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Original Research Article

Korean Clients' Perspectives on the Real Relationship in Counseling: A Qualitative Inquiry

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Young Mi Lee[1], Jung Hee Ha[2], and Juliet Jue[3]

Abstract

The real relationship—genuine, reality-based perception between counselor and client—is central to the therapeutic alliance but has been studied largely from counselors' viewpoints. This study examines clients' perspectives and the culturally situated formation of real relationships in Korea. Seventeen adult clients who could vividly describe such experiences completed in-depth interviews. Using grounded theory (open, axial, and selective coding), we identified a six-stage, cyclical process: Beginning of Guardedness, Emergence of Trust, Emotional Collision, Acceptance of Reality, Reconstruction of the Relationship, and Sustaining Change. Progression through these stages was iterative and shaped clients' psychological change and counseling outcomes. The trajectory moves from initial guardedness to trust fostered by counselor genuineness and acceptance, through dependency and disappointment, toward recognizing counselor limitations and consolidating growth. Findings clarify client-side mechanisms of real relationship development in a collectivist context. This study broadens real relationship theory by integrating culturally specific expressions of authenticity within collectivist therapeutic contexts.

Plain Language Summary

We looked at how a "real" bond between a counselor and client takes shape from clients' viewpoints in Korea. Seventeen adults took part in in-depth interviews and described what helped—or got in the way—of feeling genuinely connected. From their stories, a recurring path emerged: starting out guarded, beginning to trust, hitting emotional bumps, recognizing the counselor's human limits, reshaping how they worked together, and carrying changes into daily life. This loop did not move in a straight line; people sometimes revisited earlier steps. Feeling accepted and seen made it easier to speak honestly, handle disappointments, and keep growing. These insights can help counselors build trust, navigate ruptures, and support lasting progress.

Keywords

real relationship, client experience, therapeutic relationship, grounded theory, collectivist culture

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[1]Department of Multicultural Education, Hanyang University, Seoul
[2]Graduate School of Counseling Psychology, Hanyang University, Seoul
[3]Department of Art Therapy, Hanyang Cyber University, Seoul

Corresponding author:
Jung Hee Ha, Graduate School of Counseling Psychology, Hanyang University, 222, Wangsimni-ro, Seongdong-gu, Seoul, 04763, Korea.
Email: hajung366@hanyang.ac.kr

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The therapeutic relationship is a major determinant of process and outcome in counseling (Flückiger et al., 2018; Wampold, 2015). Building on Greenson's (1967) tripartite formulation—transference/countertransference, the working alliance, and the real relationship—Gelso and Carter (1985) systematized these as three interrelated components that operate across orientations. The working alliance refers to collaborative agreement on goals and tasks together with an affective bond (Bordin, 1979; Horvath & Greenberg, 1989). Transference/countertransference captures the reactivation and projection of past relational patterns within the current treatment (Freud, 1912/1958). Distinct from both, the real relationship denotes a genuine, reality-based human connection that is not reducible to task focus or transferential distortion and is defined by genuineness and realism (Gelso et al., 2018).

While these components interact dynamically over the course of therapy, each serves a characteristic function: the alliance provides a cooperative frame for therapeutic work; transference phenomena open a window onto enduring relational patterns; and the real relationship, rooted in the here-and-now encounter, fosters trust and authentic interpersonal learning. Within broader accounts of what constitutes a high-quality therapeutic relationship—emotional bond, mutual trust, empathic understanding, unconditional regard, and collaborative engagement (Sexton & Whiston, 1994)—the real relationship contributes a distinctive dimension through its emphasis on mutual authenticity and accurate perception, balancing professional boundaries with a genuine human connection.

As summarized in Table 1, cognate traditions converge on authenticity and accurate perception but differ in locus and mechanism: Rogers emphasizes intrapersonal congruence; Gelso formalizes a dyadic real relationship (genuineness and realism); Mentalization-Based Therapy (MBT) frames realism as mentalizing accuracy; and Transference-Focused Psychotherapy (TFP) seeks differentiation of transference from reality through interpretive work (Bateman & Fonagy, 2004; Gelso, 2011; Kernberg, 2007; Rogers, 1957).

Although elements of realism surface across orientations, Gelso's model uniquely makes mutual realism a structural pillar of the relationship (Gelso et al., 2018). Empirically, attention to the real relationship has grown with measurement advances and critiques of alliance-centric accounts (Kelley et al., 2010; Zilcha-Mano, 2017), with studies showing that the strength of the real relationship predicts outcomes and can, at times, rival or exceed alliance effects (Fuertes et al., 2007; Lo Coco et al., 2011; Marmarosh et al., 2009). Recent work extends this evidence using observer ratings, early-session process analyses, and modality comparisons, underscoring developmental and contextual sensitivity (Aafjes-van Doorn et al., 2023; Békés et al., 2024; Lavik et al., 2022).

Despite this progress, research has emphasized counselors' views, leaving clients' subjective experiences comparatively underexamined (Hill et al., 2009). Yet clients and counselors weight different facets: counselors highlight their own

Table 1. Mapping Therapeutic Relationship Constructs Across Four Traditions: Congruence, Real Relationship, Mentalizing, and Transference Integration

	Person-Centered (Rogers)	Real Relationship (Gelso)	MBT (Bateman & Fonagy)	TFP (Kernberg)
Core Construct	Congruence	Real Relationship	Mentalizing Capacity	Integration of Split Object Relations
Short Definition	Therapist's authentic, transparent presence without façade	Mutual authenticity and relatively undistorted perception between therapist and client	Accurate inference of self/other mental states to stabilize affect and behavior	Making explicit and integrating polarized self/other representations
Primary Locus	Intrapersonal → Interpersonal	Interpersonal/Dyadic	Interpersonal with cognitive-affective focus	Interpersonal/Structural
View of Genuineness	Central: therapist's inner–outer consistency	One of two pillars; authenticity as experienced in the dyad	Important insofar as it models authentic curiosity	Valued but subordinated to interpretive work
View of Realism (accurate perception)	Implicit (via accurate empathy) rather than a named dyadic "realism"	Explicit, co-constructed, and bidirectional	Realism operationalized as accurate mental state attribution	Realism achieved by differentiating transference distortions from reality
Mechanism of Change	Growth via conditions that foster self-actualization	Strengthening a genuine, reality-based bond; rupture–repair cycles	Improved mentalizing in attachment-activating contexts	Insight via systematic transference interpretation → integration

authenticity and boundary management, whereas clients focus on the counselor's humanness, nonjudgment, and emotional availability; moreover, client perceptions more strongly predict outcomes (Gelso, 2011; Kivlighan et al., 2017; Tryon et al., 2018). Because the real relationship evolves—and often strengthens through rupture–repair cycles—client-side accounts are crucial for mapping its nonlinear development (Safran & Muran, 2000; Zilcha-Mano, 2017).

Critically, collectivist contexts shape how genuineness and realism are understood, displayed, and received (Soto et al., 2018; Sue & Sue, 2016). In Korea, norms around harmony, hierarchy, and face may recalibrate what counts as "authentic," when directness is welcomed or avoided, and how negative affect or disappointment is voiced (Kim & Atkinson, 2002; Tanaka-Matsumi, 2022). These cultural scripts operate most powerfully at the point of client perception—i.e., whether the counselor is experienced as sincere, nonjudgmental, and realistically attuned. For theory, then, client perspectives in collectivist settings are indispensable: they test the cultural generality of the construct, reveal culture-specific enactments of authenticity, and clarify how rupture and repair unfold under norms that prioritize relational harmony.

Guided by these considerations, the present study examines how Korean clients experience the formation and development of the real relationship in counseling, using grounded theory to delineate its stages and culturally situated mechanisms. Specifically, this study addresses the following research questions:

(1) How do clients perceive and experience the real relationship in counseling?
(2) Through what stages does the real relationship emerge during the counseling process?
(3) What are the clients' experiences at each developmental stage, and how do these experiences influence the counseling process and outcomes?
(4) What are the culturally specific and universal elements of the real relationship in the Korean context?

1. Method

1.1. Ethical Considerations

Given that interviews included emotionally evocative topics, we anticipated transient discomfort. To mitigate risk, we used a tiered interview guide that began with low-intensity prompts and moved to deeper questions only with explicit assent; participants could skip any question, pause, or terminate the interview without penalty. Interviewers followed a stepped distress protocol (pause/grounding, check willingness to continue, offer referrals, terminate if needed) and maintained clear nontherapeutic boundaries. No adverse events were reported. Although no direct clinical benefit was promised, participants frequently reported meaning-making from narrating their experiences. In view of the study's potential to inform training and practice regarding client-experienced real relationships in collectivist settings, the anticipated benefits outweighed minimal risks; the study was approved by the Institutional Review Board of the affiliated institution. Written informed consent was obtained prior to data collection and treated as ongoing throughout the interview. Identifiers were removed at transcription; pseudonyms are used in reporting. Audio and text files were encrypted and stored on institutionally managed, password-protected servers accessible only to the research team. As compensation, participants were paid 100,000 KRW (about USD 70), which is approximately ten times the Korean hourly minimum wage.

1.2. Research Design

We adopted a grounded theory approach, following Strauss and Corbin (1998), to examine how the real relationship emerges and develops in counseling. Grounded theory is a qualitative methodology designed to explicate the processes and structures of social phenomena and is well suited to deriving participant-anchored theoretical models for relatively exploratory topics. Guided by this framework, data analysis proceeded through three stages—open, axial, and selective coding—and the clients' experiences were theorized using the paradigm model. To enhance trustworthiness, we adhered to established procedures of qualitative rigor, including constant comparative analysis and triangulation.

1.3. Participants

1.3.1 Participant Selection Criteria

Participants were selected according to the following criteria: (1) Adults aged 18 or older who had either completed counseling or were approaching termination within the past year; (2) Participants received a minimum of ten individual counseling sessions from Level-1 counselors certified by the Korean Counseling Psychological Association (KCPA), the association's highest professional credential. Eligibility for Level-1 certification requires a master's degree in counseling; formal training in individual and group counseling, supervision, case presentations, and scholarly activities; and successful

completion of a written board examination and an oral interview; and (3) Clients who perceived that they had experienced a *real relationship* with their counselor and felt comfortable discussing it.

The requirement of a minimum of ten sessions was informed by previous research indicating that the real relationship typically requires time to develop (Gelso et al., 2018; Lo Coco et al., 2011). Limiting participation to individuals whose counseling had ended within the past year helped reduce potential recall bias (Busetto et al., 2020) and avoided interference with ongoing therapeutic processes (Taquette & da Matta Souza, 2022).

In this study, participants were selected based on their own recognition that they had experienced a real relationship during counseling. However, this does not imply that the relationship was necessarily positive. No assumptions or cues were provided regarding the valence—positive or negative—of the real relationship. This reflects an understanding of the real relationship as a multifaceted and evolving construct that encompasses both supportive and challenging relational experiences. Indeed, participants reported a wide range of interactions, including moments of affirmation as well as tension or conflict within the therapeutic relationship.

1.3.2 Participant Recruitment and Theoretical Saturation

We used purposive sampling with reputational case selection (Patton, 2015), in which trusted field informants identify participants likely to offer credible, in-depth accounts of the phenomenon. Counseling professionals recommended clients who demonstrated openness, expressive ability, and clear recognition of their experiences regarding the real relationship. Each professional could recommend only one client to avoid selection bias.

After receiving study information and providing informed consent, clients completed in-depth interviews. Consistent with grounded theory recommendations, we recruited 17 participants (Creswell & Poth, 2018; Guest et al., 2006). Data collection proceeded until theoretical saturation—no new concepts or themes—was observed: by Interview 14, no additional concepts emerged, and the final three interviews yielded no new themes. Theoretical sampling was used to ensure variation in gender, age, occupation, counseling duration, counseling setting, payment status, and counselors' theoretical orientations (Moser & Korstjens, 2018).

1.3.3 Participant Characteristics

Participant demographics are presented in Table 2. The gender distribution was skewed, with 13 women and 4 men, indicating a predominance of female participants. This imbalance reflects the tendency of Korean men to hold more negative attitudes toward counseling and to be less likely to seek psychological help than women (Park & Ha, 2024). It also aligns with national data indicating lower utilization rates of counseling services among men (Korea Labor Welfare Corporation, 2024).

Table 2. Characteristics of Participants

No.	Age	Gender	Participants' Job*	Participants' Educational level	Previous experience of counseling	Therapeutic approach of participants' counselors	Number of sessions completed when interviewed
1	59	Female	Counselor	Ph.D. Student	Yes	Object relational	125
2	54	Female	Counselor	M.A.	Yes	Person-centered	204
3	31	Male	Counselor	Ph.D. Student	None	Psychodynamic	310
4	33	Male	Counselor	M.A.	Yes	Psychodynamic	530
5	61	Female	Counselor	M.A.	Yes	Psychodynamic	340
6	39	Female	Counselor	M.A.	Yes	Psychodynamic	32
7	44	Female	Counselor	Ph.D. Student	Yes	Psychodynamic	30
8	48	Female	Counselor	M.A.	Yes	ACT	41
9	32	Female	Counselor	M.A.	Yes	ACT	48
10	46	Female	Writer	Ph.D. Student	None	Psychodynamic	300
11	38	Female	unemployed	M.A.	Yes	Person-centered	35
12	27	Female	Designer	B.A.	None	Person-centered	18
13	40	Female	Office worker	B.A.	None	Object relational	200
14	30	Female	Teacher	M.A.	Yes	Gestalt	16
15	62	Male	Businessman	Ph.D.	None	CBT	47
16	50	Female	Businessman	B.A.	Yes	Psychodynamic	103
17	41	Male	Office worker	B.A.	Yes	Object relational	59

Note. * All characteristics, except the therapeutic approach, pertain to participants who received counseling; ACT: Acceptance Commitment Therapy, CBT: Cognitive Behavioral Therapy.

Of the 17 participants, 9 (52.9%) were practicing counselors, while the remaining 8 (47.1%) were office workers, teachers, self-employed individuals, and freelancers. Regardless of professional backgrounds, all participants were instructed to reflect on their experiences of the real relationship explicitly from the standpoint of a client who had received counseling. Counseling duration ranged from 16 to 530 sessions (M=143). Counseling settings included private practices, government-supported agencies, and workplace-affiliated services. Payment structures varied (free, paid, or a transition from free to paid). Their counselors' theoretical orientations included psychodynamic therapy, person-centered therapy, object relations theory, cognitive behavioral therapy (CBT), Acceptance and Commitment Therapy (ACT), and Gestalt therapy.

1.4. Data Collection

Data collection occurred in three phases: (1) development and pilot testing of interview questions; (2) main interviews; and (3) Post-interview procedures and data transcription process.

1.4.1 Development of Interview Questions and Pilot Interviews

Semi-structured interview questions were developed based on prior work on the therapeutic relationship (Wampold, 2015), the real relationship (Gelso et al., 2018; Gelso & Kline, 2019), and client experiences (Ladmanová et al., 2025). Questions focused on clients' definitions of the therapeutic and real relationships, interactions with the counselor, and perceived changes and outcomes. Pilot interviews were conducted with five clients who reported experiencing a real relationships (60–90 minutes each), leading to adjustments in wording and difficulty. The interview guide was finalized in consultation with experts in grounded theory methodology, qualitative research, and counseling psychology. The finalized interview questions are presented in Table 3.

1.4.2 Main Interviews

Main interviews lasted approximately 60–90 minutes at locations preferred by participants. In some cases, a second, supplementary interview of approximately 30 minutes was conducted. Participants were provided with introductory materials on key concepts prior to the interviews to facilitate thoughtful responses. Interviews were conducted flexibly, with follow-up questions based on participants' responses, and researchers documented salient verbal and nonverbal cues in research notes (Busetto et al., 2020). Interviews were audio-recorded and fully transcribed immediately after each session.

1.4.3 Post-Interview Procedures and Member Checking

Following transcription, member checking was conducted twice to ensure that participants' statements were accurately reflected. Participants reviewed the transcripts and the analysis, and any corrections or deletions were incorporated. Additionally, the researcher's notes on significant verbal and nonverbal expressions, atmosphere, and emotional shifts were used to maintain contextual understanding during analysis.

1.5. Data Analysis

Data analysis involved open coding, axial coding, and selective coding. All interviews were transcribed, totaling 374 pages. Each transcript was anonymized by assigning participant codes.

During open coding, emotional, cognitive, and behavioral meaning units were extracted, integrated into subcategories and categories, and organized by properties and dimensions. In axial coding, categories were organized into causal conditions, context, intervening conditions, actions/interactions, and consequences. Process analysis was conducted to examine how real relationships changed dynamically over time, revealing a **cyclical** rather than linear pattern of development, including rupture–repair processes.

Finally, selective coding involved identifying the core category that best integrated relationships among the emergent concepts (Strauss & Corbin, 1998). To maintain focus on the six-stage process model, we emphasize the paradigm/Process analyses rather than presenting a separate situational model.

1.6. Researcher Positionality and Reflexive Stance

Qualitative analysis is unavoidably interpretive (Creswell & Poth, 2018). I am a certified counseling psychologist with over ten years of clinical practice and more than 300 sessions of personal analysis. This "insider" background afforded fluent access to clinical language and process, yet it may also have predisposed me to notice and privilege certain meanings—for example, counselor genuineness or rupture–repair—and to interpret clients' narratives through professional schemas. I therefore approach the present findings as situated interpretations, not neutral representations.

Table 3. Semi-Structured In-Depth Interview Protocol

Main Theme	Interview Question
(Research Question 1) The Real Relationship as Experienced by Clients	• At what point and in what context did you begin to experience this sense of real relationship? • What emotions did you feel when you experienced a real relationship in therapy? • Did you notice any physical reactions or bodily sensations at that moment? • What thoughts came to your mind during that experience? • What behaviors or actions did you take as a result of that experience?
(Research Question 2) Determinants of Real Relationship Formation	• Was there a turning point when the relationship shifted from a formal "therapist-client" dynamic to a more genuine human-to-human connection? Please describe it. • What therapist-related factors (traits, behaviors, or characteristics) do you think contributed to the development of a real relationship? • What aspects of yourself may have influenced the formation of a real relationship? • Were there any other external or contextual factors (outside of you and the therapist) that influenced this process?
(Research Question 3) Client Processes of Recognizing and Experiencing the Real Relationship	• What was the situation like before you began to feel a genuine human-to-human connection with your therapist (e.g., counseling atmosphere, degree of self-disclosure, your attitude during sessions)? • What aspects of your therapist (e.g., words, facial expressions, eye contact, nonverbal cues, emotional expression, or behaviors) made you feel that you were relating on a human level? • While experiencing this real relationship, how do you think you yourself responded (e.g., your tone, facial expressions, eye contact, emotions, behaviors)? • As the sessions progressed, how did your real relationship with your therapist change over time?
(Research Question 3) Effects of the Real Relationship on the Therapeutic Process, Outcomes, and Clients' Lives	• In what ways do you think the real relationship influenced the process of therapy? • How do you think it influenced the outcomes of therapy? • Did your perception or emotional experience of the therapist change after establishing a real relationship? • Have there been any changes in your daily life (e.g., school, work, relationships) as a result of forming a real relationship with your therapist? • What did you personally experience through the real relationship? • What does the real relationship mean to you?

Note. This table presents the semi-structured interview questions developed to explore clients' experiences of the real relationship in psychotherapy.

At the outset, I documented several expectations to bracket during analysis: that clients' experiences of the real relationship would be linked to outcomes; that severe distress might constrain recognition of the real relationship; that counselor attitudes and interventions would shape real-relationship moments; and that positive experiences of the real relationship could generalize to wider relational change. These assumptions were treated as analytic hypotheses to be examined, challenged, or revised rather than premises to be confirmed.

I also anticipated specific ways my dual identity as counselor–researcher could influence coding and theory building. In particular, I remained alert to the possibility of foregrounding counselor-centric constructs (e.g., authenticity, acceptance) at the expense of client idioms; of over-attributing coherence to clients' descriptions by reading for alliance rather than ambivalence; and of normalizing disappointment as developmental (rupture–repair) while underweighting accounts of mismatch or withdrawal.

To make such influences visible—rather than to claim their elimination—I employed several complementary practices. I engaged in reflexive bracketing and memoing (Olmos-Vega et al., 2022) before and after each coding session to log assumptions, discomforts, and shifts in interpretation; sought peer debriefing with qualitative-methods colleagues who did not share my clinical background to probe counselor-centric readings; conducted periodic code–text audits to ensure category

definitions tracked participants' language; attended to disconfirming and negative cases, revising categories when narratives contradicted early expectations; and, where feasible in second-pass checks, blinded coders to participant background (e.g., whether the speaker had counseling training). These strategies do not remove positionality; they document it and subject it to critical scrutiny. Where tensions remained—for example, when differentiating moments of "genuineness" from "politeness"—I preserved ambiguity in theme labels and illustrated the distinction with contrasting quotations in the Results.

1.7. Ensuring Research Quality

To ensure research quality, the following strategies were employed:

Constant comparative analysis throughout data collection and analysis (Charmaz & Thornberg, 2021);
Member checking to verify the accuracy and resonance of interpretations (Birt et al., 2016);
An audit trail documenting analytic decisions (Busetto et al., 2020);
Expert review by multiple qualitative research specialists to validate analytic processes and findings (Ahmed, 2024; Nowell et al., 2017);
Detailed contextual descriptions of participants, interview settings, and the researcher's role to enhance transferability (Ahmed, 2024).

2. Results

2.1. Open Coding Results

To establish a basic structure for understanding clients' experiences of the real relationship during counseling, the interview data were read and analyzed iteratively. Meaningful concepts were named and categorized, and properties and dimensions of each category were specified. Individual category tables were developed for each participant and then synthesized into a comprehensive table. Through this process, 271 concepts, 72 subcategories, and 36 categories were identified. This categorization indicated that clients' real relationship experiences manifested in a multilayered way across cognitive, emotional, and behavioral dimensions.

2.2. Axial Coding Results

2.2.1 Paradigm Model of the Clients' Experience of the Real Relationship

In grounded theory, axial coding is an analytic procedure through which data are related at the level of categories and subcategories. It refines and reorganizes the products of open coding and elucidates linkages among themes to lay the groundwork for theory development. In conducting axial coding, we posed questions such as "when, how, where, why, and with what consequences" to conceptualize the core phenomenon and reveal the latent structure of the data at a higher level of integration. The resulting analysis was organized on the basis of Strauss and Corbin's (1998) paradigm model and is summarized in Figure 1.

2.2.2 Process Analysis

Process analysis examines how a phenomenon unfolds over time and how actions and interactions shape that evolution (Corbin & Strauss, 2008). In this study, we depicted clients' experiences of the real relationship as a time-ordered process within counseling. The analysis indicated a six-stage trajectory—*Beginning of Guardedness, Emergence of Trust, Emotional Collision, Acceptance of Reality, Reconstruction of the Relationship,* and *Sustaining Change* (see Figure 2). While each stage was qualitatively distinct, the stages were interrelated and exhibited a *cyclical*, rather than purely linear, developmental course. Among them, Beginning of Guardedness and Emergence of Trust functioned as antecedent conditions for the real relationship phenomenon; Emotional Collision and Acceptance of Reality represented the phenomenon itself; and Reconstruction of the Relationship and Sustaining Change were consequential outcomes of that phenomenon.

Before finalizing the results, we re-examined the dataset to assess the stability of the findings across participant subgroups. Participants were divided into two groups: practicing counselors and lay clients. This secondary analysis revealed no notable qualitative differences in the core themes or in the overall structure of the developmental process. Both groups consistently described the same six-stage model, suggesting that the essential nature of the experience was not substantially influenced by professional background. Counselor-participants tended to articulate their emotional experiences with greater nuance—reflecting expressive and reflective skill rather than a fundamentally different experience. Lay clients likewise reported

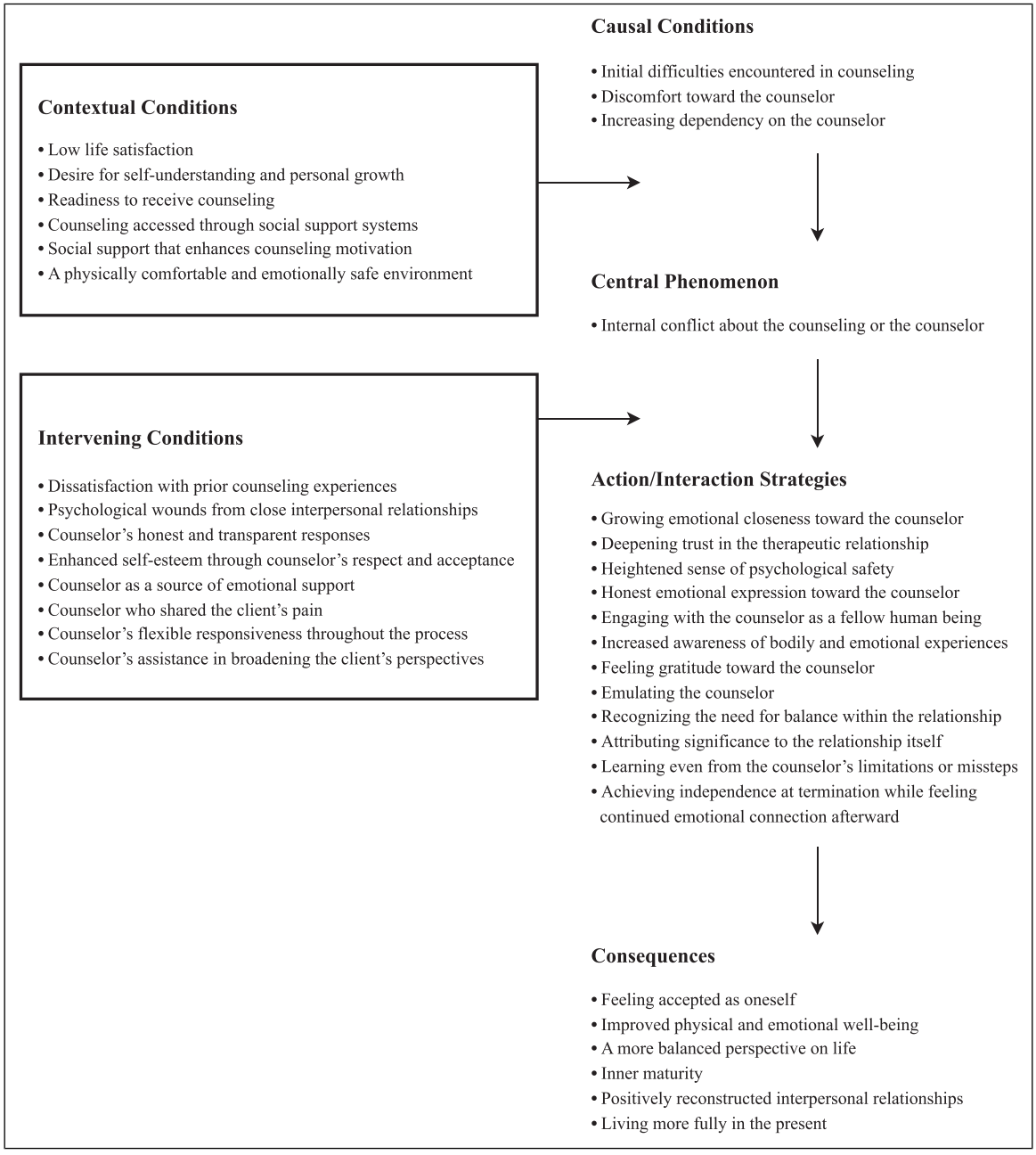


Figure 1. Paradigm Model of the Clients' Experience of the Real Relationship

comparable relational and emotional shifts. To ensure balanced representation, we presented direct quotations from both groups for each stage. The stages derived from this analysis are presented in Table 4.

2.2.3. Selective Coding

2.2.3.1. Core Category. Through selective coding, the following core category was identified: "A journey of growth through overcoming inner conflicts and reconstructing relational patterns via a genuine and deep connection with the counselor." The deep and authentic relationship with the counselor enabled participants to confront and reinterpret internal conflicts. Through experiences of acceptance and rupture within the relationship, participants gained deeper self-understanding and emotional resilience. The relationship functioned not as an external solution but as a mirror facilitating internal change, fostering more mature and autonomous relational patterns beyond the therapeutic context. Participants

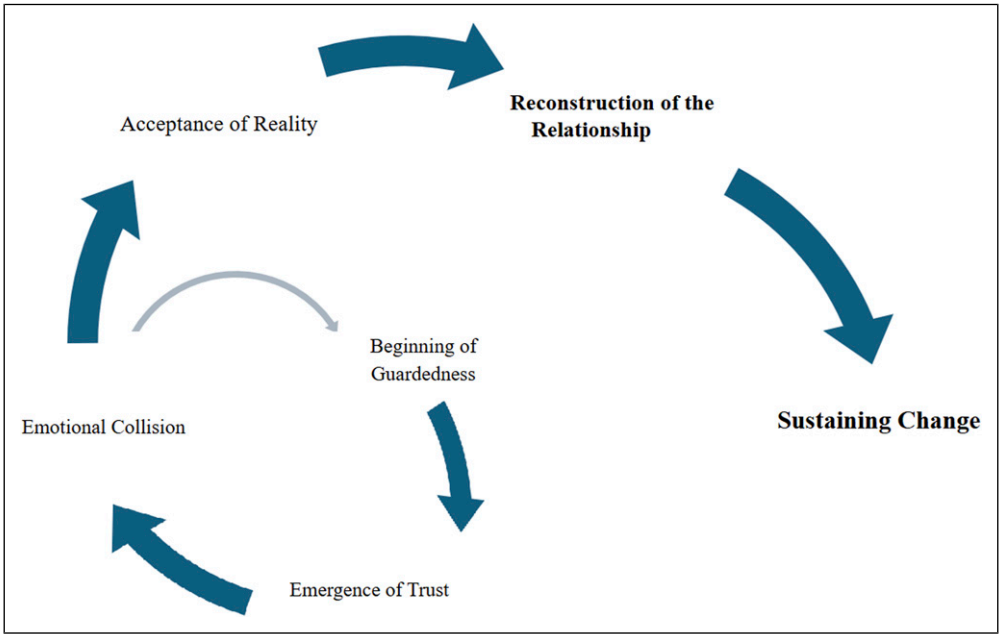


Figure 2. Six-stage Trajectory of the Client's Real Relationship Experience

reported that even after counseling had ended, the real-relationship experience continued to serve as a psychological anchor, supporting ongoing personal development and relational satisfaction.

3. Discussion

3.1. The Meaning of Clients' Experienced Real Relationship

Drawing on the narratives of 17 participants, this study explored how clients perceive and experience the real relationship from their own perspective. Across interviews, the core category was a growth trajectory in which clients moved from inner conflict toward self-restoration and relational reorganization through a genuine, deeply felt bond with the counselor. Five interlocking features characterized this process: felt safety, egalitarian collaboration, acceptance of counselor limitations, shifting value from outcomes to the relationship itself, and post-termination persistence of the bond.

Felt safety as a precondition. Clients initially reported anxiety, doubt, and reluctance to self-disclose. Safety emerged as counselors enacted genuineness and consistency, which clients read not only in words but in coherence of gaze, facial expression, gesture, and timing. Such nonverbal attunement functioned as an authenticity cue and scaffolded trust and self-disclosure, consistent with work on the real relationship and nonverbal contributions to credibility and alliance (Gelso & Hayes, 1998; Hall et al., 1995; Marci et al., 2007; Sharpley & Sagris, 1995). Calm, contained responses to painful revelations also conveyed psychological holding, paralleling Bion's notion of containment.

Egalitarian collaboration. Clients experienced the relationship less as hierarchical (expert–recipient) and more as human-to-human partnership. Judicious, context-appropriate therapist self-disclosure humanized the counselor and invited reciprocity, thereby strengthening collaboration and engagement (Farber, 2006; Knox & Hill, 2003). Clients described moving from one-way help-seeking to mutual participation, aligning with views of clients as active partners in change (Safran & Muran, 2000).

Accepting limits and deepening the bond. Many clients began with idealization, later encountering the counselor's limits or errors. When processed within a trusting alliance, these moments catalyzed reappraisal: the counselor was recognized as a fallible person, which, in turn, supported clients' self-acceptance and relational depth (Gelso & Carter, 1994; Gelso & Hayes, 1998; Hill et al., 1993). Rupture–repair cycles thus served as engines of development (Safran & Muran, 2000).

Relationship as outcome—and its spillover. Over time, clients' focus shifted from symptom relief to valuing the relationship itself as intrinsically meaningful and change-promoting. Many reported unexpected interpersonal gains—greater security, improved day-to-day relating, and downstream academic/occupational benefits—suggesting transfer of

Table 4. Six-Stage Model of Clients' Real-Relationship Development: Key Features by Stage

Stage	Core Emotional Theme	Therapeutic Function
1. Beginning of Guardedness	-Distrust and Tension -Defense arising from past relational wounds -Fear of exposing vulnerability -Suppression and avoidance of emotion	-Creating a safe therapeutic environment -Laying the groundwork for trust -Respecting the client's pace -Recognizing the protective function of defenses
	(Participant CM3) "*In the beginning, I was extremely cautious. I tried to talk in a narrative way but avoided true emotional contact.*" (Participant NCF13) "*I wondered if the counselor could truly understand me. After all, this was their job. Could they really care about me?*"	
2. Emergence of Trust	-Gradual formation of trust -Increased sense of safety -Feeling accepted -Attenuation/softening of defenses	-Provision of nonjudgmental acceptance -Consistent, genuinely authentic stance -Communication of empathic understanding -Facilitation of client self-disclosure
	(Participant CF6) "*When I talked about how I thought I was really the problem, my counselor didn't judge me—she just accepted it as it was. That kind of response, not being evaluative or critical, really made me feel like… she wasn't there to judge me but to actually see me for who I was and try to understand me. That feeling was super important in the beginning. And because she accepted me just as I was, I thought my self-esteem started to grow too. It felt like that acceptance lifted me up.*" (Participant NCF14) "*After getting hurt by a counselor in a previous session, I started thinking I shouldn't trust people so easily anymore. I was the kind of person who, once I started trusting someone, I just fell into it completely. And especially because it was a counselor —I had thought they were someone I could really trust—I trusted even more. So I thought that's why it hit me harder. I remmbered thinking, 'Maybe I shouldn't trust counselors too much either.' […] But this time, they really listened. Like, really focused on what I was saying, and didn't jump to empathize or say something comforting too quickly. And weirdly enough, that was what made me open up more. I hadn't expected my story to be received in such a calm, steady way. After that, I started to feel like… maybe it was okay to open up a little more."*	
3. Emotional Collision	-Dependence–independence conflict -Expectations and disappointment -Ambivalence -De-idealization -Relational tension	-Exploration and working-through of relational conflict -Recalibration of realistic expectations -Facilitation of recognizing the counselor's limits -Therapeutic use of relational ruptures
	(Participant CM3) "*Sometimes I just wanted to push aside what my counselor said. Like, I wanted to express all the little details, every bit of how I felt—but I still wished she'd pick up on those things more carefully. The truth was, she wasn't as sensitive as I was… and I had come to feel that limit. She could be a bit blunt, and sometimes she came off kind of rushed. And when that happened, it was really frustrating—like it broke the flow of everything.*" (Participant NCF12) "*She used to praise me a lot. And honestly, that meant so much to me—because I didn't really get that kind of praise from my mom or dad growing up. She told me I was a 'prepared client' and things like that… and I loved hearing it. But then, one day, I totally messed up the date and missed our session. I felt so, so sorry. I was scared she'd be really disappointed in me. I wanted to live up to her expectations—and I thought, 'If I let her down, maybe I shouldn't keep coming anymore.' And… part of me even felt resentful. Like, why did she make me feel so pressured in the first place?*"	

(continued)

Table 4. (continued)

Stage	Core Emotional Theme	Therapeutic Function
4. Acceptance of Reality	-Acceptance of the counselor's human limitations -Mutual vulnerability -Maturity -Emotional stability	-Support for forming realistic relational orientations -Recognition of the value of imperfect relationships -Deepened understanding of self and others -Promotion of awareness of relational reciprocity
	(Participant CM4) "*I thought the key thing I came to realize about the shift in our real relationship was this: how much of her limitations I had experienced. […] Sure, there were people I naturally synced well with, but no matter how well things were aligned, we were never going to be the same. In the end, what really mattered was how I made sense of that—what I chose to let go of, what I could accept, and how I digested all of it emotionally. That was the real core of it.*"	
	(Participant NCF11) "*I came to see my counselor when I was in a really anxious state. Later, when I had calmed down a bit, she told me that she had actually felt anxious too in the beginning—because she really wanted to help me. She said the same kind of anxious feelings had come up for her. And hearing that… I don't know, it just made me feel like we were really in sync, like we were really connecting in that moment. I thought, 'She was human too. She really felt with me. She wasn't just listening—she was feeling it with me because she wanted to help.'*"	
5. Reconstruction of the Relationship	-Confidence and inner strength -Boundary-setting ability -Relational autonomy -Healthy self-expression	-Extending therapeutic insights into everyday life -Supporting the reconstruction of healthy interpersonal patterns -Strengthening boundary-setting capacities -Enhancing interpersonal competence
	(Participant CF5) "*After therapy, people started telling me I seemed stronger. And honestly, I felt it—like this strength deep inside, in my gut or something. I used to be all timid, shrinking into myself in public. But by then? I could speak up, get angry when I needed to—some even joked that I had turned into a bit of a fighter. [laughed] When problems came up, I was like, 'Well, let's just deal with it.' I thought I had gained this confidence… this courage.*"	
	(Participant NCF16) "*I used to be really dependent on people. Like with my friends and family—I thought I would just lean on them too much, and my mood would swung up and down based on every little thing they said or did. But through counseling, I learned how important it was to have boundaries. I used to get super annoyed at people who crossed the line with me. But later I realized… I hadn't even drawn the line in the first place. At first, setting boundaries felt a little uncomfortable—like I was being cold or distant. But honestly? Once I started doing it, it felt so much better.*"	
6. Sustaining Change	-Internalization of insight -Autonomous application -Sustained growth -Psychological resilience	-Ongoing utilization of the internalized therapeutic relationship as a resource -Consolidation of independent problem-solving ability -Enduring post-termination influence of the therapeutic relationship -Strengthening of self-care capacity -Reconstructing life with a present-focused orientation
	(Participant CF2) "*Being able to live in the present—that was probably the biggest change. I used to always dwell on the past, regretting things, going over them again and again, blaming myself, and feeling depressed. And then I pulled the future into the present, worrying about things that hadn't even happened yet. But by then, I didn't hold on so tightly to the things I couldn't control. I just tried to focus on what I could do right now, and did my best with that. And honestly? Life felt so much lighter.*"	
	(Participant NCF10) "*Even after therapy was over, I still found myself thinking about the things she said… the conversations we had. Sometimes I wondered, 'What would she say if she were there right then?' I could almost see her face, hear the tone of her voice—it all came back so vividly. And when that happened, it kind of helped me pull myself together again. In the past, when something happened that made my heart sink, I'd get so scared and anxious. But by then… I could talk to myself the way she used to talk to me. 'You're doing okay. That's actually pretty brave of you. It's alright—you're doing just fine.' And that helped. A lot.*"	

Note. We prefixed participants' statements with their characteristics and gender: counselor-participant (C) or non-counselor participant (NC), and male (M) or female (F). For example, CM3 refers to a participant whose job is a counselor, male, and assigned the number 3.

relational learning beyond the therapy dyad (Horvath & Symonds, 1991; Mallinckrodt, 1991; Marmarosh & Kivlighan, 2012).

Persistence beyond termination. After ending therapy, clients frequently evoked the counselor's voice, gaze, and manner as an internal object that provided guidance and calm in daily life (Fairbairn, 1952). Clear termination practices that combined encouragement of psychological independence with continued availability (as-needed return) were experienced as containing and reduced post-termination distress.

Taken together, clients' narratives portray the real relationship as embodied and reciprocal, deepened by negotiated limits and sustained through internalization. These findings specify client-side mechanisms—safety through embodied genuineness, collaboration via humanizing disclosure, and growth through rupture–repair—by which the real relationship organizes change within and beyond the consulting room.

Previous studies have noted that while counselors and clients may share a general awareness of the existence and quality of the real relationship, discrepancies often emerge in the emphasis placed on different elements and in the depth of interpretation (Jin et al., 2019; Klein et al., 2001). A key point of convergence is that both counselors and clients tend to view genuineness and emotional connection as central components of the real relationship (Fuertes et al., 2007; Gelso & Hayes, 1998).

Nevertheless, counselors and clients often diverge in how they evaluate and interpret the real relationship. Counselors typically view the real relationship as a foundation for therapeutic progress, emphasizing professional consistency, emotional regulation skills, and relational ethics (Gelso, 2011). From the counselor's standpoint, the authenticity or realism of interactions is evaluated in terms of how well it facilitates goal attainment and whether the client perceives these efforts as supportive.

In contrast, clients tend to experience the real relationship primarily through the lens of psychological safety and emotional bonding—a trend echoed in the findings of the present study. Many clients interpret the counselor's empathy, warmth, and self-disclosure as key indicators of genuineness (Knox & Hill, 2003). Participants in our study likewise highlighted emotional safety as a foundational prerequisite for forming a real relationship. Furthermore, they reported that witnessing a counselor's mistakes or limitations—when met with honesty and openness—served as pivotal moments that deepened the relationship, a pattern also observed by Farber and Hall (2002).

3.2. The Emergence of the Real Relationship in Counseling

This study also examined the stages of the therapeutic process at which the real relationship emerges. Clients' accounts indicated a six-stage, recursive trajectory—Beginning of Guardedness, Emergence of Trust, Emotional Collision, Acceptance of Reality, Reconstruction of the Relationship, and Sustaining Change—that charted how the real relationship developed and operated. Findings revealed that while the real relationship often began during Emergence of Trust, it was through the subsequent stages of Emotional Collision and Acceptance of Reality that a deeper and more meaningful real relationship took shape. Most participants reported experiencing the real relationship more intensely at key turning points—particularly when early idealization of the counselor began to dissolve and they confronted, then gradually accepted, the counselor's human limitations.

However, the emergence of the real relationship varied across individuals and appeared to be influenced by multiple factors, such as prior relational experiences, readiness for therapy, and client-counselor fit. Interestingly, even when participants felt guarded or uncertain about fully trusting the counselor, they often still expressed a sense of hope and commitment to the therapeutic process. This suggests that the real relationship does not emerge all at once, but rather unfolds gradually and incrementally.

Furthermore, participants described the development of the real relationship as cyclical rather than linear. Stages such as trust-building, emotional collision, and acceptance were not experienced only once; they recurred through repeated moments of rupture and repair. These cyclical patterns reflect a dynamic, evolving relational process through which the real relationship was progressively strengthened.

3.3. Client Experiences Across Developmental Stages and Their Impact on Process and Outcomes

Stage 1. Beginning of Guardedness. Early sessions were marked by anxiety, doubt, and defensive self-protection rooted in prior relational experiences. Counselors' consistent, nonjudgmental stance began to soften vigilance, laying the groundwork for trust (Gelso & Samstag, 2008; Horvath & Greenberg, 1989).

Stage 2. Emergence of Trust. Trust consolidated through felt safety created by congruent verbal–nonverbal behavior and calm, empathic reception of difficult material. Clients read authenticity in the alignment of gaze, facial expression, gesture, and timing; such attunement scaffolded disclosure and alliance (Gelso & Hayes, 1998; Hall et al., 1995; Marci

et al., 2007; Sharpley & Sagris, 1995). Contained responses resembled Bion's containment, enabling exploration of affect.

Stage 3. Emotional Collision. As intimacy deepened, clients encountered ambivalence (idealization vs. disappointment; dependency vs. autonomy). Perceived errors or limits initially ruptured expectations but, when processed collaboratively, humanized the counselor and invited more reality-based relating (Gelso & Hayes, 1998; Hill et al., 1993; Safran & Muran, 2000).

Stage 4. Acceptance of Reality. Letting go of idealized images and acknowledging mutual fallibility stabilized the bond. Honest recognition of the counselor's limits fostered clients' self-acceptance and a more mature, here-and-now connection (Farber & Hall, 2002; Mearns & Thorne, 2000).

Stage 5. Reconstruction of the Relationship. Clients translated insights into relational reorganization: clearer boundaries, more agentic communication, and reduced emotion-driven accommodation. They described increasing capacity to assert needs and to decline undesired demands, generalizing learning beyond therapy (Rennie, 2001).

Stage 6. Sustaining Change. After termination, many continued to draw on an internalized counselor—voice, gaze, and manner as a supportive internal object—supporting everyday regulation and relational stability (Fairbairn, 1952; Gelso, 2011). Gains extended to academic/occupational domains, suggesting that real relationship processes seed durable, cumulative change.

Taken together, the real relationship functions as an embodied, reciprocal process: congruent presence enables disclosure; rupture–repair clarifies reality and deepens mutuality; and internalization sustains change. This stage sequence offers a client-side process model linking genuineness, realism, and relational learning to therapeutic outcomes within and beyond the consulting room.

3.4. Culturally Specific and Universal Elements of the Real Relationship in Korea

The real relationship, as conceptualized in Western psychological theory, is defined as an interpersonal bond characterized by genuineness and realism between counselor and client (Gelso, 2011). Within this framework, authenticity is typically demonstrated through the counselor's consistent, nondefensive presence, emotional congruence, and reality-based perceptions of the client. The therapeutic relationship is often structured with clearly defined boundaries, emphasizing the counselor's professional role and the client's autonomy (Gelso & Hayes, 1998). Self-disclosure by the counselor is used judiciously, and the relationship is guided by a collaborative but task-focused alliance.

However, findings from this study suggest that clients from collectivist, family-oriented cultures, such as those in East Asia, may conceptualize and experience the real relationship differently. In Korean culture, influenced by Confucian values, clients often prioritize interpersonal harmony, emotional resonance, and relational security over task-oriented collaboration (Chen & Mallinckrodt, 2002; Kim & Atkinson, 2002). Consistent with this emphasis, recent Korean work shows that the trajectory of the real relationship deepens across early sessions and that its rate of change covaries with outcomes, underscoring clients' sensitivity to moment-to-moment relational safety and attunement (Lee & Choi, 2019). The following examples illustrate this point:

> (Participant CF6) "*It felt like she was responding just as herself—like an older sister, comfortable and genuine. When her reactions weren't polished or scripted, but natural and unfiltered, that's when I felt closest to her. It made her feel more approachable, more real.*"

> (Participant CF8) "*One time, the counselor gave me a container of ssamjang sauce, saying, 'This is really good—try it with your kids.' That small, sincere gesture—offering me something she personally enjoyed—felt deeply human. It made her feel more real, more connected to me as a person.*"

These examples demonstrate how genuineness can be conveyed through emotionally resonant, everyday interactions. Even seemingly minor acts of personal sharing by the counselor were perceived as expressions of human warmth, transcending formal boundaries and fostering deeper relational engagement. Participants consistently reported that such moments led to greater therapeutic involvement, suggesting a prioritization of the counselor's humanity over their professional authority. Qualitative work with Korean counselors likewise indicates that real relationship is often recognized through concrete, humanizing behaviors (warmth, naturalness, congruent nonverbal cues) rather than role-based formality (Cho & Seo, 2017). In this relational schema, the counselor is more often perceived as a warm, mentoring figure than as a detached expert, and genuine connection is cultivated through relational warmth and nonverbal attunement (Carmichael & Mizrahi, 2023; Chen & Mallinckrodt, 2002; Zane & Ku, 2014).

Cho and Seo (2017) similarly found that Korean counselors placed significant emphasis on the nurturing role of the counselor, often engaging with both the personal and practical aspects of clients' lives. Our findings align with this view, showing that Korean clients regarded emotional resonance and relational security as key indicators of a meaningful therapeutic bond. That both counselors and clients saw the counselor's caregiving or maternal role as integral to the real relationship reflects a relationship-oriented cultural context, where emotional attunement and human connection are central values. Extending this, Korean interview studies on helping skills describe deliberate modifications of Western-taught techniques—greater relational warmth, flexible boundaries, and culturally tuned self-disclosure—to better fit local expectations of harmony and care (Joo et al., 2019).

Importantly, clients in East Asian contexts appear to assign greater meaning to counselors' personal qualities—such as warmth, humility, and responsiveness—than to formal expertise. Expressions of genuineness may involve informal and affectively rich interactions that could be considered unprofessional in some Western contexts but are perceived as deeply validating and trustworthy in Eastern ones (Sue & Sue, 2016). Chen and Mallinckrodt (2002), in their study of Chinese clients, found that counselor self-disclosure and human warmth were experienced as more genuine than neutrality or professional distance—a closely similar pattern we also observed in our study. Related Korean evidence further shows that judicious, humane self-disclosure and explicitly expressed care are rated as helpful and relationship-deepening in high-risk clinical contexts (e.g., suicidality), highlighting the cultural acceptance of warm, personal presence as authentic (Park et al., 2022).

This account highlights how authenticity may be experienced not through perfection, but through the open acknowledgment of imperfection. Such moments of counselor vulnerability can dismantle idealized images and foster deeper self-acceptance for clients; counselor emotion and interpersonal conflict may thus serve as essential elements of relational reciprocity.

Across multiple cases, participants emphasized that genuineness was experienced not through professional distance but through emotionally attuned, human connection. Mentions of counselor authenticity appeared far more frequently than references to expertise, suggesting that within East Asian cultural frameworks, relational authenticity may be valued more highly than clinical authority. This pattern mirrors Korean counselors' own descriptions of what "feels real" in practice (e.g., congruent affect, natural responsiveness), reinforcing a culturally shared lexicon of authenticity across both sides of the dyad (Cho & Seo, 2017).

Clients from East Asian backgrounds often perceived counselors less as distant experts and more as human mentors or life companions. Trust was cultivated through counselor humility and emotional responsiveness, rather than through status or technical competence. For instance, one participant described a pivotal moment when the counselor cried alongside her, which she identified as the point at which she finally felt emotionally safe. Such experiences of emotional resonance—where the counselor participates in the client's affective world—can function as existential moments of connection. These encounters invite comparison with Buber's I–Thou: a qualitatively different mode of meeting than I–It—dialogical, mutual, and marked by presence rather than instrumentality—one that cannot be manufactured on demand but can be prepared for through openness and responsiveness (Buber, 1958/1970). The client accounts here echo these hallmarks, including mutual presence and affirmation of the other's subjectivity. Although I–Thou is a philosophical–dialogical ideal while psychotherapy is a professional, ethically bounded relationship, these moments sit at the intersection of Buber's I–Thou and Gelso's real relationship. Clients' reports suggest that genuineness and realism are the clinical correlates of I–Thou-like meeting in therapy.

These findings are supported by Zane and Ku (2014), who found that Asian American clients highly valued emotional bonding and counselor self-disclosure, while perceiving emotionally restrained or overly objective counselors as lacking in genuineness. These cultural preferences suggest a relational model in which warmth and transparency are central to the perception of authenticity.

Ultimately, the cultural shaping of real relationship experiences highlights the importance of cultural humility (Hook et al., 2013) and the need for therapeutic models that are responsive to diverse value systems. For clients from collectivist or family-oriented cultures, the real relationship may not only facilitate personal growth but also serve as a corrective emotional experience, challenging internalized expectations around hierarchy, emotional expression, and relational dependency. These insights call for a culturally expanded conceptualization of the real relationship—one that incorporates both universal relational principles and culturally specific expressions of authenticity and connection.

3.5. Implications for Clinical Practice

In light of differences in how counselors and clients perceive the real relationship—and of cultural influences—this study suggests three practice implications. First, counselors should routinely gauge how their displays of genuineness are received by clients, using affective responses and direct feedback as indicators of relational quality. Training and supervision ought to

balance counselor self-assessment with systematic attention to the client's perspective; counselors can otherwise overestimate the relationship's strength (Klein et al., 2001). Second, clinicians should approach the relationship with cultural humility, tailoring relational style to clients' values and expectations. Because expressions of genuineness are culturally mediated (Hook et al., 2013), collaborative, egalitarian interactions may be more effective than hierarchical or overly formal styles for clients from harmony-oriented, collectivist contexts. Third, counselors must attend closely to nonverbal cues and clients' interpretive frames when evaluating depth and authenticity. Among Korean clients, genuineness and trust were often inferred from tone, gaze, posture, and overall atmosphere rather than explicit affirmations; clinicians should ensure their presence communicates consistency, authenticity, and emotional safety beyond words.

Overall, while the real relationship includes universal therapeutic elements, its expression and perception are shaped by cultural and interpersonal contexts. Because the bond is co-constructed yet differently interpreted, clinicians should actively bridge perceptual gaps, align relational meanings, and cultivate culturally responsive practice.

3.6. Limitations and Directions for Future Research

Despite its contributions, this study has several limitations. First, the sample was predominantly female (13 of 17), reflecting gendered help-seeking patterns in Korea but limiting the transferability of findings to men. This imbalance may have shaped the narratives we captured—particularly around disclosure, trust, dependency, and rupture–repair—given gendered differences in relational socialization, comfort with emotional expression, and perceived stigma regarding counseling. Consequently, the stage-based trajectory identified here may overrepresent dynamics salient to female clients and underrepresent patterns that could emerge among men (e.g., delayed trust formation, stronger aversion to dependency, or different meanings ascribed to counselor authenticity). Future work should purposively recruit and, if needed, oversample male clients; compare trajectories by gender and therapist–client gender match; and examine intersections with age, occupational role, and treatment history.

Second, nearly half of the sample (9 of 17) had formal training in counseling. This composition may have introduced role-related biases—such as social desirability, impression management, or theory-led interpretation—when narrating their experiences. Participants with counseling backgrounds may be more inclined to frame encounters in professionally valued terms (e.g., genuineness, acceptance, rupture–repair), minimize dissatisfaction, or evaluate interactions through a technical vocabulary not equally available to non-trained clients. Such 'insider' perspectives can enrich nuance but also risk attenuating negative appraisals or over-attributing meaning to routine interactions. Future research should stratify by professional background and consider mixed-method designs that triangulate interviews with therapist notes, session-process measures, or behavioral indicators of change.

Third, this is a retrospective, self-report study, and participants' accounts may be inaccurate, biased, or subject to personal interpretation (e.g., recall bias, reconstruction, mood-congruent or theory-consistent remembering). These features can influence how sequences (e.g., trust → rupture → repair) are reported. Prospective designs that incorporate session recordings, concurrent process measures, diary/EMA methods, or informant triangulation would help calibrate retrospective narratives against in-the-moment data.

Fourth, counseling durations varied widely (16 to 530 sessions), but the impact of therapy length on real relationship development was not systematically analyzed. Future work should compare short-versus long-term contexts and, given participants' reports that the real relationship influenced life after therapy, employ longitudinal designs to track how these dynamics contribute to durable therapeutic gains.

4. Conclusion

This study examined the real relationship in counseling from clients' perspectives and identified a six-stage trajectory—from initial guardedness to relational reconstruction and sustaining change. A central finding was that accepting the counselor's limitations marked a pivotal turning point that deepened the bond. The real relationship also operated as an enduring internal resource, continuing to shape clients' lives after termination. Notably, experiential processes did not differ essentially between lay clients and those with counseling training. In the Korean context, clients placed particular value on the emotional atmosphere and embodied cues within sessions, reflecting culturally shaped modes of perceiving genuineness and safety. By articulating how clients in an East Asian setting experience the real relationship, this study amplifies client voices from a non-Western context and extends the cultural applicability of real relationship theory beyond Western frameworks.

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ORCID iDs

Jung Hee Ha https://orcid.org/0000-0003-1139-0166
Juliet Jue https://orcid.org/0000-0002-1344-9355

Ethical Considerations

The study was approved by the Institutional Review Board of Hanyang University (HYUIRB-202408-017).

Authors' Contribution

Conceived of the presented idea, Young Mi Lee, Jung Hee Ha; Collected the data, Young Mi Lee; Data curation and Analysis, Young Mi Lee, Jung Hee Ha; Wrote the paper, Young Mi Lee, Juliet Jue.

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Data Availability Statement

The data supporting this study, including anonymized interview transcripts and field notes, are available from the corresponding author upon reasonable request.

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