Abstract
Despite increased reporting of child maltreatment by recently immigrated Korean families, little is known about the clinical change process these families undergo, especially in culturally/linguistically responsive programs. This article presents and evaluates the change process for Korean immigrant families involved in Child Protective Services, from a cross-cultural perspective. The research design for the case study is naturalistic, uses qualitative methods of data analysis, and draws from the social constructionist paradigm (a postmodernist metatheory of social and behavioral research). The results demonstrate significant changes: multiple family-relationship meanings were generated, dialogical speech developed, and parent client-coercive (child client-aversive) behavior decreased in the context of dialogical conversation. Implications for social work practice and research are discussed.

Introduction
According to the Statistical Abstract of the United States (U.S. Bureau of the Census, 1994) and Child Maltreatment (Administration for Children and Families, 2000), substantiated reports of child maltreatment by Asians and Pacific Islanders have increased continuously from 1990 (6,408) through 1992 (8,007) to 2000 (12,455). Since the 1980s, newly arrived Korean immigrant families have begun to perceive child maltreatment, especially physical child abuse, as very serious, and have begun to participate in child protective services (CPS) (Song, 1986; Ahn, 1990; Lee, 1991). However, issues of understanding and reporting child abuse cause these statistics to reflect the problem inaccurately. For example, there might be considerable unreported abuse if family problems are not investigated because children’s symptoms of withdrawal are assumed to be culturally-linguistically based. This article uses the example of Korean clients to illustrate and discuss how important it is for child abuse professionals to be aware of their clients’ understanding of (1) developmentally facilitative and destructive family relationship patterns, and (2) a healing relationship and healing process with a professional caregiver.

Korean immigrant clients frequently encounter cultural and linguistic dissonance (Chau, 1989, 1991) in CPS treatment processes. Two primary complications that often impede self-agency and empowerment with Korean immigrant clients are conflicting interpretation and disjunction. Conflicting interpretation occurs when narratives by child welfare and mental health professionals that encapsulate Korean clients’ experiences of a physical child abuse problem in the United States are described in ways that do not sufficiently represent the lived experiences of actual events (including physical child abuse). Under circumstances of conflicting interpretation, the significant and vital aspects of Korean immigrant clients’ lived experiences of child abuse contradict the dominant voices of the CPS providers; this is disjunction. This means that the dominant voices in the mainstream culture overshadow the marginalized Korean clients’ voices and confine the communicative dialogical space necessary for client empowerment.

A tragedy that Korean immigrant families often experience in dealing with CPS occurs as follows: A Korean immigrant family believes that by going to the police station, they will get help (this would have happened in Korea), but here they are arrested, because they did
not understand that in the United States physical punishment of children as they did it is illegal. Also, no one who spoke Korean was available in the police station or during the initial contacts with the Department of Children and Family Services, so the family suffered further misunderstanding and degradation.

**Research Questions**

This study was designed to implement and evaluate a process in which a CPS professional sought to resolve a child abuse problem and generate new meanings in the parent-child relationship in a Korean immigrant family through therapeutic conversation. A major research question was: How does CPS use the therapeutic dialogical conversation to resolve a child abuse problem and generate new meanings of the parent-child relationship? The study proceeded by seeking to answer the following subquestions:

1. How does the semantic frame of physical child abuse held by a Korean client of CPS change during therapy?
2. How does the client’s description of the abuse change during therapy?
3. How does any change in meaning relate to actions in the therapy room and interactions among the family members during therapy?
4. What does a therapist contribute to the change in the client’s narratives (including those involving child abuse) during therapy?

Tentative hypotheses corresponding to these questions were formed and are addressed in the section on the results of hypothesis testing.

**Methodology**

The data were primarily evaluated using qualitative methods, along with descriptive statistics. Selected transcripts of three therapy sessions (1, 6, and 12) were coded and analyzed thematically to discover if the clients experienced any significant changes in (1) the meaning of the child abuse, (2) the descriptive process of the abuse, (3) the parents’ coercive behavior, and (4) the nature of the helping process.

**Research Design**

An exploratory and descriptive single-case holistic design was selected, mainly because this single client family represents the critical case for testing a significant and well-formulated theory (Yin, 1994). Another rationale recognizes that a single case can be revelatory (Yin, 1994). The investigator had an opportunity to observe and analyze two Korean-immigrant families, both of which had physical child abuse problems and faced cultural-linguistic dissonance in CPS therapy processes. By collaborating with these clients, the author was able to learn about their cultural construct systems, perceptual processing, and generation of new meaning pertaining to physical child abuse. This observation, and the insights gained into the problems of physical child abuse, form a significant case study, because few social scientists have previously had the opportunity to investigate such matters, even though instances of child abuse are common across the country. The case study was therefore worth conducting because the descriptive information alone would be revelatory.

A holistic design was chosen because only one unit of analysis was available for the study. The holistic design is advantageous when there are no logical subunits of the research problem or when the nature of the relevant theory underlying the case study is itself holistic (Yin, 1994; Bromely, 1986).

**Sampling Plan**

The study used a purposive, conceptually driven sampling method (Miles & Huberman, 1994). Two families were invited to participate in therapeutic dialogical conversation about physical child abuse problems. The two cases were referred by relevant social service agencies
in three Illinois counties (Cook County, DuPage County, and Lake County). These three areas were chosen because, according to the 1990 census, they had the largest Korean immigrant populations. Of the two cases, one was a major study subject; the other one was used as backup, in the event of unexpected or premature termination before all 12 study sessions had been completed. The investigator obtained permission from the social service agencies to support the study in order to gain access to the case files of Korean families that were involved with physical child abuse and to collect initial data regarding the cases.

The two study subjects were selected according to the following predetermined criteria: (1) self-identified as Korean families with immigrant first-generation parents who lived until adulthood in Korea, and immigrated from Korea either when their children were very young or had children born in the United States; (2) reported as a child abuse case; (3) currently living in Cook County, DuPage County, or Lake County; and (4) referred for and interested in this study.

Data Gathering and Procedure

No aspect of the client’s course of treatment was modified for this study. An audiotape recorder was used, as was customary with all clients participating in the therapist’s educational process through a doctoral internship program. Triangulation was used to help control for the bias inherent in any single research method, and was achieved by a data analysis heuristic made up of multiple coding schemes and categories. In this study, the investigator also used information from a school teacher; the core client permitted the release of confidential information to allow the investigator to have access to the information about the child in school. This check on the child’s safety from abuse was done regularly as part of the treatment process, not for research purposes. The primary data collection procedure used was Guba’s and Lincoln’s (1989) hermeneutic dialectic process, implemented mainly through open-ended interviews.

Development of Coding Categories

Before the data were collected, some tentative coding categories were developed to reflect the thrust of the research questions. After the audiotapes were transcribed completely, they were carefully read and reread to allow the development of more specific coding categories. A coding manual was then established and each transcription was analyzed according to this manual.

Data Analysis Method

Data analysis techniques consisted of examination, categorization, tabulation, and recombination of the evidence to address the initial broad research questions. One general strategy was to rely on theoretical propositions or hypotheses to help organize the entire case study and to define alternative explanations to be examined. Hypotheses were generated by analysis of data obtained from open-ended interviews, archival records, and documentation.

Thematic analysis also was applied to the data from the transcripts. The themes that emerged, which reflected the subjects’ experience with self and family, were related to the coding categories. In addition, to compensate for the possibility of cultural bias in the coding process, another set of coding categories related to the Korean han transformation process was developed to assure culturally relevant construct validity. Han is an indigenous Korean construct, with a rich psychological, social, and cultural background, that refers to mental states and processes associated with mourning (Lee, 1991).

Reliability of English Translation

Because the therapy sessions were conducted in Korean and were then translated into English, the study had to deal with the issue of translation reliability. A research associate, Dr. Koh, a bilingual clinical psychologist with a doctoral degree, reviewed the English translations done by
the researcher. Ten percent, from the total of 30% of coded chunks in English translation, were reviewed by the research associate independently, along with the Korean version of the transcripts. The author and the research associate then discussed and negotiated the translation of the tapes with each other. To transform the Korean tapes into readable words, the author transcribed the tapes immediately after the interviews. A 0.80 level of reliability of translation was thus assured by Dr. Koh.

The Major Findings

The major findings of the study relate to three components: (1) the central findings associated with coding and thematic analysis, (2) the cultural significance of the Korean han transformation process, and (3) the results of hypothesis testing.

The Central Qualitative Findings

Both qualitative coding and thematic analysis methods confirmed that clients constructed multiple meanings from the abuse and that therapeutic dialogical conversation with this Korean immigrant family experiencing child abuse was useful. Coding analysis included dialogic speech development, perspective-taking development, narrative process sequences, and therapist intersubjectivity.

1. Dialogical Speech Development

Five dialogical speech development levels are presented, along with a continuum of coding systems. The coding categories were developed through an integration of Seikkula’s (1993, 1995) model for language development, including social speech, egocentric speech, and inner speech, with Anderson’s (1997) clinical theory of dialogical conversation, including monologue and dialogue. The coded categories indicate dimensions of dialogical speech development and entail five interrelated, simultaneous, overlapping, chronological/sequential components: (1) monologic speech; (2) social speech; (3) private speech; (4) internal dialogue; and (5) external dialogue. The results of analysis of the dialogical speech development process are presented in Table 1. The scores for the mother’s dialogic speech development are noted with the percentage (%) of each speech development category.

Monologic Speech: Over sessions 1, 6, and 12, the monologic speech appeared to be associated with three major recurring aspects of lived life experience, including tragic childhood experience, marital conflict, and child discipline associated with beating. It occurred mostly during the first session. By the sixth session, monologic speech had decreased tremendously in amount and intensity of emotional insistence. By session 12, it had completely disappeared as the other speech levels, including social speech and dialogue, developed. The following is a sample of monologic speech during session 1:

I am not capable of doing the things that my husband wants me to do . . . . No one can help me . . . . I don’t know how to control my child . . . . When the children do not follow directions, Korean people beat them . . . making them scared of physical punishment. For example, “if you don’t do this by the count of three, I will beat you.” . . . Then if Christina* [the second child] didn’t do what I told her, I must hit her as I had said that I was going to hit her . . . .

Social Speech: Social speech was the first and the most usual language occurrence, as the client coordinated her behavior on the basis of another person’s instruction, such as the therapist. A sample narrative of social speech during session 1 occurred when Mrs. Kim was asked about what happened concerning the child abuse (T indicates therapist and C the client):
C: What is the situation that made me hit or ought to hit?
T: Yes, what happened during that time? Because of the incident with your child, I came to know you, is that right?
C: Yes, that’s right.
T: What happened? And also what kind of conversation did you have with the worker at the child abuse agency in America during the time of the investigation?
C: Uhhh . . . [shows tension].

Addressing the issue of educational disadvantage with helping her children in the new multicultural context, Mrs. Kim stated:

They don’t teach much at school in the United States. I’ve learned that parents have to teach a lot at home. But because I couldn’t do that, Christina couldn’t catch up with others. Moreover, we are not a typical American family, so we are not able to offer any information about America, although we want to do things for her . . . . I just kept pushing the oldest daughter and she kept pushing her little sister. It was the little one who stressed out.

Private Speech: Private speech is uttered when the client is able to take the task out of context and seek a solution in her thinking (Seikkula, 1993, 1995). During session 1, Mrs. Kim provided the following sample of private speech:

Susan [the first daughter] told everything to the investigator [from child protective services], because she knew why I had to do that . . . . And when the investigator saw the family environment, it was decided that it was not likely that we abused a child, I think . . . . She called me and said, “I went to your house. After I saw that . . . uh . . . , don’t worry about the report” . . . . So I told her that I am not a bad person [smiling] to the extent of abusing a child [smiling]. Well . . . uhm . . . I told her, “I am not a person with a heart like that. I am a hard-working person.”

During session 12, when asked how she would explain her younger daughter’s problem with a new perspective, Mrs. Kim responded cautiously:

My younger daughter used [to] never do anything that she was supposed to do. I told my older daughter to help her younger sister with her studies. I also helped. My younger daughter tried to do her own share but it was not up to my expectations. You [therapist] advised me to leave her alone to do something in the last meeting . . . . It occurred to me that she could do things by herself if she was left responsible for herself. But after I left her alone for a few days, I could not stand it anymore. So, I called her out and put her belongings [for her rather than with her] in a drawer that she used to share with her older sister . . . .

Internal Speech: Internal dialogue refers to the utterance when the client becomes capable of searching for the unsaid/hidden
voices and coordinates her behavior by putting her own thoughts into words (Anderson, 1997; Seikkula, 1993, 1995). In this sense, the client appeared dialogically ambiguous: there were many positive self-voices for many contexts with alternative or new words, values, and accents, and the client appeared to be attentive and uninterrupted in the conversation (Seikkula, 1993, 1995). A representative sample of internal speech comes from session 6, when Mrs. Kim addressed her self-identity as a strong, independent character and hard-working style:

I don’t blame anyone else and I wonder why I was made [mannish] by nature. I believe that I have to do what I can do. And... I am able to do anything when I do my best. So, ummm... I feel that I have accomplished many things, but not [without] difficulties in the process. I enjoyed it. It is applicable to anything, to my children and husband. The fact that they got changed very much when I do my best and show love to them. That gave me a great feeling of accomplishment.

During session 12, Mrs. Kim embraced the core issue of child discipline and childrearing practice as follows:

C: Right. We are dependent on outside help. Training at home is very difficult and I am very worried about that.
T: You are playing a role as a mother, aren’t you?
C: Yes, I am.
T: What kind of mother would you expect your children to see in you?

C: Well, I don’t know how... how to explain, but it would be different if I could be a stay-at-home mother. But because I am a working mother I am never home, it is not easy for me to show the real aspect of a mother to the children.
T: Ummm. What do you think the real aspect of a mother is? What would be the true picture of you as a mother when you would want to show?
C: Well, as I told you before, if I let the children keep their rooms untidy and go to school without washing their faces, something like that, they will get used to it and they will think these behaviors are OK and I think that would be a problem.
T: So that’s the real aspect of a mother you have in mind, a mother who can discipline when necessary?
C: Yes, it is.
T: Discipline is necessary, right? [toward her two daughters].
C: That’s right.
T: Yes, discipline is necessary. Let’s listen what your mom would like to be as a mom. Your mom thinks that discipline is necessary when needed. So you want your children to be organized...
C: I would like to give an opportunity for my children to learn to be organized.
T: That’s the way you want to raise your children, isn’t it?
C: Yes, I wish I could at least try to do so.
T: So as a way of caring,
you regard a mother as
a trainer who disciplines
children instead of
leaving them as they are
... .
C: Sure [with confidence].
T: And you want them to
see you as a disciplinary
mother.
C: Yes.
T: Not just letting them do
whatever they want to
do.
C: That’s right.
T: Discipline with concern. Is
it what you, as a mother,
would like to do with
your children?
C: Yes.

External Speech: External dialogue is
the client’s thinking and communication
that allows for creativity and consciousness
through the complementary autonomy of
the participant’s perspective in dialogue
(Anderson, 1997). An external speech
sample was drawn from session 12, during
which Mrs. Kim was able to realize the
possibilities in the circumstances of her daily
life. Exchanging ideas about childrearing
strategies in the multicultural living context,
Mrs. Kim replied thoughtfully:

Well . . . I think that if we
would like to raise our
children within the family
until they go to college, then
it would seem to demand a
strong family education. But
what if the family education
is not strong enough? . . .
There is not a single good
way to raise children only
in the home . . . . Although
we don’t need to rely on
all outside help, we can get
help from private tutors that
in turn would provide our
children with professional
knowledge that they need
and deserve.

Another instance was the following
dialogue during session 12 (T indicates the
therapist, M the mother, and F the father):
T: I think that Christina’s
[the second daughter’s]
family now seems to
be in a situation: the
father is getting stronger
and becoming more
independent in some
way than before. So is
Christina. The mother or
older sister used to do
everything for Christina,
but now Christina has to
do these things by herself
because her mother
got busy and can’t take
care of Christina like

<table>
<thead>
<tr>
<th>Session Type of interview</th>
<th>1 individual # (%)</th>
<th>6 individual # (%)</th>
<th>12 family # (%)</th>
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</thead>
<tbody>
<tr>
<td>Dialogic Speech Development Levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monologic speech</td>
<td>59 (57.8)</td>
<td>25 (17.2)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Social speech</td>
<td>35 (34.3)</td>
<td>41 (28.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Private speech</td>
<td>8 (7.9)</td>
<td>52 (35.9)</td>
<td>13 (12.0)</td>
</tr>
<tr>
<td>Internal dialogue</td>
<td>0 (0.0)</td>
<td>27 (18.6)</td>
<td>63 (62.0)</td>
</tr>
<tr>
<td>External dialogue</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>26 (26.0)</td>
</tr>
<tr>
<td>Total segments</td>
<td>102 (100.0%)</td>
<td>145 (100.0%)</td>
<td>102 (100.0%)</td>
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</tbody>
</table>
before. Your family is at a turning point. We need to deal with this different situation. So my question is if each of you could be responsible for your own things, then how could all of you make it happen? [speaking in English to the two daughters and speaking in Korean to the father]

F: I haven’t thought that far [smiling].

T: Yeah. So I think today’s conversation seems very important . . .

M: Well . . .

T: What is your idea, Mrs. Kim?

M: I don’t think that he understands what you said.

T: He didn’t? Uhhmm . . .

M: Let’s say that all our family members do what they are supposed to do. If I need your help, would you [awkwardly smiling but seriously] . . .

T: Of course, you [the mother] need his help. But you’ve never talked about that before?

M: No, I haven’t. But when I really need you . . .

F: [eyes opened big and very attentive]

T: Uhm.

M: Uh . . . There are so many times that I’ve needed his help.

T: And also now?

M: Now I also need his help . . . but sometimes he just goes out when he doesn’t like to work at the store. It doesn’t matter whether I need him or not. Whenever he does that, I cannot feel the love in the family relationship at all . . . As a matter of fact, I really want to know what he thinks about this . . .

The development of higher speech levels is both creative and recursive. Higher speech levels appeared on the interpsychological plane before appearing on the intrapsychological plane, apparently moving from monologue to social speech to dialogue to higher consciousness. As Vygotsky noted, “The true direction of the development of higher dialogical self is not from the individual to the socialized, but from the social to the individual” (1962, p. 20).

2. Perspective-Taking Development

Perspective taking is the capacity to imagine what other people may be thinking and feeling. Perspective taking relates to a wide variety of social skills. For the purposes of this research, four perspective-taking development levels were created by modifying Selman’s and Byrne’s (1974) construct: (1) single, polarized perspective taking, (2) subjective perspective taking, (3) self-reflective perspective taking, and (4) multiple, mutual perspective taking.

Single, polarized perspective taking involves use of fixed and constricting narratives to articulate one’s stance toward the world. For example, “I never thought of my husband as my husband, and I always treated him as the mother treats her son.” It also involves negative or self-accusing voices; for example, “I am an unhappy wife,” “My daughter was told in school that she didn’t smile at all.”

Subjective perspective taking acknowledges the existence of alternative subjective points of view, but does not incorporate or synthesize them into a new personal viewpoint. For example, a mother says that “maybe my daughter also might be feeling proud of herself.”
Self-reflective perspective taking reveals a more sophisticated capacity to take a second-person, social perspective on the self’s actions and intentions. Silent listening also is indicative of this category. For example, “Now I [mother] am very sorry that I cannot give a little more attention to my second daughter.”

Multiple, mutual perspective taking occurs when the client adopts a third-person perspective. For example, “My cousin and his wife are very considerate of their children, and they talk very softly with each other. And all of their children have grown up very well among relatives.” “I [mother] was very surprised by her concern when I first heard about her studies.”

The results of data analysis with respect to the perspective-taking developmental process are presented in Table 2.

A four-stage model of perspective taking was presented through changes in a core client’s perspective-taking skills. At the first stage of single, polarized perspective taking, the client had only a limited and fixed idea of other family members’ perspectives (parents, husband, in-laws, and children). At the second stage of subjective perspective taking, the client acknowledged alternative subjective points of view, but had not yet integrated those alternatives into her personal viewpoint. At the third level of self-reflective perspective taking, the client became increasingly aware that people can interpret the same event in

Table 2  Quality of Change in Mother’s Perspective-Taking Development

<table>
<thead>
<tr>
<th>Session</th>
<th>1 Individual # (%)</th>
<th>6 Individual # (%)</th>
<th>12 Individual # (%)</th>
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<tbody>
<tr>
<td>Type of interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, polarized</td>
<td>39 (38.2)</td>
<td>25 (17.2)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Subjective</td>
<td>53 (52.0)</td>
<td>31 (21.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Self-reflective</td>
<td>10 (9.8)</td>
<td>62 (42.8)</td>
<td>69 (68.0)</td>
</tr>
<tr>
<td>Multiple, mutual</td>
<td>0 (0.0)</td>
<td>27 (18.6)</td>
<td>33 (32.0)</td>
</tr>
<tr>
<td>Total segments (%)</td>
<td>102 (100.0%)</td>
<td>145 (100.0%)</td>
<td>102 (100.0%)</td>
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</tbody>
</table>

Table 3.1  Quality of Change in Mother’s Narrative Process Modes

<table>
<thead>
<tr>
<th>Session</th>
<th>1 Individual # (%)</th>
<th>6 Individual # (%)</th>
<th>12 Family # (%)</th>
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</thead>
<tbody>
<tr>
<td>Type of interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrative Process Modes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External</td>
<td>46 (45.0)</td>
<td>47 (32.4)</td>
<td>21 (20.6)</td>
</tr>
<tr>
<td>Internal</td>
<td>5 (5.0)</td>
<td>12 (8.3)</td>
<td>3 (3.0)</td>
</tr>
<tr>
<td>Reflective</td>
<td>51 (50.0)</td>
<td>86 (59.3)</td>
<td>78 (76.4)</td>
</tr>
<tr>
<td>Total segments</td>
<td>102 (100%)</td>
<td>145 (100%)</td>
<td>102 (100%)</td>
</tr>
<tr>
<td>Total time of interview</td>
<td>55 min.</td>
<td>90 min.</td>
<td>130 min.</td>
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</table>
different ways; she became able to “step into another person’s shoes” and reflect on how another person might regard his or her own thoughts, feelings, and behavior. In the final stage, the client was capable of simultaneously considering the relationship between two people’s perspectives, both from the vantage point of a disinterested spectator and by making reference to larger societal values in the context of multiple possibilities. Consequently, as the therapy sessions went on, the client relied significantly less on single, polarized perspective taking and became more adept at multiple, mutual perspective taking.

**Narrative Process Modes**
Angus’s and Hardtke’s (1994) Narrative Processes Coding System (NPCS) was used for coding of narrative process modes. The narrative process modes have three categories of focus: on the external/event, on the internal, and on the reflective. These three are mutually exclusive and address psycholinguistic dimensions of the therapy discourse. As a general rule, narrative process modes are no less than four complete sentences. The analytic result of narrative process modes is presented in Table 3.1.

The number of the client’s external-event narratives showed very strong signs of sharp decrease as the sessions progressed. The internal narrative process showed the lowest percentage of narrative process modes at session 12 and highest percentage at session 6. The reflective process showed a continued increase in number of narratives throughout the course of the sessions.

**3. Involvement Modes**
Involvement mode was identified following part of the Stuttgart Interactional Category System/2. The five involvement modes in this study included (1) positive affect/evaluation, (2) both positive and negative affect/evaluation, (3) negative affect/evaluation, (4) neutral description, and (5) minimal display of involvement.

The results of analysis of the mother’s involvement modes are presented in Table 3.2.

The following are sample narratives of the modes of narrative process and involvement, drawn from therapeutic conversations at session 1.

T: Again I would like to thank you for joining me with this dissertation research.
C: Yeah. The teacher also was so kind to me in school and I am so thankful for her.
T: There she was too?
C: Yeah.
T: Yeah . . . [ending topic segment 1 of focus on internal-positive].
Table 3.2   Quality of Change in Mother’s Involvement Modes

<table>
<thead>
<tr>
<th>Session</th>
<th>Type of interview</th>
<th>1 Individual # (%)</th>
<th>6 Individual # (%)</th>
<th>12 Family # (%)</th>
</tr>
</thead>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>12 (11.7)</td>
<td>35 (24.1)</td>
<td>35 (34.3)</td>
</tr>
<tr>
<td></td>
<td>Positive &amp; Negative</td>
<td>2 (2.0)</td>
<td>19 (13.1)</td>
<td>5 (4.9)</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>58 (56.9)</td>
<td>69 (47.6)</td>
<td>9 (8.8)</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>26 (25.5)</td>
<td>17 (11.7)</td>
<td>7 (0.9)</td>
</tr>
<tr>
<td></td>
<td>Minimal</td>
<td>4 (3.9)</td>
<td>5 (3.5)</td>
<td>46 (45.1)</td>
</tr>
<tr>
<td></td>
<td>Total segments</td>
<td>102 (100.0%)</td>
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</tbody>
</table>

One sign of her progress in involvement modes was that the mother, Mrs. Kim, appeared likely to be mostly positive and less negative as the sessions went on. Also, Mrs. Kim’s positive and negative involvement and minimal involvement evolved together during sessions 1, 6, and 12. The great progress in involvement modes underscored why Mrs. Kim’s self-identification with positive figures seemed to have energized her usually stuffy.
shadowy image. By session 6, compared with the fixed, scripted quality of the previous four sessions’ conversation, Mrs. Kim’s genuine description/redescription and explanations of her problems and how to solve them came across as refreshingly constructive and generative.

4. Therapist Intersubjectivity

Therapist intersubjectivity entails two interrelated processes: (1) therapist interactional modes and (2) the therapist dialogical-relational process.

Therapist Interactional Modes

Coding of therapist interactional modes category was made partially according to a revised version of Stuttgart Interactional Category System/2. This includes speech acts and speech regulation in interaction with other aspects of speech acts. In a way, it attempts to accommodate both the theoretical concepts underlying this study and the therapeutic conversation unique to the relationship between a bilingual client and therapist (both of whom spoke both Korean and English). Each unit was coded as including no more than three categories of interactional modes, because generally the chunk of each unit had more than three complete statements in the transcripts. In other words, each segment of code included one to three category(ies) of interactional mode, depending on the length and complexity of meaning in each chunk. The results of the analysis of therapist interactional mode are presented in Table 4.1.

Therapist Dialogical-Relational Process

The coding categories for therapist dialogical-relational process were created by the author, based on Anderson’s (1997) theory of collaborative language systems as an approach to a shared inquiry. Originally Anderson identified six intertwined features related to the concept of not-knowing that characterize therapists who engage in dialogical conversations and collaborative relationships, to serve as guidelines to help us learn how to create them. As originally formulated, these guidelines included: trust and believe; ask conversational questions; listen and respond; maintain coherence; stay in sync; and honor a client’s story. For purposes of this study, the researcher reorganized this concept, making the core elements of the therapy process more focused on and relevant to the purpose of this study, because these features overlap one another and are intertwined. Therefore, three major elements—responsive listening, maintaining coherence with the client’s subjective story, and asking conversational questions—were selected and coded, as they related directly to the research question and hypotheses under study. Of particular interest was the therapeutic conversational process of co-construction of multiple possibilities for constructing a new family relationship and self-narratives (Anderson & Goolishian, 1988, 1990, 1992; Cecchin, 1987; Chessick, 1990; Goolishian, 1990; Laird, 1993, 1995; Scott, 1989). This process is the dialogical creation of meaning as a major fundamental internal resource for positive change in parent-abusive behavior. The results of analysis of the therapist dialogical-relational process are presented in Table 4.2.

5. Thematic Analysis

The thematic analysis for this study included themes of family relationship meaning, parental caring behavior meaning, and parental-coercive (child-aversive) behavior change. Thematic lines are recurrent ideational clusters of organization in narratives. The thematic lines are one of two major structural components of identity as a story in this study. Although many kinds of thematic lines are present in the case of the Korean-American client’s family life, the analysis in this study focused mainly on the three major features related to coding categories. The family relationship meaning and parental caring behavior meaning were associated with harmonious and spiritual relations. The theme of parent-coercive (child-aversive) behavior change was tied in with the violent relation domain in the entangled relation theme.

Family Relationship Meaning
### Table 4.1  Quality of Therapist Interactional Modes

<table>
<thead>
<tr>
<th>Session</th>
<th>1</th>
<th>6</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>individual</td>
<td>individual</td>
<td>family</td>
</tr>
<tr>
<td>Type of interview</td>
<td># (%)</td>
<td># (%)</td>
<td># (%)</td>
</tr>
<tr>
<td><strong>Asking</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questioning</td>
<td>35 (16.9)</td>
<td>11 (3.8)</td>
<td>2 (0.9)</td>
</tr>
<tr>
<td>Exploring</td>
<td>18 (8.7)</td>
<td>26 (9.0)</td>
<td>17 (7.4)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>53 (25.6)</td>
<td>37 (12.8)</td>
<td>19 (8.3)</td>
</tr>
<tr>
<td><strong>Telling</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiating</td>
<td>3 (1.4)</td>
<td>32 (11.1)</td>
<td>56 (24.2)</td>
</tr>
<tr>
<td>Directing</td>
<td>2 (1.0)</td>
<td>7 (2.4)</td>
<td>28 (12.1)</td>
</tr>
<tr>
<td>Continuing</td>
<td>12 (5.8)</td>
<td>3 (1.0)</td>
<td>* (0.0)</td>
</tr>
<tr>
<td>Affirming</td>
<td>9 (4.4)</td>
<td>50 (17.3)</td>
<td>52 (22.5)</td>
</tr>
<tr>
<td>Disaffirming</td>
<td>* (0.0)</td>
<td>* (0.0)</td>
<td>* (0.0)</td>
</tr>
<tr>
<td>Advising</td>
<td>* (0.0)</td>
<td>* (0.0)</td>
<td>2 (0.9)</td>
</tr>
<tr>
<td>Hypothesizing</td>
<td>* (0.0)</td>
<td>* (0.0)</td>
<td>8 (3.5)</td>
</tr>
<tr>
<td>Interpreting</td>
<td>6 (2.9)</td>
<td>16 (5.5)</td>
<td>20 (8.6)</td>
</tr>
<tr>
<td>Informing</td>
<td>5 (2.4)</td>
<td>2 (0.7)</td>
<td>* (0.0)</td>
</tr>
<tr>
<td>Disclosing</td>
<td>* (0.0)</td>
<td>2 (0.7)</td>
<td>9 (3.9)</td>
</tr>
<tr>
<td>Reflecting</td>
<td>26 (12.6)</td>
<td>20 (7.0)</td>
<td>7 (3.0)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>63 (30.5)</td>
<td>132 (45.7)</td>
<td>82 (78.7)</td>
</tr>
<tr>
<td><strong>Listening</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silence</td>
<td>5 (2.4)</td>
<td>* (0.0)</td>
<td>* (0.0)</td>
</tr>
<tr>
<td>Minimal display</td>
<td>86 (41.5)</td>
<td>120 (41.5)</td>
<td>30 (13.0)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>91 (43.9)</td>
<td>120 (41.5)</td>
<td>30 (13.0)</td>
</tr>
<tr>
<td><strong>Total segments</strong></td>
<td>207 (100.0%)</td>
<td>289 (100.0%)</td>
<td>231 (100.0%)</td>
</tr>
</tbody>
</table>

* Missing therapist variables that were not applied in the coding process.
Table 4.2  Quality of Therapist Dialogical-Relational Process

<table>
<thead>
<tr>
<th>Session Type of interview</th>
<th>1 individual # (%)</th>
<th>6 individual # (%)</th>
<th>12 family # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist Dialogical-Relational Process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsive listening</td>
<td>56 (55)</td>
<td>97 (67)</td>
<td>39 (38)</td>
</tr>
<tr>
<td>Maintaining coherence with the client’s subjective story</td>
<td>18 (18)</td>
<td>12 (9)</td>
<td>12 (12)</td>
</tr>
<tr>
<td>Asking conversational questions</td>
<td>28 (27)</td>
<td>35 (24)</td>
<td>52 (50)</td>
</tr>
<tr>
<td>Total segments of transcripts</td>
<td>102 (100%)</td>
<td>144 (100%)</td>
<td>103 (100%)</td>
</tr>
</tbody>
</table>

Family relationship meaning included four themes (12 domains). A summary of the analytic results of the change in family relationship meaning over sessions 1, 6, and 12 is presented in Table 5.

Parental Caring Behavior Meaning

Parental caring behavior meaning included six themes (17 domains), as shown in Table 6. A summary of the analytical results of change in family relationship meaning over sessions 1, 6, and 12 is also presented in Table 6. As a result of the therapeutic process, there was a large drop in the client’s family-centered self, collectivism, and hierarchism. The reduction in number of appearances of these themes indicates a concomitant increase in the qualities of compassion and leadership. There are also indications in the theme of education that the focus on harsh punishment declined, while the rest of the domains remained the same.

In general, during session 1, the themes of family-centered self, collectivism, and hierarchism were most prevalent; all but familism disappeared during sessions 6 and 12. In contrast, during the first session, the themes of education, compassion, and leadership began to transform into the mode of deepened parental caring that appeared during sessions 6 and 12. In particular, although those themes still remained as underlying significant themes at session 6, they had changed significantly to include more constructive/positive parental caring behavior meaning.

Parental-Coercive (Child-Aversive) Behavior Change

The results of parental-coercive (child-aversive) behavior change (Urquiza & McNeil, 1996) are presented in Table 7. Clearly, the parent-client shifted her parental behavior, from a negative pattern that used verbal, nonverbal, and other coercive actions, to demonstrating to the child the consequences of violating family rules or needs. Specifically, the parent-client’s voice became firm but calm, without anger, hostility, or threat, and the focus was placed on teaching responsible behavior rather than on the behavior itself. Finally, as the client increasingly revealed feelings of faithfulness and love in her stories, her coercive behavior (physical punishment, threats, disapproval, repeated commands, and rigid displays of affection) decreased, as did the child’s adverse behavior.

6. The Cultural Significance of Korean Han Transformation Processes

Korean han transformation processes were coded and analyzed because there were important culture-specific elements in the change process that were not sufficiently captured by the existing categories. Developing these culture-specific coding categories also strengthens the ecological...
### Table 5  Quality of Change in Mother’s Family Relationship Meaning

<table>
<thead>
<tr>
<th>Session Type of interview</th>
<th>1 individual # (%)</th>
<th>6 individual # (%)</th>
<th>12 family # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Relationship Meaning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entangled Relation <em>(Han)</em></td>
<td>1-2-x-4-5</td>
<td>1-x-x-4-5</td>
<td>x-x-x-x</td>
</tr>
<tr>
<td>Unparented relation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishonored relation</td>
<td>1-2-3-4-x</td>
<td>x-x-x-4-x</td>
<td>1-x-x-x</td>
</tr>
<tr>
<td>Violent relation</td>
<td>1-2-x-x-x</td>
<td>x-2-x-x-x</td>
<td>x-x-x-x</td>
</tr>
<tr>
<td><strong>Multicultural Relation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collective with self-help relation</td>
<td>x-x-3-4-5</td>
<td>x-x-x-4-5</td>
<td>x-x-x-x</td>
</tr>
<tr>
<td>Authoritarian/hierarchical with equal/achieved relation</td>
<td>1-2-3-4-x</td>
<td>1-2-x-4-5</td>
<td>x-2-x-x</td>
</tr>
<tr>
<td>Educational advantage with disadvantage in parenting</td>
<td>x-2-x-x-x</td>
<td>x-x-x-x</td>
<td>x-2-x-x</td>
</tr>
<tr>
<td><strong>Harmonious Relation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-disciplined relation</td>
<td>x-x-x-x-x</td>
<td>1-2-x-x-x</td>
<td>1-2-x-x</td>
</tr>
<tr>
<td>Affectionate relation <em>(Chung)</em></td>
<td>x-x-x-x-x</td>
<td>1-x-3-4-5</td>
<td>1-2-3-x-5</td>
</tr>
<tr>
<td>Synchronous relation</td>
<td>x-x-x-x-x</td>
<td>1-x-x-x-5</td>
<td>1-2-3-x-x</td>
</tr>
<tr>
<td><strong>Spiritual Relation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal Christian relation</td>
<td>1-2-x-x-x</td>
<td>x-x-x-x-5</td>
<td>x-x-x-x-x</td>
</tr>
<tr>
<td>Retribution <em>(Ob-bo)</em>***</td>
<td>x-x-x-x-x</td>
<td>1-x-x-x-x</td>
<td>x-x-x-x</td>
</tr>
<tr>
<td>Spiritual leadership relation</td>
<td>x-x-x-x-x</td>
<td>1-2-x-4-x</td>
<td>1-2-3-x-x</td>
</tr>
</tbody>
</table>

* Han is an indigenous Korean construct with a rich psychological/social/cultural background that refers to mental states and
  ** Chung is an indigenous Korean concept of the strong psychological and emotional bond of affection (Choi, 1994).

*** Ob-bo was first coined by the teaching of Buddhism to refer to retribution for deeds from a former life.

**Note:** The numbers refer to family subsystems that involve family relationship meanings: 1 for husband-wife, 2 for parent-child, 3 for siblings, 4 for in-laws, 5 for family of origin; x indicates not applicable.

### Table 6  Quality of Change in Mother’s Parental Caring Behavior Meaning

<table>
<thead>
<tr>
<th>Session Type of interview</th>
<th>1 individual</th>
<th>6 individual</th>
<th>12 family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parental Caring Behavior Meaning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Familism</td>
<td>1/2/3</td>
<td>1/2/3</td>
<td>x/x/3</td>
</tr>
<tr>
<td>Collectivism</td>
<td>4/5</td>
<td>4/5</td>
<td>4/x</td>
</tr>
<tr>
<td>Hierarchism</td>
<td>6/7/8</td>
<td>6/x/x</td>
<td>6/x/8</td>
</tr>
<tr>
<td>Education</td>
<td>9/10/11</td>
<td>9/x/x</td>
<td>9/x/11</td>
</tr>
<tr>
<td>Compassion</td>
<td>x/x/x</td>
<td>12/13/14</td>
<td>12/13/14</td>
</tr>
<tr>
<td>Leadership</td>
<td>15/x/x</td>
<td>15/16/17</td>
<td>15/16/17</td>
</tr>
</tbody>
</table>

**Note:** The numbers indicate the presence of the domains in each theme over sessions 1, 6, and 12; x indicates nonpresence of the domain.
validity of this cross-cultural research. Although it is difficult to translate and interpret the concept of han into English, han denotes the complex emotions of suffering and efforts to mourn loss that develop over time as a result of tragic life events and situations. The four transformation stages that were considered in this study are: (1) fermenting, or sak-hee-ki; (2) reflecting, or neuk-deul-li; (3) disentangling, or han-pul-li; and (4) freeing from self-centered preconceptions, or ma-eum-bi-eun-da (Choi, 1994). Mrs. Kim, a Korean-born adult client, showed the four levels of the han transformation through the dialogical processes used in therapy. In Mrs. Kim’s case, these processes represented a version of the shared cultural, social, and historical reality of Koreans. During the han transformation process, the client moved through a progression: from focusing on her tangled emotions of suffering, through the stages of reflecting and disentangling, to the transforming of (freeing from) her self-centered preconceptions. Table 8 shows a summary of the quality of the mother’s han transformation processes during sessions 1, 6, and 12.

Results of the Major Hypothesis Testing

Seven hypotheses were tested by coding analysis and thematic analysis to understand how a CPS-referred Korean client used therapeutic dialogical conversation to resolve a child abuse problem and generate new understandings of the parent-child relationship.

1. Hypothesis about Semantic Frame Changes in Physical Child Abuse Problem
   1-1. Interpretive Context of Meaning Regarding Physical Child Abuse Problem

   Client will re-relate the physical child abuse event in the context of new/different meaning during therapy. Hypothesis 1-1 was supported as predicted.

1-2. Interpretive Structure of Meaning Regarding Physical Child Abuse Problem

   Client’s belief system about the physical child abuse problem will shift from either/or logic of disjunction to more both/and integration during therapy. Hypothesis 1-2 was supported as predicted.

2. Hypothesis about Change in Description of Child Abuse Problem

   Client’s description of the physical child abuse problem will shift from simple actions to a more encompassing pattern during therapy. Hypothesis 2 was partially supported. This study showed that the client’s description of the physical child abuse problem shifted away from simple actions and interactional patterns to a more interlocking/encompassing pattern during therapy. The Korean client’s self-construction represented a significantly relational view. Although individualistic self-views (such as independence and accomplishment) were seen in family relationship meaning and parental caring behavior meaning, these views never went beyond the boundaries and finally became blurred into relational self-views. The client’s description of the physical child abuse did shift from simple actions and relational patterns to a more relational encompassing pattern during therapy.

3. Hypothesis about Relationship between Parent-Client’s Change in Meaning of Child Abuse Problem and Change in Parent’s Coercive (Child’s Aversive) Behavior

   As the meaning of the physical child abuse problem moved away from a fixed point toward an adaptive meaning, the parent-client decreased the coercive behavior and the child-client decreased the aversive behavior. Hypothesis 3 was supported as predicted.

4. Hypothesis about Relationship between Therapist’s Activities and Client’s Change

   The hypothesis about the relationship between the therapist’s activities and the client’s change was derived from research question 4: “What does a therapist do that contributes to change in a client’s narratives, including child abuse?” What are the specific characteristics
### Table 7  
Quality of Change in Mother’s Coercive (Daughter’s Aversive) Behavior

<table>
<thead>
<tr>
<th>Abusive Behavior</th>
<th>Session 1</th>
<th>Session 6</th>
<th>Session 12</th>
<th>Magnitude of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporal punishment</td>
<td><em><strong>(</strong></em>)</td>
<td><strong>(</strong>)</td>
<td>@(@)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>High; harshly</td>
<td>Slightly; not self-controlled</td>
<td>Sometimes; self-controlled</td>
<td></td>
</tr>
<tr>
<td>Threat</td>
<td><em><strong>(</strong></em>)</td>
<td>@(@)</td>
<td>(*)</td>
<td>Moderate High</td>
</tr>
<tr>
<td></td>
<td>I already told her that I will hit, then it happened.</td>
<td>I noticed her to hit but it doesn’t happen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disapproval</td>
<td><em><strong>(</strong></em>)</td>
<td><strong>(</strong>)</td>
<td>@(@)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>She never listens.</td>
<td>She fools around.</td>
<td>Now she has intimacy with me foremost.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She lacks a sense of responsibility.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative demand</td>
<td><em><strong>(</strong></em>)</td>
<td>@(@)</td>
<td>(*)</td>
<td>Moderate High</td>
</tr>
<tr>
<td></td>
<td>She didn’t do anything at all.</td>
<td>She did something but not completely.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeated commands</td>
<td><em><strong>(</strong></em>)</td>
<td>@(@)</td>
<td>@(@)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>I counted three.</td>
<td></td>
<td>There is no special wrongdoing for her now.</td>
<td></td>
</tr>
<tr>
<td>Paralyzed affection</td>
<td><em><strong>(</strong></em>)</td>
<td><strong>(</strong>)</td>
<td>@(@)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>She is never afraid of getting a beating.</td>
<td>She is afraid of getting a beating.</td>
<td>Full of affection: smiling; emphatic</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Quality of mother-coercive (daughter-aversive) behavior:

### Stars and Symbols

- **High**
- **Moderate**
- **Low**
- @ None
unique to the therapeutic conversational dialogue with the therapist when a client experiences a positive linguistic and behavioral change?

4-1. Relationship between Therapist’s Responsive Listening and Client’s Dialogical Process and Perspective Taking

As therapy proceeded and the therapist became more responsive, the client participated more in the dialogue and the client’s single, polarized perspective taking shifted to more multiple, mutual perspective taking. Hypothesis 4-1 was supported as predicted. The literature and the qualitative data regarding the therapist’s responsive listening in the relational-dialogical process, the client’s perspective-taking development, and the client’s dialogical speech development (measured by coding analysis) suggest a positive relationship between the therapist’s responsive listening and the client’s dialogical process and perspective taking.

4-2. Relationship between Therapist’s Maintaining Coherence and Client’s Positively Perceived Self-Value

It was hypothesized that as the therapist maintained coherence with the client’s subjective narratives about the physical child abuse, the client’s perceived self would become more positively valued. Hypothesis 4-2 was supported as predicted. The data from the literature, the qualitative findings pertaining to the therapist’s maintaining coherence in the relational-dialogical process, and the client’s temporality in narrative sequence process (measured by coding analysis) show a positive relationship between the therapist’s maintaining coherence and the client’s positive self-perception.

4-3. Relationship between Therapist’s Asking Conversational Questions and Client’s Elaboration of Child Abuse Problem

It was hypothesized that as the therapist’s questions allowed the client to tell her stories, the client would increasingly elaborate on her description/explanation of the physical child abuse during therapy. This hypothesis was supported as predicted. The evidence from the literature, the qualitative findings regarding the therapist’s asking conversational questions in the relational-dialogical process, and the client’s involvement modes in narrative sequence process suggest a positive relationship between the therapist’s asking questions and the client’s elaboration on her description and explanation of the child abuse.

Table 8  Quality of Mother’s Han Transformation Processes

<table>
<thead>
<tr>
<th>Session</th>
<th>1 individual # (%)</th>
<th>6 individual # (%)</th>
<th>12 family # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Han Transformation Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fermenting (Sak-hee-gi)</td>
<td>54 (53.0)</td>
<td>0 (00.0)</td>
<td>0 (00.0)</td>
</tr>
<tr>
<td>Reflecting (Neuk-deul-li)</td>
<td>53 (52.0)</td>
<td>18 (12.4)</td>
<td>0 (00.0)</td>
</tr>
<tr>
<td>Disentangling (Han-pul-li)</td>
<td>3 (3.0)</td>
<td>81 (55.9)</td>
<td>74 (72.5)</td>
</tr>
<tr>
<td>Freeing self-centered mind (Ma-eum-bi-eun-da)</td>
<td>0 (0.0)</td>
<td>9 (6.2)</td>
<td>21 (20.6)</td>
</tr>
<tr>
<td>Not applicable</td>
<td>2 (3.0)</td>
<td>37 (25.5)</td>
<td>7 (06.9)</td>
</tr>
<tr>
<td>Total segments (%)</td>
<td>102 (100)</td>
<td>145 (100)</td>
<td>102 (100)</td>
</tr>
</tbody>
</table>

Note: Not applicable refers to the mother’s descriptions and explanations that are directly related to the categories of tragic event, deprivation, exploitation, and mistake.
Implications for Social Work Practice

These findings have implications for the practice of social work in three major categories: practice perspective, practice theory, and practice model. In addition, the Korean han transformation process has cross-cultural implications for practice involving issues of trauma and mourning.

Practice Perspective

In general, two perspectives (general systems and ecosystems) are commonly used in social work for assessing the relationships between people and their environment. However, both of these approaches are problem-focused, and tend to overlook the strengths in the client’s involvement with internal space and the social environment, factors that can be determined with a social network assessment and intervention strategy. Other perspectives, such as the generalist, feminist, and ethnic-sensitive practice perspectives, focus more on the philosophy and processes involved in working toward change. To meet the need for a social work perspective that takes the social-linguistic environment fully into account, social workers need to understand the specific cultural meanings associated with relationships and the healing process. This study may contribute to the knowledge base in social work as an alternative paradigm in working with abusive parents and families.

When working with Korean clients, attention must be paid to the important factor of spirituality. The present study demonstrates that a Korean immigrant family has many spiritual philosophies and practical insights that are little known in American social work, including perspectives from Buddhism, Confucianism, and Christianity. In recent decades, American social work has begun to take seriously insights from Buddhism (mainly Zen) and various forms of spiritualism and shamanism. However, Confucianism has been completely unrepresented in American social work, as evident from Canda’s (1988) study, despite the importance of Confucianism for many Asian-Americans. Hence, this study calls for greater attention to these traditions, both to bring about innovations in American social work, and for the intrinsic scholarly and humanitarian value of developing an international and cross-cultural understanding of contemporary social work.

Practice Theory

This study reveals the significant role that the concepts of a relational view of self and narrative identity play in understanding the client’s change process. Central to the many linguistic and socially derived narratives that emerge in behavioral organization are those articulated as self-stories, self-descriptions, or first-person narratives. A linguistic and dialogic view of self emphasizes the social nature of the self as emerging from and embodied in relationships. It also emphasizes our capacity to create meaning through conversation. This study therefore suggests that we must pay attention not only to the construction of the I, but also to the construction of, and importance of, the other—the you. As social constructionists emphasize (Gergen, 1991, 1994; Lax, 1992; Shotter, 1993, 1995), the relationship is ours, not just mine. In this study, Mrs. Kim, a core client, showed change in her conception of the self. In a way, certain elements of her independent view of self were incorporated into her interdependent view. The incorporated construct of the self was the mix of these two views, which recognized the individual’s dignity and needs (in this study, the woman’s and child’s self-dignity and needs). This study also showed that in the case of Mrs. Kim, there was a growing realization that the better aspects of the Korean cultural tradition were cultivated and preserved from the Western influences of “free choice,” “rights,” “freedom,” “materialism,” and “moral decay.” For example, she still practices and values respect for learning, family honor and loyalty, social harmony, and emotional security. Thus, this study suggests that CPS policies should seriously consider the significance of the variance in self-constructual change directing caring parent-child relations in the context of new family relationship.
meanings for Korean immigrant parents and families.

**Practice Model**

A practice model is a set of concepts and principles used to guide certain interventions. Practice models are specific derivatives of practice theories. They describe what someone using the theory actually does and what the client actually does. Most often, a model develops out of actual experience or experimentation rather than from a particular theory of behavior. One of the most important theoretical implications of these study findings is for the social work practice model. Short-term treatment models, such as crisis intervention, cognitive-behavioral intervention, and task-oriented intervention, are the main ones used to help families deal with child abuse problems. Nevertheless, a long-term treatment model, in this instance a narrative approach, also brings about change in abusive behaviors. This study reveals clearly that the client, Mrs. Kim, had lived in poverty and faced trauma and structural discrimination since childhood, and yet she did not seek material resources to help resolve child abuse problems. Instead, she first discussed her personal tragedies with a therapist. At this point, one might consider that the child abuse resulted from the parents’ poverty, traumatic experience, and discrimination—but this client sought help for her internal suffering. Whereas most treatment models approach parents with the idea of doing something for them, this study supports a strong recommendation that theories of treatment seek to incorporate the potential power of human dignity. This is an essential aspect of using internal positive resources as healing power from within, which depends on the client’s encounters with the unsaid self and others through empowering relationships with others. Through this, suffering clients regain authority over themselves in everyday life.

Another implication is that a dialogical conversational process is an essential component of clinical practice in helping abusive parents to resolve child abuse problems. It is obvious that how the therapist responded played a significant role in changing the parent-child relationship and resolving the problem for the client. The therapist’s most important response was to respect, listen, and believe what the client talked about. The therapist was never critical of what the client was saying and never made negative or denigrating comments. The therapist helped the client develop an image of being worthy to be listened to and respected in the process of self-consciousness. The findings regarding generation of new meanings regarding family relationships suggest that efforts at discovering and enhancing cross-culturally relevant, communicative, multiple-meaning construction by clinical social workers can lead to successful treatment.

**Additional Implications of Korean Han Transformation Processes for Practice**

One of the most important implications of the finding regarding Korean *han* concerns how mourning is related to trauma or tragic experiences. The study findings suggest that *han* can be seen as a new theory of mourning with concepts that are useful and relevant in Western perspectives as well. Analysis of *han* revealed that the core client (a Korean mother) simultaneously cried and laughed when describing her suffering and pain during the personal reflection phase of therapy. From a Western perspective, specifically the Freudian theory of the defense mechanism, this behavior might be considered reaction formation developed to defend the self against painful objective realities present in the world. From the Korean perspective of *han*, though, this behavior would not be considered a defense mechanism or resistance. Instead, it would be seen as the highest and most beautiful level of a transformational process. In particular, *han-pul-li* (the process of disengaging) is a celebration of one’s tragedy. Even in the dark face of tragedy, the Korean people show eternal optimism, which made healing possible for this client. In this sense, the client’s presentation of crying and laughing is not a negative, passive aspect of reaction formation, but rather a powerful aspect of healing the suffering self (Song, 1999).
References


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