
Asian Journal of Family Therapy
Journal homepage: http://www.familytherapy.or.kr/kaft/en_index.phd

Case study

International peer consultation on a family therapy case with a socially withdrawn youth in Korea

Chun, Young-Ju, Ph. D.

Dept. of Welfare and Counseling, Silla University, Korea

Abubaker, Khawla, Ph. D.

Al-Qasemi College and Western Galilee College, Israel

Chao, Wentao, Ph. D.

National Taipei University of Education, Taiwan

McGill, David, Ph. D.

Harvard Department of Psychiatry, USA

Ng, Wai Sheng, Ph. D.

Growing Space Psychology Center, Malaysia

Tamura, Takeshi, M.D.

Tamura Takeshi Research Institute, Japan

Abstract

This paper presents a family therapy case with a socially withdrawn youth in Korea, and summarizes the reflections of an international peer consultation group with members from 6 different countries. The problems with the youth are as following: social withdrawal, game addiction, habitual lying, threats of violence, and conflicts with his parents & younger brother. The family was referred from the game addict therapy center, and a total of 10 family therapy sessions including follow-ups were

Corresponding Author : Tamura, Takeshi, M.D. Tamura Takeshi Research Institute 3-13-10 Nishi-Azabu, Minato, Tokyo 106-0031, Japan
Email: tiki3282@gmail.com
Phone: +81-3-6804-2191

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ISSN 2586-1786

conducted. The international peer consultation on this case was done through dialogue in face to face groups and emails. Content analysis was used for analyzing the qualitative data and the results of the consultation were summarized in 6 categories: perspectives on social withdrawal of youth, parental expectation of the child's academic achievement, family dynamics, emotional expression, gender issues, and the cultural context of Korea. Lastly, the value and the implications of international peer consultation were discussed.

Keywords: international peer consultation, family therapy case, social withdrawal, Korean youth and family

Introduction

Family therapists are increasingly working with diverse clients, whose backgrounds differ from the therapist on a number of factors such as race, gender, social class, religion and sexual orientation. While the cultural competence of the therapists is required to provide effective services for the clients, therapists are not likely to have opportunities to train and develop cultural competence. Cultural competence is the ability for flexible thinking and the use of skills, behaviors, or interventions to provide services to the client through appropriate systems and organizations (Schwarzbaum & Thomas, 2008). In this context, international consultation with cross-cultural perspectives may be a useful tool in empowering a therapist's cultural sensitivity and competence.

Recently in many industrialized countries, the number of youths who lose their will to socialize and instead hide away in their own private world has been increasing (Park, Seo & Chang, 2011; Saito, 2013; 2015; Tamura, 2014). This phenomenon is often considered similar to the concepts of apathy, school phobia, and moratorium (Park, Seo & Chang, 2011). These youths are not suffering from mental illnesses; however, they look lazy in their daily lives, do not go to school, and are often immersed in internet games. This phenomenon is particularly notable in some developed countries such as Korea and Japan.

Social withdrawal, so called Hikikomori, in Japanese, has been one of the major mental health problems among youths in Korea since the 2000s and Japan since the 1980s (Park, Seo & Chang, 2011; Saito, 2013; Tamura, 2014), and this issue has increasingly been recognized internationally in English literature (Zielenziger, 2006; Saito, 2013). According to the survey of the Korea Government Youth Commission, the proportion of high school students belonging to the Hikikomori risk group was 6% of all respondents, while that of potentially at risk group was 7.1% (The Commission on Youth Protection,

2005). In case of Japan, the number of Hikikomori is estimated to be between 1.6 million to over 3 million nationwide (NHK Welfare Network, cited from Park, Seo & Chang, 2011). According to the report in Japan(Kyoto prefecture, 2014. 12. 22.), social withdrawal is most likely to occur in the age group between 19 and 24, followed by those in the age groups of 16~18 and 13~15 (Song & Jin, 2015). It was found that the parents of socially withdrawn youths tend to have parenting traits describable as neglecting (30.4%), controlling (17.4%), overly involved (15.9%), permissive (17.4%), and authoritative (10.1%) (The Commission on Youth Protection, 2005).

Research in Korea found that social isolation or withdrawal among Korean high school students was related to their game addiction as well as their refusal to attend school, peer bullying, and parental abuse (Kim & Park, 2014). When youths show these symptoms of social withdrawal, the parents tend to be frustrated and disappointed so they often criticize their children or even blame their spouses for their parenting style, which leads to conflicts among the family members. However, when the parents take their children to mental health centers or addiction centers for treatment, the therapists often assess and concentrate more on the effects of the dysfunctional family dynamics as a whole, instead of giving their attention to the youths' psychological problem.

Although clinical and research interests are increasing in social withdrawal among the youths, a family therapy approach to this phenomenon, particularly from multicultural perspectives, is new. Therefore, this paper presents a family therapy case with a socially withdrawn youth in Korea, and describes how an international peer consultation group with members from 6 different countries reflected on this case from diverse perspectives.

Case Description

Overview of the Case

Joon is a 25 year old university student who is temporarily not attending school and has been addicted to games since his middle school years. Joon has had nine psychotherapy sessions at the public game addiction therapy center, and was transferred to a family therapy center due to continuous trouble and conflicts with his parents. Joon's problems were social withdrawal, game addiction, habitual lying, abusive language, threats of violence, and troubles with his parents & younger brother. His parents wanted Joon to go back to the university to complete a B.S. degree.

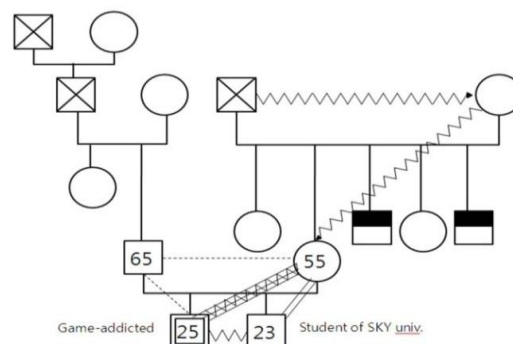
Meanwhile, Joon wants someone to understand and care about his situation, but feels

disillusioned with his parents for not providing him with such support. He wants to leave home and has a strong desire to succeed in his future life.

The parents are typical Korean middle class people who are sincere and hard working. The father (65, retired headmaster of a school) has a background of being raised in a traditional rural area. Joon's father has rarely communicated with Joon earlier but after his retirement, he has started to get involved with Joon's problems. The father thinks that Joon needs intensive hospital treatment. He tries to look at Joon's situation objectively and from a bystander's perspective. Joon's mother (55, director of a private educational institute) is deeply troubled by Joon, and has a hard time coping with his situation. One of the biggest problems is Joon's emotional outbursts to his mother and Joon's use of abusive words toward her. Joon's younger brother (23 years old) is a college student at a top ranking university (a so called "SKY" university²) in Korea, and lives away at the university dorm. When the brothers are together at home, Joon frequently has arguments and conflicts with his younger brother.

Assessment

In the interview with Joon and his parents, it was found that Joon is a stubborn, but intelligent youth. He is a logical person, a good speaker, and emotionally sensitive. He fully understands his situation and admits his problems. During his junior-middle school years, he was alienated and bullied by his peers. As he was suffering and highly stressed due to his peer relationship problems, Joon started missing school and became a game addict, which increased troubles with his family members. The following is the genogram of Joon's family.



<Figure 1> Genogram of Joon's family

² 'SKY university' in Korea refers to three top universities of Seoul national university, Korea university, and Yonsei university.

Therapeutic procedure

<Table 1> Sessions of Family Therapy

Session	Participants	Subject
1	F, M, IP	Assessment of IP's personal history: childhood, adolescence
2	F, M, IP	IP-mother relationship, mother's high expectation
3	F, M	Parents' family or origin, mother's anxiety, marital relationship
4	F, M, IP	IP talking about internet games, & how to control game playing
5	F, M, IP	IP quitting part-time job, mother's anxiety about IP's unstable status
6	F, M, B, IP	IP traveling by himself, talking about sibling relationship
7	F, M, B, IP	IP starting to prepare national certification
8	F, M, IP	Restarting university studies, improved with mother
9	F, M, IP	Better relationship between mother and IP
Follow-up	F, M	IP involved in internet games again, parents allowed IP to leave home

F: father / M: mother / B: brother / IP(identified patient): Joon

With Joon and his parents attending, sessions 1 and 2 focused on Joon's childhood and his recent difficulties. Joon had a comfortable childhood with a nanny to take care of him. Although the family was not rich, his parents allowed Joon to have whatever he wanted. His parents' had high expectations for him academically. In particular, his mother forced Joon to study hard, so Joon had private English tutors at an early age. During junior middle school years, Joon was bullied by his peers, which led Joon to have suicidal thoughts, and turned to games to cope with his hardships in school. In high school, he made up his mind to study hard and to become a model student; however, his peers started to bully him again. Joon gave up studying and immersed himself in games once more becoming highly addicted. He released the stress from his relationship problems and the burden of not fulfilling his parents' high expectations by playing games.

Joon has a desire to be independent but also has a strong bond with his mother (so?). However, Joon blamed his parents, especially his mother for not understanding him and not providing him with the love and care needed to comfort his wounds and loneliness.

At the 2nd session Joon said that he really hated his mother during high school. The mother also said that she was hurt because Joon did not satisfy her desires and expectations of him. The session focused on the expectations of the mother and son respectively, but with more emphasis on how Joon's needs and expectations have not been satisfied in the relationship than those of Joon's mother.

In the 3rd session, only Joon's parents attended, and the session focused on the parents' family of origin and their marital life. The father grew up as the eldest and the only son in the rural area, and his childhood memories were just stable and quiet, but not all that enjoyable.

On the other hand, the mother grew up as the second daughter, whereby her own mother hated her and gave her discriminatory treatment. Her mother (Joon's grandmother) called her the "unlucky girl" because her husband's (Joon's grandfather) business had failed right after her birth. She still has bad feelings regarding her mother and has been cut-off from her family of origin for over 10 years. Her brothers were under-functioning(e.g., jobless, gangster), which caused her to worry that Joon might follow her brothers' footsteps. This was one of the reasons she has stayed away from her family of origin. Joon's mother cried a lot during the session. An intervention was done for the couple to relieve their emotional tension, and to strengthen their intimacy using an experiential approach. When the husband told his wife *"I'm Sorry I did not understand you better. Don't worry everything will turn out OK with Joon. Let's live happy and fulfilling lives for the remaining time that we have together,"* his wife replied *"I also want to live happily with you, being able to laugh everyday"* Throughout the session, the wife cried a lot and the husband consoled her. This session served as a foundation for the parents to think about their relationship, and allowed them to think about their future together as a couple, instead of concentrating all their concerns on Joon.

At the 4th and 5th session, Joon's parents became able to function better as a couple. They spent a lot of time together gardening. They looked happier and healthier, focusing less on Joon. Even though the mother had a fight with Joon, she now used gardening to help her calm down and deal with the situation more effectively. The father commented that even though his wife and Joon still fought, their fighting was not as severe as before.

The father, the mother, and Joon were becoming more receptive to each other. They were more open-minded and trying to understand each other's perspectives. After a fight, Joon was able to calm down much quickly. For example, previous tensions had lasted for a few days after a confrontation, but now they are able to calm down within a few minutes and start talking again. The father also noted that participating in the family therapy sessions enabled him to learn more about his son.

Joon's time of playing games got shorter; he plays games about 20 minutes a day (parents said more than an hour). However, at the 5th session, the parents said that for the last 2~3 days, they perceived signs from Joon's behavior that often precedes his game addiction, such as eating binges, emotional swings, lying, etc. These symptoms usually manifested themselves when Joon was stressed out and annoyed.

When Joon's brother came back during the break, the whole family participated in the 6th and 7th sessions. Joon's condition seemed to get worse when there were more frequent interaction with his brother. Although Joon's brother was not cooperative in therapy and blamed Joon at first, he became more comfortable and noticed the strengths of Joon. When Joon was asked about his younger brother, he said that he felt sorry to his brother for making troubles and not being a good brother himself. Therefore, he tried to stay away from his brother and not face him if possible.

For the first time in his life, Joon went traveling alone for one week and he shared a lot of stories from his travel experiences. While traveling, he made a decision to re-enter university in the coming fall semester. Joon started attending training courses to prepare for the national certification for electricians, but still has a strong desire to play games or drink alcohol. He is doing his best to overcome such desires and has succeeded in controlling his urges.

Joon said that he wants to move out of his family's house and live alone. While Joon's father disagreed, his mother agreed to their son's moving out with certain conditions. Both parents acknowledged that the anger interval for Joon has become longer and the intensity of his emotional outburst has also subsided considerably. Joon's daily life pattern has become more regular and he reported feeling clearer in his head and healthier.

Even though Joon and his mother still occasionally argued and fought, they seemed to manage the confrontations more effectively and calmly. The therapist suggested ending the sessions; however, the family requested the therapist to continue the sessions at least until the end of the fall semester.

The 8th and 9th sessions focused on terminating the therapy. Joon had restarted his university studies and has adapted to university life quite well. However, Joon talked about his worries concerning special courses and expectations about his performance in his studies. The parents commented that Joon was experiencing normal school activities and behaviors that he should have experienced years ago. Joon's father said that even though there were still some conflicts, the way the mother and Joon dealt with fights was much improved, so there were definite improvements in their mother-son relationship and how they dealt with problems. The therapist praised the family's efforts saying that they have been adapting very well; but warned that a crisis might arise and that they needed to stay calm and deal with it wisely as they have done so.

After a while, only Joon's parents came to therapy and reported that Joon had played games again. The parents said that they had told Joon rationally and calmly to leave home to live alone, and Joon accepted it.

International Peer Consultation

Method

The history of the international working group goes back to the 1980s when some members began to meet for fellowship, while attending international conferences. The peer consultation group consisting of western and eastern countries began to form in the mid2000s, and the peer consultation group was launched in 2008 in Tokyo. Meetings have been held in several places in Asia for 10 years. The average number of participants per annual consultation meeting ranged from 4 to 6 persons.

The purpose of the consultation meeting is to develop the therapist's personal and professional capacity by improving their cultural competence. During the meeting, the group has an intensive case consultation in order to reflect on each other's cases and to develop the self of the therapist.

In this study, the international peer group for consultation consisted of 6 professionals who have different backgrounds in terms of gender, age, culture, and nationality. All of them are experienced family therapists in their own region, and have worked together as an international peer group for 10 years. The participants' characteristics are summarized in Table 2.

<Table 2> Characteristics of the International Consultation Team

Name	Gender	Age range	Nationality	Cultural/Ethnic background
Khawla	Woman	60s	Israel	Palestine Israeli
David	Man	70s	USA	Scottish American
Wai Sheng	Woman	40s	Malaysia	Chinese Malaysian
Takeshi	Man	60s	Japan	Japanese
Wentao	Man	50s	Taiwan	Taiwanese
Young Ju	Woman	50s	South Korea	Korean

This particular case was presented by the Korean member of the group, for peer consultation at the Kuala Lumpur meeting in 2012, and re-discussed in 2018 in Taipei. Additional feedbacks were shared by the group by email. The data collected from group dialogue and emails were analyzed using content analysis. Content analysis is a research method for studying documents and communication artifacts, which might be texts of various formats, audio or video. This method is particularly well suited to the study of

communication in answering the question of “who says what, to whom, why, how, and with what effect?” (Babbie, 1992). In this study, systematic reading of the texts collected from the consultation dialogue and emails led to the meaningful themes to understand the case from the cross-cultural perspectives.

Results of Consultation

Perspectives on social withdrawal of youth

The phenomenon of social withdrawal among the youths has been a particular social concern in Asian countries such as Korea, Japan and Taiwan. Wentao from Taiwan commented that symptoms of social/school refusal reveal that school could be stressful for some kids in many cultures. Thus, the aims of a therapist in working with a family with school refusal child/youth should be to explore the sources of stress for the client, and the ways they deal with those stresses, whereas behavioral strategies to stop game addiction and going to work or school, are just the means to reach the therapeutic goal.

David is an American therapist who having lived in Japan for a number of years, observed that the hikikomori phenomenon seems quite different between Japan and Korea. From his outsider's viewpoint, Korean clients seem very post modern where they were open to therapy and were self-reflective compared to the Japanese clients.

Khawla from Israel rarely observed hikikomori cases in the Arab states, and commented that the Korean case seems due to the excessive pressures from parents placed on children's education and success and may be the major cause of the problem.

Meanwhile, Wai Sheng from Malaysia commented that in a multi-cultural and multi-religious country like Malaysia, this kind of phenomenon related to family problems may also be labeled as interference from “evil spirits” or “black magic”, and viewed as spiritual problems.

“The sources of this stress might come from the expectations of parents and teachers, or from peers. Thus game addiction, alcoholism and family conflict are the result of this maladjustment to stresses.”(Wentao)

“The family and case seem very different to me from those with Japanese families. I as an American have been observing cases of social withdrawal – school refusal and hikikomori over the last 33 years in Japan” (David)

“Generally speaking, the stigma of having a mental health or family relational problem is considered more stigmatized than having a spiritual or physical problem; albeit, such stigma against mental health are much more reduced compared to 10-20 years ago.” (Wai Sheng)

Therapist’s reflection: Social withdrawal among the youth is particularly notable in some Asian regions. The consultation team helped the therapist to focus on the context of the problem and to conceptualize the social withdrawal among the youth from multi frameworks such as psychological, familial, social, cultural, and spiritual perspectives. This implies that the multi-systemic interventions may be helpful to work with the families with socially withdrawn youth.

Parental expectations of a child’s academic achievement

The consultation team noted that the excessive expectations on the part of the parents in relation to their child's school achievement seem like unique cultural characteristics of Korea and other Asian countries. Wentao commented that parental expectation of a child’s academic achievement seems to be prevalent in many Asian societies, which obviously adds stress on top of many stresses already occurring in school. Interestingly, even when parents didn’t elaborate their expectations, or articulated that they didn’t really mind their child’s achievement, many children still hold on to a high expectation of themselves, as if they have internalized this expectation. Hence, the parents’ denial only creates a double bind, in which a child perceives an unverifiable demand, so he/she has no choice but to blame him/herself (as a failure for underachieving in school) and react incongruently and symptomatically (both wanting and refusing to do it).

However, even in Japan where the culture is quite similar to Korea, the parents in the contemporary Japanese society no longer show an overwhelming passion and interest in their children’s education compared to the previous generation. Khawla contends that as for Arab states, their views on education in terms of cultural, political and family perspectives are very different compared to Korea, because they do not view education as a basic need for all people. Khawla stated that in Korean families, children’s education and job success seem to be the two most important values for all people and the family dynamics were the result of these values.

“I noticed that this double-bind in child’s academic achievement is particularly prevalent among middle-class parents in Taiwan, where parents have begun shifting focus

of education to child's wellbeing, yet the traditional expectation on achievement seems still haunting." (Wentao)

"It may sound pathological that parents project so much expectation and pressure to their kids. But I believe this is our cultural standard.... Good education is the most powerful ingredient to be happy or unhappy for middle class Japanese families too... Hard working is the core value in Japanese family too" (Takeshi)

"My relation with the group, let me learn about Hikikomori and it's intersectionality with cultural, family, politics and international factors within countries in Asia, especially Japan, Korea among others.... (in this case) parents do not care to ruin their emotional relations with their son as long as he is successful in his university! So education and job comes before family in Korea and influences its dynamics and leads it." (Khawla)

Therapist's reflection: Korean parents' high expectation towards the child, which was pointed out by the consultation team as the major trigger for the trouble, seems to reflect the projection of the parents' anxiety resulting from a highly competitive society. It is known that youth's social withdrawal is particularly associated with the ideology of familism and social competence. The resolutions for this problem at the societal levels are not obvious. The therapist may help the parents to focus more on the true value of relationship rather than on their child's academic achievements.

Family dynamics

Regardless of the culture, the consultation team agreed that families having a socially withdrawn child are likely to have similar patterns of family dynamics. Dynamics like Joon's family are found not only in Korea but also in Malaysia and Japan. The common characteristics of such families are 1) functional but emotionally distant couples; 2) fused mother-child relationship, 3) distant father-child relationship, etc. Typically in these families, childrearing is considered to be the mother's role and fathers are not often aware of their children's problems until their retirement. Mothers are often anxious or depressed deprived of emotional support from their spouse. The issues of boundary, roles, and hierarchy among the subsystems seem to be universal, which is related to the patriarchal norms related to gender roles.

Meanwhile, David and Khawla asserted that although this case deals with difficulties of social withdrawal, game addiction, school violence, and ostracizing by a Korean middle

class family, the core issue must be an unresolved emotion of conflict passed from the previous generations. For example, in this particular case, chronic anxiety might be transmitted from Joon's maternal grandmother to Joon's mother, who is currently emotional cut-off with each other. This viewpoint implies that the intervention should be conducted not only for reducing the IP's symptom but for the parents' emotional issue of differentiation of self from their families of origin.

"In my practice with Malaysian and non-Malaysian families, I find some similar patterns of gender relations, between the parents (functional but emotionally distant), and between Joon and each parent (very close with mom, and distant with dad). I think this is the product of a patriarchal society that requires the men to be working "outside" a lot, leaving the lonely wife to be solely, if not overly responsible for the kids" (Wai Sheng)

"(The strong emotional bond between Joon and his mother) This is also typical in Japanese families too; strong bond between mother/child, and weak bond between father/child... (so that the father does not recognize the child's problem until he retires from work), this happens a lot in Japanese families too. Fathers are too busy working and not good at family communication. They find it as a problem finally when they retire and get actively involved to solve the problem." (Takeshi)

"My overall impression is that this is a near perfect successful family therapy case of a highly perfectionistic post-modern upper middle class ambitious Korean family. My formulation of the case is that of a perfectionistically mildly anxious 25 year old, still recovering from failure of family, school, etc to protect him from bullying as a grade school student in a somewhat fused relationship with anxious mother, whose anxiety extends in part from unresolved feelings of rejection from her mother (the 25 year old's grandmother)." (David)

"It seems that grandmothers had emotional influences on Joon's parents. While mother decided to cut off, the father is "just detached" from the relationship. I may assume that he was an only child with 4 female siblings and he may felt "privileged" in that setting." (Khawla)

Therapist's reflection: From the structural perspective, healthy and functional family has a stronger couple relationship than parent-child relationship, while the chronic anxiety from the previous generations might influence the current difficulties of the family. Without

exception, this formula may be applied to work involved with the family with a socially withdrawn child. The consultation team suggested once again the usefulness of structural and multi-generational approaches to help the families with a socially withdrawn child.

Emotional expression

There seem to be cultural differences in the ways of expressing emotions both among the family members in conflict and in therapeutic sessions.

In terms of emotional expression in family conflicts, this particular case shows that both the mother and the son expressed their negative feelings openly to each other. Takeshi noted that in Japanese families, at times of conflict between parent and child, the child might express his/her feelings to the parents using bad language, while the parents rarely fight back with the child in the same way. In Arab families, according to Khawla, women are not allowed to express their negative feelings to male family members such as the husband or son. However, Arab men are allowed to express their negative feelings about women.

Meanwhile, the international consultation members paid attention to the degree that the clients' revealed their emotions in the therapeutic session, which is influenced by the social norms related to emotional expression. Wentao found this Korean family quite responsive to the therapist's intervention: very receptive and willing to open up in sessions. He wonders if this is common in family therapy practice in Korea. Takeshi also mentioned about the cultural differences in the way the clients express their feelings, or the amount of detail they share. In Japan, clients rarely cry during the therapy session; however, in Korea, the clients are more likely to express their emotion in terms of crying or fighting, compared to Japanese clients. This seems to be related to the social norms that Japanese, relatively speaking, do not show their emotions publicly.

“Family fighting between parents and child does not happen in Japan. Youngsters become aggressive and violent, but parents do not fight back.” (Takeshi)

“Joon's mother is emotionally aggressive toward her husband and sons – all males. I would like to know how this is perceived in Korean family. In Arab families, there is a lot of aggression from females toward males, but they are not allowed to express it directly or publicly while males can – this is because of the patriarchy in gender relations.” (Khawla)

"The clients (in Japan) sometimes cry in the session, but not a lot. Japanese clients do not express their emotion... Korean cases, not just this one but those in KJT (international case conference), seem to be good at emotional expression; they cry and fight a lot, which Japanese are not very good at." (Takeshi)

"I find this Korean family quite responsive to the therapist's intervention. I wonder if this is common in family therapy in Korea. They were open and revealing soon in sessions. If it is not this family to be particularly open, the therapist must have done something to create this open atmosphere that is quite a contradiction to our stereotype about Asians, who are thought to be conservative and reluctant to reveal personal and family secrets. (Wentao)"

Therapist's reflection: The comments that Korean clients appear to be open, responsive, and revealing in their emotional expression, challenged the therapist to step back and reflect on one's own culture and the clients. The degree of emotional expression is regulated by the family and social norms. Reflecting on Korean culture, positive emotions (e.g. happiness, fun) and negative emotions (e.g., anger, anxiety) seem to be expressed openly. This reminds me of Wai Sheng's comments that Korean drama is outstanding in portraying the emotions of persons involved.

Gender issues

The consultation team particularly paid attention to the gender issues revealed in diverse combinations such as couple, parent-child relations, sibling relations, and therapist-client relations.

As a gender issue in couple relationships, Takeshi commented that in Japan, it is rare for the husband to apologize to his wife during a therapy session. Wai Sheng said that in Malaysia, the cases whereby the wife apologizes to her husband are more frequent than for the husband to apologize to his wife.

Khawla talked about gender issues in parent-child relationships. Arab parents tend to get along well with the same sex children, but have difficulties with the opposite sex children. She felt that in Joon's family, the mother treats her son as a teacher treats a student, whereas the father has a hard time communicating with the son, which is a type of family structure creating a lot of loneliness. She also highlighted the fact that a female therapist successfully conducted the therapy sessions and brought about change in a family of three men.

The conflict between the brothers was also noted by Wai Sheng. Joon's younger brother was always over-functioning, which led the younger brother to have negative feelings about

Joon and his problems. On the other hand, Joon felt inferior to his diligent and highly educated younger brother; therefore, the rivalry between the male siblings should be dealt with in this particular family.

Japanese men cannot use their emotion. I have very few cases where husbands properly apologies to their wives... (Regarding Joon's father's apology to his wife "Sorry I did not understand you better"), this does not happen in my practice (with Japanese clients) either. Men know they are wrong, but don't express their weakness to their wives. I believe this was the major turning point of the family system." (Takeshi)

"I find what Takeshi said about Japanese men not apologizing to their wives, very interesting. I wonder if this is part of male narcissism (a term that I've learned from Terry Real who taught about extra-marital affairs)? In my practice with Malaysian couples, I've seen more women saying sorry to their partner, than men saying sorry." (Wai Sheng)

When I compare with Arab families, parents usually don't know how to connect with a child with the opposite gender, while they live collectively with relatives from the same gender... Despite that you are a female therapist – it seems that the three men and the woman were able to let you lead and cause major changes in their lives – this was very impressive – in relatively short time!" (Khawla)

"Unfortunately, the child who's unable to leave home successfully often bears the shame of being less competent than the other siblings. In this case, it makes sense that the two brothers can't get along, when one is doing so well whereas the other is not. This also shifted the family's dynamic, in which the younger brother probably has to work harder to compensate for the older brother's underachievement." (Wai Sheng)

Therapist's reflection: Some comments of the team helped the therapist think about the gender issues in the Korean family. It seems that democratic family environment and family relationship with gender equality are necessary for creating a healthy family including couple and parent-child relations. Since the 2000's, the family policy of the Korea government strongly aims to encourage democratic relations and gender equality in the family through education, counseling, and campaigns.

Cultural context of Korea

The members of the international consultation team were interested in the cultural uniqueness reflected in practice. They were curious about how the cultural factors such as interpersonal hierarchy in Korea, social change after the Korean war, mandatory military service for Korean men, the emotions shown in Korean drama, etc. are related to the family therapy practice.

Wentao commented that Korean people seem highly obliged to interpersonal hierarchy compared to the neighbors such as Taiwan and Japan. This hierarchy system may influence the therapeutic procedure in the ways that the clients tend to conform to the authority of the therapist. The interpersonal hierarchy regulated by traditional Confucianism tends to be rigid, especially in the older generation in Korea, which might influence the therapy with the parents particularly.

David was curious about how the therapist's understanding of Korean culture influenced the therapy. This is a challenging feedback because it is not easy for the therapist to maintain self-consciousness of her own culture during the session, especially when the therapist and the client have the same ethnic and cultural background. David and other members agreed that Korean families are quite open and cooperative in dealing with their family issues. From the therapist's viewpoint as an insider, Korean people tend to promptly adjust to the rapid social change and to the new ways of problem solving (i.e. family therapy) to deal with family issues.

Takeshi noted that the military duty for Korean men may be related to the issue of independence for young men. Korean youths who begin military duty often have adjustment problems and get psychotherapeutic help in the military.

Concerning Wai Sheng's comments that a Korean husband's emotional expression may be influenced by Korean drama, the causality between the Korean people's emotional expression and Korean drama is not clear.

"My limited understanding of Korean culture is that Korean people are highly obliged to interpersonal hierarchy, probably more so than neighboring cultures in Asia such as Japan and Taiwan. Could it be the authoritative role of a therapist for Korean clients that facilitates this openness in therapy? Could Korean clients find it reassuring (or be obliged) to tell to an authority/expert?" (Wentao)

"I would ask the therapist "what is uniquely Korean about this case, and how did that understanding help you help them?" ... The success of the case seemed to come from the

significant engagement of all four family members with each other, in the therapy and in their lives... I of course have many thoughts, especially with regard to Social Change in Korea, especially since 1953.” (David)

“We don’t have military duty in Japan. Does this system (mandatory military duty for all Korean men) help young people to be independent and autonomous, or traumatized?” (Takeshi)

“I find this Korean couple (Joon’s parents) very impressive – they were able to hold hands while talking, the husband can say sorry and comfort his wife in session. I wonder if the contemporary Korean dramas help a bit to soften the husband. But I must affirm that the role of the husband in reconnecting emotionally with his wife plays a significant part in reducing her anxiety/distress as a mother, which then creates the space for more differentiation to take place between the mother and the son (IP).” (Wai Sheng)

Therapist’s reflection: As a divided country with Confucian tradition, Korea may have unique cultural factors influencing family dynamics. The reflection of the consultation team encouraged the therapist to look back and think about the cultural uniqueness affecting the practice. For the therapist, Confucianism, instrumentalism, and the counterforce between individualism and collectivism are the critical issues of family ideology in Korea, which should be considered in working with the Korean family.

Conclusion

This paper reported a Korean family therapy case with a socially withdrawn youth, and presented the reflections of the international peer consultation on this particular case. The international peer consultation group consisted of 6 professionals with different backgrounds in terms of gender, age, culture, and nationality. Their consultation was conducted through face to face dialogues and email exchanges, and analyzed using content analysis

To summarize the case, the client family was struggling with the problem of the eldest son who showed symptoms of social withdrawal, game addiction, and conflicts with the family members. The identified patient (IP) has not been able to develop a sense of autonomy during his childhood and adolescence due to his parents’ over protective and controlling parenting style. IP has been experiencing a lot of stress from peer bullying, the

preparation for the college entrance exams, and high expectation from the parents. Instead of actively coping with the stresses, IP turned to social withdrawal and games, which led to the conflict within the family.

Through family therapy, IP was able to share his feelings and emotions with his parents, to have more freedom and autonomy, and to reduce the tension and conflict especially with his parents. From the couple session, the parents were advised to concentrate more on adapting to their later couple life. As a consequence, both the parents and IP could look at their daily life outside of the problems associated with game addiction. In this context, family-based intervention which includes family therapy and family education is viewed as an effective method that helped the family with a socially withdrawn or game addicted youth.

The dialogues of the international peer consultation were summarized in 6 categories such as perspectives on social withdrawal of youth, parental expectation of the child's academic achievement, family dynamics, emotional expression, gender issues, and the cultural context of Korea. While some comments regarding family dynamics, gender issues, and social withdrawal are likely to be similar among the members regardless of their gender or culture, other feedbacks were culturally specific, such as parental expectation of a child's academic achievement, emotional expression within the family or in therapy, and the relevance in the Korean cultural context.

Overall, the international consultation team provided the therapist with diverse perspectives which were but integrative and useful. Consultation members from Japan and Taiwan have the most similar cultural backgrounds with the therapist due to the geographical proximity, and had a good understanding about Korean cultural context of the client family. One member from the USA, who had lived in multiple countries for a long duration, had a high degree of cultural sensitivity; therefore, provided a very supportive and warm feedback to the therapist. The other member from Malaysia who likes Korean drama and culture helped the therapist with sincere, concrete, and vital feedback. Lastly, the member from Israel having the most different culture among the consultation team challenged the therapist with enthusiastic curiosity and gender sensitive feedback. Overall, the international consultation team was supportive in empowering the therapist to become more culturally competent.

The consultation group members also viewed their experiences of international peer consultation as valuable. Even though the meetings for international consultation were short as all members live and work in different countries and meet only a few days a year, the participants found it refreshing and beneficial to share their personal and professional experiences, as well as working together on cases in an intimate and trusted atmosphere. By

sharing diverse cases from different cultures, the consultation has broadened their perspectives and knowledge about the families in other cultures and also developed cultural sensitivity in case conceptualization. As a conclusion, the continuity of the international peer consultation was possible because of the members' cultural openness, deep fellowship, and professional sharing.

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BIOGRAPHIES

Dr. Chun Young-Ju is the Professor of the department of Welfare and Counseling of Silla University, South Korea. Her research interests include multigenerational transmission of family process, family differentiation, divorce therapy, video supervision, and parent counseling.

Dr. Abubaker, Khawla, Ph. D. is a psychologist and a professor of Al-Qasemi College & Western Galilee College, Israel.

Dr. Chao, Wentao is a professor at the department of psychology and counseling in of National Taipei University of Education, and a licensed counseling psychologist in Taiwan. His research interests include the development of family therapy profession in Taiwan, incorporation of culture into therapy process, and the interdisciplinary collaboration in counseling service.

Dr. McGill, David is a psychologist and works as a supervisor at Harvard Department of Psychiatry, USA.

Dr. Ng, Wai Sheng is the founder and clinical director of Growing Space Psychology Center, Malaysia. Her research interests include personal and professional development of psychotherapists, wholistic mental health and the art of leaving home.

Dr. Tamura Takeshi is a child and family psychiatrist in private practice in Tokyo, and a former professor of Tokyo Gakugei University. His research interests include school refusal and Hikikomori in adolescents, culture and gender issue in family therapy.