of a shared worldview in counseling, but we can continue to advance our knowledge on this topic with further research using a sophisticated worldview construct which captures real phenomena in multicultural counseling. Also, practitioners will benefit from research that focuses on counseling goals and treatments that reflect the clients' worldview.

Value or Worldview Profiles of the Counselor and Its Influence in Counseling

Individuals hold different values influenced by their own life experiences, environments, and cultures. Similarly, new counselor trainees can change their values by adopting professional values and rules that are prevalent in the field of counseling psychology as a part of the socialization process in their profession. Given that various theoretical orientations are based on distinct value systems, counselors with different theoretical approaches may hold different sets of values. Yet, empirical studies have failed to find value differences depending on counselors' theoretical orientations (e.g., Mahalik, 1995). If these findings are correct, is it the case that counselors as a group have

shared professional values that reflect the culture of psychology? Consoli, Kim, and

Meyer's (2008) recent work covered a significant portion of this literature in the last three

decades, so an extensive review on this topic would be redundant. Therefore,

examination of research that focuses on studying counselors' value profiles will be

reviewed in Consoli et al.'s (2008) study. Then, articles exploring the implication of

dominant counselors' values in counseling will be reviewed.

Consoli et al. (2008) reviewed empirical research on counselors' values profiles

and compared values of counselors with those of four ethnic minority groups (African

American, Asian America, Latino America, and Native American) to understand

counseling implications. The authors used multiple databases to find relevant empirical

studies. They reviewed articles that used a random sample of mental health professionals

and explored their endorsed "personal, professional, and/or mental health values".

Consequently, the authors identified nine studies for the review (Consoli, 1994; Cross &

Khan, 1983; Haugen, Tyler, & Clark, 1991; Haupt, 1990; Jensen, 1986; Kelly, 1995;

Kubacki, 1992; Mahalik, 1995; Mitchell, 1993).

Consoli et al.'s (2008) review suggested that counselors shared common values

that can be categorized into four spheres: *personal, interpersonal, social,* and

environmental spheres. The authors also pointed out an intricate structure for this value

profile, indicating that counselors commonly prefer some values (e.g., independence),

while adopting another as a mediating value (e.g., interdependence) or commonly

devaluating other values (e.g., conformity). The authors summarized the counselors'

value profile with the four spheres as follows:

The personal sphere is fundamentally characterized by the individualistic values of autonomy and independence, balanced with personal responsibility and interdependence. Counselors in general value a person's coping ability, flexibility, self-esteem, and self-expression, and counterbalance these personal characteristics with a person's need to accept conflict and ambiguity and demonstrate self-control… The interpersonal sphere encompasses primarily the relational values of intimacy, friendship, cooperation, and benevolence balanced by the right to disagree. Counselors value receiving support and interpersonal recognition and devalue vertical or strictly hierarchical interpersonal arrangements…The social sphere primarily focuses on a de-emphasis of social power, social influence, control or authority over others, and dominance. Counselors relatively devalue social conformity, such as in doing what is accepted and proper, and being a conformist. The environmental sphere contains the value of harmony or unity in the relationship between person and nature. Counselors devalue alternatives such as control over or subjugation to nature (p. 183).

Raising the possibility that even ethnic minority counselors can endorse these values due to their counseling training, Consoli et al. (2008) noted that the aforementioned values primarily overlap with values embedded in European American culture. Compared with cultural values held by four minority groups (African American, Asian American, Latino America, and Native American), the authors pointed out value differences between the counselors and minority groups. For example, counselors tend to hold individual autonomy and independence and devalue hierarchical relationships and conformity. However, the four minority groups tend to endorse interdependence and collectivism and fulfill hierarchical role expectations even if individual differences exist, depending on their acculturation process. Acknowledging counselors' challenges when "distinguish[ing] between cultural values of ethnic minorities that are emancipatory and values that are oppressive" (p. 194), Consoli et al. presented a concern that traditional counseling practice based on European American cultural values can be inappropriate or even anti-therapeutic for ethnic minority groups or clients who hold different cultural

values. The authors' comparison of values between counselors and minority groups can be further explored with empirical research, but Consoli et al. (2008) suggested that counselors, in general, hold individualistic values reflecting European American culture, while minority groups tend to hold collectivistic values.

Whereas Consoli et al. (2008) studied common values endorsed by counselors, Fagan (1996) investigated the values held by graduate students in counseling psychology programs in order to explore their endorsement of professional values. A total of 196 graduate students across 18 graduate programs participated in this study. The author used the Counseling versus General-Psychology Values Questionnaire (CGPVQ; Howard, 1992) to measure participants' endorsement of core values in counseling psychology (PCV) and those in general psychology (PGV). Also, Fagan used the Schwartz Universal Values Questionnaire (SUVQ; Schwartz, 1992) to measure motivational values. The participants completed the CGPVQ twice, once based on their own endorsement (PCV and PGV) and second based on their perception of importance of those values in their program (ECV and EGV). The main hypothesis of the study was that students' personal identification with the professional values would be associated with their years in the graduate program, their perception of their graduate program in terms of professional values, and their identification with *Benevolence* and *Universalism* values. The author also explored the value differences between a current graduate student sample and the counseling psychologist samples in Howard's (1992) and Kelly's (1995) studies.

Two hierarchical multiple regression analyses were conducted using the PCV and the GCV as separate dependent variables. Independent variables included age, gender, race, years in program, four motivation values (*Universalism, Benevolence, Self-*

direction, and *Achievement*), perceived values endorsed by their programs, ethics training, candidate status, undergraduate major (psychology vs. non-psychology), practicum hours, professional goals, whether they made a career change by enrolling in the program, and their department (education vs. psychology). Regarding analysis with the PCV, the results indicated that their years in program, *Benevolence*, *Universalism*, and perceived values endorsed by their programs were statistically associated with their identification with counseling psychology values. Except for the number of years in their program, other variables were positively related to their identification with counseling psychology values. Regarding analysis with the PGV, the results indicated that *Benevolence,* perceived values endorsed by their program, and career change were statically associated with their identification with general psychology values. Thus, in both analyses, participants' perceptions of their graduate programs regarding professional values significantly predicted their personal endorsement of those values. According to several *t*-tests used to compare the graduate students' group and the counseling psychologists' group of Howard's (1992) study, the author found that there were significant differences in their identification with the PCV and the EGV, but there was no difference in the PGV and ECV. Also, results indicated that graduate students' rank order of professional values was parallel to those of counseling psychologists in Kelly's (1995) study.

Fagan's (1996) study revealed that graduate students are socialized into the field of counseling in terms of professional values, but findings should be carefully interpreted due to the following: Students' endorsement of professional values may be influenced by their perception of values emphasized in their program or the program environment itself,

but the Fagan's study did not prove a causal relationship. Fagan pointed out the possibility that students pursue their graduate studies because their previously formed personal values are well matched with professional values espoused in the field of counseling psychology. Also, generalizability of the results is limited because the return rate of distributed surveys was 33.7%. It is possible that students who identified less with values emphasized in their program did not feel comfortable completing the survey and did not join the study.

Contrary to Fagan's (1996) and Consoli et al.'s (2008) studies that explored values profiles for counselors, Fowers, Tredinnick, and Applegate (1997) investigated the potential influence of individualistic values held by counselors in counseling. Fowers et al. presented a concern that even if counselors unavoidably admit the value-laden nature of their work, they only pay attention not to impose their values on their clients. Thus, the authors explored counselors' inclination for an individualistic perspective in their work by examining their responses to hypothetical case vignettes.

Initially, Fowers et al. (1997) randomly sampled 667 counselors from the American Psychological Association. The authors ultimately used 229 responses for the analyses. The authors divided participants into two subsamples to replicate results while using two different sets of vignettes. Two sets of seven vignettes were created with four alternative choices for each vignette. Four choices were made based on four worldviews: *utilitarian individualism, expressive individualism, collectivism,* and *communitarianism.* Participants were instructed to read vignettes and select one of the four choices, which was most similar to their clinical judgment about the case. The following three hypotheses were tested in the study: first, counselors will favor individualistic responses

(*utilitarian individualism* and *expressive individualism*) over community-based responses (*collectivism* and *communitarianism*); second, within individualistic responses, counselors will favor *utilitarian individualism* over *expressive individualism*; and third, counselors will choose individualistic responses regardless of whether a client was isolated from or over-involved with others in the vignettes. To test the third hypothesis, the authors included either *alienated* or socially *integrated* clients into the vignettes.

A chi-square analysis was conducted to test the categorical data of the responses. All three hypotheses were statistically confirmed. The average proportions for each response were: *utilitarian individualism* (45.6%)*, expressive individualism* (30.5%)*, collectivism* (9.4%)*,* and *communitarianism* (14.5%) respectively. In both subsamples, the results indicated that counselors preferred individualistic responses to community-based responses and that counselors preferred utilitarian individualism to expressive individualism. Last, the results indicated that even for socially alienated clients, counselors chose individualistic responses (66.2% in the first sample and 84.1% in the second sample) more frequently than community-based responses (33.8% in the first sample and 15.9% in the second sample), implying counselors' biased preferences for individualistic perspectives even when those may not be therapeutic to their client.

Fowers et al.'s (1997) study empirically found counselors' bias toward individualistic values in perceiving their clients, but their study had several limitations. First, the results have low generalizability because the survey response rate was 23% and the majority of participants (96%) in the sample were Non-Hispanic White. Thus, the results might have been different if a broader diversity of counselors participated in the study. Also, according to the sample vignette in the article, the authors did not specify

clients' ethnicity in a vignette. The results might have been different if clients' ethnicity was specified. Last, participants' response to hypothetical clinical cases may not fully capture their real practice with real clients.

To extend findings from Fowers et al.'s (1997) study, Kuchel (2000) used both qualitative and quantitative approaches to study the individualistic bias of counselors on their clinical judgments. Kuchel particularly explored the difference between participants' responses to clients with either individualistic or collectivistic characteristics in vignettes. Participants included 84 graduate students who studied either counseling psychology or clinical psychology. The author developed four cases consisting of two different value orientations (individualism and collectivism) and different gender ("Roger" and "Joan"). Among the 20 items, three items were manipulated to present either collectivistic (e.g., living with parents at the age of 35, making important decisions in consultation with one's family) or individualistic characteristics (e.g., living alone after the age 18, making important decisions without consultation with one's family) of a given client. The participants were asked to read 20 brief items for two cases. Then, participants completed the Global Assessment of Functioning (GAF; American Psychiatric Association, 1994), rated the importance of each of the 20 items – only three manipulated items were used for the data analyses – in their clinical judgment, and answered three open-ended questions regarding their case conceptualization. After data collection, two focus groups were conducted to further explore themes that emerged from initial data analyses.

Quantitative results from MANOVAs with GAF scores indicated that participants considered clients with collectivistic characteristics in the cases as lower functioning than

those with individualistic characteristics. In addition, results of MANOVA with relative importance of the descriptions indicated that participants consider items related to collectivistic features as more influential items when making their clinical judgment. The qualitative analysis confirmed the findings of the quantitative analyses. The author found that participants tended to pathologize collectivistic characteristic more often in men than in women. Also, the author noticed that participants used the word "dependent" in describing weaknesses of a client and used the word "independence" in describing strengths of a client. The qualitative analysis revealed that participants had varying ways to use case descriptions in forming clinical impressions.

Kuchel (2000) concluded that counselors have a tendency to perceive individualistic features as psychologically healthier than collectivistic features. The author, however, admitted the following limitations. First, the study has limited external validity because participants were all graduate students; the use of experienced clinicians as participants may have yielded different results. Also, participants responded to hypothetical cases using 20-item descriptions; the results may not be applicable to real counseling settings. Second, the author raised concerns about using the GAF as the main outcome measure. Since participants were recruited from different programs, they might have different levels of familiarity in using the GAF. Last, the findings of the qualitative analysis could be biased, because the author was the sole person who facilitated focus groups and analyzed all the qualitative data. Inviting additional facilitators or data analysts may have yielded more credible results.

Contrary to Kuchel's (2000) study, Williams (2007) investigated the influence of counselors' individualism and collectivism on their clinical attribution. Williams also

explored the mediating effect of multicultural competence between individualism and attributional bias. Participants included 568 psychologists from the American Psychological Association. The author used the Causal Dimension Scale II (CDSII; McAuley, Duncan, & Russell, 1992) to measure clinical attribution of each client's etiology. The subscales of CDSII included Locus of Causality, External Control, Personal Control, and Stability. The author also used the Individualism-Collectivism Scale (INDCOL; Triandis, 1995), the Self Construal Scale (SCS; Singelis, 1994), and the Individual and Collateral Subscales of the Intercultural Values Scale (ICV; Carter & Helms, 1990) to measure participants' multiple dimensions of individualism and collectivism. Also, the author used the Multicultural Awareness and Knowledge Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002) to measure multicultural awareness and knowledge. The clinical vignette described a client who has an adjustment disorder due to environmental factors. After completing individualism and collectivism measures, participants were asked to read the vignette and complete to the CDSII.

A series of multiple regression analyses was conducted using four subscales of the CDSII as dependent variables. Control variables were gender, years of clinical experience, and multicultural counseling training. Independent variables included four measures of individualism and collectivism and multicultural knowledge and awareness. Moderating effects were tested by using product scores of measures of individualism and collectivism and multicultural competence. Results from the four multiple regression analyses indicated that participants who endorse more individualism showed dispositional attributions and participants who endorse more collectivism showed

situational attributions. The results indicated that multicultural knowledge mediated effects of individualism on attributional bias in terms of stability of the problem.

Williams (2007) concluded that psychologists who hold more individualistic values than collectivistic values have a dispositional bias, but multicultural training potentially minimizes this bias. The results imply that counselors who endorse individualistic worldviews not only ignore situational factors but also potentially have inconsistent understanding of clients' etiology with clients who hold collectivistic worldviews. The current study has the following limitations. Compared with Kuchel's (2000) study, recruiting psychologists as participants was a strength of the current study, but the return rate of the distributed surveys was only 19%. The influence of worldview was tested using hypothetical vignettes rather than real counseling settings, so the study has limited generalizability. Last, multicollinearity is suspected in regression models, because four different measures of individualism and collectivism are correlated to each other. For example, there was a high correlation between vertical collectivism and interdependent self-construal ($r = .60, p < .01$).

Summary of Studies Regarding the Value or Worldview Profile of the Counselor and its Influence in Counseling

The awareness of counseling as a value-laden enterprise has led scholars to research on values of counselors. A recent review by Consoli et al. (2008) nicely summarized significant literature on this topic in the last 30 years. Recognizing shared individualistic values endorsed by counselors, researchers have also explored the potential influence of counselors' individualistic perspectives in counseling. The following summarizes important findings and address their implications.

Though counselors have complex value profiles, they share common values which overlap with values of European American cultures (Consoli et al., 2008). Regardless of the ethnicity of counselors, counselors may endorse similar values (Consoli et al.) because counselor trainees adopt professional values influenced by their program environment as part of their socialization process to the profession (Fagan, 1996). Given that individualistic values such as autonomy and independence held by counselors are inconsistent with collectivistic values held by non-European American clients, counselors should acknowledge that "the goals of the therapy as defined by the values and the outlook of the discipline may be counterproductive for the cultural well-being and value orientations of the patient" (Heilman & Witztum, 1997, p. 524-525).

Even if counselors intend to remain objective in counseling, Fowers et al.'s (1997) findings informed us that counselors in the profession tend to be biased toward an individualistic perspective in conceptualizing their clinical cases. In addition, counselors are inclined to perceive individualistic characteristics, such as independence, as psychologically healthier than collectivistic characteristics, such as dependence (Kuchel, 2000). Given that counselors who hold individualistic worldviews have a greater dispositional bias (Williams, 2007), counselors should pay attention to not overlook situational factors and to have a shared understanding of clients' etiology with those who hold collectivistic worldviews. Therefore, counselors would benefit greatly from multicultural counseling training that explores their own cultural bias and minimizes its impact on their clinical work.

Psychologically Healthy Person

Historically, Western psychologists have devoted a great deal of attention to understanding psychopathology and to healing psychologically unhealthy people from a disease model (Seligman & Csikszentmihalyi, 2000). Freud (196), a father of psychoanalysis, perceived humans as the victims of childhood's problems and argued that human behaviors are influenced by unconsciousness. Skinner (1974), a behavioral psychologist, perceived humans as passive responders to their environment, and human behaviors as products of reactions to external stimuli. Against these views two perspectives, humanistic psychologists (e.g., Maslow, 1968; Rogers, 1961) in mid-20th century started to emphasize a positive and constructive view of human beings with a belief in people's conscious capacity for growth and fulfillment of their potential. Later, many psychologists focused on positive perspectives using different constructs such as strength, well-being, happiness, and a good life. Recently, positive psychology has emerged and produced research which focuses on positive aspects such as strengths and virtues (Diener, 2000). Although a review of all relevant literature would be beneficial to understand the characteristics of a psychologically healthy person, extensive review is not feasible in the allotted space of this dissertation. However, the features of a psychologically healthy person which major theorists described are reviewed below to illustrate key elements of a psychological health.

The theorists of personality in western literature have their own names for a psychologically healthy person such as "the productive person" (Fromm, 1955), "the mature person" (Allport, 1961), "the fully functioning person" (Rogers, 1961), and "the self-actualizing person" (Maslow, 1970). In this study, a psychologically healthy person

(PHP) is thought to be a general term for those different names mentioned above, indicating an ideal person psychologically.

Fromm (1955) suggested that psychologically healthy people utilize productive ways to fulfill their psychological needs, while unhealthy people utilize irrational ways to fulfill them. Fromm described a PHP as a productive person, stating that a person who is productively oriented has a tendency of relating with maximal potential to self, others, and multiple aspects of the world so that he/she actualizes him/herself. Applying productive orientation to interpersonal relationships, Fromm indicated that a PHP shows productive love, which represents caring for, genuine interest in, and promotion of others' development. He/she respects his/her own and others' individuality while maintaining egalitarian relationships. Fromm also argued that a PHP is a productive thinker, who uses cognitive functioning such as reasoning and intellectualizing to bring great insight and innovation. As a result of these productive activities, a PHP experiences happiness which Fromm considered a great accomplishment. Lastly, Fromm argued that a productive person has a humanistic conscience, which leads a person to be inner-directed and self-regulated. Thus, a PHP acts on his/her own conscience without feeling obligated to obey what is required by a parent, a society, or a culture.

Unlike Fromm (1955), with his focus on productive orientation, Allport (1955) emphasized one's conscious expectations, such as hopes, desires, dreams, and goals, as an essential factor of a "mature person." Allport (1955) suggested that having these goals, specifically long-term goals, "differentiates the human being from the animal, the adult from the child, in many cases the healthy personality from pathological personality" (p. 51). Allport further highlighted the following seven characteristics of a mature person.

First, as an individual develops, a PHP grows out of self-centeredness to extend oneself by participating in meaningful work and associating with others. Second, a PHP has the capacity for intimacy with parents, friends, and children. Allport suggested that the capacity for intimacy derives from an extended sense of self, which nurtures compassion toward all human beings. Third, a PHP shows emotional stability which results from self-acceptance of one's strengths as well as one's weaknesses. Allport argued that a PHP is capable of tolerating challenges and frustrations in life. Fourth, a PHP perceives his/her reality as it is without distortion. Therefore, he/she tends to exhibit realistic and intellectual behaviors, while a neurotic person tends to distort reality because of anxiety or unmet needs. Fifth, Allport emphasized the importance of one's commitment and immersion in work, arguing that a PHP is enthusiastic in applying skills to engage in meaningful tasks. Sixth, a PHP has great insight and understanding of him/herself due to self-objectification. Allport indicated that a PHP can be humorous by identifying and laughing at what is absurd within oneself based on self-insight. Lastly, Allport argued that a PHP has a unifying philosophy of life, which provides consistency, meaning, and goals throughout life. Thus, a PHP has his/her own values and conscience which guides behaviors and choices in various situations.

While Allport (1955) named a PHP as a "mature person," Rogers (1961), a person-centered psychotherapist, conceptualized a PHP as a "fully functioning person" based on his theoretical orientation and clinical experiences. Rogers and Freiberg (1994) listed three major characteristics of this ideal person. First, a PHP is open to his/her experiences, "[being] able to live fully in and with each and all of his or her feelings and reactions" (p. 321). The person is not defensive or resistant to aspects of his/her

environment which might lead to changes in oneself. Second, a PHP endorses lifespan development as an ongoing or becoming process. Thus, a PHP lives in a fluid stream of experiences rather than trying to have fixed expectations for different aspects of a life, because he/she believes that new experiences and learning will continue to affect the individual throughout life. Third, a PHP, trusting him/herself, is willing to do what he/she feels is right, and finds feelings as a trustworthy guide for his/her behaviors. Thus, a PHP is an inner-directed person with a locus of evaluation inside him/herself.

Abraham Maslow, one of the first American humanistic psychologists was interested in high-level human functioning such as self-actualization. Even though the term self-actualization was originally introduced by the organismic theorist Kurt Goldstein (1939) who stated that the healthy organism is one "in which the tendency towards self-actualization is acting from within, and overcomes the disturbance arising from the clash with the world, not out of anxiety but out of the joy of conquest" (p.305). Maslow (1970), however, brought the term self-actualization most fully into prominence as the final level of psychological development. Maslow (1970) states that "[Self-actualization] is not something extrinsic that the organism needs for health as, for example, a tree needs water. Self-actualization is intrinsic growth of what is already in the organism, or more accurately of what is the organism itself" (p.66). Maslow sees human potential as growing from within, rather than being shaped from outside. Maslow described fifteen characteristics of a self-actualizer as follows. First, a self-actualizer has a good perception of reality. He/she has logical and rational perception of the world so he/she is relatively unthreatened by and comfortable with uncertainty which may create anxiety for others. Second, a self-actualizer tends to accept him/herself with all his/her

shortcomings, as well as others and the natural world, without shame. Third, a self-actualizer is a spontaneous person who can express his/her feelings freely and live in a genuine and straightforward way without a mask or disguise rather than trying to live up to others' expectations. Fourth, a self-actualizer has a tendency to focus on real problems outside of him/herself, so he/she can work effectively and persistently to find solutions to problematic situations. Fifth, a self-actualizer appreciates detachment from others and has a need for privacy. He/she enjoys solitude which allows him/her to reflect upon his/her life. Sixth, a self-actualizer has autonomy and independence. Thus, he/she is not an other-directed or over-conforming person who might be easily influenced by flattery, criticism, reward, or popularity. As a result, he/she is self-sufficient, therefore not needing to depend on others for his/her satisfaction. Seventh, a self-actualizer shows continuous fresh appreciation for people and things at every moment. Maslow (1970) stated that, "for such a person any sunset may be as beautiful as the first one, any flowers may be of breath-taking loveliness, even after a million flowers have been seen" (p. 136). Eighth, a self-actualizer has experienced some sort of peak experiences. Maslow argued that the emotions he/she experiences sometimes become strong, chaotic, and widespread enough to be called mystic experiences in which there is loss or transcendence of self such as intense enjoyment of music. Ninth, a self-actualizer has a basic feeling of caring and belonging to humanity. He/she appreciates human kinship, and experiences genuine sympathy, compassion, and affection for others. Tenth, a self-actualizer is a democratic person who is humble, and respects others regardless of their different backgrounds such as ethnicity, class, education, or religion. Eleventh, a self-actualizer has deep and profound interpersonal relationships with others. He/she is capable of greater fusion, love,

and identification with others than other people would consider possible. Even though they successfully maintain superficial relationships with many people, they share more close intimate relationships with a few specially loved people. Twelfth, a self-actualizer is able to distinguish between ends and means. He/she pursues ethical ends with firmness and certainty. In general he/she is fixed on ends rather than on means, while he/she is likely to appreciate means for their own sake. Even though notions of right and wrong and of good and evil are often not the conventional ones, a self-actualizer has definite standards. Thirteenth, a self-actualizer has a philosophical humor, which has a function beyond just producing a laugh without involving sarcasm or shame. Maslow (1970) stated that "they often seemed to be education in a more palatable form, akin to parables or fables" (p. 142). Fourteenth, a self-actualizer is creative, original, and divergent in thinking. Maslow (1970) argued that the creativeness of a self-actualized person is the naive, universal, and inherited creativeness which can be found in unspoiled children, stating "it seems to be more a fundamental characteristic of common human nature - a potentiality given to all human beings at birth" (p. 142). Fifteenth, as a result of his/her spontaneous, autonomous, and independent nature, a self-actualizer is resistant to blind conformity to social norms or cultures. He/she falls well within the limits of apparent conventionality, but he/she exercises individuality and thoughtful responses to cultural patterns. Maslow (1970) argued that "most of [self-actualizers] have had their episodes of fighting and impatience when they were young, and in most cases have learned that their optimism about quick change was unwarranted. What they have settled down to as a group is an accepting, calm, good-humored everyday effort to improve the culture, usually within, rather than to reject it wholly and fight it from without" (p. 144).

Asian Perspectives

In contrast to the Western world, psychological health is a relatively foreign concept to East-Asian countries (Sue & Sue, 2008). A psychologically healthy person studied by contemporary psychologists and an ideal person by Confucianism may not be exactly identical or may be incomparable concepts. However, given that little is known of what East-Asians currently consider the psychologically healthy ideal, the following will attempt to learn approximately what features people in Asian cultures, specifically Koreans, strive for by understanding the "ideal person" described by Confucianism.

Confucianism is a Chinese philosophy advocated by Confucius. Confucianism has provided a foundation for education and ethics in East-Asian countries and has also historically influenced the Korean culture. Traditionally Koreans wished to be a *Seonbi*, who is a scholar of virtue respected by others, but not necessarily a man in a government post or a royal leader. A Seonbi is considered an ideal type of person that common people could realistically become, through self-cultivation in Confucian Korea. Given that Koreans seek wisdoms and guidance from Seonbi spirits, the characteristics of a Soenbi will be reviewed to help us understand what an ideal person is in Korean culture. Reflecting a history of a male-dominated society influenced by Confucianism, an ideal person and a Seonbi will refer to a male in the following review.

Kim's (2007) study of an ideal person described in Confucianism found four main dimensions of the ideal person as follows. The first dimension emphasized human relationships. The ideal person was characterized as "being in harmony without mindlessly following others," implying that the ideal person needs to unite or cooperate with others in a society without losing oneself or one's sense of autonomy or

independence. The ideal person self-cultivates to have a deeper understanding of himself, so that he can extend himself to consider and strongly care for others. Additionally, the ideal person should be able to control oneself by overcoming self-interest so that he can follow courtesies and rules in relationships with others. The second dimension emphasized participation in a society. The ideal person understands his responsibility and moral obligation to society. The ideal person contributes to society according to his ability in a timely manner, implying that the ideal person has wisdom to discern his ability and knows when he needs to intervene or participate in society. The third dimension emphasized the problem-solving abilities of the ideal person. The ideal person is capable of taking a moderate or optimal course without going to extremes. The ideal person can carefully and accurately gauge situations to achieve moderation, which is a happy medium. Lastly, the fourth dimension is characterized as the pursuit of happiness. The ideal person which Kim found from Confucianism is described as a person who enjoys pursuing and practicing the moral truth, while sharing enjoyment with everyone else. The ideal person is a holistic person who can enjoy various aspects of life.

The characteristics of a Soenbi described by Jin (1999) revealed slightly different aspects of an ideal man. First, a Soenbi is an educated person with profound knowledge. Second, a Soenbi values social justice so that he thinks highly of morality. Third, a Seonbi is humble and not arrogant or haughty, so he is well respected by others. Fourth, a Seonbi is upright, and has clean hands so he avoids unfair wealth and is not to corrupt. Fifth, a Soenbi is temperate, self-disciplined, and restrained. He is dependable and punctual so he does not lead a lazy or irregular life. Sixth, a Soenbi is a man of filial piety and love, who cares about his parents and others. Seventh, a Soenbi is in harmony with

neighbors and is a good example to others. Lastly, a Soenbi is willing to sacrifice himself for his society and country.

Summary of Studies Regarding a Psychologically Healthy Person

The descriptions of optimal human functioning or desirable human behaviors come from philosophical views as well as from clinical experiences. Different cultures have different conceptions of a psychologically healthy person (PHP) or an ideal person. As Allport (1961) suggested, "in some area, a healthy, mature person is the one who loses himself completely for the traditions and advancing the welfare of his tribe" (p.276). Allport further argued that "in the Western world, individuality and self-realization is more stressed as the norms for soundness, health, or maturity" (p. 276). Here I summarize the characteristics of a psychologically healthy person reviewed above, and will address differences between the Western psychologists' view and the Eastern Confucian view. In thinking through the conceptions of a psychologically healthy person, seven elements of characteristics seem particularly relevant. They may be categorized as follows:

First, a PHP has well-integrated personal values and a sense of personal identity. Based on personal values and identity, a PHP is able to commit oneself to goals and purposes in life. Enduring commitment to goals and purposes provides consistency and unity to one's lifestyle and behaviors. As a result, unifying choices and behaviors make it possible to lead a meaningful and productive life. Second, a PHP has a sense of autonomy and independence, which allows him/her to be inner-directed and intrinsically motivated. A PHP's behaviors are less governed by a society or culture, and a PHP would not blindly conform to norms or conventional rules, because a PHP is not strongly influenced by rewards and recognition from others. Third, a PHP has sympathy and

compassion for other human beings, which allows him/her to form satisfying interpersonal relationships with others. A PHP is willing to participate in life tasks to contribute to the welfare of others and society. Fourth, a PHP is capable of expressing and managing his/her feelings and emotions. Even though PHP's expression of emotion is as honest and straightforward as possible, he/she is also able to regulate or control his/her emotional impulses and responses. A PHP can cope with frustration, ambiguity, and hostility without destructive responses. Fifth, a PHP has realistic perceptions of reality. Due to emotional stability and security, a PHP perceives reality as it is, without distortion and defense which might be a result of unmet needs, fears, anxieties, and their own assumptions. Thus, a PHP has the capacity for acquiring accurate information and evaluations of the environment and surroundings, which allow him/her to make sound decisions yielding correct and reasonable behaviors. Sixth, a PHP is competent, and has coping skills, so he/she is capable of implementing a wide range of coping behaviors. In other words, a PHP is a problem solver and/or a productive person, who can cope with personal concerns or interpersonal problems, and effectively deal with issues encountered in both vocational and avocational roles.

Despite some common elements of the ideal person between the Western psychologists' view and the Eastern Confucian view, cultural nuance needs to be considered. The characteristics of a PHP in Western culture are autonomy, independence, self-acceptance, emotional stability, individual identity, and egalitarian human relationships, while an ideal man in Confucianism places more emphasis on group identity, harmony with others in the society, and instilling obligations to conform to social norms. Due to aforementioned collectivistic features, the Confucian ideal man is

loyal to his society and country so that he could sacrifice himself for the benefit of the group. The ideal person in Confucian countries is expected to be humble and modest, but still well respected by others because social recognition is important, and interdependency in the family and society is strongly emphasized. Also, the Eastern ideal person's social duty and role in the community seems to be more stressed compared to that of "an atomistic individual" (Sampson, 1983) in Western cultures. Therefore, a role of independence or autonomy is somewhat different in collectivistic cultures. That is to say, one's independence and autonomy are still valued but under the premise that the ideal person, as a member of the group, needs to maintain harmony with others and society. However, a PHP in Western culture differentiates oneself from others, and he has the right to be different from others in everyday life. Lastly, one of the interesting cultural characteristic in Eastern Confucian view of the ideal person is that people work to become the ideal person by continuous self-cultivation with unremitting exertions, while Western psychologists view that a person becomes an ideal person through innate desire and a tendency to fully maximize one's potential.

Conclusion

This review of literature supports the view that counseling is indeed a value-laden enterprise. Also, studies noted that values or worldviews of counselors not only influence their clinical practice but also impact the values of their clients. The shared values and worldviews between counselors and clients facilitate a therapeutic working alliance at the beginning of counseling and can lead to better counseling outcomes. Both counselors and clients naturally form their perceptions of what good mental health is based on their values and worldviews. When counselors and clients share a vision of good health and

how one might be able to attain that good health, their counseling work can lead to improved outcomes. Of course, many professionals believe it is not necessary that these values and worldviews be completely aligned; they believe that effective working alliances can also occur when counselors and clients hold different values and worldviews, if the counselor is able to effectively take on the perspective of the client's values and worldview. While counselors could influence the values and worldviews of their clients in a way that leads to a more well-adjusted life, unfortunately, it is more likely to be the case that counselors who are unable to take the perspective of their clients might influence clients by changing their values and worldviews in a way that increases the suffering related to their presenting concern.

Yet, Kelly's (1990) and Kelly and Strupp's (1992) findings that counselors' perceived improvement of outcomes for clients is positively related with clients' converging values with their counselors raises a concern. The concern raised is that counselors may consciously or unconsciously desire their clients to adopt their values despite the fact that the value convergence does not always lead to improved outcomes. Given that counselors generally hold European American values (Consoli et al., 2008) and perceive individualistic worldviews in a positive light (Kuchel, 2000), this situation is problematic when counselors work with minority clients who hold different cultural values and worldviews. A review of characteristics of an ideal person in Western psychology and Eastern Confucianism suggests that counselors should be sensitive to the different cultural nuances of psychological health.

To date, previous research has thematic limitations due to having used the Rokeach Value Survey (RVS; Rokeach, 1973) to investigate the influence of values in

counseling. The instrument used individualism and collectivism as a worldview dimension, and operationalized a shared worldview as agreement of a client's etiology for their research. Beutler and Bergan (1981) insisted that Rokeach's value construct was too broad to capture values related to phenomena in the counseling process. They suggested using a construct that is able to discriminate "values that uniquely characterize individuals, social groups, [or] ethnic populations" (p. 19). Similarly, noting the client's worldview as either individualistic or collectivistic may not give the counselor enough detail to make effective use of this worldview difference; accordingly, Kuchel (2000) proposed conducting research using more specific aspects of individualism and collectivism worldview dimensions. Defining important aspects of either the collectivistic or individualistic worldview for counselors to pay attention to would enhance counselors' ability to effectively work with their clients. For example, it would be valuable to conduct research using Asian cultural value constructs to explore their influence on counseling processes and outcomes, targeting Asian populations.

The review of a psychologically healthy person revealed commonalities and differences between Western psychological view and Eastern Confusion view on the ideal. However, there is a dearth of research about how psychologically healthy persons are characterized across cultures or nations by publics or mental health professionals. Similarly, we do not know how counselors perceive certain cultural values in their clinical practice in ways that directly or indirectly impact the therapeutic process. The study of psychological health and counselors' perceptions on various cultural values in a world context can be indeed a worthy but daunting project. Thus, as a starting point, this

study seeks to explore psychological health and cultural value differences between the United States and South Korea.

Present Study

The purpose of this study is to explore college students' and counselor trainees' perceptions of a psychologically healthy person and perceptions of certain cultural values and examine the potential differences between the United States and South Korea. The current study attempted to answer the following research questions:

1) Do Americans and Koreans differ in their perceptions of Asian cultural values (e.g., Collectivism, Conformity to Norms, Emotional Self-Control, Family Recognition through Achievement, and Humility)?

2) Do college students and counselor trainees differ in their perceptions of Asian cultural values?

3) Is there an interaction effect between nationality (American vs. Korean) and profession status (college student vs. counselor trainee) regarding perceptions of Asian cultural values? In other words, does the difference between college students' and counselor trainees' perception of Asian cultural values vary by nationality (the United States vs. South Korea)?

4) Do Americans and Koreans differ in their perceptions of individualistic values?

5) Do college students and counselor trainees differ in their perceptions of individualistic values?

6) Is there an interaction effect between nationality (American vs. Korean) and profession status (college student vs. counselor trainee) regarding perceptions of individualistic values? In other words, does the difference between college students' and

counselor trainees' perception of individualistic values vary by nationality (American vs. Korean)?

7) Is the perception of what makes a person psychologically healthy different by the nationality (American vs. Korean) and the profession status (college student vs. counselor trainee)?

In summary, this study attempts to compare four groups (i.e., American college students, American counselor trainees, Korean college students, and Korean counselor trainees) in terms of their perceptions of Asian cultural values, individualistic values, and a perception of what it means to be a psychologically healthy person. Figure 1 visually illustrates the compared groups in terms of nationality and profession status.

		Nationality	
		United States	South Korea
Profession Status	College student	A	C
	Counselor trainee	B	D

Figure 1.

Group comparison in this study. A = American college student, B = American counselor trainee, C = Korean college student, and D = Korean counselor trainee.

Chapter 3

Methodology

Design

This study is a cross-sectional comparative, survey study. Participants were recruited from the United State and Korea. They were asked to complete a self-report survey.

Sampling Method and Participants

This study used a purposeful sampling method to recruit college student and counselor trainee participants in the United States and Korea, given that random sampling was not feasible. The author purposefully planned to recruit participants from large universities to have a more representative sample. To detect a .80 power at a 0.05 alpha level for analysis of variance (ANOVA), a power analysis indicated that a sample size of 128 participants was required for a medium effect size (f = .25) and that a sample size of 787 participants was required for a small effect size (f = .10).

Among a total of 689 recruited participants, usable data were obtained from 663 (96.2%) participants. American college student participants included 200 undergraduate students in the Midwestern United States. American college student sample consisted of 80 (40.0%) males and 119 (59.5%) females. Mean age was 20.74 years (*SD* = 1.97). There were 165 (82.5%) White/Caucasian, 15 (7.5%) Asian/Pacific Islander, 6 (3.0%) African American/Black, 2 (1.0%) Hispanic/Latino, 8 (4.0%) Multiracial, 0 (0.0%) American Indian/Alaskan Native, and 2 (1.0%) other participants. American counselor trainee participants included 103 graduate students in counseling psychology programs in

Midwestern United States. American counselor trainee sample consisted of 26 (25.2%) males and 77 (74.8%) females and 59 (57.35) masters students and 44 (42.7%) doctoral students. Mean age was 26.83 years ($SD = 3.79$). There were 74 (71.8%) White/Caucasian, 9 (8.7%) Asian/Pacific Islander, 8 (7.8%) African American/Black, 4 (3.9%) Hispanic/Latino, 6 (5.8%) Multiracial, 0 (0.0%) American Indian/Alaskan Native, and 1 (1.0%) other participants. Korean college student participants included 241 undergraduate students in South Korea. Korean college student sample consisted of 112 (46.5%) males and 128 (53.1%) females. Mean age was 21.45 years ($SD = 2.45$). Korean counselor trainee participants included 119 graduate students in counseling psychology programs in Korea. Korean counselor trainee sample consisted of 11(9.2%) males and 107 (89.9%) females and 91 (76.5%) master students and 27 (22.7%) doctoral students. Mean age was 29.93 years ($SD = 6.33$). Some of aforementioned percentages do not add up to 100% due to the missing responses. The summary of participant characteristics is displayed by each group in Table 1.

Instruments

The present study used four different versions of the survey: counselor trainee version (see Appendix A) and college student version (see Appendix B) in both English and Korean. Each survey consists of three parts. The first part includes the Asian American Values Scale–Multidimensional (Kim, Li, & Ng, 2005) and the Self-Construal Scale (Singelis, 1994). The second part includes an open-ended questionnaire which asks for participants' perceptions of psychological health and related questions. The third part includes a demographic questionnaire.

Table 1
Summary of Participant Characteristics (N=662)

	United States (*n* = 303)		South Korea (*n* = 359)	
	College Students (*n* = 200)	Counselor Trainees (*n* = 103)	College Students (*n* = 241)	Counselor Trainees (*n* = 118)
Age	20.74 (1.97)	26.83 (3.79)	21.45 (2.45)	29.93 (6.33)
Gender				
Male	80 (40.0%)	26 (25.2%)	112 (46.5%)	11 (9.2%)
Female	119 (59.5%)	77 (74.8%)	128 (53.1%)	107 (89.9%)
Grade				
Freshman	37 (18.5%)		32 (13.3%)	
Sophomore	43 (21.5%)		69 (28.6%)	
Junior	63 (31.5%)		95 (39.4%)	
Senior	54 (27.1%)		44 (18.3%)	
Degree Pursuing				
M.A.		59 (57.3%)		91 (76.5%)
Ph.D.		44 (42.7%)		27 (22.7%)

Note. For age, means and standard deviations were displayed. For gender, grade, and degree pursing, frequencies and percentages were displayed.

Asian American Values Scale –Multidimensional (AAVS-M). Kim et al.

(2005) revised the Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999) to create

the 42-item, self-report AAVS-M to measure adherence to specific domains of Asian

cultural values. The AAVS-M includes five subscales: Collectivism (*n* = 7, α = .89),

Conformity to Norms (*n* = 7, α = .79), Emotional Self-Control (*n* = 8, α = .80), Family

Recognition through Achievement (*n* = 14, α = .90), and Humility (*n* = 6, α = .81). Due to

the absence of an instrument measuring Korean cultural values, AAVS-M was selected

and used to partially capture cultural values of Koreans in this study because the items in

this instrument were analogous to Korean values. Sample items are "The welfare of the

group should be put before that of the individual", "One should recognize and adhere to the social expectations, norms, and practices," "One should not express strong emotions," "One should go as far as one can academically and professionally on behalf of one's family," and "One should not sing one's own praises." Participants rate each item on a 7-point Likert scale that ranges from 1 (strongly disagree) to 7 (strongly agree). Higher scores represent higher adherence to the particular Asian cultural value domain.

   Self-Construal Scale (SCS). Singelis (1994) developed the SCS to measure self-construal, a trait-like disposition involving beliefs, feelings, attitudes, and actions in social relations, especially the degree of separation or connectedness between the self and others. Two distinct types of self-construal have been described as independent (individualism; $n = 12$, $\alpha = .70$) and interdependent (collectivism; $n = 12$, $\alpha = .74$). SCS was often used to measure collectivistic and individualistic cultural orientation in other studies (c.f., Seo, 2005; Wang & Mallinckrodt, 2006). Due to the fact that AAVS-M includes a collectivism subscale, only 12 items of independent self-construal were used to capture individualistic values in this study. Sample items are "I enjoy being unique and different from others in many respects," "I can talk openly with a person who I meet for the first time, even when this person is much older than I am," and "I feel it is important for me to act as an independent person." Participants rate each item on a 7-point Likert scale that ranges from 1 (strongly disagree) to 7 (strongly agree). Higher scores represent higher independent self-construal.

   In a counselor trainee survey, the counselor trainee participants were asked to answer the aforementioned instruments according to their perceptions of how a "psychologically healthy" person would answer. Their answers should reflect their

tendency and intention when intervening with clients. In the college student version of the survey, the undergraduate participants were asked to answer the questions according to their perceptions of how a "psychologically healthy" person would answer. In this study, the perceptions of college students serve as those of potential clients in comparison to perceptions of counselor trainees. Given that the purpose of the study is to explore cultural differences, structuring the rating task to ask what a "hypothetically healthy" person's response directly captures the data of interest, rather than asking for self-reports of their opinions regarding the questions. This approach was previously used in Wang and Mallinckrodt's (2006) comparative research on cultural beliefs of ideal adult attachment between the United States and Taiwan.

The second part of the study was to further explore participants' thoughts of a psychologically healthy person. In the counselor trainee survey, open-ended questions include: "How would you describe a psychologically healthy person?", "What important factors have influenced the formation of your beliefs about a psychologically healthy person?", "How does your perception of a psychologically healthy person influence your counseling practice?", and "What similarities and differences would you expect between a psychologically healthy person in Asian culture and European American culture?" The college student version of the survey includes one open-ended question, "How would you describe a psychologically healthy person?"

Translation of instruments. For Korean participants, the original English versions of aforementioned instruments were translated into Korean by following the translation-back translation process (Brislin, 1970). Including the principal investigator, a total of five doctoral students who are bilingual in Korean and English were involved in

instrument translation. All translators were informed of the purpose and the context of research to have an understanding of the items in instruments. The translation process is described below.

First, the principal investigator translated the original English versions of the instruments into Korean in collaboration with another doctoral student studying Counselor Education. Second, the translated Korean versions were translated back into English by another doctoral student studying English Literature. Third, the original English version and the back translated English version were compared by another doctoral student studying English Literature. The identified discrepancies were discussed and negotiated by all pre-involved translators to modify the Korean versions to achieve content equivalency. Lastly, the modified Korean versions of instruments were reviewed by another doctoral student studying Counseling Psychology to check and revise any grammatical errors or awkward expressions which might have been a result of translation (Willgerodt, Kataoka-Yahiro, Kim, & Ceria, 2005). The finalized Korean versions were pilot-tested by 33 Korean international students recruited in Midwestern United States, whose native language is Korean. The reliabilities of the instruments used for present study participants were reported in Table 2. The Cronbach's alphas were calculated for each of the four groups (i.e., American college students, American counselor trainees, Korean college students, and Korean counselor trainees) as well as by total participants.

Procedures

The author recruited counselor trainee participants through different counselor training programs as well as undergraduate participants through different classes in multiple universities. First, the author contacted instructors at several universities in the

Midwestern United States as well as in Korea to reach potential study participants. The instructors were given information about the study. Prior to data collection, permissions were obtained from instructors. Students were informed about the anonymous and voluntary nature of participation through an informed consent form (see Appendix C). Those who agreed to participate in the study were asked to complete the survey.

Table 2

The Reliabilities (Cronbach's α) of Asian American Values Scale – Multidimensional and Independent Self-construal Scale.

	United States		South Korea		Total
	College Student	Counselor Trainee	College Student	Counselor Trainee	
AAVS-M (a total score)	.85	.83	.86	.88	.88
Collectivism	.79	.81	.75	.70	.80
Conformity to Norms	.77	.76	.75	.70	.81
Emotional Self-control	.81	.74	.61	.64	.71
Family Recognition through Achievement	.86	.86	.90	.88	.89
Humility	.78	.77	.62	.57	.69
Independent SCS	.82	.79	.74	.79	.79

Analysis

The data were analyzed both quantitatively and qualitatively. SPSS statistical package 17.0 software was used to perform quantitative analyses. Nvivo 9 software was used to perform qualitative analyses.

Quantitative analysis. Statistical analyses were performed to examine differences in perceptions of cultural values by nationality (United States vs. Korea) and the profession status (counselor trainees vs. college students; see Figure 1). A multivariate analysis of variance (MANOVA) and an analysis of variance (ANOVA) were used to test the following research hypotheses:

Hypotheses for perceptions of Asian cultural values.

$H_0 1$: There are no differences between Americans and Koreans in perceptions of Asian cultural values measured by the five subscales of AAVS-M.

$H_0 2$: There are no differences between counselor trainees and college students in perceptions of Asian cultural values measured by the five subscales of AAVS-M.

$H_0 3$: There are no interaction effects between nationality (United States vs. Korea) and profession status (counselor trainee vs. college student) on perceptions of Asian cultural values measured by the five subscales of AAVS-M.

MANOVA, the extension of ANOVA, is used to compare two, or more than two, dependent variables in two or more groups (Stevens, 2002). To test hypotheses 1, 2, and 3, using five subscale scores of AAVS-M as a dependent variable, a two-way MANOVA was conducted to examine the differences in perceptions of Asian cultural values by nationality (United States vs. Korea) and profession status (counselor trainee vs. college student). The interaction effect of the two factors on perceptions was also examined.

Given that a total score of AAVS-M can be used to assess one's overall Asian cultural values (Kim et al., 2005), the following hypotheses were generated for an exploratory analysis. A total score of AAVS-M was also used to plot the mean scores of

four groups (i.e., American college students, American counselor trainees, Korean college students, and Korean counselor trainee) in Figure 2.

$H_0 4$: There are no differences between Americans and Koreans in perceptions of Asian cultural values measured by a total score of AAVS-M.

$H_0 5$: There are no differences between counselor trainees and college students in perceptions of Asian cultural values measured by a total score of AAVS-M.

$H_0 6$: There are no interaction effects between nationality (United States vs. Korea) and profession status (counselor trainee vs. college student) on perceptions of Asian cultural values measured by a total score of AAVS-M.

To test hypothesis 4, 5, and 6, using a total score of AAVS-M as a dependent variable, a two-way ANOVA was conducted to examine the differences in perceptions of Asian cultural values by nationality (United States vs. Korea) and profession status (counselor trainee vs. college student). The interaction effect of the two factors on perceptions was also examined.

Hypotheses for perceptions of individualistic values.

$H_0 7$: There are no differences between Americans and Koreans in perceptions of individualistic values measured by the independent SCS.

$H_0 8$: There are no differences between counselor trainees and college students in perceptions of individualistic values measured by the independent SCS.

$H_0 9$: There are no interaction effects between nationality (United States vs. Korea) and profession status (counselor trainee vs. college student) on perceptions of individualistic values measured by the independent SCS.

To test hypothesis 7, 8, and 9, using scores from the SCS as a dependent variable, a two-way ANOVA was conducted to examine the differences in perceptions of individualistic values by nationality (United States vs. Korea) and profession status (counselor trainee vs. college student). The interaction effect of the two factors on perceptions was also examined.

Qualitative Analysis. Qualitative analysis was performed to find themes of participants' answers and to compare the themes among the groups (i.e., American college students, Korean college students, American counselor trainees, and Korean counselor trainees) for the following open-ended questions:

1. How would you describe a psychologically healthy person?

2. What important factors have influenced the formation of your beliefs about a psychologically healthy person?

3. How does your perception of a psychologically healthy person influence your counseling practice?

4. What similarities and differences would you expect between a psychologically healthy person in Asian culture and European American culture?

The data were analyzed using qualitative content analysis (Morgan, 1993) with principles of inductive analysis (Patton, 2002) and Consensual Qualitative Research (CQR; Hill, Thompson, & Williams, 1997). Qualitative content analysis generates codes based on raw data and counts the frequency of the emerged themes to discern and compare patterns of data and to guide meaningful interpretation of the results (Morgan, 1993). Morgan suggested that qualitative content analysis is suitable for comparative research which contrasts the patterns of groups. Starting with specific observations of

data, inductive approach consisted of organizing the smallest units of data (core ideas) and developed toward general patterns into meaningful and progressively broader themes and domains (Patton, 2002). In order to conduct a cross-analysis, core ideas were grouped to develop categories, which illustrate the similar themes mirrored in core ideas (Hill et. al, 2005) across all the participants.

CQR emphasizes a team approach and a consensual process. According to CQR, all members of the research team have an equal voice in determining how to code and interpret the data so that the perspective of one researcher does not dominate. The CQR method provides checks and balances to ensure that responses of respondents are accurately represented. Four researchers were involved in the qualitative analysis. The principal investigator, Kyu Jin Yon, who is bilingual in Korean and English, reviewed and coded both English and Korean data. The second researcher, Jiwoong Yang, who is bilingual in Korean and English and has a U.S. Ph.D. degree in Counselor Education, reviewed and coded Korean data. The third researcher, Adam Sumner, who is a Ph.D. student in Counseling Psychology, reviewed and coded English data. The aforementioned three researchers continued to communicate with each other to code the data and create the themes. The fourth researcher, Michael Goh, who is a professor at the Department of Organizational Leadership, Policy, and Development with Ph.D. degree in Counseling Psychology, served as an auditor. All coding processes and themes generation were conducted with Nvivo software using English. In this study, Nvivo software was utilized to assist researchers electronically to organize the data, to generate codes and themes, to count the number of responses in themes, and to communicate with each other with ease,

but it was never utilized for any automated analysis function. Specific qualitative analysis procedures are described below.

First, all raw data were inputted into Nvivo software. Reviewing each participant's answers one question at a time, researchers coded all of the basic thought units in the answers with core ideas, which capture specific meanings of the raw data (Hill, Knox, Thompson, Hess, Ladany, & Williams, 2005) by generating *nodes* in Nvivo software. Each node in Nvivo software can be considered as an envelope with a core idea in a traditional manual method, which includes the quotes with a similar meaning from participants. Nvivo software allows researchers to easily organize raw data by creating, combining, or dividing different nodes electronically. When participants' answers include more than one core idea, researchers were allowed to multi-code the answer to different nodes. As each researcher continued to generate new nodes to capture new core ideas, newly developed nodes were shared with other researchers via an email so that they can utilize the same nodes to capture similar core ideas. Each researcher was always allowed to create new nodes and modify nodes as needed and continued to communicate with each other to maintain a consensus on coding. After completing first coding with core ideas, three Nvivo files from three researchers were merged together. Researchers identified and resolved any discrepancy of coding by comparing and contrasting nodes through a consensual process. Special attention was made to discrepancy which might have been a result of different language expressions between English and Korean rather than a different underlying meaning. For example, the node "being in harmony with society" was initially coded separately as one of the characteristics of a psychologically healthy person. This node was, however, combined with the node "social conformity"

because researchers judged that it has a similar meaning, but Korean participants were using different expressions. Later, nodes with a similar idea were further combined into the same node to capture a meaningful and broader idea as a theme. For example, "self-esteem", "self-worth", "self-respect", and "self-appreciation" nodes were combined as one node naming "self-esteem". Similar themes were further grouped together to develop a domain. The frequency of the emergent themes was counted to follow the element of qualitative content analysis (Morgan, 1993) to detect and compare different patterns of themes among group. For fair comparison, the frequency was further calculated and reported as a percentage in each group since each group had a different total number of respondents.

Chapter 4

Results

This chapter presents the results of the statistical analyses and the qualitative analyses. First, descriptive statistics and intercorrelation of study's variables are presented as preliminary results. Second, the results of multivariate analysis of variance (MANOVA) and analysis of variance (ANOVA) are detailed to examine the differences of college students' and counselor trainees' perceptions of cultural values between the United States and South Korea. Third, the results of qualitative analyses of responses to the open-ended questions are presented.

Quantitative Analyses

Preliminary Results

The means and standard deviations of study variables and Pearson correlation coefficients among the variables are presented in Table 3. Asian Values, a total score of AAVS-M was positively correlated with five subscales of AAVS-M. It has a strong positive correlation with Family Recognition through Achievement ($r = .781$), moderate positive correlations with Collectivism ($r = .622$), Conformity to Norms ($r = .496$), and Emotional Self-control ($r = .594$), and a weak positive correlation with Humility ($r = .185$). Asian values, a total score of AAVS-M, had weak negative correlations with Individualistic values ($r = -.136$) and profession status ($r = -.191$). Considering the coding of profession status, the negative correlation indicated that counselor trainees were more likely to perceive Asian values in a negative light than college students.

Table 3

The Descriptive Statistics and the Intercorrelation of the Variables

	Mean	SD	1	2	3	4	5	6	7	8
1. Asian values	3.83	0.51								
2. Collectivism	3.86	0.86	0.622***							
3. Conformity to Norms	4.19	0.98	0.496***	0.013						
4. Emotional Self-control	3.24	0.74	0.594***	0.200***	0.364***					
5. Family Recognition through Achievement	4.07	0.89	0.781***	0.395***	0.208***	0.184***				
6. Humility	3.57	0.89	0.185***	0.212***	-0.224***	0.151***	-0.136***			
7. Individualistic values	4.90	0.70	-0.136***	0.004	-0.217***	-0.264***	0.049	-0.091*		
8. Nationality	0.54	0.50	-0.058	-0.384***	0.550***	0.190***	-0.209***	-0.249***	-0.210***	
9. Profession Status	0.33	0.47	-0.191***	-0.171***	0.001	-0.107**	-0.213***	0.049	-0.095*	-0.010

Note. Asian values were measured by a total score of AAVS-M. In terms of nationality, United Stated was coded as 0 and South Korea was coded as 1. In terms of profession status, the college student was coded as 0 and the counselor trainee was coded as 1.

* $p < .05$, ** $p < .01$, *** $p < .001$

The five subscales of AAVS-M had positive correlations with each other except that Humility had weak negative correlations with Conformity to Norms ($r = -.224$) and Family Recognition through Achievement ($r = -.136$). Individualistic values had a weak negative correlation with nationality ($r = -.210$). Considering the coding of nationality, the negative correlation indicated that Koreans are more likely to perceive individualistic values in a negative light than Americans.

Perceptions of Asian Cultural Values

A 2 x 2 MANOVA was conducted to examine the differences in perception of Asian cultural values by nationality and profession status. The dependent variables were the five subscales of Asian American Values Scale–Multidimensional (AAVS-M; Kim et al., 2005): Collectivism, Conformity to Norms, Emotional Self-Control, Family Recognition through Achievement, and Humility. Independent variables were nationality (United States vs. South Korea) and profession status (counselor trainee vs. college student). The Box's Test of Equality of Covariance Matrices was statistically significant, Box's $M = 208.63$, $F(45, 537697) = 4.565$, $p < .011$, indicating that the assumption of equal variances across the groups was violated. This assumption violation can mislead the results in the case of unequal sample sizes, particularly when the sample size of the larger group is 1.5 times bigger than the number of cases in the smaller group (Steven, 2009). However, the test can still be interpreted conservatively if the larger variance is associated with the larger group (Steven, 2009; Tabachnick & Fidell, 2007). In the present analysis, despite unequal sample size, the larger variance was associated with the larger group for all five dependent variables so the results were robust. The ratio of the variance of the largest group to the variance of the smallest group was less than 1.

MANOVA revealed significant differences in perception of Asian cultural values by both nationality (United States vs. Korea), Wilks' Lambda = .53, $F(5, 655) = 118.65$, $p < .001$, and by profession status (counselor trainee vs. college student), Wilks's Lambda = .915, $F(5, 655) = 12.23$, $p < .001$. The interaction effect of two independent variables was also statistically significant, Wilks's Lambda = .965, $F(5, 655) = 4.748$, $p < .001$, indicating that the nature of the difference between counselor trainee and college student varies in the United States and Korea.

The results of ANOVA with each of the five dependent variables are described below. To graphically illustrate the results, mean scores of four groups (i.e., American college students, American counselor trainees, Korean college students, and Korean counselor trainee) were plotted in Figure 2. The effect sizes were interpreted with Cohen's (1998) guidelines; small ($\eta^2 = .01$), medium ($\eta^2 = .09$), and large ($\eta^2 = .25$). In terms of Collectivism, there was a statistically significant main effect of nationality, $F(1) = 101.466$, $p < .001$, $\eta_p^2 = .133$, indicating that Americans ($M = 4.22$, $SD = .83$) had a higher score in perception of Collectivism than Koreans ($M = 3.56$, $SD = .76$) with a medium to large effect. There was a statistically significant main effect of profession status, $F(1) = 24.913$, $p < .001$, $\eta_p^2 = .036$, indicating that college students ($M = 3.96$, $SD = .90$) had higher score in perception of Collectivism than counselor trainees ($M = 3.65$, $SD = .75$) with a small to medium effect size. The interaction effect was not statistically significant, $F(1) = .533$, $p < .465$, $\eta_p^2 = .001$. Considering the rating task
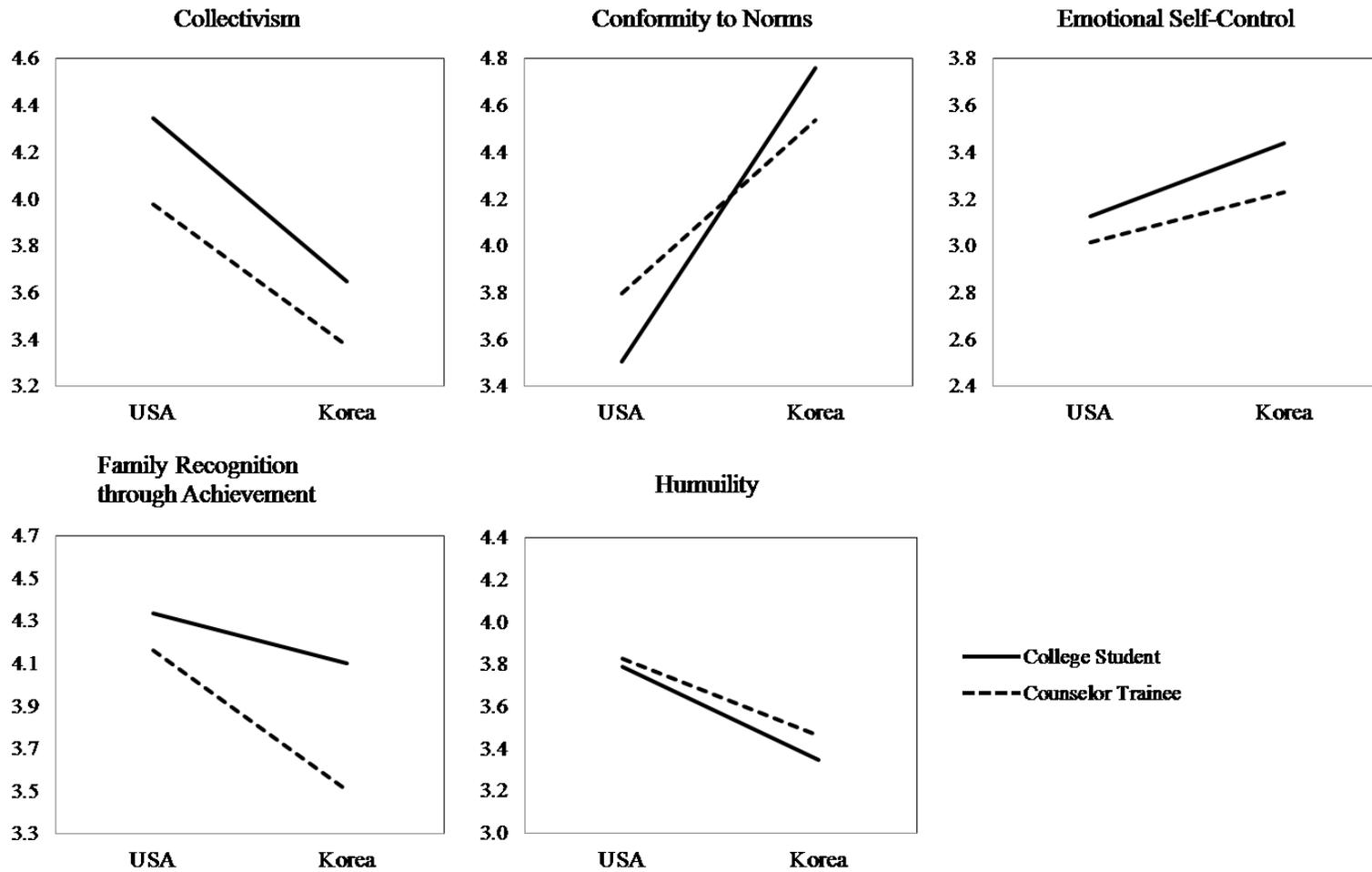
Figure 2.

The perceptions of five subscales of Asian American Values Scale -Multidimensional by nationality and profession status.

that participants were asked to answer, how a "hypothetically healthy" person would respond to the items, the result that college students had a higher score in perception of Collectivism than counselor trainees means that college students perceived Collectivism in a more positive light. The same interpretation applies to the following results.

In terms of Conformity to Norms, there was a statistically significant main effect of nationality, $F(1) = 221.759, p < .001, \eta_p^2 = .252$, indicating that Americans ($M = 3.61$, $SD = .90$) had a lower score in perception of Conformity to Norms than Koreans ($M = 4.69, SD = .74$) with a large effect size. There was no statistically significant main effect of profession status, $F(1) = .264, p = .608, \eta_p^2 = .000$, indicating that college students' perception of Conformity to Norms ($M = 4.19, SD = 1.05$) were not significantly different from counselor trainees' perception ($M = 4.19, SD = .82$). The interaction effect was statistically significant, $F(1) = 14.688, p < .001, \eta_p^2 = .022$, with a small to medium effect size. As can be seen in Figure 2, American counselor trainees' had a higher score in perception of Conformity to Norms than American college students, but Korean counselor trainees had a lower score in perception of Conformity to Norm than Korean college students.

In terms of Emotional Self-control, there was a statistically significant main effect of nationality, $F(1) = 19.451, p < .001, \eta_p^2 = .029$, indicating that Americans ($M = 3.09$, $SD = .81$) had a lower score in perception of Emotional Self-control than Koreans ($M = 3.37, SD = .66$) with a small to medium effect size. There was a statistically significant main effect of profession status, $F(1) = 7.195, p = .007, \eta_p^2 = .011$, indicating that college students ($M = 3.30, SD = .78$) had a higher score in perception of Emotional Self-

control than counselor trainees ($M = 3.13$, $SD = .63$). The interaction effect was not statistically significant, $F(1) = .721$, $p = .396$, $\eta_p^2 = .001$.

In terms of Family Recognition through Achievement, there was a statistically significant main effect of nationality, $F(1) = 40.828$, $p < .001$, $\eta_p^2 = .058$, indicating that Americans ($M = 4.28$, $SD = .78$) had a higher scored in perception of Family Recognition through Achievement than Koreans ($M = 3.90$, $SD = .93$) with a small to medium effect size. There was a statistically significant main effect of profession status, $F(1) = 31.025$, $p < .001$, $\eta_p^2 = .045$, indicating that college students ($M = 4.21$, $SD = .88$) had a higher score in perception of Family Recognition through Achievement were higher than counselor trainees ($M = 3.81$, $SD = .83$). The interaction effect was statistically significant, $F(1) = 9.152$, $p = .003$, $\eta_p^2 = .014$, with a small effect size. As can be seen in Figure 2, the difference between college students' perception of Conformity to Norms and counselor trainee's perception was greater in Korea than United States.

In terms of Humility, there was a statistically significant main effect of nationality, $F(1) = 36.368$, $p < .001$, $\eta_p^2 = .052$, indicating that Americans ($M = 3.80$, $SD = .89$) had a higher score in perception of Humility than Koreans ($M = 3.39$, $SD = .73$) with a small to medium effect size. There was no statistically significant main effect of profession status, $F(1) = 1.392$, $p = .239$, $\eta_p^2 = .002$, indicating that college students' perception of Humility ($M = 3.55$, $SD = .88$) was not significantly different from counselor trainees' perception ($M = 3.63$, $SD = .73$). The interaction effect was not statistically significant, $F(1) = .337$, $p = .562$, $\eta_p^2 = .001$.

Using a total score of AAVS-M as a dependent variable, a 2 x 2 ANOVA was conducted to examine the differences in a perception of the Asian cultural values by

nationality (United States vs. Korean) and profession status (counselor trainee vs. college student). There was a statistically significant main effect of nationality, $F(1) = 5.595$, $p < .018$, $\eta_p^2 = .008$, indicating that Americans ($M = 3.86$, $SD = .48$) had a higher score in perception of Asian cultural values than Koreans ($M = 3.80$, $SD = .53$) with a small effect size. There was a statistically significant main effect of profession status, $F(1) = 23.151$, $p < .001$, $\eta_p^2 = .034$, indicating that college students ($M = 3.90$, $SD = .51$) had a higher score in perception of Asian cultural values than counselor trainees' perception ($M = 3.69$, $SD = .47$) with a small to medium effect size. The interaction effect was statistically significant, $F(1) = 7.110$, $p = .008$, $\eta_p^2 = .011$, with a small effect size. As can be seen in Figure 3, the difference between counselor trainees' perception of Asian cultural values and college students' perception was greater in Korea than United States.

Perceptions of Individualistic Values

A 2 x 2 ANOVA was conducted to examine the differences in perception of the individualistic values by nationality (United States vs. Korean) and profession status (counselor trainee vs. college student). Individualistic values were measured by the independent Self-Construal Scale (Singelis, 1994). There was a statistically significant main effect of nationality, $F(1) = 14.507$, $p < .001$, $\eta_p^2 = .022$, indicating that Americans ($M = 5.06$, $SD = .71$) had a higher score in perception of individualistic values than Koreans ($M = 4.77$, $SD = .65$) with a small to medium effect size. There was a statistically significant main effect of profession status, $F(1) = 8.833$, $p = .003$, $\eta_p^2 = .013$, indicating that college students ($M = 4.95$, $SD = .72$) had a higher score in perception of individualistic values than counselor trainees ($M = 4.80$, $SD = .64$) with a small effect size. The interaction effect was statistically significant, $F(1) = 22.117$, $p < $

.001, $\eta_p^2 = .032$, with a small to medium effect size. As you see in Figure 3, American counselor trainees had a lower score in perception of individualistic values than American college students, but Korean counselor trainees had a higher score in perception of individualistic values than Korean college students' perception.
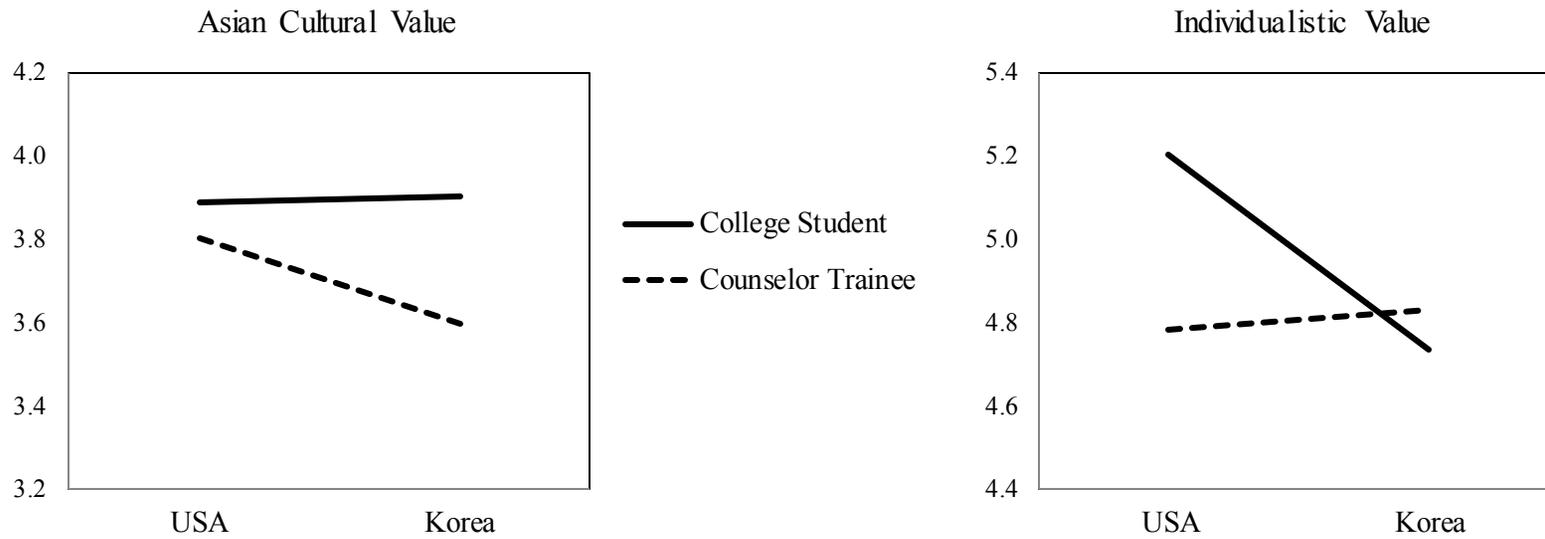
Figure 3.

Asian cultural value and individualistic values by nationality and profession status.

Qualitative Analyses

The results of the qualitative analysis will be described according to the four open-ended questions which participants were asked to answer. The total number of participants reporting each theme was counted and calculated as a percentage to detect overall prevalence of the themes in an entire sample. Due to unequal numbers of respondents across the groups, the percentages were calculated within each group based on the numbers of respondents in each group to make fair group comparisons. The ideas reported by less than 15 participants (2.5%) of total respondents were excluded in the result. Differences between groups of more than 7.5% were deemed notable and will be addressed.

Features of a Psychologically Healthy Person

The open-ended question "How would you describe a psychologically healthy person (PHP)?" was answered by a total of 612 participants which included 187 American college students, 218 Korean college students, 98 American counselor trainees, and 198 Korean counselor trainees. Based on qualitative content analysis, eight domains and 29 themes emerged as a result. The domains and the themes are displayed in Table 4 and also described below.

1. Personal and self. In this domain, participants reported various intrapersonal or self-related features of a psychologically healthy person. Among a total of 612 participants, 14.2 % reported the theme of *self-acceptance and self-contentment* (American college students = 25.1%; American counselor trainees = 18.4%; Korean college students = 2.8%; Korean counselor trainees = 14.7%). They described that PHPs are happy and comfortable with who they are and that PHPs accepts both positive and

negative aspects of themselves. The theme was reported more by American college students than by Korean college students.

Of the participants, 14.1% reported the theme of *self-awareness* (American college students = 8.6%; American counselor trainees = 23.5%; Korean college students = 7.3; Korean counselor trainees = 28.4%). They described that PHPs are aware of and understand who they are in multiple aspects (e.g., needs, thoughts, emotions, behaviors, goals, strength and weakness). The theme was reported more by counselor trainees than by college students.

Of the participants, 11.6% reported the theme of *confidence* (American college students = 15.0%; American counselor trainees = 8.2%; Korean college students = 13.3%; Korean counselor trainees = 5.5%). They described that PHPs are confident with their abilities, themselves, and/or their life.

Of the participants, 9.0% reported the theme of *self-esteem* (American college students = 8.0%; American counselor trainees = 6.1%; Korean college students = 9.6%; Korean counselor trainees = 11.9%). They described that PHPs show self-respect, self-worth, and self-appreciation and feel good about themselves.

Of the participants, 9.0% reported the theme of *independence* (American college students = 14.4%; American counselor trainees = 9.2%; Korean college students = 4.6%; Korean counselor trainees = 8.3%). They described that PHPs are independent, autonomous, and self-reliant and that they can do things in their own while less influenced by others or their surroundings. The theme was reported more by American college students than by Korean college students.

Of the participants, 8.2% reported the theme of *identity development* (American college students = 6.4 %; American counselor trainees = 16.3%; Korean college students = 5.0%; Korean counselor trainees = 10.1%). They described that PHPs are have a good sense of self or well-development identity. The theme was reported more by counselor trainees than by college students.

Of the participants, 4.7% reported the theme of *physical health* (American college students = 8.0 %; American counselor trainees = 3.1%; Korean college students = 4.6%; Korean counselor trainees = 0.9%). They described that PHPs are also physically healthy.

Of the participants, 4.1% reported the theme of *self-care* (American college students = 6.4%; American counselor trainees = 10.2%; Korean college students = 0.5%; Korean counselor trainees = 1.8%). They described that PHPs take care of themselves to maintain good health. The theme was reported more by American counselor trainees than by Korean participants.

Of the participants, 3.4% reported the theme of *self-growth* (American college students = 5.3%; American counselor trainees = 5.1%; Korean college students = 0.9%; Korean counselor trainees = 3.7%). They described that PHPs are open for growth and strive for self-actualization.

2. Interpersonal relations. In this domain, participants reported various characteristics of a psychologically healthy person in interpersonal context. Of the participants, 12.3% reported the theme of *positive interpersonal relationships* (American college students = 9.6%; American counselor trainees = 20.4%; Korean college students = 9.2%; Korean counselor trainees = 15.6%). They described that PHPs are able to form

positive interpersonal relationships and that they are social and have good social support. The theme was reported more by counselor trainees than by college students.

Of the participants, 12.1% reported the theme of *consideration of others* (American college students = 9.6%; American counselor trainees = 22.4%; Korean college students = 9.6%; Korean counselor trainees = 11.9%). They described that PHPs regard feelings and needs of others and that they are aware of the impact of their own actions on others. The theme was reported more by American counselor trainees than by other groups.

Of the participants, 7.7% reported the theme of *effective communication* (American college students = 7.0%; American counselor trainees = 8.2%; Korean college students = 4.6%; Korean counselor trainees =14.7%). They described that PHPs effectively communicate with others and that they are able to express themselves (e.g., thoughts and feelings). The theme was reported more by Korean counselor trainees than by Korean college students.

Table 4

Features of a Psychologically Healthy Person

Domains	Themes	Total	United States		South Korea	
			Student	Trainee	Student	Trainee
		$N = 612$	$n = 187$	$n = 98$	$n = 218$	$n = 109$
1. Personal and self						
Self-acceptance & self-contentment		14.2	25.1	18.4	2.8	14.7
Self-awareness		14.1	8.6	23.5	7.3	28.4
Confidence		11.6	15.0	8.2	13.3	5.5
Self-esteem		9.0	8.0	6.1	9.6	11.9
Independence		9.0	14.4	9.2	4.6	8.3
Identity development		8.2	6.4	16.3	5.0	10.1
Physical health		4.7	8.0	3.1	4.6	0.9
Self-care		4.1	6.4	10.2	0.5	1.8
Self-growth		3.4	5.3	5.1	0.9	3.7
2. Interpersonal relations						
Positive interpersonal relationship		12.3	9.6	20.4	9.2	15.6
Consideration of others		12.1	9.6	22.4	9.6	11.9
Effective communication		7.7	7.0	8.2	4.6	14.7
3. Social norms						
Social conformity and contribution		11.6	10.2	10.2	11.9	14.7
Morality		3.1	4.3	0.0	4.6	0.9
4. Affect						
Happiness		12.1	17.6	17.3	7.8	6.4
Emotional stability		10.9	12.8	6.1	12.8	8.3
Emotional expression		9.8	9.6	12.2	7.3	12.8
Emotional regulation		6.7	4.3	10.2	6.4	8.3
5. Cognitive-behavioral						
Functional Cognition		8.2	12.3	13.3	6.0	0.9
Positive thinking		7.2	3.7	0.0	15.1	3.7
Daily functioning		5.2	6.4	12.2	2.8	1.8
6. Purpose in life						
Value-driven life		6.9	1.1	4.1	12.8	7.3
Goal-oriented life		4.4	6.4	4.1	3.2	3.7
Diligence		2.5	0.5	0.0	5.5	1.8
7. Coping						
Resiliency		10.8	6.4	10.2	12.4	15.6
Adaptability		8.2	4.8	8.2	7.3	15.6
Self-regulation		2.6	1.1	1.0	4.1	3.7
8. Absence of mental illness						
Absence of mental illness		6.9	7.5	9.2	7.3	2.8

Note. The percentages of participants reporting a given theme were reported.

3. Social norms. In this domain, participants reported characteristics of a psychologically healthy person related to social norms. Of the participants, 11.6% reported the theme of *social conformity and contribution* (American college students = 10.2%; American counselor trainees = 10.2%; Korean college students = 11.9%; Korean counselor trainees = 14.7%). They described that PHPs conform to society and that they make contributions to society without being harmful to it. Korean participants often expressed this theme as being "harmony" with society.

Of the participants, 3.1% reported the theme of *morality* (American college students = 4.3%; American counselor trainees = 0.0%; Korean college students = 4.6%; Korean counselor trainees = 0.9%). They described that PHPs are moral and ethical so they do the right things. Counselor trainees rarely reported this theme.

4. Affect. In this domain, participants reported characteristics of a psychologically healthy person related to affect. Of the participants, 12.1% reported the theme of *happiness* (American college students = 17.6%; American counselor trainees = 17.3%; Korean college students = 7.8%; Korean counselor trainees = 6.4%). They described that PHPs are happy and content. The theme was reported more by American participants than by Korean participants.

Of the participants, 10.9% reported the theme of *emotional stability* (American college students = 12.8 %; American counselor trainees = 6.1%; Korean college students = 12.8%; Korean counselor trainees = 8.3%). They described that PHPs are emotionally stable.

Of the participants, 9.8% reported the theme of *emotional expression* (American college students = 9.6%; American counselor trainees = 12.2%; Korean college students

= 7.3%; Korean counselor trainees = 12.8%). They described that PHPs are in touch with and able to express their emotions. Some participants explained that PHPs can express emotions in a proper manner, meaning that emotions are expressed carefully without disrupting others.

Of the participants, 6.7% reported the theme of *emotional regulation* (American college students = 4.3 %; American counselor trainees = 10.2%; Korean college students = 6.4%; Korean counselor trainees = 8.3%). They described that PHPs are able to regulate their emotions.

5. Cognitive-behavioral. In this domain, participants reported characteristics of a psychologically healthy person related to cognitive and behavioral aspects. Of the participants, 8.2% reported the theme of *functional cognition* (American college students = 12.3%; American counselor trainees = 13.3%; Korean college students = 6.0%; Korean counselor trainees = 0.9%). They described that PHPs are able to think functionally. Participants indicated that PHPs can think rationally, make good judgments, and make informed decisions. The theme was reported more by American participants than by Korean participants.

Of the participants, 7.2% reported the theme of *positive thinking* (American college students = 3.7%; American counselor trainees = 0.0%; Korean college students = 15.1%; Korean counselor trainees = 3.7%). They described that PHPs have a positive mindset. The theme was reported more by Korean college students than by other groups.

Of the participants, 5.2% reported the theme of *daily functioning* (American college students = 6.4%; American counselor trainees = 12.2%; Korean college students

= 2.8%; Korean counselor trainees = 1.8%). They described that PHPs have the ability to function effectively in daily life and fulfill their responsibilities.

6. Purpose in life. In this domain, participants reported that psychologically healthy persons expressed purposefulness in life. Of the participants, 6.9% reported the theme of *value-driven life* (American college students = 1.1%; American counselor trainees = 4.1%; Korean college students = 12.8%; Korean counselor trainees = 7.3%). They described that PHPs hold a sense of values in their life. The theme was reported more by Korean college students. Korean college students explained that PHPs possess clear personal values and beliefs which are not easily swayed by others or by circumstances.

Of the participants, 4.4% reported the theme of *goal-oriented life* (American college students = 6.4%; American counselor trainees = 4.1%; Korean college students = 3.2%; Korean counselor trainees = 7.3%). They described that PHPs have goals in their lives.

Of the participants, 2.5% reported the theme of *diligence* (American college students = 0.5%; American counselor trainees = 0.0; Korean college students = 5.5%; Korean counselor trainees = 1.8%). Korean participants described PHPs as diligent and putting utmost efforts in their work.

7. Coping. In this domain, participants reported coping related characteristics of a psychologically healthy person. Of the participants, 10.8% reported the theme of *resiliency* (American college students = 6.4; American counselor trainees = 10.2%; Korean college students = 12.4%; Korean counselor trainees = 15.6%). They described that PHPs are aware of and able to cope with hardship.

Of the participants, 8.2% reported the theme of *adaptability* (American college students = 4.8%; American counselor trainees = 8.2%; Korean college students = 7.3%; Korean counselor trainees = 15.6%). They described that PHPs are adaptable and flexible in different situations. Some participants explained that PHPs have an ability to balance between individual needs and others' or group needs. The theme was reported more by Korean counselor trainees.

Of the participants, 2.6% reported the theme of *self-regulation* (American college students = 1.1%; American counselor trainees = 1.0%; Korean college students = 4.1%; Korean counselor trainees = 3.7%). They described that PHPs are able to self-regulate themselves.

8. Absence of mental illness. This domain has only one theme. Of the participants, 6.9% reported the theme of *absence of mental illness* (American college students = 7.5%; American counselor trainees = 9.2%; Korean college students = 7.3%; Korean counselor trainees = 2.8%). They described that PHPs are free from mental illness.

Factors Influencing the Beliefs about a Psychologically Healthy Person

The open-ended question "What important factors have influenced the formation of your beliefs about a psychologically healthy person?" was only answered by counselor trainee participants. A total of 205 counselor trainee participants included 96 American counselor trainees and 104 Korean counselor trainees. According to the results of the qualitative content analysis, 4 domains and 10 themes emerged. The domains and themes are displayed in Table 5 and also described below.

Table 5

Factors Influencing the Beliefs about a Psychologically Healthy Person

Domains Themes	Total	American Counselor Trainee	Korean Counselor Trainee
	$N = 200$	$n = 96$	$n = 104$
1. Educational factors	**52.0**	**72.9**	**32.7**
Education	38.5	58.3	20.2
Clinical experiences	14.0	18.8	9.6
Psychology theories	10.5	8.3	12.5
2. Intrapersonal factors	**15.0**	**11.5**	**18.3**
Self-exploration	9.0	6.3	11.5
Personal values	6.0	5.2	6.7
3. Interpersonal factors	**44.5**	**55.2**	**34.6**
Family	25.0	39.6	11.5
Interpersonal experiences	23.0	20.8	25.0
Role model	5.5	7.3	3.8
4. Contextual factors	**30.5**	**41.7**	**20.2**
Culture and society	16.5	30.2	3.8
Religion and spirituality	15.5	14.6	16.3

Note. The percentages of participants reporting a given theme were reported.

1. Educational factors. In this domain, 52% of participants reported various educational factors which have influenced the formation of their beliefs about PHP. Of the participants, 38.5% identified *education* as an important factor (American counselor trainee = 72.9%; Korean counselor trainee = 32.7%). This theme was reported more by American counselor trainees. Of the participants, 14.0% reported *clinical experiences* as an important factor (American counselor trainee = 18.8%; Korean counselor trainee = 9.6%). They indicated that they formed their beliefs about PHP through working with

clients (e.g. clinical practicum). This theme was reported more by American counselor trainees. Of the participants, 10.5% identified *psychology theories* as an important factor (American counselor trainee = 8.3%; Korean counselor trainee = 12.5%). They explained that they formed their beliefs about a PHP by learning counseling theories (e.g., Client-centered theory).

  2. Intrapersonal factors. In this domain, 15.0% of participants reported various intrapersonal factors which have influenced the formation of their beliefs about a PHP. Of the participants, 9.0% reported *self-exploration* as an important factor (American counselor trainee = 6.3%; Korean counselor trainee = 11.5%). Participants indicated that they formed their belief of a PHP by self-exploration or as they become a psychologically healthy person themselves. Of the participants, 6.0% identified *personal values* as an important factor (American counselor trainee = 5.2%; Korean counselor trainee = 6.7%). They described that their belief of a PHP was based on personal values and beliefs.

  3. Interpersonal factors. In this domain, 44.5% of participants reported various interpersonal factors which have influenced the formation of their beliefs about a PHP. Of the participants, 25.0% identified *family* as an important factor (American counselor trainee = 39.6%; Korean counselor trainee = 11.5%). Participants indicated that their beliefs of a PHP are influenced by family, their parents, and upbringing. This theme was reported more by American counselor trainees. Of the participants, 23.0% identified *interpersonal experiences* as an important factor (American counselor trainee = 20.8%; Korean counselor trainee = 25.0%). They described that they formed their beliefs about a PHP by interacting with and observing others (e.g., friends, healthy persons, or unhealthy persons). Of the participants, 5.5% specifically identified *role model* as an important

factor (American counselor trainee = 7.3%; Korean counselor trainee = 3.8%). They described that their beliefs about a PHP were influenced by their role models and mentors.

      4. Contextual factors. In this domain, 30.5% of participants reported contextual factors which have influenced the formation of their beliefs about a psychologically healthy person. Of the participants, 16.5% generally identified *culture and society* as an important factor (American counselor trainee = 30.2%; Korean counselor trainee = 3.8%). They described that their belief about a PHP was formed within their cultural and societal context. This theme was reported more by American counselor trainees. Of the participants, 15.5% identified *religion and spirituality* as an important factor (American counselor trainee = 14.6%; Korean counselor trainee = 16.3%). They described that their beliefs about a PHP were influenced by their religion and spiritual beliefs.

Influence of the Perception of a Psychologically Healthy Person on Counseling Practice

      The open-ended question "How does (or will) your perception of a psychologically healthy person influence your counseling practice?" was answered by a total of 189 participants which included 83 American counselor trainees and 106 Korean counselor trainees. According to qualitative content analysis, 2 themes emerged without forming domains.

      1. Functional. Of the participants, 73.5% reported multiple ways of how their perceptions of a PHP influence their clinical work (American counselor trainee = 29.6%; Korean counselor trainee = 43.4%). Participants reported that their counseling goals and interventions are guided by their perception of a PHP. Also, they indicated that their

perceptions of a PHP served as a standard in assessing clients and their clinical work. This theme was reported more by Korean counselor trainees.

2. Cautious. Of the participants, 32.3% reported that they are aware of their potential bias in their perception of a PHP and respect client's own perception of a PHP in their clinical work (American counselor trainee = 25.9%; Korean counselor trainee = 6.3%). This theme was reported more by American counselor trainees.

A Psychologically Healthy Person in Asian culture and European American culture

The open-ended question "What similarities and differences would you expect between a psychologically healthy person in Asian culture and European American culture?" was answered by a total of 193 participants which included 94 American counselor trainees and 99 Korean counselor trainees. According to qualitative content analysis, 5 themes emerged without forming domains. It is noteworthy that participants tend to simply report the differences between Asian culture and European American culture rather than describe cultural differences of a psychologically healthy person.

1. Collectivism vs. Individualism. Of the participants, 63.2% reported cultural differences as collectivism vs. individualism between Asian culture and European American culture (American counselor trainee = 71.3%; Korean counselor trainee = 55.6%). This theme was reported more by American counselor trainees.

2. Family involvement. Of the participants, 23.3 % reported cultural differences in the role of or in one's involvement with family (American counselor trainee = 38.3%; Korean counselor trainee = 9.1%). They indicated that Asian culture is more family-oriented. This theme was reported more by American counselor trainees.

3. Emotional expression. Of the participants, 11.9% reported cultural differences in emotional expression (American counselor trainee = 11.7%; Korean counselor trainee = 12.1%). They indicated that Asians tend to withhold their emotions and European Americans tend to be more expressive.

4. Interpersonal relationship. Of the participants, 9.3 % reported that a psychologically healthy person in Asian culture places more emphasis on interpersonal relationships (American counselor trainee = 3.2%; Korean counselor trainee = 16.2%). This theme was reported more by Korean counselor trainees.

5. Conformity to norms. Of the participants, 7.8 % reported that a psychologically healthy person in Asian culture would conform to group and societal norms (American counselor trainee = 7.4%; Korean counselor trainee = 8.1%).

6. Positive relations. Of the participants, 6.2% reported that a psychologically healthy person in both cultures would show positive relational aspects such as good interpersonal relationships or good communication with others (American counselor trainee = 5.3%; Korean counselor trainee = 7.1%).

Chapter 5

Discussion

This chapter summarizes and reviews the results of the study's quantitative and qualitative analyses. Findings are described in relationship to pertinent literature. Implications of the findings are discussed. Limitations of the present study and recommendations for future research are also described.

Quantitative Analyses

The purpose of this study was to explore college students' and counselor trainees' perceptions of cultural values and examine the potential differences between the United States and Korea. The study also intended to qualitatively explore college students' and counselor trainees' perceptions of a psychologically healthy person. To assist the readers in understanding the implications of the results, a brief review of the methodology is provided. The participants were asked to answer the Asian American Values Scale – Multidimensional (Kim et al., 2005) and the Independent Self-construal Scale (Singelis, 1994) according to their perceptions of how a "psychologically healthy" person would answer. Thus, college students' answers should reflect ideal values which they would like to achieve. Counselor trainees' answers should reflect their tendency and intention in intervening with clients. The perceptions of college students are intended to represent those of potential clients, while the perceptions of counselor trainees represent the ideals of counselors. Thus, the identified differences between counselor trainees and college students can be carefully generalized to the counselor-client relationship. Given counselor trainee's socialization to a field of psychology (Fagan, 1996) as well as their acculturation into the professional world of psychology (Handelsman et al., 2005), the

differences between college students and counselor trainees can be understood as the influence of psychology training on counselor trainees.

Perceptions of Asian Cultural Values.

The result of 2 x 2 MANOVA revealed that perceptions of Asian cultural values are different between the United States and Korea and also different between college students and counselor trainees. The significant results of the interaction effect indicated the nature of the difference between counselor trainees and college students varies in the United States and Korea. The findings of ANOVA with five sub scales of AAVS-M (Collectivism, Conformity to Norms, Emotional Self-Control, Family Recognition through Achievement, and Humility) are reviewed in detail below.

Collectivism. As seen in Figure 2, American participants perceived collectivism in a more positive light than Korean participants. Even after considering the possibility that Korean participants in this study are from a younger generation that endorse less traditional values, this result seemed to be inconsistent with the notion that Korea is perceived as a collectivistic society (Cho, 2003) and the United States is perceived as an individualistic society (Kwon, 2008; Yeh & Huang, 1996). Although many scholars suggest that Korea has a collectivistic cultural orientation, Lee (2005) illustrated recent changes in collectivism in Korea, suggesting that the younger generation and older generation have different views of interpersonal relationships. To understand the result, it is important to be aware that collectivism in AAVS-M was narrowly defined and assessed by asking whether welfare and need of a group should be more highly regarded than those of an individual. According to Oyserman, Coon, and Markus' (2002) meta-analysis of individualism and collectivism, Americans are not less collectivistic than

Koreans. In fact, they reported that when "relatedness" was not considered in measuring collectivism, Americans showed a higher level of collectivism than Koreans. When "relatedness" was included in collectivism, Koreans showed a higher level of collectivism than Americans. Kang (2007) also argued that Koreans have features of collectivism such as a collectivistic awareness but they put individual or family interests before group interests. Kang suggested that this phenomenon is a unique Korean feature which cannot be explained by collectivism-individual model from Western literature. It is also important to consider the possibility of recent societal changes in the United States that Americans are more collectivistic than ever, due to the incidents of September 11, 2001. Morgan, Wisneski, and Skitka (2011) reviewed relevant studies on social psychological impacts of September 11th and found that Americans have a better sense of community with increased interpersonal closeness as a result of September 11th. Thus, the higher level of collectivism found in American participants may reflect a recent social shift in the United States.

Further, the result indicated that counselor trainee participants perceived collectivism in a more negative light than college student participants. There was no previous research which directly compares counselor trainees with college students in terms of collectivism, but this result is aligned with the findings from Consoli et al.'s (2008) study in as much as they found that counselors do not regard collectivism as highly as individualism. In addition, the result can be supported by Fowers et al.'s (1997) argument that counselors are less likely to choose an intervention based on collectivistic orientation. The findings of this current study that counselor trainees devalue collectivism both in the United States and Korea may reflect the fact that psychology has traditionally

emphasized individual autonomy and independence (Pack-Brown & Williams, 2003), and that counselors are trained to assist the clients to be sensitive to their own needs and interests before those of the group. Thus, it is suspected that counselor training in general does not promote collectivism and seems to lead counselor trainees to degrade collectivism.

Conformity to Norms. As seen in Figure 2, Korean participants perceived Conformity to Norms in a more positive light than American participants. This result seemed to be consistent with the notion that Asians are more inclined to conform to others and to traditions (Marakus & Kitayama, 1991; Sue & Sue, 2008). In Korea, morality and norms are very specific and even have binding power (Lee, 1996). As the Korean proverb, "The nail that sticks out gets hammered down," indicates, the finding aligns with the Korean cultural emphasis on conformity to maintain group harmony in society. The following quote from a Korean counselor trainee participant also captures this cultural feature of conformity: "In order to become a psychologically healthy person in Korean society, individuals may think that they need to fit into what the society asked for and need to adjust themselves."

According to the significant result of an interaction effect in this current study, the difference between college students and counselor trainees in terms of Conformity to Norms was different between the United States and Korea. As seen in Figure 2, among the Korean participants who show a higher score in perception of Conformity to Norms, Korean counselor trainees report a slightly lower score in perception than Korean college students. On the other hand, among American participants who show a lower perception of Conformity to Norms, American counselor trainees report a higher score in perception

than American college students. Given that creativity, freedom of choice, and autonomous behavior were emphasized as characteristics of healthy personality by humanistic psychologists (e.g., Maslow, 1970, Rogers, 1961), counselors may have a tendency to "devalue social conformity, such as in doing what is accepted and proper, and being a conformist" (Consoli et al., 2008, p. 183). Also, reflecting a definition of mental illness (Stein, Phillips, Bolton, Fulford, Sadler, & Kendler, 2010), counselors are trained not to assume behaviors which are outside of norms or which create conflicts with society are necessarily problematic. However, as our findings imply that each counselor trainee group's perception of social conformity is leaning toward to the neutral stance in comparison to college students' perception, counselor trainees perhaps promote clients to be more open-minded, but not to extremes which can cause problems in their societal or cultural context.

Emotional Self-Control. As shown in Figure 2, Korean participants perceived Emotional Self-control in a more positive light than American participants. The finding is consistent with a previous finding that Koreans try to control their expression of emotion more than Americans (Matsumoto, Takeuchi, Andayani, Kouznetsova, & Krupp, 1998). This result seems to align with the notion that emotional constraint is emphasized in Asian cultures (e.g., Meyer, Dhindsa, Gabriel, & Sue, 2009; Sue & Sue, 2008), while an ability to express one's emotions is emphasized in individualistic cultures (e.g., Kwon, 2008; Schwarz, & Clore, 1988). In Korea, emotional expression is also perceived as selfish or immature (Kwon, 2008) because Confucianism, which is a basis of Korean culture, places a high value on people's ability to maintain emotional and behavioral control in order to maintain interpersonal harmony (Pang, 1998). Sometimes, Korean

cultural emphasis on emotional constraint can lead Koreans to suppress negative emotions such as anger and disappointment, which can create conflicts in interpersonal relationships (Chang, 2004). Undue emotional control, however, can create psychological problems, and it can be one of underlying causes of a Korean culture- bound syndrome, "Hwa-Byung". In the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994), "Hwa-Byung" is described as "a Korea folk syndrome literally translated into English as 'anger syndrome' and attributed to the suppression of anger." Based on the fact that the most of patients with Hwa-Byung are aware of a psychological origin of their problems (Lin, 1983), Koreans' excessive emotional control can create a challenge for Koreans to manage their feelings associated with problems in their interpersonal relationships.

The results indicated that counselor trainee participants perceived Emotional Self-control in a more negative light than college student participants. This finding seems to reflect psychologists' greater emphasis on emotion and emotion-related processes in counseling, regardless of theoretical orientations (Heesacker & Bradley, 1997; Wester, Vogel, Pressly, & Heesacker, 2002). In addition to Greenberg's (2002) argument that "emotions play an important role in effective communication" (p. 258), emotional expression rather than constraint is considered as a characteristic of healthy personality by psychologists (e.g., Goleman, 1995; Greenberg, 2002; Maslow, 1970; Rogers, 1961). Considering that counselors are often trained to reflect feelings of clients to promote changes in the counseling process (Hill, 2004), counselor training programs may encourage counselor trainees to deemphasize the benefits of emotional self-control. It is noteworthy that the emphasis on emotional expression in counseling was raised as one of

value conflicts which may lead to premature termination with Asian clients whose cultural background emphasizes emotional constraint (Sue & Sue, 2008). The following answer from a Korean counselor trainee participant reflected this cultural difference in describing a psychologically healthy person regarding emotional expression: "In the United States, people may think that expressing their experienced feelings and emotions is healthy, but in Asian culture, even without expressing their feelings, a person who is capable of carrying and digesting their emotions internally would be considered as psychologically healthy."

Family Recognition through Achievement. As depicted in Figure 2, American participants perceived Family Recognition through Achievement in a more positive light than Korean participants. No previous research directly compares Americans with Koreans using the construct of Family Recognition through Achievement, but the result of this current study seems to be inconsistent with the notion that Korea is a family-oriented society (Chang, 2004;Cho, 2003; Choi, 1994) in which Koreans perhaps believe that one's achievement and status reflect more on the family than Americans do. Considering filial piety in Korean culture (Sung, 1999) along with Kim and Park's (1998) finding that Korean students and adults identified parents' support as most important in their success, high achievements can be traditionally regarded as an important way to show one's appreciation for the family in Korean culture. However, the result seems to imply that the younger Korean generation underemphasizes this tradition and the value of Family Recognition through Achievement compared to the younger American generation.

The interaction effect provides a clear picture of the difference between college students and counselor trainees in perceptions of Family Recognition through

Achievement. Counselor trainees have a tendency to report a lower score in perception of Family Recognition through Achievement than college students both in the United States and Korea. However, as seen in Figure 2, counselor trainees in Korea show a much lower score in perception of Family Recognition through Achievement than college students in Korea. A phenomenon very similar to the results for collectivism is observed here. As the code of ethics in psychology emphasizes individualism (Pack-Brown & Williams, 2003), counselors may perceive those who feel obligated to bring praise through achievement to their family as less healthy because they understand it as a lack of individuation, regardless of their cultural context. Barrera, Blumer, and Soenksen (2011) argued that marriage and family therapists historically considered an enmeshed family as unhealthy, where adolescents do not demonstrate proper separation-individuation. Lee (1999) argued that traditional Korean emphasis on strong affection in parent-child relationships sometimes does not allow children to individuate from their parents, and parents desire vicarious achievement through their children. Some college students in Korea may make efforts to meet family expectations rather than to achieve their own goals. Thus, the difference found between college students and counselor trainees in Korea may reflect the possibility that Korean counselors view problematic Korean children as being from an excessively enmeshed family or the negative consequences of one's lack of internal motivation for success. The marked difference, however, inevitably raises a concern that counselor trainees in Korea may be overly influenced by an individualistic view of a family relationship, and perceive a traditional value of a family-oriented culture as dysfunctional.

Humility. As shown in Figure 2, Americans perceived Humility in a more positive light than Koreans' perception with no significant difference between college students and counselor trainees. The result seemed to be inconsistent with the notion that humility is emphasized in Asian culture (Sue & Sue, 2008). Under the influence of Confucianism, Korean culture traditionally has emphasized being humble and modest as the virtue (Jin, 1999). As Korean society has industrialized and becomes more competitive, the finding seems to reflect the social change Korea has recently gone through. That is, although Koreans may tend to be humble, humility is not as valued as before. Koreans have learned and been encouraged to be more assertive to communicate openly about their strengths to promote themselves (Park, 2006).

Although the result may reflect the recent social changes in Korea, low reliability of a Korean-translated version of Humility in AAVS-M raises the possibility that the construct of Humility used in the study does not fully capture the complex nature of humility in Korean culture. According to Kim's (2007) study on humility in Korea, Koreans demonstrated humble behaviors to lower themselves without highlighting their accomplishments and successes, with the underlying motive of humility to maintain harmonious interpersonal relationships. Choi (1991, as cited in Kim, 2007) also argued that people try to be humble to respect others in Korean culture. However, five out of the six items measuring Humility in AAVS-M (i.e., "One should be able to boast about one's achievement", "One should be able to draw attention to one's accomplishments", "One should not sing one's own praises", "One should not openly talk about one's accomplishments", and "One should be able to brag about one's achievements.") focused on behavioral expression of humility without considering the hidden motivation behind

humble behaviors. Kim, Lee, and Gim (2011) suggested that Koreans' humble behaviors can vary in response to different social situations in comparison to Americans. Therefore, the current finding that Koreans value humility less than Americans needs to be reexamined with different measures or methods.

Overall Asian Cultural Values. As an exploratory analysis, the perception of overall Asian cultural values was examined by nationality (United States vs. Korean) and profession status (counselor trainee vs. college student), using a total score of AAVS-M. As indicated in Figure 2, the interaction effect provides an accurate picture that Korean counselor trainees perceived overall Asian cultural values in a much more negative light than Korean college students' perception, while American counselor trainees perceived overall Asian cultural values in a slightly more negative light than American college students. There is a minimal difference between college students and counselor trainees in the United States, but a sizable chasm exists between college students and counselor trainees in Korea. Why do they have such different perceptions of Asian cultural values? As some Korean psychologists have speculated (cf., Chang; 2000; Kim et al., 2008; Seo, 2005), the difference may imply the possibility that psychology training programs in Korea are westernized and trainees could view traditional Asian values as old-fashioned values which need to be unlearned in order to become a counselor in Korea.

Individualistic values. American participants perceived Individualistic values in a more positive light than Korean participants. This result seemed to be consistent with the notion that American culture is more individualistic than Asian cultures (Yeh & Huang, 1996). However, as seen in Figure 2, the interaction effect provides a more nuanced picture that American counselor trainee's perception of individualistic values

was much less than American college students' perception, while Korean counselor trainees have a slightly higher perception of individualistic values than Korean college students. This finding seems to be inconsistent with the concern raised by researchers that individualism is overemphasized in the field of psychology in the United States (Consoli et al., 2008; Pack-Brown & Williams, 2003). Perhaps, the difference between American counselor trainees and American college students may be interpreted as a possible consequence of progressively improving multicultural training which has heightened counselors' awareness about the individualistic bias in the field of psychology. Although the difference between Korean counselor trainees and Korean college students was minimal, Korean counselor trainee's alignment with westernized patterns was found in perceptions of Asian cultural values. Thus, the Korean trainees may see individualistic values in a more positive light than Korean college students. This finding seems to be consistent with the recent assertion that Korean counselors adopt counseling theories and practices based on individualistic approaches, because Western-based counseling theories have been taught in Korean training programs (Chang; 2000; Kim et al., 2008; Seo, 2005).

Qualitative Analyses

The qualitative analysis of the study explored college students' and counselor trainees' perceptions of a psychologically healthy person and cultural differences between the United States and Korea by analyzing participants' answers from following open-ended questions:

1. How would you describe a psychologically healthy person?

2. What important factors have influenced the formation of your beliefs about a psychologically healthy person?

3. How does your perception of a psychologically healthy person influence your counseling practice?

4. What similarities and differences would you expect between a psychologically healthy person in Asian culture and European American culture?

Features of a Psychologically Healthy Person. As seen in Table 4, there are similarities and differences in characteristics of a psychologically healthy person (PHP) reported by American college students, American counselor trainees, Korean college students, and Korean counselor trainees. The themes under *personal and self* domain were most frequently reported. The participants stated that a PHP is a person who is aware of him or herself, and understands and accepts who he/she is. The finding is consistent with Perls' (1969) opinion that a PHP is aware of various aspects of self at every moment. A PHP is also confident enough to accept oneself even with shortcomings, and is content with who he or she is. As a result, a PHP shows self-respect, self-worth, and self-love. The findings are consistent with Rogers' (1961) assertion that a PHP "not only accepts himself-a phrase which may carry the connotation of a grudging and reluctant acceptance of the inevitable-he actually comes to like himself. This is not a bragging or self-assertive liking; it is rather a quiet pleasure in being one's self" (p. 87). Maslow (1970) also identified self-esteem as one of the needs which should be achieved for self-actualization, suggesting that people satisfy self-esteem needs by feeling confident and secure in themselves or by getting recognition through others.

The participants reported that a PHP is independent, autonomous, and self-reliant so that they can do things on their own, and are less influenced by others. Thus, PHPs differentiate themselves from the masses, and develop a sense of personal identity. This

finding is supported by Maslow's (1970) assertion that young people who have not developed autonomy and a strong sense of identity are dependent or defiant, and that self-actualizers are independent and autonomous so that they are creative in their life and are free from social norms. The finding that physical health is another characteristic of a PHP supports findings that mental health and physical health are closely linked (e.g., Colton & Manderscheid, 2006).

The themes under *interpersonal relation* domain and *social norm* domain described a PHP as a functional social being. PHPs have social intelligence which allows them to be aware of others' needs and the impact of their behavior on others so they can form satisfying relationships with family, friends, and others whom they care about. The findings are consistent with previous theorists' opinions that a PHP can extend oneself to others and identify with others so that he/she has the capacity for intimacy and compassion which lead to positive interpersonal relationships (Allport, 1961; Fromm, 1955; Maslow, 1970). Similar to Kim's (2007) and Jin's (1999) interpretations, being a part of the whole, a PHP also belongs to society, contributes to society, and respects the ethics and the morals of society.

Given the independent nature of a PHP, conformity to the society and culture may not be the primary concern for a PHP (Maslow, 1970), but a PHP would cooperate with others and respect social rules, regulations, and morals in a society rather than neglect them. Some participants actually reported that a PHP does not necessarily follow social norms in life events. Therefore, the social conformity indicated here by participants means that a PHP should not be outlaws, violators or egocentric and selfish people who exist in modern society. Thus, it is believed that a PHP values spontaneous cooperation

with others and voluntary participation in social activities rather than enforced conformity, obedience, and adjustment to a society. Additionally, PHPs know how to differentiate means from ends, right from wrong (Maslow, 1970), and take all possible steps to achieve their personal goals, and to participate in community activities to the best of their ability (Allport, 1955).

The themes under the *affect* domain indicated that PHPs are emotionally stable and happy and know how to express or regulate their feelings. The finding is consistent with Allport's (1995) assertion that mature people are emotionally secure so that they can accept themselves and can control their emotions. Greenberg (2002) also supports the importance of emotional expression, suggesting that "emotions play an important role in effective communication" (p.258), which lead people to share whether they are meeting relational needs and expectations. When one's feelings are fully accepted, understood, and empathized by others, trust and intimacy grow between people, and satisfying relationships develop more fully. Although emotions are important and need to be expressed to some degree, free expression may not always be appropriate because certain emotions such as anger can negatively influence interpersonal relationships. The Confucian-based Korean culture previously restrained people from expressing their feelings freely, and expression of negative feelings was particularly frowned upon. Although minimal differences of frequency were noticed between American college students and Korean college students in terms of themes of *emotional regulation* and *emotional expression*, Korean college students reported emotional regulation slightly more frequently and emotional expression slightly less frequently than American college students. In addition, when Korean counselor trainees reported the theme of emotional

expression, half of them described that a PHP can express emotions "properly", implying that a manner and degree of emotional expression needs to be considered. This finding is consistent with the result of the current quantitative analysis that Korean participants perceived emotional self-control in a more positive light than American participants.

The themes under the *cognitive-behavioral* domain indicated that a PHP is not only positive and rational in thinking, but also makes good judgments and fulfills responsibilities well. The findings are consistent with Allport's (1961) and Maslow's (1970) opinion that having a good sense of reality is indicative of a mature person or self-actualizing person. Also, findings seemed consistent with Beck's (1995) and Ellis' (1962) view that realistic evaluation and positive thinking produce improved mood and behavior while distorted or dysfunctional thinking negatively influences one's mood and behavior. Similarly, Seligman (2004) found that in addition to positive emotional expression, optimistic and positive thinking are elements of a happy and long life.

The themes under the *purpose in life* domain indicated that a PHP is a diligent person who strives for a goal-oriented and value-driven life. The findings are consistent with Frankl's (1962) assertion that a healthy person pursues goals which provide meaning to life, and with Allport (1961)'s opinion that a mature person has values and long-term goals which offer unity in life. Having personal values seems to be an important feature of a PHP, because personal values can serve as a criterion for people to choose their mode of conduct, to set up life goals, and to make decisions to achieve those goals (Rokeach, 1973).

The themes under the *coping* domain indicated that a PHP does not only self-regulate him/herself, but also has resiliency to deal with challenges, and adaptability to

adjust various situations. The findings are aligned with Masten, Cutuli, Herbers, and Reed's (2009) perspective that resiliency is an important quality from "basic adaptation systems that protect human development" (p. 117). Borrowing Lazarus and Folkman's (1984) definition of coping, a PHP can be "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Given inevitable challenges and barriers in life, a PHP should have coping skills or strategies to reduce stress or conflicts in personal and interpersonal problems to achieve emotional stability (Weiten & Lloyed, 2008).

The last domain indicated that a PHP reflects an *absence of mental illness*. Apparently, a person who is free from psychosis and neurosis or pathological disturbances is mentally healthy. However, according to the World Health Organization (WHO; 2007), psychological health is "not merely a state of the absence of mental illness". The definition of mental health or psychological health is influenced by cultural values, worldviews, and theoretical orientations. WHO defined mental health "as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." It is especially notable that the key concepts in the definition of mental health by WHO reflects many of the eight domains of PHPs described by the participants in this study.

Despite similarity in themes describing characteristics of a psychologically healthy person, the following differences were identified in terms of reported frequency between the United States and Korea or college students and counselor trainees. It is

interesting to note that *self-acceptance* and *self-contentment* were less reported by Korean college students than American college students. This finding seems to reflect Korean traditional cultural emphasis on self-cultivation (Kim, 2007) and humility (Jin, 1999). That is to say, Korean college students may regard a person showing self-acceptance and self-contentment as a lazy or arrogant person who is just content with the status quo. Thus, it is possible that Korean college students perceive those who are continuously making efforts for their future as an ideal person, given that self-development is highly emphasized among Korean college students (Abelamann, Park, & Kim, 2009). Also, the cultural difference seems to align with Kitayam, Markus, Matsumoto, and Norasakkunkit's (1997) assertion that self-criticism is prevalent in Asian culture because "holding a self-critical attitude vis-à-vis socially shared standards of excellence may be a symbolic act of affirming one's belongingness to the social unit" (p. 1247), while positive self-evaluation is emphasized in Western culture. Also, reflecting cultural emphasis on interdependence in Korean culture (Chang, 2004), Korean college students might be more conscious of acceptance by or satisfaction with family members, schoolmates, or community members. Suh (2002) found that Korean college students' life satisfaction was more predicted by social appraisal in comparison to American college students'. Thus, for Korean college students, self-acceptance and self-contentment may not have been as highly regarded as a characteristic of a PHP as compared with American college students in this study.

The theme of *self-awareness* was mentioned more by counselor trainees than college students in both countries. Perhaps it is because knowledge of self is emphasized in counselor training programs for clinical practice and counselor development. In order

to identify or resolve problems of clients, counselors are trained to assist clients in gaining insight regarding self in relation to others and their environments (Hill, 2004). Also, counselors believe that self-awareness leads clients to have insight into their needs, thoughts, emotions, behaviors, and goals so they can minimize the gap between their real self and ideal self (Rogers, 1965). Additionally, the findings seem to reflect aspects of counseling training in which self-awareness is emphasized as a one of core elements to become a culturally competent counselor (American Psychological Association, 2003).

The theme of *independence* was reported more by American college students than Korean college students. Similar to the quantitative analysis in this study where American participants perceived individualistic values in a more positive light than Korean participants, this finding seems to support the notion that individual independence is less emphasized in Asian culture in comparison to American culture (Yeh & Huang, 1996). Even though acculturation between the West and the East proceeds faster than ever through modernization and globalization via easy transportation, fast internet communication, and various means of cultural exchange, independence and autonomy are still more stressed in the United States than in Korea. In fact, interdependency and *we-ness* (Choi & Kim, 2011) have been embodied in various aspects of Korean life. For example, in the United States, such expressions as "my father", "my mother", "my school", or "my country" is an adequate usage, but in Korea such expressions are very awkward and inadequate. Koreans tend to say "our father", "our mother", "our school", "our country" instead of the possessive case "my", which demonstrates the Korean collectivistic mentality with emphasis on the interdependency between people.

The theme of *identity development* was reported more by counselor trainees, particularly by American counselor trainees. This finding seems to reflect psychology training's emphasis on identity development which originated from psychosocial research by Erikson (1980) and identity formation research by Marcia (1980). Since identity "connotes both a persistent sameness within oneself (selfsameness) and a persistent sharing of some kind of essential character with others" (Erikson, 1980; p. 109), counselor trainees seem to recognize a well-developed identity as a characteristic of a PHP. Although cultural identity was not directly addressed by American counselor trainees, more American counselor trainees reported the theme than Korean counselor trainees, perhaps because U.S. psychology training has placed an emphasis on racial and ethnic identity development (e.g., Cross, 1971; Sue & Sue, 2008; Helms, 1995) and sexual identity development (Cass, 1979) as a means of acknowledging diverse populations. Additionally, the difference noticed between American counselor trainees and Korean counselor trainees might be related to different views of the consistent nature of identity. That is to say, while consistency in self is valued in individualistic culture, shift in self is valued in collectivistic culture to maintain harmony with others (Yeh & Hunter, 2004). Suh (2002) found that Korean college students' subjective well-being was less predicted by identity consistency in comparison to American college students and that identity consistency was not highly regarded by Korean college students. Thus, the finding implies that the consistent nature of identity, which is often assumed and valued in identity, is relatively less emphasized in Korean culture, perhaps because flexibility is encouraged to adjust oneself in multiple roles depending on different social situations.

American counselor trainees identified the theme of *self-care* as a characteristic of a PHP more often than other groups. This result suggests that American counselor trainees believe that people need to be able to take care of themselves to be psychologically healthy and, consequently, they often assist clients to do better at self-care. The finding may reflect the influence of recommendations that counselors engage in "self-care activities to maintain and promote your emotional, physical, mental, and spiritual well-being to best meet your professional responsibilities" (American Counseling Association, 2005, p. 9). Although self-care is used to recharge oneself to excel and be more productive (Skovholt, 2001), Korean participants may perceive it as an unjustified luxury that runs counter to a cultural expectation that emphasizes achievement and effort at all times. Perhaps, it is not coincidental that the theme of *diligence* was reported more by Korean college students as a characteristic of a PHP, while American participants rarely reported the theme. Additionally, from a Korean point of view, a self-caring person may be perceived as a selfish or self-centered person of whom Koreans are wary. The older generation in Korea stresses reciprocal caring rather than self-caring. This finding may still reflect the legacy of a collectivistic culture which still flows through Korean college students.

Under the *interpersonal relation* domain, minimal differences were noticed in the theme of *positive interpersonal relationships* and *consideration of others* between American college students and Korean college students. However, counselor trainees, particularly American counselor trainees, stressed these themes as a characteristic of a PHP more than college students. The finding implied that counselor trainees place a greater emphasis on interpersonal characteristics of a PHP than college students.

Korean counselor trainees are more conscious of the importance of *effective communication* than Korean college students in the study. The finding seems to reflect the influence of counselor training as Korean trainees learn more about effective direct communication as opposed to the Korean high context communication style. Korean culture is one of high context where individuals are expected to understand unspoken words and expectations through context rather than through direct and explicit communication (Copeland & Griggs, 1986). Despite globalization, recent research by Merkin (2009) confirmed that Koreans still use less direct and more indirect communication than Americans. Merkin suggested that indirect communication is preferred in Korean culture because it allows people to save face and maintain harmony with others by avoiding a clear stand. Being aware of potential misunderstanding of high-context communication styles in interpersonal relationships, Korean counselor trainees perhaps place more value on effective, direct communication as a characteristic of a PHP.

The theme of *happiness* was reported more by American participants than Korean participants as a characteristic of a PHP. This finding suggests that happiness is valued differently depending on different cultures (Diener, 2000). For example, Lu and Gilmour (2004) studied cultural difference in conceptions of happiness, finding that for American college students, happiness was uplifting with charged feelings while for Chinese college students, happiness was balanced and homeostatic feelings. Additionally, this study's finding also may reflect the cultural differences that ego-focused emotions such as happiness are more emphasized and expressed in individualistic cultures than in collectivistic cultures (Markus & Kitayama, 1991). Given that East-Asians sometimes place achieving significant goals as a higher priority than experiencing positive emotions

(Diner, Oshis & Lucas, 2003), this finding suggests the possibility that Korean participants value happy emotions less than American participants.

The theme of *functional cognition* and *daily functioning* were reported more by American counselor trainees than Korean counselor trainees. This suggests that American counselor trainees perceived a PHP as a person who can make rational judgments and decisions and has the ability to fulfill one's daily responsibilities. This finding seems to reflect American counselor trainees' emphasis on rationality and practicality, which can be perceived differently by Korean counselor trainees. Koreans may feel that they have less freedom to rely on rationality because their decisions and choices need to reflect the opinions of other members of the group to which they belong.

The theme of *value-driven life* was reported more by Korean college students than others. They reported that a PHP has a sense of value and belief in their life, which does not waver because of others or circumstances. Conceptually, this theme seems to partially overlap with the theme of *identity development* in the respect that a PHP has a consistent standard which guides his/her life. Perhaps Korean college students devalue having a personal identity over having a sense of value because the concept of identity places too much emphasis on individuality. The finding implies the possibility that in reaction to undue interdependence of Korean culture, Korean college students have a desire to have a universal value system, which does not waver because of others or circumstances.

The theme of *positive thinking, resiliency,* and *adaptability* were reported somewhat more by Korean participants than American participants. This finding may reflect Korean perceptions of challenges and barriers as inevitable elements in life. For

example, with the Korean expression, "In-Sang-Go", literally translated into English as 'bitters of a life', Koreans often say "life is a series of suffering" and say "take pains" to others as a typical way of saying good-bye to those who are working. According to the Philips Center for Health and Well-being's (2011) report, Korean's perception of their stress level ranked first in the world. Therefore, the assumption of unavoidable suffering may influence Korean participants to identify *positive thinking* and *resiliency* as important characteristics of a PHP, perhaps expecting that a PHP is aware of, facing, and capable of dealing with challenges with positivism in life. Also, Koreans' emphasis on adaptability reflects that a PHP needs to be able to adjust him/herself in responding to other's expectations in collectivistic cultures.

Factors Influencing the Beliefs about a Psychologically Healthy Person. As seen in Table 4, counselor trainees' beliefs about a psychologically healthy person were developed and influenced by multiple factors. Among those, *educational factors* were most frequently reported by counselor trainees. This result suggests that psychology training, including counseling theories and clinical experiences, appears to impact the formation of counselor trainees' perception of a PHP. This finding adds support to this current study's previous premise that the identified differences between college students and counselor trainees in perceptions of cultural values and a PHP result from counselor trainee's education in psychology.

Counselor trainees reported *intrapersonal factors* such as self-exploration, self-development, and personal values as factors influencing their beliefs about a PHP. Among *interpersonal factors*, it is noteworthy that Korean counselor trainees did not report family factors as often as American counselor trainees did. This finding may

reflect the fact that psychological health is still a relatively foreign concept in Korea. Thus, Korean counselor trainees may have fewer opportunities to learn about the idea of psychological health from their parents or through parenting. Similarly, *contextual factors* such as culture and society were rarely identified by Korean counselor trainees in comparison to American counselor trainees who described that their beliefs about a PHP were formed within cultural and societal contexts.

Influence of the Perception of a Psychologically Healthy Person on Counseling Practice. In responding to the question, "How does (or will) your perception of a psychologically healthy person influence your counseling practice?" counselor trainees described both functional and cautious aspects of how their perceptions of a PHP influence their clinical work. For example, trainees indicated that their perception of a PHP serves as a standard for assessment and intervention in counseling practice. On the other hand, counselor trainees indicated that they are aware of their potential bias in their perception of a PHP so they tried to respect a client's perception of it. It is noteworthy that Korean counselor trainees reported more for functional aspects but less for cautious aspects than American counselor trainees. Given that Korea is among the most ethnically homogenous countries in the world, a monocultural worldview is often assumed. Thus, some readers may presumably think that counselors and clients would share virtually the same cultural background. Although in their personal lives Korean counselor trainees might hold similar values as their clients, findings of this study's quantitative analysis and some Korean psychologists (e.g., Seo, 2005; Kim et al., 2008; Chang, 2000) suggested that as clinicians, Korean counselors endorse western cultural values as a result of their psychology training. Therefore, if Korean counselor trainees are not aware of

their own bias or influence of their western training, blindly applying their beliefs of a PHP to their clinical practice may not serve Korean clients well due to potential cultural conflicts in the counselor-client relationships.

A Psychologically Healthy Person in Asian culture and European American culture. Counselor trainees were asked to answer what similarities and differences they expect between a psychologically healthy person in Asian culture and European American culture. It appears that it was a challenging question for counselor trainees, because they tended to simply report the differences between Asian culture and European American culture. Although participants discussed family-oriented features, conformity to norms, and emotional control in Asian culture, most of the answers revolved around cultural differences in terms of collectivism and individualism, rather than describing cultural nuances of a psychologically healthy person. This finding suggests that counselor trainees potentially have difficulty translating their cultural knowledge into real practice (Toporek, 2012), and also serves as a caution against training that oversimplifies cultural difference as merely an individualism-collectivism divide. However, it is noteworthy that more Korean counselor trainees than American counselor trainees reported that a PHP in Asian culture emphasizes interpersonal relationships than American counselor trainees. As a similar characteristic of a psychologically healthy person in both Asian culture and European American culture, participants reported that PHPs have good interpersonal relationships and communicate well with others.

Implications

The findings of this study provide useful information for clinical practice as well as training. First of all, counselors and counselor trainers in the United States and Korea

should be aware of their potential tendency to devalue certain Asian cultural values. As reviewed in literature, counselors may consciously or unconsciously lead their clients to adopt the counselor's values even though the value convergence in counselor-client relationships does not guarantee a client's improvement. Thus, counselors should be aware of and manage unintentional influences of counseling services on value changes of clients, because the value changes could be unethical, particularly when the sources of clients' presenting concerns are far from clients' value systems.

Recognizing the need to develop concrete culturally adaptive practice (Gallardo, Yeh, Trimble, & Parham, 2012), counselors working with clients holding Asian cultural values should be aware of and manage potential specific value conflicts in reference to five subscales of AAVS-M (Kim et al., 2005) rather than having a vague idea of respecting clients' cultural value in their clinical work. Although the study did not directly compare counselors and Asian clients in the United States, referencing Kim et al.'s (2005) study allows us to suspect specific value differences between Asian American students and counselors. Comparison between Asian American college students' AAVS-M scores in Kim et al.'s study and counselor trainees' AAVS-M responses in this study indicate that counselors would not have value conflicts with Asian clients regarding Conformity to Norms, but suggests that counselors need to be careful not to debase other Asian cultural values (e.g., Collectivism, Emotional Self-Control, Family Recognition through Achievement, and Humility). In the case of Korean counselor trainees, current findings indicate that they would not have value conflicts with clients regarding Humility but suggests that Korean counselor trainees need to be cautious not to degrade other Asian cultural values (e.g., Collectivism, Conformity to

Norms, Emotional Self-Control, and Family Recognition through Achievement) of

Korean clients.

Beyond promoting awareness of particular cultural value conflicts, counselor

trainers need to further assist trainees to learn how to translate and apply their cultural

knowledge and awareness into real practice with concrete skills (Toporek, 2012). Since

counselor trainees usually work with clients who do not have ideal psychological health,

trainees would benefit from learning how different cultures characterize psychological

health as defined by their culture: appropriate thoughts, feelings, and behaviors including

but not limited to communication, interpersonal, and decision-making styles.

This study also shows the need to understand the shifting cultures in the younger

generation and to indigenous counseling theories and practices in a Korean cultural

context. Otherwise, counselors in Korea are likely to neglect unique needs of clients and

essential elements of Korean culture without being aware that they are doing so. The

different perceptions of a psychologically healthy person and values between Korean

counselors and their clients could minimize or nullify the effects of counseling. Mental

health services will continue to be underutilized and will not be firmly established in

Korean society. In the long run, an indigenous counseling theory and practice rooted in

Korean culture should be developed by Korean counseling psychologists. In the short

run, extant counseling theories and practices that have been applied around the world

should be considered and adapted. (c.f. Gerstein, Heppner, Ægisdóttir, Leung, &

Norsworthy, 2009).

Meanwhile, using findings of this study with relevant Korean literature (c.f.,

Chang, 2000; Chang, 2004; Choi & Kim, 2011; Kim et al., 2008; Seo, 2005), Korean

counseling psychologists should develop an indigenous training model which teaches culturally adaptive counseling practices and skills for Korean clients. For example, counselor trainees could learn counseling practices and skills reflecting the following elements to assist clients: having a balance between self-development and self-acceptance; having a balance between self-awareness of one's role in relation to others and self-awareness as an individual; having a balance between adaptability of a one's role with a flexible identity and a consistent self-identity; assisting clients to be in touch with their emotions rather than just to encourage emotional expression; having a balance in processing other-focused emotions and ego-focused emotions; assisting clients to enhance communication with others rather than to promote direct communication styles; managing loss of face and stigmas involves in counseling process; and taking a flexible counselor role such as an authoritative or companion role depending on clients' needs and expectations.

To conclude this implication section, one example illustrates a culturally responsive practice with Korean clients regarding Emotional Self-control, one of the subscales of AAVS-M (Kim et al., 2005):

Assume that a counselor identifies Yun's (a client's) emotional suppression as a source of her presenting concern, but the counselor is aware of the potential value conflict with her in terms of Emotional Self-control, if changing these values is identified as one course of intervention. First, this evaluation should be based on the counselor's examination of his/her bias on Emotional Self-control with exploration of Yun's perception of Emotional Self-control. The counselor should acknowledge the possibility that Yun may feel uncomfortable due to the value

conflict, while explaining that emotional self-expression in the session, not necessarily in the Yun's daily life, can be a part of an intervention to alleviate emotional suppression and resolve the presenting concern. To understand Yun, the counselor should discuss where she currently stands on a continuum of emotional self-control and emotional self-expression and acknowledge Yun's status. Then, the counselor should explore her interest or willingness to experiment with emotional self-expression to some degree within Yun's comfort zone in the sessions as a part of treatment. Reflecting cultural emphasis on other-focused emotions, the counselor should have a balance in processing between other-focused emotions and ego-focused emotions. The counselor needs to be patient as it may take a few sessions for Yun to be familiar with processing her feelings in the sessions. The counselor should also explore and discuss the potential impacts of changing one's emotional expressions when it comes to Yun's daily life and interactions with others who may or may not hold Emotional Self-control as a cultural value. Ideally, Yun should feel respected as a cultural being during a dialogue of value changes with a counselor. As a result of this culturally adaptive intervention, Yun resolves a presenting problem by suppressing emotions less frequently and being more in touch with her emotions in her daily life, but she may or may not change her cultural value related to Emotional Self-control. That is to say, although emotional self-expression may have been encouraged as a part of treatment in the sessions, the counselor should not impose the value of emotional expression to Yun. The counselor should assist Yun to make an informed decision whether she wants to change her value related

to Emotional Self-control in her life, reviewing the pros and cons of the change and considering its ripple effects on her social relationships in her cultural contexts.

As we all expect, modernization and internationalization will continue to change ethnic demographics and cultures in both United States and Korea as well as across nations. Since cross-cultural encounters are inevitable in counseling practice, continuous development of effective multicultural counseling is required to better serve the clients from different worldviews and cultures. If counselors continue trying to help clients simply from their own worldviews, it is like "assembling a jigsaw puzzle from the pieces of two different puzzles", (Jafari, 1993, p. 329) and creates more confusion for clients. In other words, counselors who are unable to flexibly consider the client's cultural perspective, worldview, and values, may not develop a mutual understanding of good mental health with their clients which leads to poor outcomes in their clinical work. Multicultural psychology training faces a new phase of developing more sophisticated and specific practices and skills to meet needs of diverse clientele. Using Jafari's (1993) puzzle analogy again here, counselor trainees would get benefits from learning practical steps and types of dialogues which they can have with clients to assemble a jigsaw puzzle together. As we live in fast-changing society, psychologists should continue to make efforts to learn an ideal complete picture of client's puzzle which may be constantly altered by time and culture.

Limitations

Limitations of the present study are presented here. First, as with any survey research, findings have limited generalizability due to non-random sampling. Also, in

order to make a national comparison between the United States and Korea, ethnic differences within the American sample were not accounted for in this study. Thus, findings related to American participants (college students and counselor trainees) should not be extrapolated to specific ethnic American groups. In addition, given that participants in this study are college students and counselor trainees, the findings should be extrapolated to clients and counselors with caution.

Second, although efforts were made to achieve content equivalence between the English and Korean versions of the AAVS-M (Kim et al., 2005) and the Independent SCS (Singelis, 1994), it is possible that cultural differences found in the study are confounded by nonequivalence of the two different language versions of the instruments. Also, the reliability of Humility subscale of AAVS-M, particularly its reliability with Korean counselor trainee sample, was not ideal. Thus, findings regarding Humility need to interpreted with caution and need to be retested with different methods.

Third, given that counselor trainees (*mean* age = 28, female = 83%) are older than college students (*mean* age = 21, female = 56%) with more female participants in the group, it is possible that the differences found between the two groups are confounded with the effects of age and gender. For example, particularly for Korean participants, age differences might have been associated with their perception of certain cultural values, because younger participants' perception could have been more influenced by modernization and internalization. This study, however, was not able to control the effects of age and gender which perhaps the analysis accounts for as covariates using Multivariate Analysis of Covariance (MACOVA), because inclusion of the two variables in the analysis violated the assumption of homogeneity of regression.

When the assumption of homogeneity of regression is violated, it is recommended not to include covariates in MANCOVA (Stevens, 1996; Tabachnick & Fidell, 2007).

Finally, findings from the qualitative analysis might have been influenced by how the questionnaires were administered to participants in this study. That is to say, since AAVS-M and SCS have items about cultural information, participants might have been exposed to information from the instruments, which later influenced their answers to the open-ended questions (e.g., "How would you describe a psychologically healthy person?" and "What similarities and differences would you expect between a psychologically healthy person in Asian culture and European American culture?").

Recommendations for Future Research

There are various approaches that future researchers could take to address limitations in this study and to investigate emerging research questions. First of all, to remedy shortcomings of generalizability of this research, it would be valuable to conduct a similar study with actual counselors and Asian clients in the United States as well as Korean counselors and Korean clients in Korea. The findings of this suggested study would capture real cultural value differences in counselor-client relationships. In addition, when using AAVS-M or other culturally specific value scales, future studies could explore how value similarities and dissimilarities between counselors and clients are related to counseling processes, outcomes, and value changes of clients. The findings of this suggested study would be able to clarify the potentially beneficial and detrimental effects of values changes of clients.

In order to collect data from a great number of participants, the study used a survey format to explore perceptions of a PHP. It would be advisable to conduct further

qualitative research using in-depth interviews with experienced counselors, counselor trainers, and clients across cultures and nations. The findings would be able to clarify universality of a PHP as well as cultural nuances which the survey format of this study may not have been able to capture.

The present study identified the differences between counselor trainees and college students in terms of certain cultural values. The findings raise a need for a future study that explores how psychology training has impacted trainee's personal values as well as their perceptions of certain cultural values. Future studies can further explore any tensions or struggles which counselor trainees might experience in the process of socialization to the field of psychology. The findings of the suggested study could have great implications to multicultural training in psychology.

Although there are some overlaps between Asian cultural values and Korean cultural values, the present study reveals a need to develop a new instrument for measuring Korean cultural values. A new Korean cultural values instrument should include subscales which measure unique Korean cultural features which Choi and Kim (2011) identified. For example, the instrument could consider measuring *Woori-sung* (i.e., "Korean we-ness") to capture unique interdependency beyond collectivism or family-orientedness as well as other cultural elements such as *Cheong* (i.e., "Korean interpersonal affection"), *Han* (i.e., "lamentation"), *Chemyon* (i.e., "social face"), and *Noon-chi* (e.g., "interpersonal tact"). A variety of research could be conducted using a new instrument, such as roles of value in counseling, impact of values on the stigma of seeking mental health services, gender differences in values, and cultural generational

gap. The development of Korean cultural values instrument could further contribute to

Korean psychology as well as Korean American psychology.

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Appendix A-1. The counselor trainee version of the survey (English version).

Survey on the Perception of a Psychologically Healthy Person

Thank you for participating in this survey. The purpose of this survey is to explore counselors' perceptions of a psychologically healthy person. Your answers are very valuable to our research.

[PART 1] **Please respond to each item as you, in your role as a counselor, believe a psychologically healthy person would answer.** In other words, choose a response from the scale below indicating how much **a psychologically healthy person** would agree or disagree with the statement.

Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

	Statement	1	2	3	4	5	6	7
1	I enjoy being unique and different from others in many respects.							
2	I can talk openly with a person who I meet for the first time, even when this person is much older than I am.							
3	I do my own thing, regardless of what others think.							
4	I feel it is important for me to act as an independent person.							
5	I'd rather say "No" directly, than risk being misunderstood.							
6	Having a lively imagination is important to me.							
7	I prefer to be direct and forthright when dealing with people I've just met.							
8	I am comfortable with being singled out for praise or rewards.							
9	Speaking up during a class (or a meeting) is not a problem for me.							
10	I act the same way no matter who I am with.							
11	I value being in good health above everything.							
12	I try to do what is best for me, regardless of how that might affect others.							
13	Being able to take care of myself is a primary concern for me.							
14	My personal identity, independent of others, is very important to me.							
15	I act the same way at home that I do at school (or work).							
16	One should recognize and adhere to the social expectations, norms and practices.							
17	The welfare of the group should be put before that of the individual.							
18	It is better to show emotions than to suffer quietly.							
19	One should go as far as one can academically and professionally on behalf of one's family.							
20	One should be able to boast about one's achievement.							
21	One's personal needs should be second to the needs of the group.							
22	One should not express strong emotions.							
23	One's academic and occupational reputation reflects the family's reputation.							
24	One should be able to draw attention to one's accomplishments.							
25	The needs of the community should supersede those of the individual.							
26	One should adhere to the values, beliefs and behaviors that one's society considers normal and acceptable.							

REMINDER: Please respond to each item as you, <u>in your role as a counselor</u>, believe a <u>psychologically healthy person would answer</u>.

Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

	Statement	1	2	3	4	5	6	7
27	Succeeding occupationally is an important way of making one's family proud.							
28	Academic achievement should be highly valued among family members.							
29	The group should be less important than the individual.							
30	One's emotional needs are less important than fulfilling one's responsibilities.							
31	Receiving awards for excellence need not reflect well on one's family.							
32	One should achieve academically since it reflects on one's family.							
33	One's educational success is a sign of personal and familial character.							
34	One should not sing one's own praises.							
35	One should not act based on emotions.							
36	One should work hard so that one won't be a disappointment to one's family.							
37	Making achievements is an important way to show one's appreciation for one's family.							
38	One's efforts should be directed toward maintaining the well-being of the group first and the individual second.							
39	It is better to hold one's emotions inside than to burden others by expressing them.							
40	One need not blend in with society.							
41	Being boastful should not be a sign of one's weakness and insecurity.							
42	Conforming to norms provides order in the community.							
43	Conforming to norms provides one with identity.							
44	It is more important to behave appropriately than to act on what one is feeling.							
45	One should not openly talk about one's accomplishments.							
46	Failing academically brings shame to one's family.							
47	One should be expressive with one's feelings.							
48	Children's achievements need not bring honor to their parents.							
49	One need not sacrifice oneself for the benefit of the group.							
50	Openly expressing one's emotions is a sign of strength.							
51	One's achievement and status reflect on the whole family.							
52	One need not always consider the needs of the group first.							
53	It is one's duty to bring praise through achievement to one's family.							
54	One should not do something that is outside of the norm.							
55	Getting into a good school reflects well on one's family.							
56	One should be able to brag about one's achievements.							
57	Conforming to norms is the safest path to travel.							

[PART 2] This section is designed to further explore your thoughts about a psychologically healthy person. We greatly appreciate your answers.

58. How would you describe a psychologically healthy person?

59. What important factors have influenced the formation of your beliefs about a psychologically healthy person?

60. How does (or will) your perception of a psychologically healthy person influence your counseling practice?

61. What similarities and differences would you expect between a psychologically healthy person in Asian culture and European American culture?

62. According to your role as a counselor, how important is it for you to help your client become the following type of a person? **Please rank order the importance from 1 to 5**, 1 being most important.

	How important is it for you to help your client become…	Rank Order
A	a psychologically healthy person?	
B	a physically healthy person?	
C	a spiritually (or religiously) healthy person?	
D	a morally sound person?	
E	a professionally successful person?	

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[PART 3] This section is designed to gather demographic information.

63. What is your age? _____years

64. What is your sex?
_____ Male   _____ Female

65. What is your ethnic or racial background? (If biracial or multiracial, please check each corresponding box)

_____African American / Black
_____American Indian / Alaskan Native
_____Asian / Pacific Islander
_____Hispanic / Latino
_____White / Caucasian
_____Other (Specify: _____)

66. Are you an international student?
_____Yes   _____No

If yes, what is your nationality? _____
If yes, how long have you lived in the U.S.?

_____years _____months

67. What is your discipline?
_____Counseling Psychology
_____Clinical Psychology
_____Other (Specify:_____)

68. What degree are you currently pursuing?
_____Master degree
_____Doctoral degree

69. How many graduate semesters have you completed in a mental health related field?
_____semester(s)

70. What is your primary theoretical orientation? (Choose up to 3 and please rank order)
_____Behavioral
_____Cognitive Behavioral
_____Interpersonal
_____Humanistic/Existential
_____Psychodynamic/Psychoanalytic
_____Reality Therapy
_____Integrative
_____Eclectic
_____Systems
_____Other (Specify: _____)

71. How many graduate level courses in multicultural counseling have you taken?
_____

72. In total, how many workshops or seminars in multicultural counseling have you attended?
_____

73. Do you identify with a particular religious/ spiritual/faith group?

_____Yes   _____No

If yes, please specify: _____

74. Please feel free to make any comments you might have regarding this survey.

Thank you very much for your time!

Appendix A-2. The counselor trainee version of the survey (Korean version).

"심리적으로 건강한 사람"에 대한 설문지

설문조사에 참여해 주셔서 진심으로 감사드립니다. 본 설문지는 "심리적으로 건강한 사람"에 대한 상담자들의
인식에 대해서 알아보고자 합니다.

상담자로서 당신의 역할을 생각해 볼 때, 다음과 같은 문항에 대해서 **"심리적으로 건강한 사람"은 어떻게 답할
것이라고 예상하십니까?** 다시말해서, **"심리적으로 건강한 사람"**은 아래 문항에 얼마나 동의할지에 대해
다음 척도를 사용하여 응답해 주시기 바랍니다.

전혀 동의하지 않는다	대체로 동의하지 않는다	다소 동의하지 않는다	동의하지도 반대하지도 않는다.	다소 동의한다	대체로 동의한다	전적으로 동의한다
1	2	3	4	5	6	7

	문항	1	2	3	4	5	6	7
1	나는 여러 가지 면에서 다른 사람과 뭔가 다르고 독특한 것이 좋다.							
2	나는 나보다 나이가 훨씬 많은 사람을 만나도 처음부터 격의없이 이야기할 수 있다.							
3	나는 다른 사람이 뭐라고 생각하든 내가 할 바를 한다.							
4	나는 독립적인 사람으로 행동하는 것이 중요하다고 느낀다.							
5	나는 오해받는 위험을 감수하느니, '아니오'라고 직접적으로 말하겠다.							
6	나에게는 풍부한 상상력을 갖는 것이 중요하다.							
7	나는 새롭게 만난 사람을 대할 때 직선적이고 솔직하게 대하는 것을 선호한다.							
8	나는 칭찬이나 상받는 일로 혼자 뽑히게 되어도 편안하게 느낀다.							
9	나에게는 수업시간에 (혹은 모임에서) 거리낌없이 의견을 말하는 것이 별 문제가 안 된다.							
10	나는 누구와 함께 있든 똑같이 행동한다.							
11	나는 건강한 것을 무엇보다도 중요하게 여긴다.							
12	나는 다른 사람들에게 어떤 영향을 미치든지 상관없이 나한테 최선인 일을 하려고 한다.							
13	나 자신을 돌볼 수 있는 것은 나의 주 관심사이다.							
14	다른 사람으로부터 독립된 내 개인의 자아정체성이 나에게는 매우 중요하다.							
15	나는 집에서도 학교(혹은 직장)에서 하는 것과 똑같이 행동한다.							
16	개인은 사회적 기대, 규범 및 관행을 인정하고 충실히 따라야 한다.							
17	집단의 안녕이 개인의 안녕보다 우선시 되어야 한다							
18	말없이 괴로워하는 것보다 감정을 드러내는 것이 더 낫다.							
19	자신의 가족(집안)을 위해서, 개인은 가능한 한 학업 및 직업에 매진해야 한다.							
20	개인은 자신의 성취를 자랑할 수 있어야 한다.							
21	개인의 필요는 집단의 필요보다 덜 중요시 되어야 한다.							
22	개인은 강한 감정을 표현해서는 안 된다.							
23	개인의 교육적, 직업적 명성은 그 가족(집안)의 명성에 반영된다.							
24	개인은 자신의 업적에 대하여 남들의 이목을 끌 수 있어야 한다.							
25	공동체의 필요가 개인의 필요보다 우선시 되어야 한다.							
26	개인은 사회에서 수용되고 정상이라고 여겨지는 가치, 신념 및 행동을 충실히 따라야 한다.							

상담자로서 당신의 역할을 생각해 볼 때, "심리적으로 건강한 사람"은 아래 문항에 얼마나 동의할지에 대해 다음 척도를 사용하여 응답해 주시기 바랍니다.

전혀 동의하지 않는다	대체로 동의하지 않는다	다소 동의하지 않는다	동의하지도 반대하지도 않는다.	다소 동의한다	대체로 동의한다	전적으로 동의한다
1	2	3	4	5	6	7

	문항	1	2	3	4	5	6	7
27	직업적으로 성공하는 것은 가족(집안)을 자랑스럽게 해주는 중요한 방법이다.							
28	학업적 성취는 가족 구성원들 간에 매우 중요시 여겨져야 한다.							
29	집단은 개인보다 덜 중요시 여겨져야 한다.							
30	개인의 정서적 필요는 개인의 책임을 다하는 것보다 덜 중요하다.							
31	우수해서 상을 받는 것이 그 가족(집안)을 빛내는 것은 아니다.							
32	개인은 학업적 성취를 이루어야 한다. 왜냐하면 이는 집안에 반영되기 때문이다.							
33	개인의 교육적 성공은 한 개인과 집안의 특성을 나타내는 것이다.							
34	개인은 자화자찬을 해서는 안된다.							
35	개인은 감정에 따라 행동해서는 안된다.							
36	개인은 가족을 실망시키지 않기 위해서 열심히 일해야 한다.							
37	성공하는 것은 가족(집안)에게 고마움을 표현하는 중요한 방법이다.							
38	개인은 개인의 안녕보다 우선적으로 집단의 안녕을 유지하는데 노력해야 한다.							
39	자신의 감정을 표현함으로써 다른 사람에게 부담을 주는 것 보다, 그 감정을 마음에 담아두고 있는 것이 더 낫다.							
40	개인이 사회와 조화를 이룰 필요는 없다.							
41	자랑하는 것이 반드시 개인의 연약함과 불안정함을 드러내는 것은 아니다.							
42	규범에 따르는 것은 공동체에 질서를 가져온다.							
43	규범에 따르는 것은 개인에게 정체감을 제공해 준다.							
44	개인의 기분에 따라 행동하는 것 보다 시의 적절하게 행동하는 것이 더 중요하다.							
45	개인은 자신의 업적에 대해 공공연히 이야기해서는 안된다.							
46	학업적으로 실패하는 것은 가족(집안)을 부끄럽게 하는 일이다.							
47	개인은 감정표현이 풍부해야 한다.							
48	자식의 성취가 부모에게 영광을 가져오는 것은 아니다.							
49	개인이 집단의 이익을 위해서 자기 자신을 희생할 필요는 없다.							
50	자신의 감정을 솔직히 표현하는 것은 강인함을 나타낸다.							
51	개인의 성취와 지위는 온 집안에 반영된다.							
52	개인이 항상 집단의 필요를 먼저 고려할 필요는 없다.							
53	개인에게는 성공을 통해 가족(집안)이 칭찬을 듣게 할 의무가 있다.							
54	개인은 규범에서 벗어나는 일을 해서는 안된다.							
55	좋은 학교에 진학하는 것은 자기 가족(집안)을 명예롭게 한다.							
56	개인은 자신의 성취를 뽐낼 수 있어야 한다.							
57	규범에 따르는 것이 가장 안전한 행로이다.							

다음은 "심리적으로 건강한 사람"에 대한 당신의 생각에 대해서 좀 더 알아보고자 합니다. 자세하게 답변해 주시면 감사드리겠습니다.

58. 당신은 "심리적으로 건강한 사람"을 어떻게 묘사하시겠습니까?

59. "심리적으로 건강한 사람"에 대한 당신의 생각을 형성하는데 영향을 미친 중요한 요소들은 무엇입니까?

60. "심리적으로 건강한 사람"에 대한 당신의 생각은 당신이 상담을 하는데 어떠한 영향을 미친다고 (혹은 미칠것이라고) 생각하십니까?

61. 아시아 문화권과 미국 문화권에서의 "심리적으로 건강한 사람"은 어떤 유사점과 차이점이 있다고 생각하십니까?

62. 상담자로서 당신의 역할을 생각해 볼 때, 당신은 내담자를 다음과 같은 사람이 되도록 도와주는 것이 얼마나 중요하다고 생각하십니까? 그 중요성을 1 부터 5 까지 우선순위를 매겨주시기 바랍니다. 1 이 가장 중요한 것을 의미합니다.

	내담자로 하여금 다음과 같은 사람이 되도록 도와주는 것은 얼마나 중요합니까?	우선 순위
가	심리적으로 건강한 사람	
나	신체적으로 건강한 사람	
다	신앙적으로 (종교적으로) 건강한 사람	
라	도덕적으로 올바른 사람	
마	직업적으로 성공한 사람	

다음은 연구에 기본이 되는 당신의 정보를 얻기 위한 질문입니다.

63. 당신의 나이는? 만 _____

64. 당신의 성별은?
_____ 남자   _____ 여자

65. 당신의 전공은?
_____상담 심리학
_____임상 심리학
_____기타 (구체적으로: _____)

66. 당신의 현재 학위 과정은?
_____석사학위
_____박사학위

67. 당신이 지금까지 상담/임상 심리학 관련 대학원에서
이수한 학기는 총 몇 학기입니까?
_____학기

68. 당신이 추구하는 상담 이론은 무엇입니까?
(우선순위로 세가지를 선택해 주세요)
_____행동주의
_____인지행동주의
_____대인관계주의
_____인본주의/실존주의
_____심리역동/정신분석
_____현실치료
_____통합주의
_____절충주의
_____체계이론
_____기타 (구체적으로:_____)

69. 당신은 대학원 과정에서 다문화 상담 혹은 한국형
상담과 관련된 수업을 몇 과목 수강하셨습니까?
_____과목

70. 당신은 지금까지 다문화 상담 혹은 한국형 상담과
관련된 세마나 혹은 워크샵을 몇 번
참석하셨습니까?
_____번

71. 당신은 종교를 가지고 계십니까?
_____네   _____아니오

"네"라고 대답하신 경우, 구체적으로 어떤
종교인지 적어주시기 바랍니다.

_____

72. 당신은 해외에 거주하신 경험이 있으십니까?
_____네   _____아니오

"네" 라고 대답하신 경우, 구체적으로 어느 나라에
얼마나 거주하셨는지 적어주시기 바랍니다.

국가:_____   기간:_____년 _____개월

73. 이 설문지와 관련해서 추가적으로 하고 싶은 이야기가 있으시면 자유롭게 적어주시기 바랍니다.

설문조사에 참여해 주셔서 진심으로 감사드립니다.

Appendix B-1. The college student version of the survey (English version).

Survey on the Perception of a Psychologically Healthy Person

Thank you for participating in this survey. The purpose of this survey is to explore college students' perception of a psychologically healthy person. Your answers are very valuable to our research.

[PART 1] Please respond to each item as you believe a psychologically healthy person would answer. In other words, choose a response from the scale below indicating how much a psychologically healthy person would agree or disagree with the statement.

Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

	Statement	1	2	3	4	5	6	7
1	I enjoy being unique and different from others in many respects.							
2	I can talk openly with a person who I meet for the first time, even when this person is much older than I am.							
3	I do my own thing, regardless of what others think.							
4	I feel it is important for me to act as an independent person.							
5	I'd rather say "No" directly, than risk being misunderstood.							
6	Having a lively imagination is important to me.							
7	I prefer to be direct and forthright when dealing with people I've just met.							
8	I am comfortable with being singled out for praise or rewards.							
9	Speaking up during a class (or a meeting) is not a problem for me.							
10	I act the same way no matter who I am with.							
11	I value being in good health above everything.							
12	I try to do what is best for me, regardless of how that might affect others.							
13	Being able to take care of myself is a primary concern for me.							
14	My personal identity, independent of others, is very important to me.							
15	I act the same way at home that I do at school (or work).							
16	One should recognize and adhere to the social expectations, norms and practices.							
17	The welfare of the group should be put before that of the individual.							
18	It is better to show emotions than to suffer quietly.							
19	One should go as far as one can academically and professionally on behalf of one's family.							
20	One should be able to boast about one's achievement.							
21	One's personal needs should be second to the needs of the group.							
22	One should not express strong emotions.							
23	One's academic and occupational reputation reflects the family's reputation.							
24	One should be able to draw attention to one's accomplishments.							
25	The needs of the community should supersede those of the individual.							
26	One should adhere to the values, beliefs and behaviors that one's society considers normal and acceptable.							

REMINDER: Please respond to each item as you believe a <u>psychologically healthy person would answer</u>.

Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

	Statement	1	2	3	4	5	6	7
27	Succeeding occupationally is an important way of making one's family proud.							
28	Academic achievement should be highly valued among family members.							
29	The group should be less important than the individual.							
30	One's emotional needs are less important than fulfilling one's responsibilities.							
31	Receiving awards for excellence need not reflect well on one's family.							
32	One should achieve academically since it reflects on one's family.							
33	One's educational success is a sign of personal and familial character.							
34	One should not sing one's own praises.							
35	One should not act based on emotions.							
36	One should work hard so that one won't be a disappointment to one's family.							
37	Making achievements is an important way to show one's appreciation for one's family.							
38	One's efforts should be directed toward maintaining the well-being of the group first and the individual second.							
39	It is better to hold one's emotions inside than to burden others by expressing them.							
40	One need not blend in with society.							
41	Being boastful should not be a sign of one's weakness and insecurity.							
42	Conforming to norms provides order in the community.							
43	Conforming to norms provides one with identity.							
44	It is more important to behave appropriately than to act on what one is feeling.							
45	One should not openly talk about one's accomplishments.							
46	Failing academically brings shame to one's family.							
47	One should be expressive with one's feelings.							
48	Children's achievements need not bring honor to their parents.							
49	One need not sacrifice oneself for the benefit of the group.							
50	Openly expressing one's emotions is a sign of strength.							
51	One's achievement and status reflect on the whole family.							
52	One need not always consider the needs of the group first.							
53	It is one's duty to bring praise through achievement to one's family.							
54	One should not do something that is outside of the norm.							
55	Getting into a good school reflects well on one's family.							
56	One should be able to brag about one's achievements.							
57	Conforming to norms is the safest path to travel.							

[PART 2] This section is designed to further explore your thoughts about a psychologically healthy person.

58. How would you describe a psychologically healthy person?

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59. How important is it for you to become the following type of person? **Please rank order the importance from 1 to 5**, 1 being most important.

	How important is it for you to become…	Rank Order
a	a psychologically healthy person?	
b	a physically healthy person?	
c	a spiritually (or religiously) healthy person?	
d	a morally sound person?	
e	a professionally successful person?	

60. Have you ever received counseling/psychotherapy?   _____Yes   _____No

[PART 3] This section is designed to gather demographic information.

61. What is your age?   _____years

62. What is your sex?   _____ Male   _____ Female

63. What is your ethnic or racial background? (If biracial or multiracial, please check each corresponding box)
    _____African American / Black
    _____American Indian / Alaskan Native
    _____Asian / Pacific Islander
    _____Hispanic / Latino
    _____White / Caucasian
    _____Other (Specify: _____)

64. Are you an international student?
    _____Yes   _____No
    If yes, what is your nationality? _____
    If yes, how long have you lived in the U.S.?
    _____years _____months

65. What is your major? _____
    _____Not applicable

66. What year are you in school?
    _____First year
    _____Second year
    _____Third year
    _____Fourth year
    _____Graduate Student

67. In total, how many psychology or mental health related classes have you taken at the college level?
    _____

68. Do you identify with a particular religious/spiritual/faith group?
    _____Yes   _____No

    If yes, please specify: _____

69. Parent's highest educational degree obtained?

    Father   Mother
    _____Primary school   _____
    _____Middle school   _____
    _____High school or GED   _____
    _____Junior college   _____
    _____Bachelor's degree   _____
    _____Master's degree   _____
    _____Doctorate   _____
    _____Other (Specify:_____) _____ (_____)
    _____Not applicable   _____

70. What is your family monthly income? _____

Thank you very much for your time!

Appendix B-2. The college student version of the survey (Korean version).

"심리적으로 건강한 사람"에 대한 설문지

설문조사에 참여해 주셔서 진심으로 감사드립니다. 본 설문지는 "심리적으로 건강한 사람"에 대한 여러분의 인식에 대해서 알아보고자 합니다.

다음과 같은 문항에 대해서 **"심리적으로 건강한 사람"은 어떻게 답할 것이라고 예상하십니까?**
다시 말해서, **당신이 생각하시기에 "심리적으로 건강한 사람"은 아래 문항에 얼마나 동의할지에 대해 다음 척도를 사용하여 응답해 주시기 바랍니다.**

전혀 동의하지 않는다	대체로 동의하지 않는다	다소 동의하지 않는다	동의하지도 반대하지도 않는다.	다소 동의한다	대체로 동의한다	전적으로 동의한다
1	2	3	4	5	6	7

	문항	1	2	3	4	5	6	7
1	나는 여러 가지 면에서 다른 사람과 뭔가 다르고 독특한 것이 좋다.							
2	나는 나보다 나이가 훨씬 많은 사람을 만나도 처음부터 격의없이 이야기할 수 있다.							
3	나는 다른 사람이 뭐라고 생각하든 내가 할 바를 한다.							
4	나는 독립적인 사람으로 행동하는 것이 중요하다고 느낀다.							
5	나는 오해받는 위험을 감수하느니, '아니오'라고 직접적으로 말하겠다.							
6	나에게는 풍부한 상상력을 갖는 것이 중요하다.							
7	나는 새롭게 만난 사람을 대할 때 직선적이고 솔직하게 대하는 것을 선호한다.							
8	나는 칭찬이나 상받는 일로 혼자 뽑히게 되어도 편안하게 느낀다.							
9	나에게는 수업시간에 (혹은 모임에서) 거리낌없이 의견을 말하는 것이 별 문제가 안 된다.							
10	나는 누구와 함께 있든 똑같이 행동한다.							
11	나는 건강한 것을 무엇보다도 중요하게 여긴다.							
12	나는 다른 사람들에게 어떤 영향을 미치든지 상관없이 나한테 최선인 일을 하려고 한다.							
13	나 자신을 돌볼 수 있는 것은 나의 주 관심사이다.							
14	다른 사람으로부터 독립된 내 개인의 자아정체성이 나에게는 매우 중요하다.							
15	나는 집에서도 학교(혹은 직장)에서 하는 것과 똑같이 행동한다.							
16	개인은 사회적 기대, 규범 및 관행을 인정하고 충실히 따라야 한다.							
17	집단의 안녕이 개인의 안녕보다 우선시 되어야 한다							
18	말없이 괴로워하는 것보다 감정을 드러내는 것이 더 낫다.							
19	자신의 가족(집안)을 위해서, 개인은 가능한 한 학업 및 직업에 매진해야 한다.							
20	개인은 자신의 성취를 자랑할 수 있어야 한다.							
21	개인의 필요는 집단의 필요보다 덜 중요시 되어야 한다.							
22	개인은 강한 감정을 표현해서는 안 된다.							
23	개인의 교육적, 직업적 명성은 그 가족(집안)의 명성에 반영된다.							
24	개인은 자신의 업적에 대하여 남들의 이목을 끌 수 있어야 한다.							
25	공동체의 필요가 개인의 필요보다 우선시 되어야 한다.							
26	개인은 사회에서 수용되고 정상이라고 여겨지는 가치, 신념 및 행동을 충실히 따라야 한다.							

당신이 생각하시기에, "심리적으로 건강한 사람"은 아래 문항에 얼마나 동의할지에 대해 다음 척도를 사용하여 응답해 주시기 바랍니다.

전혀 동의하지 않는다	대체로 동의하지 않는다	다소 동의하지 않는다	동의하지도 반대하지도 않는다.	다소 동의한다	대체로 동의한다	전적으로 동의한다
1	2	3	4	5	6	7

	문항	1	2	3	4	5	6	7
27	직업적으로 성공하는 것은 가족(집안)을 자랑스럽게 해주는 중요한 방법이다.							
28	학업적 성취는 가족 구성원들 간에 매우 중요시 여겨져야 한다.							
29	집단은 개인보다 덜 중요시 여겨져야 한다.							
30	개인의 정서적 필요는 개인의 책임을 다하는 것보다 덜 중요하다.							
31	우수해서 상을 받는 것이 그 가족(집안)을 빛내는 것은 아니다.							
32	개인은 학업적 성취를 이루어야 한다. 왜냐하면 이는 집안에 반영되기 때문이다.							
33	개인의 교육적 성공은 한 개인과 집안의 특성을 나타내는 것이다.							
34	개인은 자화자찬을 해서는 안된다.							
35	개인은 감정에 따라 행동해서는 안된다.							
36	개인은 가족을 실망시키지 않기 위해서 열심히 일해야 한다.							
37	성공하는 것은 가족(집안)에게 고마움을 표현하는 중요한 방법이다.							
38	개인은 개인의 안녕보다 우선적으로 집단의 안녕을 유지하는데 노력해야 한다.							
39	자신의 감정을 표현함으로써 다른 사람에게 부담을 주는 것 보다, 그 감정을 마음에 담아두고 있는 것이 더 낫다.							
40	개인이 사회와 조화를 이룰 필요는 없다.							
41	자랑하는 것이 반드시 개인의 연약함과 불안정함을 드러내는 것은 아니다.							
42	규범에 따르는 것은 공동체에 질서를 가져온다.							
43	규범에 따르는 것은 개인에게 정체감을 제공해 준다.							
44	개인의 기분에 따라 행동하는 것 보다 시의 적절하게 행동하는 것이 더 중요하다.							
45	개인은 자신의 업적에 대해 공공연히 이야기해서는 안된다.							
46	학업적으로 실패하는 것은 가족(집안)을 부끄럽게 하는 일이다.							
47	개인은 감정표현이 풍부해야 한다.							
48	자식의 성취가 부모에게 영광을 가져오는 것은 아니다.							
49	개인이 집단의 이익을 위해서 자기 자신을 희생할 필요는 없다.							
50	자신의 감정을 솔직히 표현하는 것은 강인함을 나타낸다.							
51	개인의 성취와 지위는 온 집안에 반영된다.							
52	개인이 항상 집단의 필요를 먼저 고려할 필요는 없다.							
53	개인에게는 성공을 통해 가족(집안)이 칭찬을 듣게 할 의무가 있다.							
54	개인은 규범에서 벗어나는 일을 해서는 안된다.							
55	좋은 학교에 진학하는 것은 자기 가족(집안)을 명예롭게 한다.							
56	개인은 자신의 성취를 뽐낼 수 있어야 한다.							
57	규범에 따르는 것이 가장 안전한 행로이다.							

다음은 "심리적으로 건강한 사람"에 대한 당신의 생각에 대해서 좀 더 알아보고자 합니다.

58. 당신은 "심리적으로 건강한 사람"을 어떻게 묘사하시겠습니까?

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59. 당신에게 다음과 같은 사람이 되는것은 얼마나 중요하다고 생각하십니까? 그 중요성에 대해서 **1 부터 5 까지 우선순위**를 매겨주시기 바랍니다. 1 이 가장 중요한 것을 의미합니다.

	당신에게 다음과 같은 사람이 되는 것은 얼마나 중요합니까?	우선순위
가	심리적으로 건강한 사람	
나	신체적으로 건강한 사람	
다	신앙적으로 (종교적으로) 건강한 사람	
라	도덕적으로 올바른 사람	
마	직업적으로 성공한 사람	

60. 당신은 상담(혹은 심리치료)을 받아보신 경험이 있으십니까?   _____네 _____아니오

다음은 연구하는데 기본이 되는 당신에 대한 정보를 얻고자 합니다.

61. 당신의 나이는? 만 _____

62. 당신의 성별은?
    _____ 남자   _____ 여자

63. 당신의 전공은? _____
                  ____해당사항없음

64. 당신의 현재 학년은?
    _____1 학년
    _____2 학년
    _____3 학년
    _____4 학년
    _____대학원생

65. 당신은 지금까지 대학에서 심리학 혹은 정신건강 관련 수업을 총 몇 과목 수강하셨습니까?
    _____과목

66. 당신은 종교를 가지고 계십니까?
    _____네   _____아니오

    "네"라고 대답하신 경우, 구체적으로 어떤 종교인지 적어주시기 바랍니다.

    _____

67. 당신은 해외에 거주하신 경험이 있으십니까?
    _____네   _____아니오

    "네" 라고 대답하신 경우, 구체적으로 어느 나라에 얼마나 거주하셨는지 적어주시기 바랍니다.

    국가:_____   기간:_____년_____개월

68. 당신 부모님의 최종 학력은?

    아버지   어머니
    _____초등학교   _____
    _____중학교   _____
    _____고등학교/검정고시 _____
    _____전문대   _____
    _____4 년제 대학   _____
    _____석사학위   _____
    _____박사학위   _____
    _____기타(   ) _____(   )

69. 당신 가족의 월 수입은? 월 _____만원

설문조사에 참여해 주셔서 진심으로 감사드립니다.

혹시 이 설문지에 대해 궁금하신 점이 있으면, 연구자인 연규진에게 연락주시기 바랍니다. Email: yonxx004@umn.edu

Appendix C-1. Consent Statement (English version).

CONSENT STATEMENT

Counselor trainees' and college students' perceptions of a psychologically healthy person

You are invited to complete a survey on the perception of a psychologically healthy person. We ask that you read this form and ask any questions you may have before agreeing to complete the survey. This study is being conducted by KyuJin Yon, M.A. for his doctoral dissertation at the department of Educational Psychology in the University of Minnesota. He is advised by Dr. Michael Goh at the University of Minnesota. This study is approved by the Institutional Review Board of the University of Minnesota (approval number: 1102E96102).

Background Information: The purpose of the survey is to gather information about counselor trainees' and college students' perceptions of a psychologically healthy person. Your input will greatly help us enhance our understanding of psychological health and promote better counseling services to diverse clients. We will greatly appreciate your efforts and time.

Procedures: If you agree to participate, you will be asked to complete a survey. The survey consists of multiple choices and open-ended questions. The survey should take about 15-20 minutes.

Risks and Benefits of Participating in the Study: There are no risks or benefits for participating in this study.

Confidentiality: The survey is completely anonymous and confidential. The survey will not collect any personally identifiable information. The records of this study will be kept private. Once your responses are entered into an electronic file, the original survey form will be destroyed.

Voluntary Nature of the Study: Your participation in the study is completely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions: The researcher conducting this study is KyuJin Yon, M.A. If you have questions, you may contact him at 612-807-8849, yonxx004@umn.edu or his advisor Dr. Michael Goh at 612-624-4885, gohxx001@umn.edu. If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, contact Research Subjects' Advocate line, D528 Mayo, 420 Delaware Street S.E., Minneapolis, Minnesota 55455; telephone 612-625-1650. You may have a copy of this form to keep for your records.

Participant Certification: I have read this Consent form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call 612-807-8849 or email KyuJin Yon, yonxx004@umn.edu.

By completing the survey, I agree to take part in this study as a research participant. In doing so I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

Researcher Contact Information:

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Educational Psychology   Educational Psychology
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Appendix C-2. Consent Statement (Korean version).

연구 참여 동의서

심리적으로 건강한 사람에 대한 상담 교육생과 대학생의 인식 조사

저희는 귀하께 '심리적으로 건강한 사람에 대한 일반의 인식 연구'를 위한 설문조사 참여를 부탁드리고자 합니다. 이 연구는 미국 미네소타 대학 교육 심리학과 박사학위 과정에 재학 중인 연규진 학생의 학위 논문을 위한 것이며, 그의 지도교수인 마이클 고 교수의 감독하에 진행되고 있습니다.

연구 배경: 본 설문지는 심리적으로 건강한 사람에 대한 상담 교육생과 대학생의 인식과 문화적 가치를 조사하는 목적을 가지고 있습니다. 귀하의 답변은 '정신 건강'에 대한 학문적 이해를 높이고 다양한 사람들에게 더 좋은 상담 서비스를 제공하는데 귀중하게 사용될 것입니다. 귀하께서 이 설문에 참여해 주시다면 진심으로 감사드리겠습니다.

진행 과정: 연구 참여에 동의하시면, 귀하께 설문지 작성을 부탁드리려고 합니다. 설문지는 선택형 질문과 개방형 질문으로 구성되어 있으며, 약 20-25분 정도의 시간이 소요될 것입니다.

연구 참여 혜택과 위험: 귀하께서 이 연구에 참여하셔서 얻으실 수 있는 혜택은 없으며, 어떠한 위험 요소도 존재하지 않습니다.

비밀 보장: 설문지는 무기명으로 진행되며, 귀하의 답변에 대한 비밀보장을 약속드립니다. 본 설문지는 개인의 신상이 노출되는 어떠한 자료도 수집하지 않으며, 설문 자료는 연구자를 제외한 어떤 사람에게도 공개되지 않을 것입니다. 그리고 설문지 자료가 전산 처리되고 나면, 작성된 설문지는 바로 폐기처분될 예정입니다.

자발적 연구 참여: 귀하의 연구 참여는 자발적이어야 합니다. 귀하의 연구 참여 여부는 현재 혹은 이후에 미네소타 대학과의 관계에 어떠한 영향도 미치지 않을 것입니다. 연구를 참여하셨다 하더라도, 어느 시점에라도 참여를 철회하실 수도 있으며, 이러한 철회도 미네소타 대학과의 관계에 아무런 영향을 미치지 않을 것입니다.

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