Past, Present and Future of Korean Psychiatry

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Abstract

The history of Korean psychiatry can be epitomized along the stages of westernization and modernization of the nation. The opening of a psychiatric unit of the Japanese colonial government hospital was the first psychiatric treatment facility of western style in Korea, which was later followed by a more humane psychiatric service introduced by a missionary psychiatrist at Severance Hospital. The two mainstreams of Korean psychiatry during colonial days came to end by the outbreak of World War II. The Korean war was a turning point for the modernization of Korean psychiatry due to the influence of American medicine particularly for opportunities for a massive training of professional manpower during and after the war. Many young psychiatrists went abroad for training and their return and dedicated contributions highlighted the establishment of contemporary Korean psychiatry. Today, the level of biological researches attained a world level and the standards of psychiatric education system outstanding in it's excellence. Rapid paces of westernization and modernization was a busy journey to catch up with developed countries mainly to assimilate their progress. Now Korean psychiatry is in stalemate, however, for it now searches for a new identity and directions. For new directions, the suggested were 1) the discovery of a new identity of Korean psychiatry with historical perspective so that a new mind is set forward, 2) integration of brain not only with mind but also with culture, 3) a strategy to form East Asia regional network and hub for more active collaborations with East Asian countries, 4) and a vigorous training program for the leadership of global caliber of young Korean psychiatrists.

Key Words: history, Korean psychiatry

Colonial Psychiatry

The dawn of Korean psychiatry began in late 19th century when the first public hospital of the Japanese colonial government, Chosun Chongdokbo Hospital, was established in 1911 after a long dark ages of abandonment of mentally ill in this land. From the opening, a separate unit was furnished to treat mentally ill while the need for the accommodation of mental patients was recognized by the government and the hospital authority. The second annual report of the Chosun Chongdokbo Hospital (1912-1913) describes the care given to those mental patients hospitalized. The in-patients described in this report included those who were brought to the hospital by local police forces because of various behavior problems in communities and mentally disordered referred by other departments of the hospital such as Internal Medicine or Obstetrics and Gynecology. The descriptions of the behavior problems included habitual stealing, violent fight, fraud, ward wandering, threatening, potential elopement, sexual deviates, homicidal tendency, cloth ripper, and arson-obviously reported descriptions were not necessarily the conducts causing their admissions but observed while they were hospitalized. Referred patients from other departments were patients with psychiatric complications of physical diseases, syphilis of the central nervous system for example, or typical mental disorder such as Dementia Praecox. The unit was capable of accommodating 35 patients with a Korean ondol styled chamber petitioned to separate man and woman.

The treatment was carried out by Japanese professional staffs who already had experiences of treating mentally ill in Japan. Japan imported western medicine and established treatment facilities of western style ahead of Korea. They started to treat mentally ill in special facilities since late nineteen century. For example, Ono Charity Hospital, the first facility for mentally ill in Japan, was established in 1869 followed by prefectural asylums for mentally ill opened in different parts of Japan. Korea indebted to Japan for the initiative taken to open a hospital to treat mentally ill, otherwise dark ages of the abandonment of mentally ill would have continued in this land for some time.

In the official periodic reports of the Chosun Chongdokbu Hospital, common issues associated with the care of mentally ill were described with sincere reflections of staffs as their requests for improvements. The expansion and innovation of treatment facilities, the need for a law to treat mentally ill and budgetary support for the improvement of treatment programs were mentioned; same issues much at stake in mental health movements of today. The treatment modalities practiced in the
hospital, innovative changes and new additions of treatment methods were quite impressive. Five years after the opening of the unit, new treatment programs had been added; occupational therapy, ‘out-door therapy’, hypnotherapy, and hot bath therapy - creative and new in those days. Out-door therapy included such activities as root-up-weeds work at farm, gardening, plant caring, free relaxation walk, exercise to induce natural fatigue, wind and sun bath all intended to help them ‘to be free’.

The early Japanese psychiatry in late 19th century primed by two ingenious pioneers, Professor Kure Shoo Jo and Morita Shoma. They were forerunners of the westernization of Japan specifically importing biologically oriented German psychiatry. At the same time, their leadership highlighted Japanese psychiatry with their humane philosophies, spirit of social reform and the development of unique Japanese-style treatment methods for mentally disordered. Japan’s imperialistic expansionism of the time and the occupation of Korea: in the name of annexation was in a way an awakening experience for Koreans despite the tragedies it brought to Koreans, the loss of national identity, suppression of freedom and the discrimination of Koreans. Same is true in the field of psychiatry. The establishment of a western-type mental health facility and the influence of Japanese psychiatry in the development of systems for the care of mentally ill was a stepping stone toward westernization of Korean psychiatry.

Often questions are asked. Was Japanese initiative bringing westernized health care system into Korea genuinely for Korea and it's people? Was the government built public hospital opened to Koreans? Did Japanese doctors of the government hospital welcome Korean doctors to work together or did Japanese professionals try to teach Korean associates or students skills and knowledges of the western medicine? The answer was no. The hospital turned out to be a facility exclusively for Japanese residing in Korea, with perhaps a few Koreans treated as a token. Exceptionally they hired Korean doctors as staffs. According to the annual reports of the hospital, the hospital functioned primarily for the welfare of Japanese residing in Korea. Though the first psychiatric facility was there in Seoul, it was an instrument of Japanese colonial expansionism, a void progress as far as Korean medicine was concerned. However, as Chosun Chongdokhos Hospital became busier as years passed by, the number of Korean patients gradually increased and the hospital according to the annual reports which serially inserted activities of the psychiatric unit from 1913 until 1928. The hospital and it's psychiatric unit continued their activities until the hospital became the associated teaching hospital of Medical College of Keijo Imperial Medical School in 1926. It was strictly a Japanese university with only Japanese students and Japanese faculty members. It was years later when a few Korean students were accepted as exceptions. Fewer were recruited as faculty members out of Korean graduates. Open discrimination against Korean graduates was a common practice for a teaching or research position. Japanese doctors monopolized faculty positions of the Medical College until Korea was liberated by the end of World War II in 1945. The department of psychiatry was no exception. Very few Koreans were trained in psychiatry during the Japanese colonial occupation.

Western medicine found another route to land Korea through the activities of missionary doctors mainly of Protestant churches from the United States of America, Canada, and Australia. There is an interesting event brought about the initial activities of missionary doctors in Korea. It was the famous historical incidence, Kap Sin Political Turmoil, in 1884, when a prominent political figure and the empress's cousin, Min Young Ik, was gravely injured by assailants. Dr. Horace N. Allen, a missionary doctor who entered Korea as a doctor-attaché of the embassy representing the United States, was asked in emergency to save the life of critically injured Min Young Ik, the night of December 4, 1884. By disinfecting the wounds, staunching severed arteries and sutting massive cut wounds, Min Young Ik survived with Dr. Allen's heroic emergency treatment. The success of the treatment impressed the King and those who witnessed the scene of the operation. On January 27, 1885, Dr. Allen wrote an official letter to the king asking his majesty to build a small hospital to treat Korean patients by western medicine, and to educate and train Korean doctors to practice western medicine in Korea. The appeal was accepted and the king granted permission to build the Royal Hospital, Kwang Hae Won which was later changed to Jae Joong Won, the first hospital of western medicine in Korea opened on April 13, 1885.

Jae Joong Won presents a striking contrast to the later established Japanese government hospital with its prime purpose to treat Koreans, and more importantly to educate Koreans of western medicine. In 1885, 16 young Koreans were enlisted as medical students, the very first recipients of the teaching of western medicine in Korea. Despite increased number of patient visits, Jae Joong Won, the Royal Hospital faced financial difficulties, and finally the management of the hospital was officially left in trust with Dr. O. R Avison, a missionary doctor from Toronto, Canada. In 1899, Jae Joong Won Medical School was officially recognized by the government as a private teaching institute and the name was later changed to Severance Union Medical Colleges. A new hospital building was donated by a Cleveland millionaire Louis H. Severance. The Severance Hospital, however, did not have the Department of Psychiatry until Dr. Charles I McLaren, an Australian Missionary Doctor and a Psychiatrist, joined the Severance Union Medical College as a faculty in 1917.

He was a man of vigor and a dedicated psychiatrist well known for his humane approach to those who are mentally ill. He always stood on patients' side advocating their rights, and fighting prejudice against mentally ill. One famous episode was his protest against the school authority for rejecting the return of a student who suffered mental depression and recovered. He explained that mental illness can be recovered like any other physical illness, thus entitled to return to resume previous activities upon recovery. He emphasized what we now understand as rehabilitation, stressing the improvement of functioning of those patients recovered from an acute phase of mental illness. He published articles stressing Christian faith as an important healing factor, and a close relationship of Body and Mind. Contrary to the biological approach of Japanese schools, Dr. McLaren's philosophy was very much patient oriented and his approach was after the psychosocio-spiritual model of today. His humanistic view with sensitivity to human rights of mentally ill was a contrast to colonial psychiatry imported from Japan.

Dr. McLaren recruited young Korean doctors for training in psychiatry to hand down his ideals to succeed. The first Korean doctor formally trained in psychiatry under Dr. McLaren and became the first career psychiatrist was Dr. Choong Cheol Lee who unfortunately died young at his age of 41. in 1945. Dr. McLaren's thread line came to an end by his return to Australia after the outbreak of the World War II and the death of his successor, Dr. Choong Cheol Lee. It is regretful that the dawn of Korean psychiatry and it's prime development, the Japanese initiated colonial and the western psychiatry of missionary thread, was disrupted by World War II; missionary doctors left Korea in the beginning of the war and the Japanese doctors after
the war. It is said that there were only thirteen qualified psychiatrists throughout the country at the end of the war. In the field of psychiatry, Dr. Shim Ho Sup was the first Korean doctor who had the privilege of working at the Department of Psychiatry of Chosun Chongdokboo Hospital from 1913-1916.

For unknown reason, however, he changed his career to become an internist. Had Dr. Shim Ho Sup not changed his career and remained in psychiatry, or Dr. Lee Choong Cheol survived through the war instead of ending his life during the epidemic of typhus fever, the revival of Korean Psychiatry after the end of World War II would have been easier. It is also regretful that Dr. McLaren's humanistic approach based on what is now known as psychosocial model of psychiatry did not survive because of the war and the death of his heir. Korea had pioneers in the process of westernization of psychiatry, such commemorated founders as Benjamin Rush of the United States, Emile Kraepelin of Germany and Shoma Morita of Japan. Had Dr. Charles McLaren been a native Korean, Dr. Shim Ho Sup kept his career in psychiatry or Dr. Lee Choong Cheol survived the war, either of them could have been the father of Korean psychiatry.

Modernization of Korean Psychiatry

When Korea was liberated from Japanese occupation on August 15, 1945, there were 13 psychiatrists in practice, mostly former trainees of the Department of Neuropsychiatry, Keijo Imperial University School of Medicine and a few former trainees of Severance Union Medical College. Seoul National University, the transformed former Keijo Imperial University, set out new leaderships in the School of Medicine in 1946. Dr. Myung Chu Hwan chaired the Department of Psychiatry; joined by young staffs who wished to pursue academic careers. There were three other mental institutions and one department of psychiatry providing services for mentally ill at the time. Until June 25, 1950, the outbreak of the Korean war, there was little movement toward the expansion or the installation of mental health facilities. Like any other war, Korean war was destructive. The most of cities in South Korea evacuated for refugee which brought a halt to all the civic and private health services. Mental health services were no exceptions. The institutionalized patients were set free without any plan for disposition. But the war was a turning point as far as Korean psychiatry many of whom took faculty positions at medical schools became the forerunners of contemporary Korean psychiatry of Chosun Chongdokboo Hospital from 1913-1916. The returnees of the first group studied in the United States, Emile Kraepelin of Germany and Shoma Morita of Japan. The returnees of the first group studied in the United States, Emile Kraepelin of Germany and Shoma Morita of Japan. They were mostly America bound but some studied in Europe, spending more years to study dynamic psychiatry specifically trained for psychoanalysis, psychoanalytically oriented psychotherapy or child psychiatry. They joined the first generation leaders of Korean psychiatry and dedicated in academic psychiatry organizing specialized study groups, psychoanalysis, psychotherapy, psychopathology, child psychiatry and cultural psychiatry. Their contributions are not merely to have introduced dynamic psychiatry to Korea, but they also took stride to naturalize western psychiatric. They are very much aboriginal Koreans who are culture-minded with sincere attempts to Koreanize dynamic psychiatry.

Dynamic Psychiatry in Korea

After the end of World War II, western psychiatry was heavily indoctrinated by Freud's psychoanalytic theory. Particularly in the United States, psychoanalysis was welcomed as a sole instrument to investigate human unconscious mind, and to identify and free individual conflict through years of analysis. To become a psychiatrist in the United States, it was a trend at the time to learn 'psychoanalytically oriented psychotherapy' through intensive supervision preferably by psychoanalyst. The first Korean psychiatrist group trained in the United States were exposed to 'analytically oriented' American psychiatry, but they did not have enough time to go through analytic training themselves. They also learned advanced and systematized yet changing American psychiatry in search of the physical bases of emotional illness and of chemical means of relieving them. They learned scientifically based clinical approaches based on the studies on psychopathology. Upon their return, the impact of their contributions to Korean psychiatry was extraordinary; upgrading and changing every aspect of psychiatry-drastic renovations in patient evaluation, psychiatric treatments, psychiatric education, and research on biological and psychosocial aspects of mental illness. It is note worthy to mention the contributions of second group of young psychiatrists, though small in size, who went abroad in late fifties and early sixties and returned after several years or longer period of training.

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Psychiatric Research in Korea

In nineteen sixties and seventies the departments of psychiatry of medical schools in Korea began their clinical investigations...
collecting clinical data to compare with studies already done in other countries. Catholic Medical College, for example, initiated systemic investigations on youth problems. They adapted sociological methodologies to investigate behavioral and clinical issues of youth. It was a series of comprehensive systemic studies of youth conduct problems compared with normal controls by statistical analyses of data collected from field works. Another series of study was on suicide, data collected by the Suicide Prevention Center of the Catholic Medical Center. The Mental Health Institute of Han Yang University conducted series of clinical studies on psychopathology of Korean patients with emphases on cultural characteristics of symptoms and their etiologies. The introduction of psychotropics and the extensive use of medications in clinical practice in psychiatry led to therapeutic researches of different psychotropics mostly to prove efficacies compared with placebo or with the first generation drugs such as chlorpromazine or imipramine.

Good earnest biological research did not start until mid eighties when instrumentalities for more basic research were available in laboratories. There were two epidemiological studies completed in mid eighties, both adapting methodologies developed by the Catchment Area Community Survey of the NIMH. Seoul National University team consisted of staffs of the Department of Psychiatry, Seoul National University School of Medicine conducted a comprehensive epidemiological community survey on psychiatric disorders comparing rural and urban areas using the Korean version Diagnostic Interview Schedule. Another study was a psychiatric epidemiological survey of Kanghwa island using the same instrument but culturally modified version of the DIS-1. It was conducted by Yonsei University team consisted of staffs of the Department of Psychiatry, Yonsei University School of Medicine. The later was a community diagnosis on mental illness as a part of the community-based mental health services developed in Kanghwa island. These two studies highlighted epidemiological researches of later years by other research institutions.

Nosological researches followed the epidemiological studies including the field research diagnostic studies in connection with the ICD system of World Health Organization and the DSM system of NIMH. Nosological research called forth an interest in psychopathology specifically related to cultural psychiatry which stimulated research activities in this area in early nineties. An international cultural psychiatry study group, East Asia Academy of Cultural Psychiatry, was formed in 1991 including Japan and Taiwan, the countries sharing similar cultural heritage, meeting regularly every other year to discuss culture related mental health issues.

Above all, the highlight of modern Korean psychiatry is the progress of biological research, indebted to the availability of new research instrumentations. The set up of a biological research laboratory in eighties when research funds were destitute required extraordinary efforts and personal sacrifice. Despite hardships, a few pioneer investigators in biological psychiatry established research laboratories in academic institutes in mid eighties; Departments of Psychiatry of Seoul National University School of Medicine, Catholic Medical College, Korea University School of Medicine and Kyung Book University School of Medicine to name a few. Biological research blossomed throughout nineties as funds were available through various government funding agencies for scientific research. Individual researchers also adapted strategies tying themselves into advanced research institutions abroad or into someone already his/her standards globally acknowledged-a strategy known as "globulation".

Equipped with such mammoth instrumentations as functional Magnetic Resonance Imaging and Positron Emission Computerized Tomography, investigators in biological psychiatry in Korea have greatly enhanced the studies of brain physiology and mental disorders, which opened an important scientific window on the metabolism of the human brain measuring and visualizing cerebral blood flow in mental disorders. It was also used for the demonstration characterizing patterns of various mental symptoms. Researches with neuro imaging technique have been very active in Korea in recent years, though studies were limited where those expensive instrumentations are affordable. With the recent emergence of sophisticated knowledge on molecular biology, a world wide search began for the genes associated with major mental disorders. There was a promising start with the gene for Huntington's disease along with linkage studies for genes of schizophrenia and affective disorders. However, the pursuit studies have not been as progressive as promised. Genetic research has been active in Korea, but the productivity and originality are stifling in spite of voluminous publications of research papers in this field. Our knowledge on the human genome is now more complete, but most of the genetic research activities in Korea are await of definite progress made by advanced research institutes abroad. Insufficient backup of fundamental basic research facilities compel Korean researchers to adapt global strategies. The gap between a progressive and sophisticated research facility and the one less so has been wider and deeper than ever. And the changes come and go with great speed. It is a difficult task for Korean biological researchers to catch up with the advancements and changes in research technologies.

**Care of Chronic Mentally Ill**

The care of mentally ill was a sole family problem in Korea for a long time until it became a social issue. The government was busy with hand-to-mouth living issues during and after the Korean war. The care of mental patients was left to the extended families mostly by living together if tolerable. There was one national mental hospital in Seoul established in early 1960, filled up quickly with chronic mental patients. The government simply had no mental health policy. Along with economic growth due to industrialization of the 1970's people became mobile because of scattered locations of jobs and it often caused the breakup of extended families. The family burden of mentally ill becomes intolerable sooner or later that families with mental patients start to look for an affordable facility where patients can be accommodated. Understandably, asylum-type facility for mentally ill came in to exist and it's number increased rapidly. Some facilities offered benevolent services for the wellbeing of patients through religious organizations. Soon, however, it became a business, for the demand for such facility was high and no other alternative was available for families of mentally ill with exceptions of those families which can afford expansive private care scarce at the time. There was no psychiatric treatment at those asylum-type facilities and the management was unchallenged through inspections for years while they remained illegitimate. Naturally most of these facilities deteriorated as time passed by. In 1986, the care of mentally ill finally became a social issue after the broadcasting of a KBS special program, '60 minutes' which exposed the inside conditions of those asylums. The audiences of this program, including the President of the Republic of Korea, were shocked.
to witness chained mental patients and the way they were treated. The drastic exposure of media necessitated the development of comprehensive mental health policy, which included transforming existing asylums into 'psychiatric nursing homes'. The central government legitimated asylum-type facilities and began financing the renovation of psychiatric nursing homes for betterment. In addition, the National Assembly drafted Mental Health Law based on this policy. The draft was a copy of the Japanese mental health law which was totally inadequate and against the directions of the contemporary mental health movement-psychosocial rehabilitation of chronic mental patients, deinstitutionalization and community-based mental health service.

This policy met strong opposition from relevant professional societies because of the backwardness of the policy and its recognition and support of non-treatment custodial care facilities. Because of oppositions, the law was dismissed in the process of deliberation at the National Assembly. The government, as a next step, encouraged private sectors to construct mental hospitals by low-interest OECF loan in order to increase the number of psychiatric hospital beds throughout the nation. There was a sharp increase of privately owned psychiatric hospital beds since 1985 to 1995, from 4,156 to 22,786 beds.

It stirred up strong voices against government policy of supporting asylum-type institutions for upgrading by government budget and to increase private psychiatric beds. Instead, investment should have been for the development of community-based mental health facilities and to train manpower who will provide psychosocial rehabilitation services in community. The government did not listen to critical voices but maintained its policy until 1995 when a new Mental Health Act passed the National Assembly. It was a slow and tedious process of deliberating a new mental health law. The majority of the participants in this process were young mental health professionals and government officials who made sincere effort to draft a progressive mental health law of a new paradigm. However, the government could not digest a drastic change, besides the burden of financing was beyond the power of the Ministry of Health and Welfare. The final draft deliberated at the National Assembly was a mediocre compromise including and justifying existing government policy and the programs. Asylum-type facilities still exist as a major mental health resources providing minimum psychiatric care through part-time psychiatric consultants. The Mental Health Act with much labor pains passed the National Assembly on December 20, 1995. The government claimed that the new law, innovative changes regardless, 'secures human rights by defining admission criteria and process' and the implement of new law will be supervised by 'Central and Provincial Mental Health Committees'. A new division, the Division of Mental Health, was established in the Ministry of Health and Welfare responsible for the affairs on mental health. The new law is a progress notwithstanding, though the change it pertains was far less than desired. The new law, however, opened the door to introduce the concept of psychosocial rehabilitation, an essential part of the treatment of psychiatric patients. It was also recognized that the site of such rehabilitation programs should be in community. It took a long time for the government to recognize this concept. The concept was introduced and demonstrated previously at different locations in Korea in the past. Already in 1970's, a day hospital rehabilitation program started at Gwangju, St. John Hospital. Fountain House was the first non-hospital-based club-type psychosocial rehabilitation program initiated in 1987.

Department of Psychiatry and Preventive Medicine of Yonsei University School of Medicine opened community-based mental health services in Kangwha after comprehensive community diagnosis on mental disorders by the catchment area epidemiological study model in 1987. Unfortunately, the program was interrupted by obstacles, mainly due to the lack of financial support. But the professional manpower exposed to those projects became useful resources later in the development of government initiated community mental health projects. In 1998, the Mental Health Act was revised finally to 'abolish Psychiatric Nursing Hospital System'. The existing so-called psychiatric nursing hospital should be transformed into either a rehabilitation facility or a regular mental hospital. In 1998, four community-based mental health services opened their programs financed by the central government. For the first time, the care of chronic mental patients was in the hands of professionals for various psychosocial rehabilitation programs working in community. The government initiative was welcomed by enthusiastic participation of community-care advocate professionals with a strong support of Korean Association for Psychosocial Rehabilitation. In 1999, the Ministry of Health and Welfare began the evaluation of psychiatric nursing homes. It was a step to erase memories of old dark days of institutionalization and transforming them into psychiatric treatment facilities.

Yong In Psychiatric Hospital also developed community-based rehabilitation programs in Suwon, Kyung Gi Do and in Kang Nam in Seoul in 1995. Kyung Gi Do was the first local prefecture government developed community-based mental health services, 14 locations altogether throughout the prefecture. By 2003, 69 mental health centers are actively in service throughout the country. The Division of Mental Health, Ministry of Health and Welfare, claims that the policy of the care of chronic mental patient in Korea is the enactment of Mental Health Act which is to change the long-term hospitalization of patient to receive psychosocial rehabilitation treatment at community-based mental health service. Already 31 out of 69 community-based mental health centers are funded by local governments, a remarkable pace of progress.

### Korean Psychiatry Tomorrow

Coincide with the industrialization and the economic growth of Korea of last four decades, Korean Psychiatry has made a great stride in development with a rapid pace of modernization. After the end of Korean War, the whole nation was left with ashes and ruins. Practically all the health care facilities and teaching institutions in medicine were destroyed. During the war, the institutionalized mental patients were released and abandoned except those cared by families. Korean psychiatrists converted this crisis to an opportunity to learn modern psychiatry and to assimilate new concepts. Those who went abroad to study western psychiatry during and after the war returned and consolidated the foundation of contemporary psychiatry. They have done a remarkable job to acculturate western psychiatry to form a new identity of Korean psychiatry. Numerous subspecialty groups have been formed; child and adolescent psychiatry, biological psychiatry, psychotherapy, community psychiatry, psychopharmacology and geriatric psychiatry.

The progress of biological psychiatry in Korea has been outstanding. Thanks to the new breed aggressive researchers merged from 1980's who set the ground for biological researches and aggressively pursued for excellence in
productivity. The number of research articles, particularly in biological psychiatry, published through eminent international professional journals has increased rapidly in last ten years. The participation of Korean psychiatrists in international scientific meetings has been very active. Young Korean psychiatrists are not afraid of crossing the divide to exchange knowledges and technologies. Korean Psychiatry now stands at the crossroad of a leap for changes beyond modernization. There is a need for a collective effort to set a new vision of Korean Psychiatry, for the progress in the past depended more on individual endeavors. We must look for new directions and leaderships to change and integrate Korean Psychiatry to find it's role and place in this rapid global changes.

**We Need a New Mind**

We are surrounded by changes, and these rapid changes fragment us with little sense of communal being. There also is a diminishing significance of interior selves along with the technological advancements. With the tide of what we call the 'information age', the 'globalization process' or a 'new world order', our daily life is marked by a steady expansion in the range of opinions, values, perspectives, attitudes, images, personalities and information. We engage in a greater range of relationships distributed numerous sites in workplace, civic, professional and recreation activities. Captured by diversity, polyvocality and increasing demands for plasticity and variegated array of behaviors, we often get tired and even lost. Psychiatrist, a professional who has a habit of working alone with a full daily schedule sedentary in office, is not an exception. Perhaps more isolated today with increasing dependence on advanced office machines; cellular phone, fax machine, internet and various mechanical organizers. Korean psychiatrists of today share many common issues particularly in economic front because of untoward government policies against medical professions. Practice in psychiatry today is not like what it was twenty years ago. Professional identity was secure then with distinctive status as a medical doctor who enjoyed respect and trust of public. Psychiatrist was an utmost authority in mental health with all the answers and relevant informations on mental health issues. But this has changed because of the power shift along with wide and easy availability of medical informations. Mental health is no more of the monopoly of psychiatrist and information on mental health become a common knowledge generalized, and specific solutions and remedies are voiced from various professional groups who all claimed to be experts.

It is a trend of psychiatric practice today shorten the time to share with patients but to have drugs do the talking instead. The practice of psychotherapy is leaving the hands of psychiatrists to find a new base with psychologists, ministers and social workers. Of course, people who have neurotic disorders, personality disorders and adjustment problems welcome this change because of depathologizing effects of their approaches. Psychiatrist in Korea, on the other hand, lost his voice on national mental health issues, to say nothing making the person sensitive to evaluation of all kinds, in effect making the person relative indifference of psychiatrist on social responsibility and relatives notice a change in patients treated with Prozac to have stopped Prozac medication reporting that their 'normal mood' is generalized others will be seen as positive. And it reduces perceived self-esteem. It is remarkable to see patients improved with Prozac 'restored'. It is remarkable to see patients improved with Prozac more 'stable', more 'mentally focused', and their energy level more 'comfortable'. They regain the sense of 'wellbeing' becoming 'more', 'more mentally focused', and their energy level 'restored'. It is remarkable to see patients improved with Prozac to become much less in 'morbidity sensitivity'. This specific effect also accounts for patients with anxiety symptoms improve after Prozac medication. Patients with Prozac treatment often mention that they have become indifferent to others' reactions or to the worst anticipation of others' reactions. It seems that there is a definite improvement of the fear of rejection. If this is so, that Prozac cures rejection sensitivity and changes an outlook of a person, it implies that the drug effects 'self feelings' or even 'self' itself. It is a common practice to witness patients who stopped Prozac medication reporting that their 'normal mood' is gone and so is their 'self confidence'. Even friends, spouses and relatives notice a change in patients treated with Prozac to have become 'nicer' while the drug is on. It makes us wonder if Prozac is a pill for self-esteem. Social psychologists explain the effects of Prozac as a result of its impact upon behavior, role taking, and sensitivity to evaluation. 'It enhances the person's capacity for positive role taking by making it more likely that the real or imagined responses of both particular and generalized others will be seen as positive. And it reduces sensitivity to evaluation of all kinds, in effect making the person...
less dependent on others for maintenance of self-esteem”.

Despite this feasible explanations on the effectiveness of Prozac, clinically the pill seems to enhance self-esteem more directly without regard to the attitudes of others. One just wakes up in the morning wanting to go to work. It seems to improve the mood of the patient and the affective dimension of self-regard. As mood improves it also brings physiological responses of arousal as well as the subjectively improved feelings. Mood therefore is the basic bodily underpinning of self-esteem that it is a universal human experience and not exclusively a cultural construction. This does not, however, prevent us from postulating mood as a way of depicting universal potentials in human experience. Like other affective states such as anger or fear, mood is also experienced not directly or automatically, but in terms of culturally supplied meanings—the way we interpret and talk about them. Mood also is the situational interpretation of the affect that shapes the individual’s experience. And self is a culturally available way of interpreting mood.

It is a common practice that contemporary psychiatry sees and interprets feeling-states as self-esteem. And self-esteem is emphasized as the centrality of the individual that has the tradition of a discourse about the power of positive thinking to help the person to overcome obstacles and to enjoy happiness. Unfortunately, the circumstances that shapes individual affect with respect to self, the issues aroused by those circumstances, and the discourse of self-esteem have not been the subjects of discussion in psychiatric treatment. Depression and self-esteem are connected not only both are rooted in mood, but also should be linked in our thinking in clinical practice. Biology prevails in research in Korean psychiatry as well as in clinical practice. However, depression, anxiety and obsessive compulsive disorders for which we prescribe medications are also culturally significant illnesses. It is important for Korean psychiatry to hold the tradition of psychiatry to explore the connections not only between brain and mind, but also between brain and self. Culture matters very much in future psychiatry.

We Need Leaders With New Minds

A leader requires special characteristics; skills, minds, driving force, flexibility to name a few. But a leader is not born to be a leader yet he or she needs training and discipline to become one. To be a doctor, one has to go through long process of education and professional training, like a race horse, no time is spared for learning other than what one should know as a doctor. In the past, there were leaders who were not equipped to be a leader in doctors community. Now we are living in a different world, leadership does make differences and desirably all of us should develop leadership. For the future of Korean psychiatry, we should bring up leaders of tomorrow as we give young and bright junior psychiatrists opportunities for leadership trainings. The candidate for the training must be young, and he or she should excel in what they do. The leadership training should be sponsored by Korean Neuropsychiatric Association, and the trainees should be exposed to various assignments and activities of the Association for practice during and after the training period. It is essential that the candidates must have good command of English and the training must be programmed to improve their English particularly in speaking and writing. This is to rear leaders of global era who will represent Korean psychiatry on international stages and to collaborate, associates, to be partners, and to become friends with international colleagues. We are desperately in need of leaders with international caliber who could represent us. Training can be programed and delivered through out-source expert services. The leadership training is an urgent issue.

Regional Hub Formation

Countries in East Asia share similar cultural heritage and common background in socio-economic developments. Despite many outstanding differences, there are more reasons why these countries should cooperate and find common interests for mutual benefits. Geographically, politically, economically and most importantly culturally, Japan, China. Viet Nam, Taiwan, Hong Kong and Korea are destined to form a regional bloc to stand and compete with other regional forces of the world. Because of language barriers and other reasons these countries had limited interactions in terms of mutual interests. Recently, voices have been raised repeatedly to have international hub centers for business; Fukuoka, Shanghai, Inchon and Singapore claimed to be one already. But many obstacles are on the way and the need for a specific site of a hub center has decreased as the progress of information and communication means have partially taken over the functions of a hub. Businesses among those countries have been increasingly active and the advantages of interdependence among East Asian countries have been recognized. European Union which has imposed same standards, single currency for example, on it's member countries helped them to improved inefficiencies and even to eliminate corruptions. There are ways of solving local problems in a global way. In the field of psychiatry, there was little collaborations and exchange of knowledge among nations of the East Asia. East Asia Academy of Cultural Psychiatry was an example of such coalition, however. It was founded in 1991, Japan, Korea and Taiwan holding regular joint meetings every other year at different sites to discuss numerous topics on mental health in different perspectives and with characteristics unique to each country. The scope of such activity should be expanded to have the national associations of psychiatry of Korea, Japan, and China involved for more active participations. The meetings will find new ways to share mutual problems and to solve them in a global way. Korea must take the initiative for the development of new ways of thinking together for power.

References

2. Severance Union Medical College Catalogue (1917): pp.31-32, p.34.