A Dog with Wings: The Importance of Cultural and Theological Issues for Pastoral Counseling with a Korean American Christian Client

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Abstract: I illustrate in this paper the importance of cultural and theological issues in providing culturally competent pastoral counseling for Korean American Protestants. I use a clinical vignette to explore the Korean Christian community’s mores on alcoholism, the role of the church, and how attachment to the local faith community may impact a church-based pastoral counseling program. I highlight several aspects to point out some culturally distinctive features for my Korean American client; 1) cultural and theological issues in the Korean American community and how alcohol is an issue for this client, 2) the church’s “ineffective” dealing with the issue of alcohol, 3) diverse interpretations of the Bible regarding the use of alcohol, and 4) meaning of counseling for the client in relation to the AAPC Code of Ethics and the challenge for cultural relevance in relation to issues of boundary, dual relationships, confidentiality. Finally, I present treatment and intervention using Relational Cultural Theory and Cognitive Behavioral Therapy for this client.

Keywords: Korean American, multicultural pastoral care and counseling, drinking alcohol, Relational Cultural Therapy, Cognitive Behavioral Therapy

Introduction

A dog with wings: multicultural pastoral counselor’s identity

“Why did you choose this case for certification? This case doesn’t seem serious enough. Why

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1 She is a certified pastoral counselor (AAPC No. 12340) and received her Ph.D. in Theology and Personality at Claremont School of Theology.
2 In this article, I use Korean American, Korean immigrant, Korean Christian American interchangeably to refer to the client Jisup Kim as well as other Korean American clients whose identities are multiple and fluid.
does he need counseling?” These were comments made by a European American colleague when I shared with her my decision to use this case for my presentation to the AAPC certification process. I understood her concern, and yet I chose this case for my certification. “Is he an alcoholic?” one of consultants asked. “No, he doesn’t have a DSM-IV-TR diagnosable substance abuse problem,” I answered. “Then, what is his presenting concern? It looks like he has some cultural issues. But can you help me understand?” another consultant asked. Consulting with my colleagues and with my certification consultation committee, I experienced deep care, compassion, and a desire to support and understand my soul-care for this client. I also felt the discrepancy between their standards of care and mine. My understanding of the care which this church member needs is somewhat different and unique because of the cultural and theological context in which this client needs to be understood.

Since The Clinebell Institute of Pastoral Counseling and Psychotherapy at Claremont School of Theology has developed a pioneering project to bridge academia and the community by sending pastoral counseling students into congregations, I have been constantly wrestling with my identity as pastoral counselor in the Korean American church context. It has been an ongoing internal battle to be a clinician whose clinical context is the Korean immigrant community and whose clinical training is done in a Western educational institute. After 5 years of training, I finally decided to choose for my certification process a clinical case with Korean American cultural and theological specificity. One of my supervisors encouraged me to choose this case and said, “This will be a great chance for your certification committee to learn from you about pastoral care and counseling in the Korean immigrant community. That is a great way to contribute to their learning and to AAPC.” Instead of giving me a sense of inadequacy about the case, he empowered me by emphasizing the unique value of my case—the case which can
illustrate pastoral care and counseling that must be situated in cultural and theological context.

A recent book, *Women Out of Order*, focuses on the cultural complexity of care and its value in taking risks (Stevenson-Moessner & Stevenson, 2010, p.ix). In the preface, a story is told about a domesticated bird that finally finds herself as a bird that can fly. This story deeply moves my heart. As a Korean American pastoral counselor whose practice is within a Korean American faith context while my academic and clinical training has been within a U.S. context, I often view myself as a bird who must decide either to live on earth or fly in the sky. Should I keep the Korean way at church while I live the U.S. way at school and at the counseling center? This bird story makes me laugh and cry at the same time because for a long time I thought about myself as a dog with wings. I can bark as a dog and I can fly as a bird. But, I cannot be a flying dog. For so long, I had to pretend to be only one species. But I am a dog with wings. This is a reality of multicultural living, constantly juggling two cultures as I care for the souls who live in two cultures at the same time.

This article is a reflection on the importance of cultural and theological knowledge that is required to provide culturally and theologically relevant pastoral counseling for a Korean American Protestant client. I will use the clinical vignette to deliberate on Korean Protestant cultural and theological understandings about the use of alcohol in this Christian context, psychological attachment to the local faith community, and the impact of this attachment on the client’s openness to pastoral counseling offered at the church by a pastoral counseling staff. I will address this client’s perception that drinking is a sin, as he learned from his church. In addition, he believes that the church community is an extended family system and he experiences ambivalent feelings of love and hate in his relationship with the church. Therefore, his experience of loss of the church acknowledges his struggle with the family system which is his
church. Finally, these ambivalent feelings about the church system and his awareness of the importance of the church as a supportive system led him to become open to pastoral counseling. I provided this client short-term pastoral counseling based on Cognitive Behavioral Therapy and Relational Cultural Therapy.

Clinical vignette: Jisup Kim

Jisup Kim is a pseudonym of my client. He is self-referred at his local church pastoral counseling center. He inquired about receiving pastoral counseling, but due to the counselor’s current client load, was placed on a wait list. He had to wait three months before a counselor was available. He attended ten sessions over a three-month period. He is a Korean male immigrant, age 49, 5 feet 8 inches tall, weighing 150 pounds. When he reports about areas in which he has confidence, such as business, his affect is euphoric. However, when he talks about church issues, his affect and speech become lethargic, passive and depressed. At the intake and throughout the ten sessions, he denied any suicidal or homicidal ideations, and did not have any history of psychiatric hospitalization.

His presenting problem is a sense of isolation at the church. He reports that he feels a lack of confidence in relating to other church members and participating in church leadership. He feels incompetent as a Christian leader because he occasionally drinks alcohol. He reports that he drinks one or two bottles of beer at social events, such as when he attends social gatherings at his previous church and at business parties.

In the past church, he was an active leader of a large Korean Presbyterian church in Los

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3 Generally speaking, most Korean Protestant churches are theologically conservative and evangelical. Regardless of denomination, Korean immigrant churches share similar theological tenets. Most Korean Americans attend Protestant churches, seeking support socially and spiritually. As often with the family, church members have high expectation about the Korean immigrant church, which can be a source of conflict in the church. Therefore, for the Korean Christian immigrant, isolation at church results in significant stress and a lack of support.
Angeles for over twenty years. Due to the Korean Protestant churches’ evangelical and conservative nature, his church did not permit church members’ use of alcohol and tobacco. However, due to the popularity of drinking in Korean culture, he enjoyed drinking with his church friends. Since his church relationship was his main social support system, he worshipped and drank together with close friends. At that time, he experienced guilt and shame but attempted to minimize his feelings in an effort to suppress a feeling of dualism between his life within and outside the church.

Drinking and smoking is a popular pastime in Korean culture. Alcohol is present at most social gatherings. Korean society emphasizes collectivism and communalism so that drinking alcohol together is viewed as natural socialization in many communities. However, because most Korean churches prohibit the use of alcohol, there are many Christians who drink alcohol and hide the fact in the church. If an individual attends a more conservative church, he or she could easily develop a sense of guilt and shame. Therefore, his practice of consuming alcohol and hiding it is actually quite common among Korean Christians. His cognitive distortion of perfectionism results in feelings of guilt and shame.

In the new church, he has lacked confidence in speaking, experiences difficulty concentrating on the worship service, and even has trouble laughing. His lack of confidence makes him feel isolated in church activities, leadership, and personal relationships. His shame and guilt cause him to feel more isolated, and his cognitive distortion of perfectionism (The elders should be perfect; I have to be perfect; I should not drink), polarized thinking (If I am not a perfect Christian then I am a sinner; if I make even one mistake, I should not do anything), and generalization (This church will be the same as my previous church so I should not drink) all result in feelings of incompetence, inadequacy, and sinfulness. These feelings have made
adjustment in the new church community quite difficult.

**Story about Jisup Kim: Cultural and theological dimensions of the care of soul for a Korean American Protestant male client**

In this section, I provide my discussion about my case analysis in order to argue some cultural and theological dimensions of the pastoral care and counseling for Kim. Particularly, I will highlight the client Kim’s experiences of church community as ambivalent family, the church’s ineffective dealing with the issue of alcohol, controversial interpretations of the biblical interpretation about drinking as sin or feast, address the cultural relevance for AAPC’s code of ethics in boundary, dual relationship, and confidentiality issues, and provide a culturally attuned treatment and intervention plan.

**Church community as ambivalent family**

Reading Kim from an analytical point of view, I find that the churches function as an extended family, providing him with positive support, at the same time, impacting negatively. As a result, his attachment to them is ambivalent, an ambivalence that plays a major role in his isolation at his new church community. More specifically, he wants to develop a new and close relationship with his new church community, but he does not know how to develop a healthy emotional distance from his previous church relationships in order to avoid them negatively affecting his new church relationship.

This situation is not unique to the personal experiences of Jisup Kim. The picture described can be expanded to include a broader Korean American population as well. Throughout the Korean immigration history, Korean Protestant church communities have been providing psychological, social, and spiritual meaning for most Korean American Christian immigrants (Kwon, Kim, & Warner, 2001). Kwon, Kim and Warner (2001) assert that over 70
percent of Korean immigrants attend church and that the church functions as their socio-cultural center. Most Korean immigrant churches are small and ethnically homogeneous. Most people speak Korean at the church. The churches tend to be theologically conservative, male-centered, hierarchal, and most members are first-generation immigrants who were born in Korea and come to the states after their young adulthood. Young Lee Hertig (2001) describes the role of the Protestant church as a home away from home and family beyond family. Immigrants attend church to meet their need for a sense of religious purpose (meaning), for social needs (belonging), and for psychological needs (comfort) (Hurh & Kim, 1990, pp. 19-34). Therefore, this church community support system can be considered a “cultural sanctuary” and a “Sabbath of Korean immigrants,” providing, among many other needs, those of mental health (Hurh & Kim, 1990).

Won Moo Hurh (1998) also recognizes that Korean immigrant churches serve a positive function in terms of promoting ethnic cohesion. Seongeun Kim, et al. (2001) report that the immigrant church functions as a parenting partner for working class parents by providing adult supervision and care for immigrant children. Thus, Korean Protestant church communities provide an environment for helping Korean immigrant families adjust to life in a new culture by providing a form of extended family support. There is no doubt that the church functions as a family for most Protestant Korean American people.

Another factor in Jisup Kim’s isolation, although it may seem somewhat removed, is also applicable to a broader Korean Christian community, and that is his limited source for intimate relationships. While not clearly stated in the vignette, he attends the church with his wife only. He did not explicitly indicate why he does not attend the church with his college-age sons who live close by. Even though there is no clear reason, the family does not belong to the same faith community and this fact increases the importance to him of the church community as family.
In relation to the lack of a shared religious and spiritual home with their children, here are other relevant factors that could have negative effects on Korean immigrant families. First, Korean immigrant children are put off by their parents’ reinforcement of Christian faith and their inflexibility in reserving Sunday as a day to go to church (Hertig, 2001). From the viewpoint of the immigrant children, their own faith development is important, yet they question their Christian community’s religious commitment (Hertig, 2001). Second, Korean immigrant churches may also function as a cultural trap. Because most first generation Korean immigrants expect the Korean immigrant church to be the main place for their connections in socio-cultural, psychological, and spiritual realms, once they lose their connection with the church, they have difficulty substituting another support system to meet their needs for connection in different areas at the same time. Third, some studies indicate this need for connection and the pressure from their Korean American church has an even greater influence on women. Ae Ra Kim (1996) points out that Korean immigrant churches sustain traditional cultural models through male dominance, requiring women’s silence and submission to men in public life. Jung Ha Kim (1997) works in Korean ethnic churches, describing them as patriarchal, allowing only male leadership while tending to use women for service rather than leadership. It would be an exaggeration to say these three factors are directly related to Jisup Kim’s sense of isolation. However, these insights could be helpful in performing a cultural and theological analysis of relationships within Korean American churches.

For Jisup Kim, the ambivalent role of the Korean American church like a family, the critical role of the church for both a sense of belonging and a sense of critical loss (once that happens) are applicable too. In addition, most Korean American Christian parents’ pressure for their children’s faith development could also relate with their relationship with churches. In my
clinical case, Jisup Kim’s isolation at the church does not seem to be understood as the loss of the most important support system in the presence of people who do not see the church as a major support system.

However, for Kim, the loss of his twenty-year long church community was actually a major loss of his interpersonal support system, similar to the loss of parents and family. Without understanding the cultural significance of Korean American Protestant church communities for Korean American Christians, it is very likely that pastoral care and counseling may fail to assess accurately Kim’s needs and desires. For example, culturally attuned care could influence building therapeutic rapport. At the first meeting, Kim reported that he did not have any serious issues. Yet, he had waited three months for a pastoral counselor. This signifies his deep desire for seeking pastoral counseling even though he did not verbally express the need for help. Usually, in Korean culture, people do not wait for three months if they do not feel the need for something. So, the counselor understood the dynamics of the Korean middle-aged male’s request for pastoral counseling as an important sign of his desire for help. Also, in my years of experience at the church, I know that few middle-aged Korean males seek pastoral counseling. Thus, I perceived his seeking out and waiting for counseling as suggestive of his need to seek help within the church community, which further implies a desire for pastoral counseling and not secular counseling. Therefore, this deep understanding and application of Korean culture for Kim is helpful to build therapeutic rapport and trust.

Kim’s sense of isolation and his seeking pastoral counseling service within the Korean American church setting can be described as what Sang Hyun Lee (2001) identifies in an Asian American theological context as being one of marginality and forced liminality. The immigrant exists in a context of forced liminality, which means living between two cultures and enduring
non-acceptance by the dominant culture. Within Kim’s, liminality, he seeks familial connection at the church community and now he looks for a deeper care which is pastoral counseling including familial, social, and even mental health care at the same faith community.

His decision should not be seen as pathological or cynical. Lee (2001) connects immigrants' homelessness with God’s homelessness. As the son of God who became part of the human family, Jesus Christ also was homeless and experienced forced liminality during his ministry and life. In Kim’s case, the request for pastoral counseling within God’s house can be viewed as a sign of this Korean American Christian man's sense of liminality. Tong-He Koh (2001) also points out the role of religion in mental health for Korean Americans. He contends that religion and the clergy can help the client’s healing process. Kim faces liminality in his connection and care, and he seeks deeper connection and care at God’s house.

In this way, the Korean American church becomes a holistic sanctuary for Kim while at the same time this sanctuary could block his opportunity to seek diverse resources outside of the church family. Therefore, to understand the importance of the client's connection with his church community, its possible positive and negative impact, it is essential that the counselor’s assessment and conceptualization of the case be accurate. Again, without understanding this client’s deep social, psychological, and spiritual connection with the church community as an extended family system, the care of his soul would have not been possible.

**The church’s ineffective ministry in dealing with the issue of alcohol**

Kim reports that he feels guilt, like that of a sinner, in his mind. He reports that he drank one or two bottles of beer when he attended social gatherings at his previous church and at business parties. As a businessman, he sometimes encounters involvement with alcohol during business meetings and social gatherings. He reports that, as a Christian, he believes that drinking
Historically, Korea was evangelized in the 19th century by American Presbyterian and Methodist missionaries. These foreign missions were developed along with a historical atmosphere of white supremacy and an expansion of American culture as a part of imperialism (Association of the History of Korean Christianity, 1989, p.175). The virtue of temperance was one feature of the American religious culture that developed. From the beginning of Korean mission history, except in a small number of progressive denominations, temperance has persisted as a virtue in Korean churches regardless of denomination. Therefore, drinking is considered a sinful behavior for most Korean Christians.

Ironically, indigenous Korean culture includes drinking as a strong aspect of social activity. A Christian who is taught that drinking is a sin experiences cognitive dissonance between so-called religious life and social life, in the religious self and social self, as was the case for Kim. Without understanding the nature of drinking from social, theological, and cultural perspectives, Korean Christians who drink can develop a serious sense of guilt and judge their drinking as individual pathology. Like Kim, many first-generation Korean immigrants’ way of life still reflects Korean culture as it was when they immigrated. Thus, Kim was strongly influenced by traditional Korean culture to see drinking as an important social activity for business and friendship, even in church, yet he was also influenced by the religious idea that drinking was a sin.\(^4\)

\(^4\) According to Seung Ock Jang and Sang Heun Shin’s research, Korean office workers are heavily influenced by the use of alcohol. They researched how office workers are influenced by the use of alcohol in their efficiency of work. Heejong Lee and Jegal Chung report that, using CAGE as a clinical screening measure (Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers) which are four behavioral categories to discern the level of alcohol dependence, 31.4% of the participants in their study were over-drinkers, 19.5% abused alcohol, and 90% of the participants suffer from alcohol related disease (Jang & Shin, 2008, 470). In 2006, the highest amount of alcohol use is among males (85.9% vs. female: 61.2%), office workers (86.8%) and professionals (84.6%) (Jang& Shin, 2008, 471). From this research we can see that there is a strong drinking culture in Korean society that impacts most office
My client’s guilt and shame, his cognitive dissonance, is not uncommon among Asians who live in this liminal reality. For instance, even though there is little research on Korean American’s use of alcohol, one interesting report comes from the Northwest Asian Weekly, which featured an article titled, “Does Alcohol Affect Your Life?” This article asserts that among Asian Americans, there are great differences between drinkers and abstainers. Japanese and Cambodian Americans are more likely to be drinkers and Korean Americans and Filipino Americans are more likely to be abstainers. According to Ford Kuramoto (2002, p. 5), executive director of the National Asian Pacific American Families against Substance Abuse Inc. in Los Angeles, “Asian and Pacific Islanders often have different standards of alcohol abuse. Their views often differ from traditional Western views of alcohol abuse in that they may not consider heavy drinking in their home as alcohol abuse.” His comments call attention to the importance of cultural differences among Asian Americans, and he adds an important comment: "Due to religious and cultural reasons, Asian and Pacific Islanders feel a stigma more intensely than other cultures” (Kuramoto, 2002, p.5). Because of this shame and disgrace from their cultural and religious values, they try not to draw attention to themselves by seeking professional help.

Keeping in mind the importance of the cultural context to provide the culturally attuned pastoral care and counseling, Jisup Kim, a first-generation Korean immigrant who runs a successful business and deals with Korean companies and Korean connections for his work, is often asked to attend parties and other gatherings where alcoholic beverages are served. These are important social, cultural, and business meetings for him. However, for him, these are also guilt-causing events. When Kim was a part of his previous church community, he had little workers, professionals, and businessman and women in their work and at social gatherings. Therefore, living in a drinking culture on one hand, and living in a temperance-based culture on another hand, is likely to be stressful for most Korean Christians.
concern about other people’s judgment regarding drinking. Therefore, drinking did not create a conflict within him. His previous church community was an affirmative and positive family system even though the religious culture of temperance was still present.

Now, however, he needs to build a new relationship in a new church family system. In this new context, guilt about drinking stings him from deep within his psyche. This is accompanied by his anger at the church leaders who split the “family” (like children’s anger against their divorced parents) and eventually made him feel isolated to the degree that he needed to find a new support system.

The quantity and frequency of his use of alcohol does not meet the category of substance abuse. However, he feels himself to be a sinner due to his use of alcohol and his feeling of isolation as a result of his cultural, social, and theological perspectives. His feeling of guilt, isolation within the church, and his attempt to minimize his problem as “not an important issue” has to be understood from cultural, theological, and social perspectives in order to assess his situation accurately and develop an effective treatment plan. Therefore, understanding the loss of his previous church as the “loss of his extended family,” the guilt of his drinking could also be understood within the framework of the loss of his major support family system. Now, exposed to another family system with which he has a deep need for connection, he fears exposure of his "sinful" self, and thus seeks professional help within the family system of the church. Basically, he reports his counseling goal as overcoming his isolation at the church and this goal leads to unfolding the cultural complexity of Korean drinking culture at the church and society, and reveals one individual’s ambivalence and sense of isolation in this situation.

Kim’s perception of himself as a sinner is also related to his spiritual formation and social environment. Ironically, temperance is a cultural norm in Korean churches in Korea and in the
United States but in Kim’s previous church the use of alcohol was not encouraged; however, it was not considered a sin. Therefore, Kim’s need for belonging and the complex aspects of drinking culture in Korean cultures (church and society) need to be addressed properly for Kim to develop a healthier understanding about drinking, intimacy, and how to embrace himself without feeling guilt and shame.

**Diverse interpretations of the Bible regarding the use of alcohol**

In order to provide Kim with a healthy understanding about drinking, it will be necessary to provide some guidelines from the Bible. However, biblical interpretations about drinking seem debatable: drinking can be either a sin or a feast. Kim’s struggle can be understood in this theological controversy. For example, Richard Land and Barrett Duke (2008) advocate against the use of alcohol for Southern Baptists, seeing the use of alcohol as unfaithful behavior for Christians. They cite Bible verses such as Proverbs 20:1 and 31:6-7 and emphasize the negative impact of the use of alcohol. It is common to use these Bible verses for preaching and education in Korean churches and to reinforce the correlation between drinking and sinfulness. However, Gary Steven Shogren (2000) analyzes drinking and eating as central elements to the Kingdom of God based on his biblical interpretation of Romans 14:17. He associates the positive implications of drinking as important elements of the feast in the kingdom of God. As these theological discourses show, the issue of drinking in Christian faith can lie somewhere between the cause of sin and the symbol of feast. However, the view of drinking as a feast is hardly present in Korean churches, except for a small number of progressive Protestant denominations.

Kim’s life alternates between the enjoyment of alcohol in his social and intimate relationships and guilt for indulging in alcohol in his religious and spiritual life. Therefore, his way of asking for help and healing are closely related to his formation of self in the complexity...
of race, culture, faith, and the social support systems surrounding him. Kim is struggling with forced liminality, and further faces a very complex liminality because he is caught between two religious cultures and two social cultures. His sense of shame and guilt would have been present even though he had not directly addressed it at the sessions. The reason why he felt a great amount of pressure, guilt, and shame is because of his lack of confidence, and perceived loss of face as well as integrity. Therefore, moving to a different faith community evokes this shame and guilt about his drinking. His relationship to his previous church is important in many ways and, at the same time, in order to preserve his sense of safety, his relationship with his previous church had to be maintained. Therefore, his loss of this previous church was so difficult to move and his has difficult adjustment at his new church leadership.

**Meaning of counseling for Jisup Kim in relation to the AAPC Code of Ethics and challenge for cultural relevance**

**Boundary Issues in Korean American Church Contexts**

In the Confucian culture, family honor is important. Disclosing family secrets brings family disgrace. Family is a caring and loving system as well as a closed system in terms of the protection of family honor. A dramatic example can be found in the experience of comfort women who tried to return to their families after WWII: there are sad stories concerning some families who sought honor-killing for these abandoned, wounded Korean women. Sharing one’s problems or traumas, much less seeking help for them, is discouraged in this tradition. One church member said, “I cannot go to the secular counseling center. I want church people to help me. I don’t want other people to know about me.” Another person said, “After your workshop, I finally made up my mind to start counseling.” Working as pastoral counseling staff-person at a Korean American church, I have heard these kinds of comments quite often. Kim also started his
pastoral counseling because it is church counseling. He did not want to expose his issue to the outsider. It is more obvious that seeking professional help with younger woman could be a challenge to a Korean middle-aged man. He overcame this cultural challenge to seek pastoral counseling at the church where he feels home. Therefore, the issue of boundary between the client and church pastoral counseling staff could be challenging in certain cultures because of boundary ambivalence. However, Kim saw it as an advantage for his participation for pastoral counseling because in this way he can save face, both individually and for his family. However, paradoxically, receiving pastoral counseling at the church could also increase the possibility of losing face before another church family. Therefore, the boundary issue needs to be understood carefully to help and support the healing process of the client. It should not be a fixed law or policy regardless of the individual diversity and cultural complexity.

**Dual Relationship in Korean American Church Contexts**

Clinical boundaries between Kim and the church pastoral counseling staff could easily lead into a dual relationship. Kim appreciates the intimate dialogue with the pastoral counseling staff at the church, but this situation could create a challenge for a pastoral counselor, trained according to American pastoral counseling guidelines, who has a rigorous code of ethics for the client and counselor’s dual relationship. My role at the church presents difficulties in preventing dual relationships. For example, I see clients at the church, but not all of my clients are members of the church. Legally, I am working at the church, but I am seeing these clients as a clinical staff member at my pastoral counseling institute. Therefore, even though I see clients at the church, the standard of care is set by the AAPC Code of Ethics. Also, my being on staff at the church means that I have multiple roles. For example, in addition to counseling people, I also teach classes and sometimes preach. When congregants come to counseling, they know me already.
from my other work at the church. From a Western sense of professional boundaries in counseling, this multidimensional role is tricky, risky, and even possibly dangerous. In the Korean context, it is necessary to build trust with church members through other professional activities so that they will feel safe enough to ask for counseling. Practicing pastoral counseling as a member of a Korean church staff could be interpreted by others as bordering on violating ethical codes regarding boundaries.

However, it is in this way that I encounter the healing journeys of people who never thought of mental health care as an option for them. In this risky, tricky, and seemingly dangerous way, I invite people to try out a new way of healing their deep wounds. In this context, I, who understand their complicated feelings regarding boundaries in mental health care, can show empathy for their tendency to ask for quick solutions, be patient as therapeutic rapport builds gradually, educate the congregation on the nature of mental health, and listen to their ways of surviving bi-cultural/multicultural living as an immigrant.

Confidentiality issues in Korean American church contexts

That I am an immigrant myself as well as a church counselor has meant a lot to people who had closed their minds to the possibility of sharing family secrets outside of the family. An immigrant church counselor should offer a non-anxious presence, a resource, and be an insider/outsider for immigrant church members who are seeking non-threatening, non-attention-drawing care from professionals inside the Korean community. For example, this is how I deal with the Western boundary and with serving the needs of clients who are congregation members.

For most Korean immigrant Christians, the church is an extended family as well as a major social networking sphere. Since they view the church as their cultural and religious sanctuary, they want to seek “sacred care and Christian help” for their mental health, instead of
secular counseling. As noted above, this view of boundaries and other aspects of professional practice could be considered controversial. However, this is one way to engage cultural differences as a critical way of conceptualizing cases and treatment plans. Based upon this discussion, my client's behaviors are more understandable: it explains why he finally asked the church counselor for help, said that he did not have any serious issues, and eventually opened up regarding his issues with a gained trust. Kim also came as an individual client, then wanted to join my church class. Also, he now wants to share with other church members that he is in counseling with me. Sometimes, other church members ask and smile, “I know who is in counseling. You do not have to hide the fact that he is in counseling. He told me that already. Did he come last week?” This seemingly dangerous comment that could break the confidentiality happens, not very often but not very rarely. Dealing with Kim’s confidentiality is a challenge, but it is also a necessary practice that I have learned about the value of culture for counseling.

I also learned the value of cultural competence and its importance in counseling from Asian American psychologists Derald Wing Sue and David Sue. Sue and Sue (2003) highlight the importance of culture for the mental health care of Asian Americans. The population of Asian Americans increased five-fold between 1973 and 2001, to approximately 10,242,988 and the majority of Asian Americans are foreign-born (three fourths of Asian Indians, Koreans, and Southeast Asians are foreign-born) (Sue & Sue, 2003, p.327). They offer guidelines for how to interact with Asian Americans in clinical settings. As important Asian cultural values and issues, they list collectivistic orientation, hierarchical relationships, parenting styles, emotionality, a holistic view of mind and body, academic and occupational goals, and being the target of racism and prejudice (Sue & Sue, 2003, p.327). General social problems of refugees and immigrants are
shame, psychotherapy being a foreign concept to many Asian Americans, expectations of
counseling, counseling intervention, and family therapy (Sue & Sue, 2003, p. 327).

In my sessions with Kim, I paid attention to his story in light of his being a Korean
Christian immigrant. I noted that he used my title of teacher, a common Korean expression for
the respected figure, which implied his conception of the therapy as something foreign as well as
having a hierarchical relationship. Therefore, I did not completely follow Sue and Sue’s
guidelines, but many of them were used in the course of my pastoral care. These values and
guidelines play an important role in building therapeutic rapport and finally terminating the
session. Therefore, dealing with boundary issues, dual relationships, and confidentiality issues
are all guided and recommended by the AAPC Code of Ethics. But, everyday, meeting with
different clients from different cultures with differing theologies requires us to think about a
creative and culturally attuned code of ethics. These cultural differences impact my
understanding of boundaries and require me to move from being rigid to more flexible, to
develop a treatment plan that is culturally effective. These culturally competent guidelines will
help clients find important values for understanding their healing and suffering in relation to
seeking mental health care in the United States.

**Treatment and Intervention**

The theoretical orientation of my work with Kim combines Relational Cultural Theory (RCT,
formerly Self-in-Relation Theory) and Cognitive Behavioral Therapy (CBT). RCT focuses on the
importance of interpersonal relationships, exploring how individual, familial, and socio-cultural
relations influence the client in general (Walker & Rosen, 2004). As Jisup Kim is a Korean
American immigrant, it is significant to use the RCT perspective to understand the roles played
by the client's socio-cultural sense of self, his meaning of church community, and his struggle with drinking as a Korean Christian immigrant. The therapeutic relationship also builds the client's capacity for RCT's core values and main therapeutic goals—capacity for mutuality, authenticity, and vulnerability—in order to enhance empathic growth and healing in connection with others. In addition to RCT, I also employed CBT, using David Burn’s theoretical framework to explore the client's cognitive distortions related to his presenting problem of adjustment difficulties at the church.

**Treatment Goals**

My overall goal was to increase client's social interaction at the church and increase his self confidence as a Korean American Christian. Toward this end, I had the following treatment goals:

1. In the therapeutic relationship the therapist will model RCT's core values of mutuality, authenticity, and vulnerability in order to engage the client and thereby enhance his capacity for these characteristics and his openness to healing in connection with others.

2. RCT emphasizes that Kim will benefit from raising his awareness of his socio-cultural location. Kim will be more conscious of and understand better how he, as a Korean immigrant, has suffered from unhealthy church dynamics, the difficult adjustment process in a new faith community, and has encountered a confusing diversity of theological voices within his own faith community. Also, he will increase his authentic sense of self, which will help his interactions at the church as well as his own self-acceptance. RCT’s emphasis on empowerment of the client will aid him in his experiences of discrimination and insufficient English competence.

3. Using a CBT framework, Kim will learn to reframe his cognitive distortions of perfectionism, polarized thinking, and generalizations, resulting in more open and flexible
cognitive thinking patterns. Such increased openness and flexibility will contribute to healthier relationships and interactions, more normal affect, and more graceful acceptance of self and others as Christian. For example, Kim will address his cognitive distortion about being either a good or bad Christian. This is one example of Kim’s polarized thinking and the framework will help him to understand his theological struggles of shame and guilt.

**Treatment Strategy**

1. Provide a supportive and safe general therapeutic milieu through therapist’s relational responsiveness and mutual empathy.

2. Increase client’s awareness of differences in persons as lived realities and gifts of God’s creation. It will help him to understand his cognitive distortion of polarized thinking and will decrease it. This change will help Kim to feel less pressured and anxious about his drinking behavior.

   (1) Use David Kiesery’s (1998) Temperament Sorter to give him insight into the existence of different personality types and the strengths and weaknesses of his own type.

   (2) Review Kiersey Temperament Sorter result and analysis of his personality indicator. Using this, help him to understand the differences of personality types and help him to understand that personality differences are present in all God’s creation. This change will help him to accept his personality as God’s creation so that he can feel less anxious and judgmental.

3. Decrease his cognitive distortions: “Polarized Thinking,” “Over-generalization,” and “Should Statements.” Kim will decrease his sense of guilt related to his drinking and will see more positive Christian values and practices in his life. Increase more positive thoughts and
emotions.

(1) Use Cognitive reframing of his view of himself from negative to neutral or positive.

(2) Use David Burn’s list of Cognitive Distortions and Daily Mood Log.

4. Increase the ability to view a diversity of theological stances.

(1) Theological issues about drinking will be dealt with by comparing theological stances. Use RCT’s concept of therapist vulnerability to help client feel mutual empathy. Therapist will share her own struggle as a Christian leader and as a seminary student in Korea with Korea’s drinking culture. Therapist will provide a history of Korean Christianity and prohibition of alcohol as deriving from both nationalism and Christian missionary fundamentalism.

(2) Create a safe space to talk about his drinking history and its related Korean Christian history. Help him understand his drinking and his collective identity as a Korean Christian immigrant will help lessen his guilt and shame. Explain that the origin of the Korean church’s fundamental theology regarding drinking is related to certain Christian traditions and theological discourses. Help him understand the broad nature of theology and Christian tradition, which will expand his view on Christianity and where drinking fits into his own theology or faith stance.

5. Increase Kim's support system: increase self-care and build up support system. Kim will be asked to develop a self-care plan as homework. Client will be educated about the importance of growth-full relationships.

Client’s progress. Through the treatment, Kim grew in his ability to see how his social, cultural, and theological self with his cognitive distortions affected his difficult adjustment in
creating new connections. He developed a broader understanding of his formation of self and relationship in his given social, cultural, and theological contexts. RCT and CBT helped address his identity, relational issues, and cognitive distortions and increase his healing through connection with others.

At termination, client stated that he wanted to continue to practice a daily mood log to embody more appropriate cognitive patterns. The client terminated the counseling to join the lay leaders’ training program, which client had hesitated doing for a year. It was great progress for client to be involved in relationships and ministry in this way. He left counseling with a sense of self-confidence, more open-mindedness for relationship with himself, less judgemental, and with more caring attitudes toward himself, others, and God. He started a new cognitive, affective, behavioral, and theological/spiritual journey in this new church. He was excited to see opportunities to use his potential and resources in ministry in this church, which at one time he wanted to leave.

Summary

I have shared a clinical case and my theological and cultural exploration of how to better understand and care for the soul of Kim in the Korean American Protestant church as a multicultural pastoral counselor. This case has representative values that could possibly help in the healing of thousands of other Korean Christian immigrants who exhibit similar cognitive distortions, experience the same life stressors as immigrants, and who, like my client Kim, are seeking social/emotional/spiritual connection in the Korean American immigrant church community. Therefore, it is essential that the therapist understand the cultural dynamics of the immigrant church context. Without thoughtful cultural and theological analysis, a therapist may overlook the deep layers of Kim's social, cultural, and theological location of drinking and its
effects on his relationships with self, others, and God. Therefore, for an accurate cultural, theological, and social understanding of this client, I explored several issues: 1) church as an ambivalent family; 2) church’s ineffective dealing with Kim’s use of alcohol; 3) need for culturally attuned code of ethics for AAPC multicultural pastoral counselors regarding boundary, dual relationship, and confidentiality issues; and 4) culturally attuned treatment plan. This exploration has addressed ways in which a client's difficulties can be a combination of individual and social influences. If a therapist focuses on a client only from the point of view of individual pathology, then the client's concern may not be accurately assessed and the care may be ineffective. Care-full, culturally attuned pastoral counseling requires constant dialogue with between the counselor herself and the client who is located in a certain culture, society, and theology.

References


Wiley & Sons.


Keep in mind the importance of bracketing and the need to incorporate various resources into your theological reflection. A final (oral) exam that will focus on case studies having to do with the application of pastoral theology to the issues discussed in the modules of the course. MODULES: It is important, preparatory to our work of counseling and care, to identify our own addictions and how we are dealing with them. Also, it is necessary to clarify our theology of addiction? Is addiction a sin? Christian theology, down through the centuries, has tended to view the so-called 'shadow forces' of human existence in a rather negative light. The human emotion of anger, for example, has been cast as one of the deadly sins, something that we must work to subdue.