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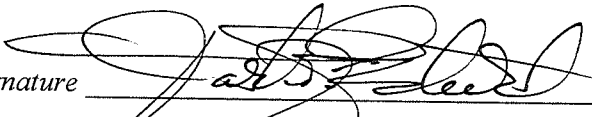
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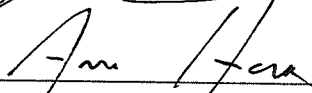
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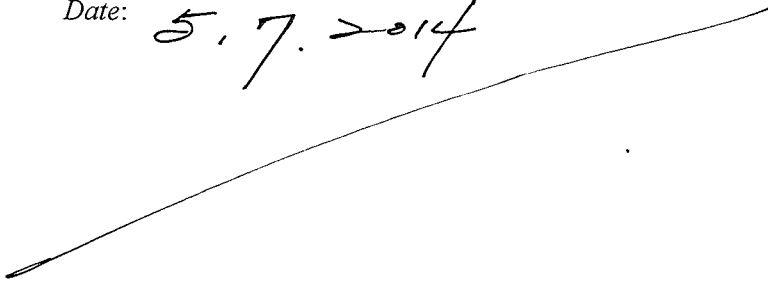
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In Sickness and in Health: Americans and Psychiatry in Korea, 1950-1962

A dissertation presented

by

Jennifer Yum

to

The Committee on History and East Asian Languages

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

in the subject of

History and East Asian Languages

Harvard University
Cambridge, Massachusetts

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In Sickness and in Health: Americans and Psychiatry in Korea, 1950-1962

Abstract

This dissertation begins with a simple set of questions: how and why did the Western discipline of psychiatry gain traction in the Republic of Korea? My answers point to the Korean War and the US-ROK alliance as the two most important factors enabling this phenomenon.

The number of psychiatrists in Korea hovered below a dozen on the eve of the Korean War. The mental health crisis on the peninsula reached a new level of urgency with the outbreak of war as psychiatric casualties mounted in the ROK Army. Confronting the problem of mental breakdown among soldiers for the first time, Korean medical corps officers sought the help of psychiatrists in the Eighth US Army. This cross-cultural partnership revolutionized psychiatry's trajectory in Korea in two ways. First, training by the US military psychiatry program yielded a new generation of Korean psychiatrists who would play a pivotal role in steering the discipline for next several decades. Second, psychiatry was Americanized institutionally and culturally by the wartime encounter. Tracing psychiatry's evolution from its birth in wartime to its heyday in the immediate postwar years, the dissertation shows how American contributions laid the groundwork for several landmark achievements for the field. At the same time, it highlights the role of Koreans whose contributions were critical in carrying out these developments.

Primary sources used for this study include official records from the National Archives of the United States and South Korea, mental hospital records, newspaper accounts, interviews, and materials maintained in private collections of South Korea's first psychiatrists. This dissertation serves as the first systematic study of psychiatry in Korea. More broadly, it stretches the

historiographical contours of two of the most important topics for understanding the history of contemporary Korea: the Korean War and the US-ROK relationship.

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Note on Korean Names and Romanization

Throughout this dissertation, I have followed the convention of placing Korean family names before personal names (example: Yu Sŏk-jin).

All Korean words have been Romanized according to standards set by the McCune-Reischauer system.

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INTRODUCTION

First Impressions

Upon hearing that Lucius Foote, the first American minister to Korea, had arrived in 1883, King Kojong is said to have “danced for joy.” This highly anticipated affair came on the heels of the “Corean-American Treaty of Amity and Commerce,” the first of the so-called unequal treaties that the “Hermit Kingdom” had signed with a Western power. Mired in an ominous climate of nation-building and imperialism, the Koreans secured the “good offices” of the United States, which they interpreted as an offer for unconditional support in the face of outside aggression.¹ For a brief moment, the US-Korea relationship flourished. Korea sent a delegation to the United States to learn about modernity and civilization. Missionaries obtained permission to establish their own schools and hospitals in Korea.² American businessmen profited from the Korean government’s allotment of special provisions.³ So impressed was one US diplomat with these gestures that he described the nation as “susceptible to progress and improvement and worthy of the assistance she may receive, and needs, from the Western nations that recognize her as a sister.”⁴

¹ Yur-Bok Lee and Wayne Patterson, *Korean-American Relations: 1866-1997* (Albany: SUNY Press, 1999), 13. The spelling of Korea with a “C” fell within spelling protocols at the time.

² Carter J. Eckert et al, *Korea, Old and New: A History* (Cambridge: Harvard University Press, 1990), 203-204.

³ For example, Thomas Edison won the exclusive right to install and operate all electric lights in Korea. The Korean government also promised the Americans that their proposals for railway and telegraph construction in Korea would be “favorably considered.” Stanley Sandler, *The Korean War: No Victors, No Vanquished* (University Press of Kentucky, 1999), 19.

⁴ Robert Kagan, *Dangerous Nation: American Foreign Policy from its Earliest Days to the Dawn of the Twentieth Century* (New York: Knopf, 2006).

How quickly things changed. As Japan dominated the region and revealed its ambitions for Korea, American attitudes toward the peninsula shifted from one of “neutrality to indifference.”⁵ Seeing minimal economic or political value in the beleaguered nation, the United States removed the last member of its delegation in 1905, knowing clearly the fate that would ensue. Colonized by Japan five years later, all diplomatic contacts between the two countries came to a halt.⁶

The next formal encounter with the Americans did not come until 1945 when the Americans landed in Inch’ŏn harbor to accept the Japanese surrender. Indeed, circumstances by this point stood radically different. Victory in the Second World War had established the United States as the most powerful nation in the world. The onset of the Cold War immediately thereafter, however, posed formidable challenges to America’s global vision.⁷ With the peninsula partitioned into two ideologically opposing states and China’s dreaded “fall” to communism, the Republic of Korea came to be, in the words of President Truman, “an ideological battleground upon which our entire success in Asia may depend.”⁸ Thus when North invaded South on June 25, 1950, the Americans did not hesitate to act. Contributing troops, technical assistance, and extraordinary sums of money, the Americans would stand by their Korean allies in war and peace for decades to come.

⁵ Jongsuk Chay, *Diplomacy of Asymmetry: Korean-American Relations to 1910* (University of Hawaii Press, 1990), 12. Japan had just defeated China (1895) and Russia (1905) in wars, establishing itself as the dominant power in the region.

⁶ Jongsuk Chay, 12-13. The United States was in fact that first Western nation to remove their delegation from Korea in the years leading to annexation.

⁷ Arthur Mitchell, *Understanding the Korean War: The Participants, the Tactics and the Course of Conflict* (Jefferson: McFarland & Company, Inc., Publishers, 2013), 9.

⁸ David Ekbladh, *The Great American Mission: Modernization and the Construction of an American World Order*, America in the World (Princeton: Princeton University Press, 2010), 124.

From Devastation to Development: Psychiatry's Birth in the ROK

From the Korean side, the years between 1950-1962 comprised one of the most transformative periods in the nation's modern history. The Korean War (1950-1953) was undoubtedly the defining event of the era. On one hand, the devastation wrought by the three-year struggle on the Korean people was staggering. War literally decimated the population, killing an estimated three million Koreans.⁹ Upwards of ten million were permanently separated from their kinfolk in the North or South.¹⁰ The economy lay in shambles as production collapsed and inflation soared.¹¹ Even today, with the Cold War behind us, the existence of the world's most heavily fortified border at the 38th parallel symbolizes the ongoing reality of political tensions still unresolved in Korea.

On the flip side of catastrophe, however, lay a remarkable account of postwar reconstruction. Twenty-one nations from six different continents came to the assistance of South Korea under the banner of the United Nations Command (UNC).¹² Most of them stayed on after the armistice, contributing to what one historian has described as "the world's largest single development program through the 1950s."¹³ It was the United States, however, that sat at the helm

⁹ Bruce Fulton, ed., *The Red Room: Stories of Trauma in Contemporary Korea*, Modern Korean Fiction (Honolulu: University of Hawai'i Press, 2009), ix. As a note: the combined total of combatants and civilians who lost their lives during the American Civil War is estimated to be around 750,000.

¹⁰ Bruce Cumings, *Korea's Place in the Sun: A Modern History* (W. W. Norton & Company, 2005), 1-2. Essays in Gi-Wook Shin, Soon-Won Park, and Daqing Yang, *Rethinking Historical Injustice and Reconciliation in Northeast Asia: The Korean Experience* (London and New York: Routledge, 2007) bring to light various sites of violence (i.e. early massacres leading up to the Korean War).

¹¹ Il SaKong, *Korea in the World Economy* (Washington, DC: Institute for International Economics, 1993), 2. For example: Korea's industrial output was only one-third the level it was in 1940. For a discussion of the economic situation in the immediate postwar years, see chapter on "Economic Development in Macroeconomic Terms, 1953-1976" in: Edward S. Mason et al, *The Economic and Social Modernization of the Republic of Korea*, Studies in the Modernization of the Republic of Korea, 1945-1975 (Cambridge: Harvard University Press, 1980), 92-124

¹² Steven Hugh Lee, *The Korean War* (Harlow and New York: Longman, 2001), 47.

¹³ David Ekbladt, *The Great American Mission*, 114.

of this historic venture, sending to Korea an entire entourage of military and civilian experts who initiated the transfer of American ideas and institutions in the process. Much more than a security agreement, the impact of the US-ROK alliance shaped sectors of society far-removed from the combat zone, leaving a deep imprint on the everyday lives of the Korean people.

Psychiatry's trajectory in Korea is explored in this dissertation within this broader context of a nation ravaged by war and forever transformed by the American encounter. Asking how and why the Western discipline of psychiatry gained traction, it offers observations that, writ large, illuminate the core dynamics of the early US-ROK relationship. The story begins on the battlefield in 1950 as mounting psychiatric casualties in the ROK Army underscored the need for a mental hygiene program in the military. Equipped with little to no experience in psychiatry, newly recruited officers of the Korean Medical Corps looked to their counterparts in the Eighth US Army for assistance. This cross-cultural partnership, forged between military psychiatrists in the midst of war, revolutionized the field of psychiatry in Korea. For one, the Americans offered the resources and training necessary to foster a new generation of medical professionals that went on to dominate their profession in the postwar years. Wartime exchanges also facilitated a phenomenon I refer to as the Americanization of psychiatry in the ROK. The following chapters relay the ways in which American paradigms guided the institutional, cultural, and intellectual development of the discipline during this foundational stage.

Historiographical Contributions

My dissertation marks the first monograph-length examination of psychiatry's history in South Korea. Most existing scholarship consists of short articles. Produced by Korean psychiatrists (not historians) with a personal interest in their profession's past, their findings,

while useful from a data-gathering standpoint, lack analytic rigor.¹⁴ In fact, medical history as a field is still quite undeveloped in Korea, as captured in one scholar's description of it as a "black hole."¹⁵ Nevertheless, the historiography has recently seen a spike in interest among scholars with backgrounds in the humanities and social sciences, especially in North America.¹⁶ As the following section will show, my study of psychiatry between the years of 1950-1962 not only adds material to this growing subfield of Korean studies; it offers new questions that stretch the historiographical contours of the two most important topics in the study of contemporary Korea: 1) the Korean War and 2) the US-ROK relationship.

Korean War: Psychiatry and the Human Face of Catastrophe

There is no shortage of studies on the Korean War. The University of Hawaii's online bibliography of Korean Studies lists more than 1,000 articles and over 100 full-length monographs on this topic alone.¹⁷ That said, scholarly approaches have remained quite narrow.

¹⁴ Yi Pu-yŏng (Rhi Bou Yong) is definitely the most prolific among this group of writers. Other authors include Chŏng Wŏn-yŏng, Yi Na-mi, Yi Pang-hyŏn. All of their works are article-length. All are about psychiatry in the colonial period or madness as it was treated in premodern Korea. The Korean Neuropsychiatric Association also published its own history: Han'guk chŏngsinŭihak 100-nyŏn sa wiwŏnhoe, *Hanguk chŏngsinŭihak 100-nyŏn sa* (100 Years of Psychiatry in Korea) (Sŏul: Taehan sin'gyŏng chŏngsin ŭihakhoe), 2009.

¹⁵ Chŏn U-yong, *Hyŏndaein Ŭi T'ansaeng*, (Sŏul-si: Isun, 2011).

¹⁶ John DiMoia is the most recent and the only book-length manuscript on medicine in contemporary Korea. John Paul DiMoia, *Reconstructing Bodies: Biomedicine, Health, and Nation Building in South Korea since 1945*, Studies of the Weatherhead East Asian Institute, Columbia University (Stanford, California: Stanford University Press, 2013). Sonja Kim writes about gynecology in colonial Korea: "Limiting Birth: Birth Control in Colonial Korea (1910-1945)," *East Asian Science, Technology and Society* 2:3 (2008), 335-359. For a discussion of traditional medicine in colonial Korea, see: So Young Suh, "Korean Medicine Between the Local and the Universal: 1600—1945" (Ph.D. Diss., University of California, Los Angeles, 2006). Jin-Kyung Park, "Corporeal Colonialism: Medicine, Reproduction, and Race in Colonial Korea" (Ph.D. diss., University of Illinois at Urbana-Champaign, 2008). The most prolific historian of medicine writing in Korean is Sin Tong-wŏn. For ex, see his book on cholera: Sin Tong-wŏn, *Hoyŏlcha, Chosŏn Ŭl Sŭpkyŏk Hada: Mom Kwa Ŭihak Ŭi Han'guksa* (Sŏul-si: Yŏksa Pip'yŏngsa, 2004).

¹⁷ "Korean History: A Bibliography," last accessed on April 1, 2014. http://www.hawaii.edu/korea/biblio/korean_war.html Also see: *The Korean War: An Annotated Bibliography* (Greenwood Press, 1998). Allen R. Millet, "The Korean War: A 50 Year Critical Historiography," *Journal of Strategic Studies* 24 (March 2001), 188-224.

The most visible body of work has examined the war through the framework of international history and high politics.¹⁸ As American historian David Ekbladt has written, the war was a “quintessential” Cold War conflict. Korea, after all, was the “only country in Asia where the United States confronted Soviet power directly after the end of the world war.”¹⁹ Diplomatic historians of the Korean War have gone through great lengths to scrutinize the roles of Stalin, Mao, and Truman, assessing the political calculations that drove their decisions.²⁰ A key contribution to the historiography came with Bruce Cumings’ groundbreaking two-volume work, *The Origins of the Korean War*, in which the author argued that the Korean War, in spite of its global dimensions, was essentially rooted in a civil conflict. In short, the twin questions of “Who started it” and “Why” have been at center of ongoing debates in the field with master narratives overturned by revisionist historians, only for their work to be re-questioned with the excavation of new archives.²¹

Another major body of scholarship has gone through great lengths to document the grunt experience of combat. Produced by military historians, these studies tend to focus on key battles,

¹⁸ Until recently, most works on the Korean War have been produced by scholars with limited proficiency in Korean. Lester H. Brune, *The Korean War: Handbook of the Literature and Research* (Greenwood Publishing Group, 1996), 158.

¹⁹ Bruce Cumings, *The Origins of the Korean War: Liberation and the Emergence of Separate Regimes, 1945-1947* (Princeton University Press, 1981), xxvii.

²⁰ For example, see: Gordon H. Chang, *Friends and Enemies: The United States, China, and the Soviet Union, 1948-1972*, Modern America (Stanford, Calif.: Stanford University Press, 1990). Bruce Cumings, *Child of Conflict: The Korean-American Relationship, 1943-1953* (Seattle: University of Washington Press, 1983).

²¹ This is referring to the standard narrative circulated by the ROK and the United States that the war was a result of Northern aggression. Bruce Cumings offered a different interpretation suggesting that the war was caused by a one-sided surprise ambush, but rather an attempt by the South to draw the North in. New documents analyzed by scholars like Katheryn Weathersby have cast doubt on Cumings’ findings. Allan Millett has written an informative historiographical overview of the Korean War focusing on the high-politics. See Allan Millett, “A 50-year Critical Historiography of the Korean War.”

unit organization, weapons and equipment, fighting tactics, and the like.²² An example of a work from this genre is the massive three-volume account compiled by the Korean Institute of Military History titled *The Korean War*. As Allen Millet writes in the introduction of this work, it is “essentially a combat history of the South Korean Army in the last two years of the war.”²³ A fair share of the studies in this group have in fact been commissioned by government organizations more interested in recording a given nation’s contribution to the war effort than producing critical historical scholarship. That said, the amount of detail and specialized content presented by historians from this genre is notable in its own right.

The history of medicine during the Korean War has also been examined in a number of publications ranging in style from official histories to personal memoirs.²⁴ Unfortunately, they have been written from a foreign (and mostly American) perspective. Studies of this topic are certainly warranted, as the war witnessed significant innovations in military medicine. The implementation of Mobile Army Surgical Hospitals (MASH) is perhaps one of the best known in the United States through its exposure in popular culture.²⁵ A critical point that Korean historians should note while reading these works, however, is that medical practices and technologies

²² For example, Donald Boose, *US Army Forces in the Korean War 1950-53* (Osprey Publishing, 2013). For a full list of works in this genre, see: http://www.hawaii.edu/korea/biblio/korean_war.html.

²³ Korea Institute of Military History, *The Korean War* (Lincoln: University of Nebraska Press, 2000), x.

²⁴ Zabelle Zakarian and Crawford F Sams, *Medic : The Mission of an American Military Doctor in Occupied Japan and Wartorn Korea* (Armonk, NY: M.E. Sharpe, 1998).

²⁵ Pat Apel and Otto F. Apel, *MASH : An Army Surgeon in Korea* (Lexington: University Press of Kentucky, 1998). The U.S. Center for Military History also commissioned a historian to write about US medical activities in Korea in Albert E Cowdrey, *The Medics’ War, United States Army in the Korean War* ; 4th v. (Washington, D.C.: Center of Military History, U.S. Army :, 1987). Military medicine in the Korean War is also discussed in the Naval Institute Publication: John T. Greenwood, F. Clifton Berry, and Association of the United States Army, *Medics at War: Military Medicine from Colonial Times to the 21st Century* (Annapolis: Naval Institute Press, 2005).

brought to Korea through the US military came to lay the basis for a new health industry in postwar Korea.

Towards a Social History of the Korean War

This goes to say that there is a noticeable dearth of social histories targeting the experiences of ordinary Koreans. Early on in my research, I was inspired by a pioneering study by historian Pak Ch'an-sŭng that explored the violence of the Korean War through the actions of civilians.²⁶ Pak cites the shocking statistic that more Korean civilians killed each other off the battlefields than did soldiers during combat. Drawing from materials collected throughout ten years of investigations at the village level, Pak concludes that these killings were motivated by unresolved conflicts from the prewar period that reached a boiling point during the war. The larger ideological questions that had brought the world's most powerful countries to fight in Korea take a back seat in thought-provoking local history. Encountering Pak's book alerted me to the rewards of uncovering new sites and actors lying outside the conventional boundaries of Korean War studies.

A recent book by Korean historian Chŏn U-yong has also broken new ground by approaching the Korean War as a "showroom for disease and suffering."²⁷ Typhus, cholera, malaria, TB, and Japanese Encephalitis were only some of the infectious diseases that abounded in the war climate, Chŏn notes.²⁸ Going for days in cramped quarters in the sweltering heat of the

²⁶ Pak Ch'an-sŭng, *Maŭl ro kan han'guk chŏnjaeng: han'guk chŏnjaengi maŭl esŏ pŏrŏjin chagŭn chŏnchaengdŭl* (Sŏul: Tolbegae, 2010).

²⁷ Chŏn U-yong, *Hyŏndaein Ŭi T'ansaeng*, 190. A criticism I have on Chŏn's book is that his sources are not clearly documented and it is hard to tell whether he is offering his personal opinion at times or citing the ideas of others. He himself says in the preface that he was not able to spend extensive amounts of time compiling sources as he was extremely limited on time. This book was clearly written for a mass audience, though the ideas he presents are original and potentially groundbreaking for the field of Korean studies.

²⁸ Chŏn U-yong, *Hyŏndaein Ŭi T'ansaeng*, 206.

summer, Koreans became susceptible to lice and fleas. In the brutal winters, they suffered from frostbite. The majority had tapeworms while more than 90% suffered consistently from malnutrition. Suggesting that more Koreans died from disease than battle wounds, Chŏn, like Pak, insinuates that victims of the Korean War may be far more numerous than have been lead to believe. Chŏn's book is an important step toward viewing the war not only as a military showdown, but a life-altering event for all who survived it.²⁹

War and Trauma in Korea

My dissertation seeks to contribute to this conversation about the war's impact on ordinary Koreans by probing its psychological dimensions. As Yi Tong-sik, one of the nation's foremost psychiatrists reflected in 1972, "Terms such as 'gone mad' (*tolatta*) and 'crazy bastard' (*mich'in chasik* and *mich'innom*) became common utterances in the years following the war."³⁰ Yi then cited a Korean public health official who estimated in the 1960s that upwards to 70% of the South Korean population suffered from one form of mental disorder (*chŏngsin isang*) or another.³¹ While this particular figure cannot be verified without more evidence, the discussions in my dissertation are among the first to explore the war through the experiences of the mentally ill. Soldiers horrified by corpses around them broke down during combat. Civilians became delusional upon losing their family members. Emotionally disturbed youth committed crimes in an environment darkened by political uncertainty and poverty. All of these characters and their intensely personal predicaments come to our attention through the study of psychiatry.

²⁹ Chŏn U-yong, *Hyŏndaein Ŭi T'ansaeng*, 190-228.

³⁰ Yi Tong-sik, *Hyŏndaein Kwa Noiroje* (Sŏu : Tongso Munhwawŏn, 1972), 12.

³¹ Ibid.

Until now, conversations about the psychological impact of the war have resided in the realm of literature and postwar fiction.³² Kim Chŏng-ŭn, for example, has referred to literature from the 1950s and 1960s as a lens for understanding “the vast dehumanizing aspects of the war, alienation from self, society, and nature.”³³ Pak Wan-so is the most recognized name among this group of novelists whose stories remind us of the ways in which death, longing, and terror made their ways into the popular culture of the postwar years.³⁴ In her short story “*Puch’onnim Kunch’ŏ*” (In the Realm of the Buddha), Pak’s narrator struggles to shake off the horror of having witnessed the brutal executions of her brother and father at the hands of fellow South Koreans during the war:

*The deaths I had consumed continued to strangle my innards, an indigestion, a neurosis that interfered with my daily life. My life continued to be uninteresting, flavorless, tedious, as aggravating as shabby clothing infested with lice, and I wished I could strip it off, scrub and pound it clean.*³⁵

Later in the story, the protagonist vividly describes a scene of villagers in the midst of mourning their dead: “They wailed themselves hoarse, they indulged in histrionics, and they delivered themselves from the deaths they had experienced. To me that wail was a song of freedom.”³⁶ And

³² Jeon Seung-Hee, “Rethinking Truth After ‘The Age of Extremes’: An Analysis of the Chronotope of Anamnesis in Autobiographical Narratives by Pak, Kluger, and Kogawa (Ph.D. diss., Harvard University, 2005). Kim Chŏng-un, *Postwar Korean Short Stories: An Anthology* (Seoul: Seoul National University Press, 1983). Dafna Zur, “Whose War Were We Fighting? Constructing Memory and Managing Trauma in South Korean Children’s Fiction,” *International Research in Children’s Literature*, 2:2 (December 2009), 192-209.

³³ Kim Chŏng-ŭn (not to be confused with the dictator), *Postwar Korean Short Stories*, xi.

³⁴ There are numerous Korean short-stories in translation that revolve around the theme of postwar trauma. Bruce Fulton ed., *The Red Room: Stories of Trauma in Contemporary Korea*, Modern Korean Fiction (Honolulu: University of Hawai’i Press, 2009). Also see Kim Chŏng-ŭn, *Postwar Korean Short Stories*.

³⁵ Fulton ed, *The Red Room*, 16.

³⁶ Excerpt taken from Pak Wan-so’s, “In the Realm of the Buddha” (*Puch’onnim kunch’o*) in Bruce Fulton, ed., *The Red Room*, 17. The story was originally published in 1973.

while Pak's work falls under the genre of fiction, the remarkable fact that every Korean lost a family member during the war suggests this familiar literary template of an individual straddling the lines of insanity in a response to recent tragedy may be accurate reflections of social reality in the postwar era.³⁷ A translation of Pak's work can in fact be found in a recent literary anthology endorsed by Bruce Cumings, suggesting that even the most prominent political historians have begun to take interest in the mental and emotional consequences of the war. The foreword to the *The Red Room: Tales of Trauma in Contemporary Korea* begins with the assertion that "the entire Korean population was traumatized by one of the most violent and intense wars of the twentieth century."³⁸

My focus on psychiatry, however, allows me to document war trauma, hitherto limited in its discussions to the level of literary discourse in concrete and historical ways. Specifically, I point to the ways in which the military and state approached the problem of madness in the Korean War era.³⁹ My dissertation points to an interesting dynamic: as quickly as psychological problems arose in Korea, American ideas were imported to address them. It is entirely plausible that characters in Pak's novels, had they exhibited the same symptoms in real life, would have been candidates for hospitalization and treatment at the nation's first state mental hospital in the 1960s. Asking how patients fared under the nascent psychiatric apparatus, how they were diagnosed and treated, and how their new labels as mental patients affected the rest of their lives, my work reminds us that while madness may be a universal human condition, a society's approach to it must be understood as the product of distinct historical phenomena.

³⁷ Fulton ed., *The Red Room*, ix. This story was semi-autobiographical, Pak experienced the death of two of her male family members during the war as well.

³⁸ Bruce Cumings, foreword to *The Red Room*, ix.

³⁹ This leads me to wonder whether "trauma" (a word that has no equivalent even today in the Korean language) may not be wholly appropriate as an analytical framework from a historical standpoint, as trauma was not even a valid category of diagnosis before Post-Traumatic Stress Disorder (PTSD) entered the medical lexicon in the 1980s.

The US-ROK Relationship: Healing a Nation of Sickness

My dissertation also unveils new facets of the US-ROK relationship. Despite its scope, depth, and duration, the historiography of Korean-American relations in contemporary Korea has remained relatively undeveloped.⁴⁰ In 1983, Bruce Cumings wrote of the “remarkable paradox that a relationship as long and intense as that between the United States and Korea should be so unstudied.”⁴¹ Nearly three decades later, Gregg Brazinsky noted in the introduction to his study of American “nation-building” in Korea that “virtually no scholars in either country have studied the topic systematically.”⁴²

My survey of historiography on this topic suggests that it would be an exaggeration to say that there is nothing written at all. Much of the existing scholarship on this topic, however, tends to be limited in the questions it asks. In particular, this early era of US-ROK relations has been dominated by discussions of America’s economic and military contributions to Korea. This emphasis is certainly not surprising given the impact that the United States had on these twin sectors. As a team of historians in a hefty volume on the economic and social modernization of the ROK has argued, “During the war and immediate post-war period, it is hardly too much to say that American economic assistance and the economic fallout from military assistance kept Korea alive.”⁴³

⁴⁰ Much of the scholarship by historians has focused on the late-nineteenth century, especially the role of missionaries and diplomats.

⁴¹ Bruce Cumings, *Child of Conflict: The Korean-American Relationship, 1943-1953* (Seattle: University of Washington Press, 1983), ix.

⁴² Gregg Brazinsky, *Nation Building in South Korea : Koreans, Americans, and the Making of a Democracy*, New Cold War History (Chapel Hill: University of North Carolina Press, 2007), 3.

⁴³ Mason, et al, *Social and Economic Modernization of the ROK*, 2 .

Specifically, upwards to 11 billion US dollars went to Korea between the years of 1945-1962. Aid funds alone added up to 100% of the South Korean government's budget in the 1950s.⁴⁴ Taking the year 1957 as an example, political economist Jung-eun Woo has shown that military aid offered to the Koreans was meaningfully higher than for all of Europe and quadrupled all that was allotted to Latin America.⁴⁵ And while in rhetoric the Americans portrayed their role as part of an international effort to support the Koreans, the reality was such that the United States was single-handedly the most important contributor.⁴⁶ Young-Iob Chung has written in reference to the years between 1953-1961: "Virtually all foreign aid during this period came from the United States, which was over one-tenth of the total US aid appropriation to all countries in the world during this period. It was responsible for 99 percent of the total aid to South Korea, and its support for the Korean economy was significant and crucial for the latter's survival and future success."⁴⁷

Americans, Medicine and Everyday Life in Korea

The full complexity of the US-ROK relationship as well as the depth of its impact cannot be captured in macroeconomic statistics alone. For example, such heavy intervention in the economic sphere manifested itself in the organization of political power. Pak T'ae-gyun's study is representative of scholarship that approaches the US-ROK alliance as one in which Americans exercised an unprecedented amount of influence over the domestic and international politics of

⁴⁴ Cumings, *Korea's Place in the Sun*, 306.

⁴⁵ Jung-en Woo, *Race to the Swift: State and Finance in Korean Industrialization* (Columbia University Press, 1991), 45-46.

⁴⁶ As David Ekbladt writes that US reconstruction efforts in Korea were partially motivated by the "evolution of a consensus on liberal international development." Ekbladt, *The Great American Mission*, 114.

⁴⁷ Young-Iob Chung, *South Korea in the Fast Lane : Economic Development and Capital Formation: Economic Development and Capital Formation* (Oxford University Press, 2007), 308.

another sovereign nation.⁴⁸ Koreans even saw American ambassadors in the postwar decade as the new “governor generals.”⁴⁹ Yet Pak as a Korean historian makes an important point that even in spite of structure of asymmetry, Korean responses mattered. In fact, viewing US policy as not a unilateral imposition but the product of contentious interactions between the two countries, he stresses the point Koreans must not be left out of studies of the ROK alliance.

Gregg Brazinksy’s work, *Nation Building in Korea*, is a significant extension to this line of reasoning. Like Pak, he emphasizes the need to take the Korean contribution to the reconstruction effort seriously. At the same time, he branches away from the actions of those at the highest level of politics. He premises his approach to “nation-building” on the argument that the United States, in pursuing its overarching diplomatic and economic agendas, planted the seeds of social and cultural transformation. The American conviction that Koreans could only become an autonomous, democratic power with the cooperation of the local populace pushed Americans to undertake civilian development projects that hit at the core of education, journalism, and administration in the postwar setting. Indeed, some of the institutions he references during the period played notable roles in the transformation of psychiatry.⁵⁰

The Rise of a Modern Medical System

Continuing this conversation on how American influence made a mark on the everyday life of Koreans, my study sheds light on the role of American medicine in the early years of the US-ROK relationship. What, after all, could be more integral to the daily existence of a person than the difference between sickness and health? America intervention in the medical realm took

⁴⁸ Pak T’ae-gyun Pak, *An Ally and Empire: Two Myths of South Korea-United States Relations, 1945-1980* (Sŏngnam-si, Kyŏnggi-do: The Academy of Korean Studies Press, 2012).

⁴⁹ Pak T’ae-gyun, *An Ally and Empire*, 6.

⁵⁰ Brazinsky, *Nation-Building in Korea*, 10.

on two forms. First, Americans provided the necessary resources to help Koreans survive a massive public health crisis. Impressive sums of funding and resources throughout the 1950s went to constructing hospitals and providing drugs that proved integral to saving millions of from succumbing to disease. By 1955, a survey by the International Cooperation Agency revealed that American efforts had been successful.”⁵¹

The acute emergency following hostilities which left in its wake a condition of ‘disease, starvation and unrest’ has been masterfully controlled by the united efforts of the UN agencies participating in the program and followed up by KCAC. The immunization and sanitation activities have been so well done that during the past 7 or 8 months no cases of small-pox have been confirmed and there is at the present time no indication that we need fear any outbreak of disease of epidemic proportions.

Second, as shown by a recent publication by John DiMoia, the Americans designed their aid program to enable Koreans to eventually help themselves. In the only monograph-length work to date on the history of medicine in contemporary Korea, the author focuses on joint ventures between Korean and American organizations such as the “Minnesota Program” that brought students from the Seoul National University Hospital to the University of Minnesota to study. My research illustrates that roots of this Korean-American exchange in fact could be traced to army hospitals during the war that served as the first sites of information exchanges. Throughout the course of my discussions, I suggest that the process of knowledge transfer depended as much on the attitudes and actions of Korean as it did on the gestures of Americans. Gregg Brazinsky’s observation that “Korean agency was the most crucial factor in shaping the country’s transformation” could not be more fitting for the case of medicine’s growth in South Korea.⁵²

⁵¹ “Survey of needs for Public Health Program.” Excerpt from a memo by Charles L. Von Pohle, MD, Public Health Consultant, I.C.A., July 31, 1955 addressed to “Mr. C. Tyler Wood, Economic Coordinator for Korea through the Public Health Division, ICA.” Source obtained from the Kukka kirogwŏn (National Archive) in Sŏngnam, Korea under the File “Pogŏn (Welfare): 1953-1955.”

⁵² Brazinsky, *Nation Building in Korea*, 6.

Why Psychiatry?

As important the subject of medicine in the early ROK is for understanding the Korea-American relationship, it is too complex for one scholar to document alone. Thus by studying psychiatry between the years of 1950-1962, I sacrifice breadth for depth, tracking how a single medical discipline evolved during the years of heaviest American intervention in Korea. Indeed, these years were eventful. The follow chapters chart a discipline as it emerged from the war to expand and diversify in the postwar era, reaching its heyday by the end of the study. The driving impetuses and agents steering this outcome will be outlined in detail.

Furthermore, my dissertation topic suggests reflects my belief that psychiatry, more than any other discipline, has the potential to illuminate the broader political, social, economic and cultural context in which its transformations occurred. As Edward Shorter has said, “if you think psychiatry is just another medical science like gastroenterology, you are wrong.”⁵³ The importation of psychiatry to Korea should not be seen only as a transfer of a medical regime, but a new scheme for categorizing human behavior. It is significant that the advent of Western psychiatry in Korea introduced the masses to new ways of understanding the condition of madness. In the process, it offered new models for assessing who was normal versus abnormal. It sparked new conversations about personality and character disorder. Authorities also gained new tools for confronting those who appeared as social outliers. How this foreign body of knowledge came to take root in Korea with such speed and momentum can only be explained by analyzing the driving forces of the US-ROK relationship and the complex roles of both American and Korean actors that carried it forward.

⁵³ Edward Shorter and National Institutes of Health (U.S.), *The Health Century*, 1st ed. (New York: Doubleday, 1987), 116.

De-centering the History of Psychiatry

Studying psychiatry in the South Korean context also has the potential to make a valuable contribution to the historiography of psychiatry, which has long been characterized by Eurocentrism. A recent wave of scholarship on psychiatry in the context of colonialism and empire, however, has expanded the geographical boundaries of the discourse. Examples of case-studies include Africa, South Asia and Southeast Asia with some signs of movement on the East Asian front. Two representative monographs in this genre are Jonathan Sadowsky's study of asylums in Nigeria and Waltraud Ernst's book on the British deployment of psychiatry in colonial India.⁵⁴ Both authors convey a common undertone in this literature that presents Western psychiatry as a tool used by the colonizer on the colonized to label, diagnose, and ultimately exert power over the indigenous population. As one team of authors has noted, psychiatry served as "a powerful symbol of the colonizing mission."⁵⁵

My study of psychiatry in Korea complicates this theme of psychiatry as a vehicle of domination imposed by a stronger nation over its political subordinates. I have been influenced by several breakthrough studies in the context of East Asia that have shown how modernizing regimes sought out European medical frameworks to reform their own legal or health systems. For instance, Dani Botsman has examined the Japanese importation of the European prison system in the early Meiji period while Ruth Rogasky has written about China's utilization of

⁵⁴ Jonathan Hal Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 1999). Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India, 1800-1858*, The Wellcome Institute Series in the History of Medicine (London and New York: Routledge, 1991). Waltraud Ernst, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, C. 1925-1940*, Anthem South Asian Studies (London and New York: Anthem Press, 2013).

⁵⁵ Sloan Mahone and Megan Vaughan, *Psychiatry and Empire* (New York: Palgrave Macmillan, 2007).

Western wellness regimes in the early twentieth century.⁵⁶ A case-study of Korea can add to this historiography, presenting an instance in which the importation of psychiatry took place during wartime between military allies. My dissertation also sheds light on the ways in which indigenous practitioners took charge of their profession's trajectory after the war, finding outlets for the imported discipline to grow and adapt to local needs under their watch.

Ultimately my work joins a growing discourse in the history of science captured in the notion of "knowledge in transit."⁵⁷ As James Secord noted in an influential address in 2004, scholars should emphasize the "centrality of processes of movement, translation, and transmission," as we may find "opportunities for crossing boundaries of nation, period, and discipline that are all too easily taken for granted."⁵⁸ Injecting the early Cold War and Korea into this conversation about psychiatry and its global dissemination, I point to the role of larger political agendas in facilitating psychiatry's globalization throughout the second half of the twentieth century.

Methodology and Primary Sources

Accessing the History of Psychiatry in South Korea

This dissertation draws from a diverse collection of primary sources that portray the story of psychiatry in Korea from multiple angles. First, I draw from valuable documents obtained from the National Archives of South Korea (*Kukka Kirogwŏn*) located in Taejon and Sŏngnam. I collected materials also from the Institute of Military History (*Kunsa P'yŏnch'an Yŏnguso*)

⁵⁶ Dani Botsman, *Punishment and Power in the Making of Modern Japan* (Princeton: Princeton University Press, 2005). Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004).

⁵⁷ This term was popularized by historian of science Jim Secord. "Knowledge in Transit," *Isis*, 95:4 (December 2004), 654-672.

⁵⁸ Jim Secord, "Knowledge in Transit," 654.

operated by the Ministry of Defense in Seoul. Seoul National University's medical library located on the Taehangno campus granted me access to information produced by government organizations such as the Korean Ministry of Health and Social Welfare (*Pogŏn sahoebu*). At the National Archive and Records Administration in College Park, MD, I found multiple folders of information outlining the contributions of the US military and American civilian agencies to South Korea's health sector.⁵⁹ Korean newspapers accounts also provided valuable insights about people, events, and social trends as they related to psychiatry during this era.

Personal Papers of Yu Sŏk-jin

The most critical primary source based used in this dissertation was a previously untapped archive assembled by Yu Sŏk-jin (1920-2008). I frequently cite documents from this collection under the label of *Personal Papers of Yu Sŏk-jin* throughout the dissertation. Yu, considered to be the father of Korean military psychiatry, was among the most influential individuals in the history of Korean psychiatry. Overseeing the Korean military psychiatry program from 1950-1955, he trained more than forty military psychiatrists under his watch and remained active in the civilian sector after the war.

Yu, however, was not only a prominent psychiatrist. As an ambitious record keeper, he kept track of his documents with neurotic intensity. I was pleased to find files from the earliest days of his career including paperwork from the war years that cannot be found in any official archive.⁶⁰ His collection also contained handwritten notes, maps, invitations, travel itineraries, medical pamphlets, diagnostic charts, case studies, newspaper clippings, and his own personal writings. Discovering this treasure trove at the Seoul National University's Center for Hospital

⁵⁹ I obtained the majority of the "official sources" from three locations: The National Archives of Korea in Sŏngnam and Taejon, as well as the National Archives and Research Administration of the United States in College Park, MD.

⁶⁰ I learned about his dedication to record keeping by interviewing his wife, Kim Myŏng-hŭi, during my research trip to Korea.

History and Culture during my research trip in 2011 marked a true turning point in my dissertation.⁶¹

My project also integrates interviews with first-hand witnesses that add precious color and context to my research that cannot be obtained from textual sources. During my field research trips to Korea in 2011 and 2012, I tracked down a number of psychiatrists who started their careers in the military in the 1950s; some even worked directly with Yu Sök-jin during the war.⁶² In addition to sharing their recollections, several psychiatrists offered me records and photos that they held onto for the last six decades.

Lastly, I located valuable sources at the National Mental Hospital (*Kungnip Chǒngsin Pyǒngwǒn*). As a visiting researcher at the hospital, I was able to access their complete collection of patient files kept in their original states since opening day in 1962.⁶³ While the sheer volume of the files was too much to tackle comprehensively, I made it a point to review the first 200 files, all from the inaugural year, in detail. Moreover, the hospital also allowed me to visit the closed wards once a week where I could communicate freely with current inpatients while surveying their conditions. Through this experience, I learned not only about the history of civilian psychiatry in Korea, but also came to appreciate how the past continues to shape the present.

Chapter Outline

This study is divided into four chapters, each designed to highlight direct links between the Korean War, the Americans, and a major development—intellectual, institutional,

⁶¹ I was the first to study this archive after Yu Sök-jin donated his files to Seoul National University in 2008, just months before he passed away.

⁶² For example, O Sök-hwan, Pak In-ho, Yi Pong-gi and Min Pyǒng-gŭn all worked with Yu Sök-jin personally during the war.

⁶³ These files are not circulated and closed to the public. I would like to relay my deepest gratitude to Dr. Chung Eun-gi (superintendent of the hospital in 2011) and Dr. Sungwon Roh (Director of Mental Health Research) for granting me special access to these sources.

professional, or cultural—in the early history of psychiatry in Korea. The story is told from both Korean and American vantage points. Psychiatrists, patients, government officials, civilians, and soldiers all serve as protagonists.

Chapter 1 begins with the Korean War and relays how the actual process of knowledge transfer occurred between military psychiatrists of the ROK and US Armies. It identifies training programs at key sites such as the 121 Evacuation Hospital, 212 Neuropsychiatric Detachment, and the Capital Army Hospital (*Sudo Yukkun Pyŏngwŏn*) that served as birthplaces of psychiatry in South Korea. The contrast of psychiatry's status at the beginning and end of this chapter is striking. How military networks and the wartime environment provided the ideal setting for this rapid dissemination of information is explored.

Chapter 2 undertakes a detailed analysis of case-studies produced by Korea's first military psychiatrists at the Capital Army Hospital on soldiers pulled from duty for exhibiting a range of unconventional symptoms. Produced in 1954, the "Psychological Screening Reports" are among the oldest remaining psychiatric documents authored by Koreans. The contents of these studies demonstrate the extent to which American-style theories and methods figured into the Koreans' evaluation of their own soldiers. The chapter also explores the ongoing momentum of psychiatry in postwar Korea, following the academic and professional activities of military psychiatrists into the early 1960s.

Chapter 3 examines how military psychiatrists trained by the Americans found broader social applications for their discipline in the immediate postwar years. In particular, we see how psychiatrists rallied around the issue of juvenile delinquency, which became an especially troubling issue in the unstable political, economic and social climate of the late 1950s. This chapter then explores the birth of a Korean mental health movement that harnessed the global

momentum generated in what can be called a “golden era” for psychiatry throughout the world. We see how Korean psychiatrists, proficient in English and seeped in American frameworks, found ways to take advantage of these international resources to advance their own causes.

Chapter 4 charts the rise of the first state mental hospital in the South Korea—the National Mental Hospital (*Kungnip Chǒngsin Pyǒngwǒn*). Founded in 1962 by the Ministry of Health and Social Welfare in partnership with the American government, this hospital symbolized a hallmark achievement in the country that culminated a decade of Korean-American exchanges. After surveying the history of the National Mental Hospital’s predecessor, the National Veteran’s Mental Hospital, it charts the multi-year process that brought institution from conception to completion. The final section analyzes a rare primary source base of patient charts preserved in their original forms since opening day. Observations regarding the demographic makeup of the patients, medical approaches undertaken by the doctors, and patient experiences in the hospital illuminate the broader historical context in which the psychiatric apparatus came into its own in Korea.

Psychiatry in Korea and the United States on the Eve of War

But before moving on to the body chapters of the dissertation, it is necessary to step back and examine how psychiatry in Korea and the United States stood in the years leading up to the Korean War. The stark differences characterizing the medical and social positions of the discipline in its respective country further emphasize the importance of the war and the Americans on the history of psychiatry in the ROK.

Korea: a World Without Psychiatry

In 1949, less than a year before the outbreak of the Korean War, a Tonga ilbo journalist noted that there were less than 9 psychiatrists left for 200,000 mentally ill in Korea.⁶⁴ This figure does not seem to be far off from the truth, as historians and first hand observers have listed similar figures.⁶⁵ To understand the historical context for the state of psychiatry before the Korean War, we must go back to the colonial period (1910-1945).

The Japanese introduced Koreans to psychiatry for the first time in the 1910s as part of their larger program of modernizing Korea's medical system.⁶⁶ The Korean word for mental illness, "*chōngsinbyōng*" is in fact a direct translation of the Japanese term, "*seisinbyō*."⁶⁷ The first clinical department of psychiatry in Korea appeared in 1913 at the Governor General Hospital (*Chosŏn Ch'ōngdokpu Ŭiwŏn*). From 1916-1927 a modest system for teaching grew out of Kyōngsong Medical College. Severance Union Medical College also offered a psychiatry training-course led by Western missionaries during the 1920s. As Japan entered the war, however, most of the teaching staff had to leave the peninsula.⁶⁸

⁶⁴ The figure of 200,000 is not shocking, given that 1-3 percent of people of any society are considered mentally ill and in need of treatment at any given time. What is surprising, however, is the figure of 9.

⁶⁵ Yi Pu-yong (Rhi Bou Yong), "The Roots of Korean Psychiatry and its Development Before and After WWII," in Toshihiko Hamanaka and German E. Berrios eds, *Two Millennia of Psychiatry in West and East* (Tokyo: Gakujō Shoin), 2003. Yu Sŏk-jin, *Kŏn'guk simnyŏn ŭi han'guk chōngsinūihak*, Unpublished account, *Personal Papers of Yu Sŏk-jin*.

⁶⁶ For a detailed institutional history of hospitals in colonial Korea, see Pak Hyōng-u, *Chejungwŏn* (Seoul: Mom kwa ma'ūm, 2002).

⁶⁷ For a detailed discussion about evolution of terms in Japan beginning with the earliest references to "nerve disease" (*sinkeibyō*) in the Edo period, see: Watarai Yoshiichi, *Meiji no shinkei isetsu: seinkeibyō, sinkei suijaku, sinkei, kamigakari* (Tokyo: Iwanami Shoten, 2003). According to Watarai, the term *seishinbyō* (Kr. *chōngsinbyōng*) was coined long after the awareness of nerve disease, and carried a social stigma that related conditions such as neurasthenia (*sinkei suijaku*) or brain disease (*nōbyō*) did not. Serizawa Kazuya's book also contains references to early stages of mental illness. He notes that the first lecture in the study of mental illness (*seisinbyō gaku*) was given in 1886. See Serizawa Kazuya, *'Hō' kara kaihōsareru kenryoku: hanzai kyōki hinkon soshite Taishō demokurashī* (Tokyo: Shin'yōsha, 2001), 83.

⁶⁸ Yi Pu-yōng (Rhi Bou Yong), "The Roots of Korean Psychiatry and its Development Before and After WWII," 98-100.

The most important development came in 1928 with the founding of Kyōngsong Imperial University, which became the epicenter of psychiatric research and education in Korea for the remainder of the period. The two chairmen, Kubo Kiyoji (1928-1941) and Michio Watanabe (1941-1945) both received training in Germany. Researchers tested new treatments such as Insulin Coma Therapy, which was in fact implemented in Korea before any other institution in the empire.⁶⁹ Accounts of Japanese and Korean students and professors from the first psychology (*siminihak*) department at Kyōngsong Imperial University during the late 1920s confirm that the quality research facilities competed directly with those in Tokyo.⁷⁰

So Young Suh has written that Japan was “window through which Koreans peeped at modern medicine.”⁷¹ In short, the Koreans may have been introduced to modern medicine under Japanese rule, but they did not actively participate in it. Koreans comprised only a small minority of the student body.⁷² Opportunities for academic and social mobility within the system were rare. Research topics were also largely confined to the topic of narcotics addiction, which was in fact a major problem in Korea.⁷³ Chōng Wōn-yong’s dissertation shows that psychiatrists in Korea showed little interest in the field of mental health and social psychiatry, which was not the case in Japan.⁷⁴ As limited as psychiatric education was to Koreans throughout the colonial

⁶⁹ Ibid, 99.

⁷⁰ Personal accounts of students’ and professors’ experiences in the department of psychology at Keijo Imperial University can be found in Chōng Han-taek, *Han’guk simnihak yuksimnyonsa* (Seoul: Pagyōngsa, 1982), 21-43.

⁷¹ Soyoung Suh, “Korean Medicine Between the Local and the Universal: 1600-1945,” (Ph.D. Diss. University of California, Los Angeles, 2006), 94.

⁷² Chōng Wōn-yong, “Kūndae sōyangjōngsinūihagūi chōn’gaewa pyōnch’ōn’gajōng” (Ph.D. Diss., Seoul National University, 2003), 124-142.

⁷³ John M. Jennings, “The Forgotten Plague: Opium and Narcotics in Korea under Japanese rule, 1910-1945,” *Modern Asian Studies*, Vol. 29, No. 4 (Oct, 1995), 795-815.

⁷⁴ Chōng Wōn-yong, 124-142.

period, it is still significant that Kyōngsong Imperial University trained the first psychiatrists that would go on to found the military psychiatry program in the ROK Army

One point to note about psychiatry during the colonial period is that its intellectual foundations relied on European, and more specifically, German frameworks. In particular, students in Korea went by the teachings of Emil Kraepelin.⁷⁵ In other words, this was an era of biological psychiatry that saw mental illnesses as the outcome of brain malfunction, not psychogenic factors. This line of thinking about mental illness would of course undergo a complete change during the Korean War when Korean psychiatrists confronted an entirely new way of thinking about mental illness as American-style “dynamic psychiatry” rose to the occasion.

Social attitudes toward psychiatry also underwent a transformation due to the Korean War. Mental patients faced a heavy social stigma during the colonial period. My own research on this topic has pointed me to the visible link between mental illness and crime in the popular imagination, which was largely a result of media reporting. Conditions such as “*chōngsinbyōng*” or “*chōngsin isang*,” for example, was said to drive individuals to commit horrendous crimes of open violence such as arson, physical attack, and murder.⁷⁶ For example, a thirty-three year old man, Yi Chōng-kwan was according to the writer, “mentally abnormal and was under watch from his family. The other day, he ran out of the house, got a kitchen knife and yelled, threatening that he would kill anyone that came near.” The article ended with the writer noting that police had succeeded after making careful efforts to bring him under custody and is

⁷⁵ Yu Sōk-jin, *Kōn'guk simnyōn ūi han'guk chōngsinūihak*, Unpublished account, *Personal Papers of Yu Sōk-jin*.

⁷⁶ *Chosōn chungang ilbo*, 6/23/1936

currently being held by the police station in Taedong.⁷⁷ Not surprisingly, public opinion was such that the mentally ill should be locked up. In 1928, the colonial government applied for funds from Japan to build a large-scale mental hospital in Korea. But in spite of these calls, due to the tumultuous events of the 1930s, the Japanese metropole could not allocate the budget and resources necessary for a state mental hospital in Korea.⁷⁸

The problem of mental illness was mostly addressed at the local level. In particular, families had to assume the primary responsibility of supervising the mentally ill. It was illegal for a mental patient to wander the streets alone. If they did, the family would be issued a penalty. There were thus instances of patients being tied up and bound inside their homes. There are stories of confined patients even being burned to death, unable to escape from inside their homes.⁷⁹

Finally, traditional ways of understanding mental illness prevailed in colonial Korea. Suh has observed that, while the majority of Koreans “understood the significance of implementing biomedicine in Korea, a systematic plan for replacing medicine with biomedicine was hardly on their minds. Although seemingly novel and efficient, biomedicine still remained foreign and unfamiliar to most Koreans.”⁸⁰ Looking through the newspapers in colonial Korea, there are strange reports of Koreans dealing with the mentally ill through folk rituals that often inflicted great pain upon the subjects. Performed by the blind, fortune-tellers, or mudang (shamans), the process usually involved the beating of drums and whipping with the peach branch (*toji*), which

⁷⁷ *Tonga ilbo*, 10/20/1927

⁷⁸ Yi Pang-hyŏn: “Singminji Chosŏn eso ūi Chŏngsinbyŏngja ūi taehan kŏndaejok chŏpgŭn,” *Korean J Med Hist* 22 (2013), 547.

⁷⁹ Yi Pang-hyŏn, 546.

⁸⁰ Soyoung Suh, “Korean Medicine Between the Local and the Universal,” 104.

was believed to be the strongest form of wood. The field work of Japanese ethnographer Maruyama Tomojun who surveyed traditional folk practices in Korea for the Colonial Governor General also reflected this strange practice, as he dedicated an entire section of his study, *Chosen no kishin* (1929) to beatings with peach-wood.⁸¹ As late as 1938, sources like the *Tonga Ilbo* (East Asia Daily) reported that Chu Hae-sun of Pyŏng'guk had died while receiving treatment for mental illness (*chŏngsin isang*) in similarly violent fashion. Chu had been locked in a room for over two weeks while a female shaman (*mudang*) poked her with needles and whipped her with a peach branch.⁸²

In sum, while it would technically be wrong to say that psychiatry was introduced to the Koreans for the *first* time during the war, it is reasonable to assume that psychiatry neither had a medical nor social position that would allow it to be a viable medical discipline. By the end of the colonial period, biomedical training for Koreans was hardly accessible to Koreans except for the select few. Most Koreans had little understanding of mental illness as an actual medical condition, viewing it instead in relation to crime and social disturbances. Hence it would take a different path for psychiatry to gain momentum in Korea, and this happened with the Korean War.

The United States: A Heyday for Psychiatry

If the Korean War was a pivotal event for the history of Korean psychiatry, the turning point for American psychiatry came in the Second World War less than a decade earlier. In December 1941, when America entered the war, members of the American Psychiatric

⁸¹ Maruyama Chijun, *Chosŏn ūi kwisin*, trans. Kim Hui-kyŏng (Sŏul: Tongmunsŏn, 1990), 218-223.

⁸² *Tonga ilbo*, February 27, 1938.

Association offered their advice to the US Army only to be ignored.⁸³ At the start of the war, the US Army stationed only 35 psychiatrists in the regular Army, only four of whom were board certified.⁸⁴ This disregard for military psychiatry in the Army reflected more general attitudes toward psychiatry in the United States. In the 1940s, psychiatry was a “marginalized and despised specialty” with its practitioners trapped behind the walls of custodial asylums.⁸⁵

Soon enough, however, psychiatry would claim the spotlight as the pitiful performance of American troops in the early years of WWII confronted military authorities with a mental hygiene crisis more severe than they had ever witnessed. When battle started, psychiatric casualties soared. Army hospitals admitted approximately 1.1 million American soldiers for neuropsychiatric disorders throughout the war, of which nearly 40% were discharged after not responding to treatment.⁸⁶ Even more disturbing to army authorities, screening protocols put in place before the war had disqualified over one million men on the grounds of mental unfitness even before putting on the army uniform.

It was within this environment of confusion and desperation that the United States Army tapped William Menninger, a “personable and convivial” figure with a “remarkable capacity to inspire confidence among military officers” as chief psychiatrist of the Army in December 1943. What is important to know about Menninger and circle of advocates was their affiliation with a psychoanalytically inclined brand of psychiatry heavily influenced by the teachings of Freud.

⁸³ Albert Julius Glass and Franklin D. Jones, *Psychiatry in the U.S. Army: Lessons for Community Psychiatry* (Uniformed Services University of the Health Sciences, 2005), 739-740.

⁸⁴ Walter E. Barton and American Psychiatric Association, *The History and Influence of the American Psychiatric Association* (Washington, D.C.: American Psychiatric Press, 1987), 133.

⁸⁵ Grob, 1990, 59-60.

⁸⁶ Nathan G. Hale, *The Rise and Crisis of Psychoanalysis in America : Freud and the Americans, 1917-1985* (New York: Oxford University Press, 1995), 188.

But unlike Freud, the American “Neo-Freudians” sought explanations for mental breakdown not in unconscious sexual trauma, but childhood relationships and parent-child interactions. They believed that the “major causes of nervous and possibly of mental illness were psychological and interpersonal.”⁸⁷

As historian of psychiatry Ben Shephard has noted, “it might seem paradoxical that American psychiatry should have emerged from the war with its reputation enhanced when its wartime record was so poor.”⁸⁸ But it was the ability for Menninger and his advocates to explain to fellow physicians, the American public, military leaders and patients *why* the mental breakdown occurred that respect and interest for the discipline surged.”⁸⁹ They proposed well-formulated theories of war neuroses offering “methods of therapy, texts, and above all, trained personnel, many of them energetic and able.”⁹⁰ In the words of Albert Glass who served as a senior psychiatrist under Menninger during the war:

*They were looked upon not merely as a means of providing skilled treatment to mentally sick men, but also as a source of urgently needed advice on how to prevent this manpower loss...The attitude of Army authorities toward psychiatry changed during the course of the war. The premise that the mental health of the men in the Army depended upon morale, leadership, and personnel policies was new to them, and that psychiatric knowledge could be useful in these matters was not readily apparent.*⁹¹

⁸⁷ Hale, 245

⁸⁸ Ben Shephard, *A War of Nerves : Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, Mass.: Harvard University Press, 2001), 332.

⁸⁹ John C. Burnham, *Paths into American Culture: Psychology, Medicine, and Morals*, American Civilization (Philadelphia: Temple University Press, 1988), 101.

⁹⁰ Hale, 189.

⁹¹ Leonard D Heaton et al., *Neuropsychiatry in World War II*, Medical Department, United States Army, in World War II. (Washington, D.C.: Office of the Surgeon General, Dept. of the Army, 1966), 409, 413.

In October 1943, War Department Technical Bulletin 203 presented the first dynamic diagnostic nomenclature for psychiatric disorders. It reflected psychoanalytic concepts of personality development and presented mental illness as stress reactions manifested by symptoms. This nomenclature laid the basis for major reforms in the practice of civilian psychiatry, as the American Psychiatric Association adopted it for the *Diagnostics and Statistical Manual* (better known as the DSM-I), published in 1952.⁹²

Through the war, dynamic psychiatrists climbed to a new position of social and medical importance as a discipline. They secured funding for research through the Mental Health Act, which saw the construction of the National Institution of Mental Health in 1946.⁹³ In society, their views about the causes of mental illness and the meaning of personality disorders captured the attention for mass audiences as Menninger became a household name.⁹⁴

And thus as the war broke out in Korea, it was this same group of young, ambitious psychiatrists would see an opportunity to implement their ideas and methods in Korea. It is within this “high point of psychoanalytic hegemony” and the golden era of psychiatry more generally that the Korean War erupted.⁹⁵ War in Korea facilitated the unlikely first meeting of these two vastly different worlds.

⁹² Walter E. Barton and American Psychiatric Association., *The History and Influence of the American Psychiatric Association* (Washington, D.C.: American Psychiatric Press, 1987), 134.

⁹³ Roy W. Menninger and John C. Nemiah, *American Psychiatry after World War II (1944-1994)*, (Washington, DC: American Psychiatric Press, 2000), 203-204.

⁹⁴ Burnham, 101-103.

⁹⁵ Elizabeth Lunbeck, “Psychiatry,” in T.M. Porter and D. Ross, eds., *The Cambridge History of Science*, vol. 7 (Cambridge: Cambridge University Press, 2003), 665.

CHAPTER 1: The Birth of Military Psychiatry in Wartime, 1950-1953

Introduction

In every major war of the modern era, the risk of a soldier becoming a psychiatric casualty has been higher than that of falling to the enemy's bullet.¹ From shell-shock to PTSD, the prevalence of mental illness among troops throughout the twentieth century has justified the need for a mental hygiene program in the military.² Breakthroughs made by psychiatrists on the frontlines have triggered changes with lasting effects on the discipline's postwar trajectory. As British military psychiatrist Jon Rawlings Rees noted in 1945: "There is no time and no experience in our whole social life in which psychological principles are so challenged as in war, and psychiatry has perhaps matured more as a result of the war experience than it could have done in five years of peace."³ Although Rees spoke from his personal experiences in WWII, the relationship between the Korean War and psychiatry in the Republic of Korea can be assessed within this conceptual framework.

Unlike countries in Europe or North America, however, Korea did not have a longstanding tradition of civilian psychiatry before the war.⁴ As was noted in the Introduction, the Western medical discipline made its way into Korea during the colonial period (1910-1945)

¹ Richard A. Gabriel, *No More Heroes: Madness & Psychiatry in War*, 1st ed. (New York: Hill and Wang, 1987), 77. A psychiatric casualty refers to a combatant rendered ineffective and removed from combat due to psychological collapse.

² This phrase was taken from the title of an anthology of essays on military psychiatry. Simon Wessely and Edgar Jones, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, 2005).

³ John Rawlings Rees, *The Shaping of Psychiatry by War* (New York: W.W. Norton & Co. Inc., 1945), 10.

⁴ There is a large body of scholarship on the topic of military psychiatry in North America and Europe during WWI and WWII. For an account of the British state's response to "shell-shocked" soldiers during WWI, see Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldier of the First World War* (London: Palgrave Macmillan, 2002). For a Canadian case based in WWII, see Terry Copp and Bill McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945* (Montreal: McGill-Queen's University Press, 1990). For a comprehensive overview of Western combat psychiatry during the twentieth century, see Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2003).

but remained largely inaccessible to the local populace. Psychiatry was sidelined from mainstream medicine and stigmatized in public discourse. Thus it was military psychiatry during the Korean War that laid the basis for a general psychiatric apparatus in Korea. Psychiatry's rise in the ROK can be traced back to the role of individuals and institutions discussed throughout this chapter.

While the growing problem of psychiatric casualties served as the catalyst for a mental health program in the Korean Army, the US-ROK partnership provided a conduit for foreign theories and methods to enter the peninsula. Specifically, cross-cultural exchanges between American and Korean military psychiatrists facilitated the circulation of psychiatric principles that the US Army had recently embraced in WWII. The outcome of these interactions could be described as the Americanization of Korean psychiatry during wartime. Both institutionally and culturally, Korean psychiatrists by the mid-1950s followed the tune of their American allies.

This chapter begins with a description of the early challenges faced by Korean psychiatrists in the ROK Army as they confronted a mental health crisis larger in scale than ever witnessed before. With no prior training in military psychiatry, these psychiatrists suddenly inherited the problem of treating a mass of mentally ill soldiers while at the same time struggling to legitimize their work to those who questioned the validity of their discipline. Moving on to the pivotal encounter between Korean and American psychiatrists in the fall of 1951, I explain how the process of knowledge-transfer occurred, citing specific opportunities that could only have opened up within the wartime context. I conclude with a discussion of new policies and programs implemented by the Korean military in the war's aftermath while considering the broader implications of these developments on the field in future years.

PART 1: The War Begins

A Medical Emergency

The Korean War officially began in the early hours of June 25, 1950 as the North Korean People's Army (NKPA) launched a surprise attack across the 38th parallel, culminating years of intense political strife on the peninsula.⁵ In the midst of the chaos, the South's government, led by President Syngman Rhee, fled the capital city of Seoul and established a new wartime capital in Pusan. In less than a week's time, Kim Il Sung's troops claimed all territory north of the Han River. By the end of the month, nearly half of the South Korean Army—44,000 out of 98,000—was reported dead or missing; only two divisions managed to retreat with their equipment and weapons intact.⁶

Seoul's takeover by the North posed unprecedented challenges to the nation's already ailing medical apparatus. From the colonial period onward, the capital city had served as the locus of medical treatment, training, and education. Yet within a week of the northern invasion, the two major medical schools in South Korea, Severance Medical College and Seoul National University's School of Medicine, lay in ruins. The cluster of prominent civilian hospitals in the bustling Namdaemun district was buried under rubble.⁷ As early as June 26, doctors at Seoul National University's Hospital, the largest in the country, declared their institution a neutral zone and raised the flag of the international Red Cross on their rooftop.⁸ In spite of their efforts, North Korean troops, in an incident referred to as the "SNU Massacre," invaded the building, killing

⁵ Carter J. Eckert *et al.*, *Korea, Old and New: a History* (Seoul: Ilchokak, 1990), 344.

⁶ Robert K. Sawyer, *et al.*, *Military Advisors in Korea: KMAC in Peace and War* (Washington D.C.: Office of the Chief of Military History, Dept. of the Army, 1962), 134.

⁷ Han'guk chōngsinūihak 100-nyōn sa wiwōnhoe, *Han'guk chōngsinūihak 100-nyon sa* (100 Years of Psychiatry in Korea) (Sōul: Taehan sin'gyōng chōngsin ūihakhoe), 88.

⁸ Following the Geneva Convention of 1949, the Red Cross came to symbolize neutral territory for the treatment of wounded soldiers and war victims that the enemy could not attack.

wounded soldiers while kidnapping the remaining medical personnel whom the North viewed as assets.⁹ Crawford Sams, who served in Korea as the Chief of Welfare for the UN Command during the war, described the scene he first encountered in 1950:

I saw thousands of bodies of civilian Koreans who had been literally mowed down by the communists near the prison outside of Seoul and at Uijongbu. Among the bodies of the civilians I saw at Uijongbu and the railroad station were many Korean doctors and nurses whom I had known before 1948. They had been captured by the communists in their rapid overrunning of Seoul in June. The communists had attempted to take some of them north; others they had simply killed.¹⁰

With medical outlets dwindling, injuries escalating, and doctors becoming powerful assets, the South Korean state issued an edict requiring all eligible medical personnel to enlist and assist with the war effort. The combined total of doctors that had been trained since 1947 at designated Medical Corps facilities did not even surpass 50 at the outbreak of war. The initial recruiting process quickly yielded 1,651 medical personnel, and the number by the end of the year grew threefold to reach 5,260.¹¹ On July 8, the Army Medical Training School revised its agenda to focus solely on preparing newly recruited medical officers to perform duties at designated military hospitals. So began the era of military medicine in Korea. For the remainder of the war, hands-on experience and direct exposure at army treatment facilities, not lectures in the classroom, would serve as the backbone of the medical training process. As the fighting

⁹ This incident is explained in Ch'oe Che-ch'ang, *Han-mi ūihaksa : ūisa ūi kil 60-yŏn ūl torabomyŏ* (Looking back at 60 years of American Medicine in Korea) (Sŏul T'ŭkpyŏlsi: Yŏngnim K'adinŏl, 1996).

¹⁰ Zabelle Zakarian and Crawford F Sams, *Medic: The Mission of an American Military Doctor in Occupied Japan and Wartorn Korea* (Armonk: M.E. Sharpe, 1998), 226.

¹¹ Chŏn U-yong, *Hyŏndaein ūi t'ansaeng* (The Birth of the Modern Person) (Sŏul: Isun, 2011), 268.

raged on, the country's medical resources were funneled into one overarching task: fighting the Korean War.

Enter the Psychiatrists

Interviews with psychiatrists drafted into the Korean Army during the first weeks of war emphasize how quickly and completely the state re-focused its civilian resources to meet military demands. "All medical personnel, including students who had yet to complete their premedical requirements were drafted into the army," recalled Min Pyŏng-gŭn, who was in his second year of study at Seoul National University in 1950.¹² Another psychiatrist, Yi Pong-gi, just in his first year at the same institution, recalled boarding a train alongside nurses and medical students at Seoul Station to leave for Pusan in the summer of 1950.¹³ SNU Hospital by then had already relocated to Pusan and was temporarily re-named the 36 Army Hospital. Once taken over by the military, all medical personnel affiliated with the hospital automatically became Medical Corps Officers (*wisaengbyŏng*).¹⁴ Only after the recapture of Seoul in September 28 did leaders of the ROKA's Medical Corps return to the capital.

While they did not know it in 1950, Min and Yi would be among the group of fresh medical recruits to participate in founding Korea's first military psychiatry program. Included in this group were a handful of psychiatrists who received their training under Japanese colonial rule. Myŏng Chu-wan and Nam Myŏng-sŏk had graduated from Kyŏngsŏng Imperial University and served as assistant professors of psychiatry prior to war's outbreak. Kang Chun-sang and Ch'oe Sin-hae had graduated from Severance Medical College where they were trained under

¹² Min Pyŏng-gŭn in discussion with the author, March 7, 2011.

¹³ Yi Pong-gi in discussion with the author, February 27, 2012.

¹⁴ Ch'oe Che-ch'ang, *Han-mi ūihaksa*, 268.

Western missionaries in the 1940s. Sŏ Chu-yong had hailed from Taegu Medical School and Chin Sŏng-gi had even studied psychiatry in Japan at Showa Medical College during the final years of Japanese rule.¹⁵ The majority, however, were students who had just started their studies in medicine and had no previous training in psychiatry. One of these new recruits from SNU was O Sŏk-hwan, whose recollections of the war greatly assisted me in writing this chapter.

The most important figure to rise from this situation was a thirty year-old psychiatrist named Yu Sŏk -jin (Yoo Suckjin).¹⁶ His activities during the war have gained him unanimous recognition as the founder of Korean military psychiatry. Born in 1920 in North Kyŏngsang province, Yu graduated from Kyŏngsŏng Imperial University's Medical School in 1944, making him a member of the last graduating class under colonial rule. After earning his master's degree in psychiatry at Seoul National University in 1949, he served as an assistant professor of neuropsychiatry at the same institution until the war.¹⁷ It was Yu who took Min, Yi, and a several dozen others in the Medical Corps under his wing to provide them with training opportunities in military psychiatry. From his position as the director of the ROK Army's psychiatry program, Yu applied the resources and opportunities at his disposal to transform and expand his discipline. In less than three years, Yu and his colleagues set the foundations for a psychiatry program that would guide the trajectory of the field in Korea for the next several decades.

Military Psychiatry before American Intervention

The timeline for Korean psychiatry during the war can be divided broadly into two phases. In the first, Koreans responded to the mental health problem in the military with no

¹⁵ Han'guk chŏngsinŭihak 100-nyŏn sa wiwŏnhoe, *Han'guk chŏngsinŭihak 100-nyon sa*, 89.

¹⁶ Yu Romanized his name as Yoo Suckjin, but in this dissertation, he will be referenced according to McCune-Reischauer standards.

¹⁷ Yu Sŏk-jin, *Han'guk chŏngsinŭihakkye ŭi kŏmok: Yu Sŏk-jin paksa nonmunjip*. Unpublished manuscript donated to the author by Min Pyŏng-gŭn.

outside assistance. The second phase began in August 1951 when Yu Sök-jin and his partner, O Sök-hwan, initiated the first contacts with American military psychiatrists, triggering the birth of an American-style psychiatric apparatus in Korea.

It is difficult to elaborate extensively on the status of psychiatry during the war, especially during the earlier phases. Record keeping remained poor throughout the war, especially for psychiatry, and the constant shifting of battle lines during the first year of combat compounded this challenge. The question arises whether psychiatric casualties could even be accurately accounted for in an environment in which military psychiatry—its diagnostic categories, nomenclature, methods, and administrative protocols—had yet to be established in the ROK Army. I thus rely heavily on firsthand accounts obtained through interviews with Korean psychiatrists who practiced psychiatry during the Korean War to guide my observations. A number of them also recorded their memories of the war years later in writing.¹⁸

A unanimous point of agreement in all of these accounts is the existence of a serious mental health crisis in the military, exacerbated by a serious lack of resources to address it. That significant numbers of soldiers in the ROKA fell victim to mental illness is not at all surprising. Several factors proven in past wars to cause high rates of psychiatric casualties were present during this initial phase. First was the rapid expansion of the ROKA. By December 1950, the size of the South Korean Army had grown to 242,000, totaling approximately a tenth of the South Korean population.¹⁹ At the peak of the war, no less than 1 million men had put on the

¹⁸ Psychiatrists I interviewed for this chapter include Min Pyöng-gün, Pak In-ho, and O Sök-hwan. All three received their training in psychiatry during the war at the 121 Evacuation Hospital and the Capital Army Hospital while working under Yu Sök-jin, who I unfortunately could not interview because he passed away in 2008.

¹⁹ Gregg Brazinsky, *Nation Building in South Korea: Koreans, Americans, and the Making of a Democracy* (Chapel Hill: University of North Carolina Press, 2007), 79.

ROK uniform.²⁰ As a firsthand observer wrote about this rapid provision of manpower: “The problem of obtaining men was in itself simple to overcome, but time could not be so easily won, as long as the heavy pressure of battle continued. All too frequently the new replacements were thrown into combat after but a few days of training.”²¹ In contrast to American troops who had undergone a supervised mental hygiene program for at least three months before deploying, ROK soldiers made the shift from civilian to combatant almost overnight. Officers tapped to lead the Korean troops were similarly undertrained at the point of war’s outbreak. Any Korean male over the age of 21 possessing an 11th grade education could join the Officer Candidate School (OCS). Even training at this select institution, however, lasted as little as six weeks.”²² In short, standards for training new army recruits how to fight, as well as preparing them mentally for the stresses they would encounter in combat, were not adequately met.

Coupled with these obstacles was an exceptionally high degree of violence during the first year of the war, which has been shown to correlate with the number of psychiatric casualties. In the words of one army medical surgeon present during the first year of combat, it would be difficult to match the level of “the tactical mobility and intensity of combat in the annals of military history.”²³ Historians have cited studies showing that soldiers are most susceptible to become psychiatric casualties during “initial severe battle experiences with combat units new to

²⁰ Jon Huer, *Marching Orders: the Role of the Military in South Korea’s “Economic Miracle,” 1961-1971* (New York: Greenwood Press, 1989), 52.

²¹ Sawyer *et al.*, *Military Advisors in Korea: KMAC in Peace and War*, 148.

²² Jon Huer, *Marching Orders*, 52.

²³ Pat Apel and Otto Apel, *MASH: an Army Surgeon in Korea* (Lexington: University Press of Kentucky, 1998), xii.

battle before the acquisition and development of group cohesiveness, and the removal of less effective immediate combat leaders.”²⁴

The most critical factor, however, lay in the lack of experience in the ROKA with military psychiatry, a subfield with a specific agenda that demanded a particular set of tools to achieve an unusual mission. Unlike medical experts in peacetime whose goal was to heal sick civilians and lead them toward full recovery, a military medical officer operated under the premise that success meant bringing a soldier back to combat at all cost. As Brigadier General William Menninger, the head of the US neuropsychiatry effort during WWII, remarked, “The chief function of an Army physician, and this applies with special significance to the psychiatrist, is to get the soldier ‘on the line’ and keep him there. If the man is not capable of doing regular duty, it is the physician’s responsibility to get him out of the Army.”²⁵ Menninger’s quote encapsulates an important function bestowed on military psychiatrists during wartime: not only were they asked to treat patients, they had to distinguish between those who showed temporary disturbances due to environment stress, and those too unwell to continue their duties. Citing his predecessor, Menninger continued, “The Army is not to be regarded as a treatment method or a social agency....If a therapeutic procedure will return the patient to duty promptly, it is justified. Otherwise, it is the psychiatrist’s duty to return the soldier to civilian life.”²⁶

Yet unlike the Americans or their Western allies, the newly formed ROK Army had yet to participate in a modern war in which they confronted the issue of psychiatric casualties.²⁷ As

²⁴ Simon Wessely and Edgar Jones, *Shell Shock to PTSD*, 106.

²⁵ “William C. Menninger and Military Psychiatry,” *Bulletin of the Menninger Clinic*, 68:4 (2004), 282-283.

²⁶ Ibid.

²⁷ It should be noted that the Japanese army during WWII relied on the services of psychiatrists to deal with mental breakdown among troops. Military psychiatry, however, did not comprise its own specialized sub-field. Interestingly, there was a military hospital in Seoul during WWII called “Keijo Military Hospital” that was shut down after

Pak In-ho, who began to train with the US Army as a psychiatrist in 1953 recalled, “I hadn’t even heard of the concept of battle neurosis until I was introduced to it by my American supervisors during the war.”²⁸ Moreover, a visible sign of the ROKA’s unpreparedness lay in the absence of psychological screenings, a critical tool used by military psychiatrists in all participating countries during WWI and WWII. In the words of Min Pyong-gun, “The ROK Army faced a desperate situation, and almost anyone without clear physical disabilities put on the military uniform.”²⁹ As concepts of mental illness and the profession of psychiatry remained outside the purview of ordinary Koreans during this time, even those men who suffered from psychological disturbances in their past would not have had the chance to receive the diagnoses necessary to justify their exemption at the time of induction. As Yi Chŏng-gyun, a psychiatrist who graduated from Seoul National University in 1952, noted in an interview, “soldiers were at an age when conditions like schizophrenia were most likely to surface. Given that schizophrenia affects roughly one percent of any given population, the ROK army was confronted with a combination of war-induced trauma and everything else. War trauma and major psychoses were not always distinguishable in this climate.”³⁰ In effect, the absence of screening procedures at recruitment centers at the beginning of the war meant that those with earlier experiences of

Japanese surrender. The Neuropsychiatry Section had a normal capacity of 50 beds with a maximum of 120 mentally ill soldiers able to be cared for at one time. An American military psychiatrist’s account of the facility suggests that both the conditions in which patients were kept and the medical treatments used, were nothing like the Americans. Instead of developing programs (i.e. division psychiatry) to achieve results geared specific to the military environment, the Japanese relied primarily on administering frequent rounds of electro-shock treatment with machines “far simpler” than what were used in the United States. The American “judged inadequate” the entire facility as a whole. What transpired in the Japanese army during WWII is not relevant for the Korean case. While significant numbers of Koreans fought in the Japanese army, no Koreans were involved in the Japanese military’s mental hygiene apparatus. See: Milton Miles Berger, “Japanese Military Psychiatry in Korea,” *American Journal of Psychiatry*, 103 (1946), 214-216.

²⁸ Pak In-ho in discussion with the author, April 18, 2011.

²⁹ Min Pyŏng-gŭn in discussion with the author, February 27, 2011.

³⁰ Yi Chŏng-gyun in discussion with the author, May 12, 2011.

mental illness, those with dormant conditions, and those who broke down in battle due to immediate environmental stresses were all grouped into one growing category of psychologically malfunctioning South Korean soldiers. For the majority of these young men who fell mentally ill in uniform, the military would provide them with their first encounter with Western psychiatry.

Lastly, attitudes can't be discounted. Military psychiatrists struggled in an environment in which military officers' responses to their work ranged from indifference to outright antagonism. As Yu recalled "There were clearly soldiers who were showing signs of mental illness and had to be treated, but because the psychiatrists were all assigned to doing other duties like dressing wounds, these patients were simply discharged without receiving the care they needed."³¹ Without a convincing plan to treat combat-induced trauma, medical authorities brushed off the treatment of mental illness as a luxury that the military could not afford. Yu wrote of the marginalization that psychiatry encountered as a discipline: "To most officers, non-medical officers, enlisted men, and responsible civilians whose energy and interest were absorbed in their own busy work, psychiatry and its role in the organization were new and strange."³² He continued, "Soldiers also saw those exhibiting mental abnormalities as threats, fearing that they would commit arson and other acts of violence. Looking back to the early years of the war, he noted: "the first suggestions made by psychiatrists to create a program for military hygiene, a plan to combat neurosis (*chŏnjaeng sin'gyŏngjŭng*) were laughed off."³³

In sum, by 1951, a group of novice psychiatrists in a rapidly expanding yet undertrained Korean army grappled with a host of challenges, ranging from a shortage of resources to preconceived biases against psychiatry. Reflecting on the hardships he and his colleagues

³¹ Yu Sŏk-jin, "Kŏn'guk simnyŏn ŭi hanguk chŏngsin ŭihak," (unpublished essay) in *Personal Papers of Yu Sŏk-jin*.

³² Yu Sŏk-jin, "Division Psychiatry," (unpublished essay) in *Personal Papers of Yu Sŏk-jin*.

³³ Yu Sŏk-jin, "Division Psychiatry."

encountered during this early phase, Yu wrote in 1955: “The tides of psychiatry lay at its lowest point in the months following the beginning of war.” The Korean War, however, would set the discipline on an entirely new path. How did this process begin? According to Yu, “It was at this low-point that the Americans entered the picture.”³⁴

PART 2: Enter the Americans

With defeat at the hands of the Communist North looming on the horizon, the United States, under the banner of the United Nations, quickly came to the ROK’s assistance. By July 5, the Security Council of the United Nations authorized a joint command in Korea to unite under the UN flag to help the South repel the Communist attack. By August 1950, the North had taken over the entire peninsula except for the Pusan Perimeter, “a fifty-by-fifty mile slice...extending east from the Nakdong River to the port city of Pusan.”³⁵ In early September, General Douglas MacArthur succeeded in an amphibious assault known as the Incheon landing. By September 28, UN and US troops managed to reclaim all territory south of the Yalu River.³⁶ This was not enough, however, to bring an end to the fighting. It only escalated from here on.

The Truman regime at first characterized its participation in the Korean War as a form of “police action” undertaken collectively with more than 20 countries under the United Nations Command.³⁷ But in reality, the burden of fighting and funding the war fell overwhelmingly on the shoulders of the United States, as the US Army carried out offensive and defensive strategies,

³⁴ Yu Sŏk-jin, “Kŏn’guk simnyŏn ŭi hanguk chŏngsin ŭihak.”

³⁵ Carter J. Eckert *et al.*, *Korea, Old and New*, 344.

³⁶ Carter J. Eckert *et al.*, *Korea, Old and New*, 344-345.

³⁷ Dennis Wainstock, *Truman, MacArthur, and the Korean War* (Westport, Conn.: Greenwood Press, 1999), 15.

oversaw weapons shipments, and administered officer training.³⁸ The Americans also provided considerable medical assistance to Korean soldiers and civilians using innovative systems such as the Mobile Army Surgical Hospital (better known by the acronym MASH), which also has been widely discussed, albeit solely from an American perspective.³⁹ What has yet to be covered in the historiography, however, is the impact that the motley crew of American medical professionals had on the transformation of the native medical industry in Korea. Assistance moved beyond the provision of services as educational programs designed to train a new generation of Korean medics equipped locals to take matters into their own hands. Lieutenant Colonel Douglas Lindsey of the Medical Corps described this phenomenon to an audience of fellow Medical Corps Officers:

*The whole vast project of training the Republic of Korea Army was one of the most important operations of the entire war. In less than 3 years' time, masses of rice-paddy laborers and the remnants of a constabulary were transformed into an organized field army, with dependable combat elements, and effective service support. The medical aspects of this operation are intriguing.*⁴⁰

The following sections of the chapter speak specifically to the impact that American psychiatrists had on Koreans during the course of the war.⁴¹

³⁸ For an excellent administrative history of the Korean Military Advisory Group (KMAG), Robert K Sawyer *et al.*, *Military Advisors in Korea: KMAG in Peace and War*.

³⁹ See: Pat Apel and Otto F. Apel, *MASH: an Army Surgeon in Korea*, John T. Greenwood, *Medics and War: Military Medicine from Colonial Times to the 21st Century*, Albert E. Cowdrey, *The Medics' War: The United States Army in the Korean War* (Washington, D.C.: Center of Military History, U.S. Army, 1987). It is interesting that the theme song to the TV show, MASH, had as its theme song "Suicide is Painless." While the MASH treated mostly physical injuries, the emphasis on suicide may highlight the prominent place of military psychiatry in the Korean War's medical operation.

⁴⁰ Douglas Lindsey, "Training Program in Theater and Army Area," last accessed March 28, 2014, <http://history.amedd.army.mil/booksdocs/korea/recad2/recadvol2.html>.

⁴¹ The United States was not the only country assisting with the medical situation in Korea. The Scandinavian countries (Denmark, Sweden, Norway) as well as Australia, Italy, Canada, and Britain sent medical teams to Korea. The Americans, however, were the most visible and influential due to their sheer numbers and resources. For a recent discussion of a Swedish hospital in Pusan during wartime, see: Sigfrid Su-gun Östbert, "The Swedish Red

US Psychiatry in Korea

The apparatus for American military psychiatry in Korea grew quickly. In June 1950, the Far East Command had only 9 psychiatrists stationed in Korea. 8 of the 9 were young residents with only basic training from military hospitals in the United States who had arrived a month earlier to provide basic care for the occupation troops. Yet by the end of the summer a team of mental health experts including psychiatrists, neurologists, and psychologists began to trickle into Tokyo where they completed a short training program designed to teach newcomers the main tenets of combat psychiatry before deploying to Korea. Throughout the Korean War, Japan continued to serve as the main off-site medical base for the Eighth US Army.⁴²

Accounts of American psychiatry during the first year of fighting suggest that efforts to contain psychiatric casualties largely failed at first. Military psychiatrists came under fire as evacuation to Japan and even back to the United States rivaled the highest figures from WWII. In August 1950, the US Army displayed peak psychiatric casualty rates of 250 out of 1,000, meaning that roughly 1 out of every 4 soldiers removed from combat cited mental illness as his primary problem. Medical historian Albert Cowdrey, evaluating the psychiatric effort just after the war ended, wrote about this early phase of difficulties: “The record of combat psychiatry could easily justify pessimism about the ability of human beings to learn from experience. Less than five years after WWII, basic lessons already were forgotten or stored on a shelf, and the sudden demands of a new emergency required improvisation.”⁴³

Cross Hospital in Pusan, 1950-1958: A Study of Its Transition from a Military to a Civilian Hospital,” *Korea Journal* 54:1 (2014), 133-156. The Swedish mobile field hospital discussed by the author fell under the command of the Eighth US Army during the war.

⁴² Albert Glass, “Psychiatry in the Korean War Era,” RG 319: Records of the Army Staff US Center of Military History, Medical History Division, 1951.

⁴³ Albert E. Cowdrey, *The Medics’ War*, 156.

Interpretations for such poor psychological performance by American troops during the first months of combat vary. Some military leaders and academics have blamed the soldiers of the Eighth Army for their professional, physical, and moral ineffectiveness that presented itself as an overall “spiritual weakness.”⁴⁴ More recent scholars have cast doubt on this “pernicious myth” pointing instead to the impact of poorly implemented training programs and the subpar allocation of resources that contributed to the hardships of soldiers.⁴⁵ Explanations for these early manpower losses offered by psychiatrists themselves, however, emphasize that key principles of military psychiatry had not been implemented diligently after WWII. The majority of Medical Corps members lacked proper training, forcing them to learn from a “clean slate.”⁴⁶ Firsthand accounts suggest that the psychiatrists who served in Korea during the first year, especially in forward posts, were young, possessed limited professional experience, and had no background in war. In the words of a veteran military psychiatrist who commented on the situation: “the psychiatrist new to combat problems is quite impressed by the manifestations displayed by psychiatric casualties. He is prone to over-identify with the patients.....He also feels guilty when making recommendation for a more hazardous duty than he fortunately must endure.”⁴⁷

The Return of Division Psychiatry

⁴⁴ Thomas E. Hanson, *Combat Ready: the Eighth U.S. Army on the Eve of the Korean War* (College Station: Texas A&M University Press, 2010), 9.

⁴⁵ Key arguments in this debate about the shortcomings of the Eighth US Army in Korea are presented by Thomas Hanson in the first chapter of: *Combat Ready: the Eighth U.S. Army on the Eve of the Korean War* (College Station: Texas A&M University Press, 2010), 1-12.

⁴⁶ Pat Apel and Otto F. Apel, *MASH*, xii.

⁴⁷ Cowdrey, *The Medics' War*, 128.

By the fall of 1950, the US Army showed a commitment to reinstall a critical system known as “division psychiatry” that had proven to be so effective at the end of World War II. In particular, the burden fell on the shoulders of Colonel Albert J. Glass, a highly respected psychiatrist who had been part of the successful WWII effort. In September 1950, he assumed his position as Far East Theater Consultant in Neuropsychiatry. Glass remained in Korea until March of the following year. Central to his division psychiatry strategy was the principle that soldiers be treated upfront, alongside their divisions, prioritizing the practice of frontline triage instead of evacuating men to the rear where odds for recuperation were said to be far lower.⁴⁸ Fellow psychiatrists agreed with Glass that the employment of the “simple therapeutic technique of reassurance, explanation, and ventilation, when combined with a regimen of rest, sleep, food, and a short respite from battle stress accomplished miraculous improvement in haggard, apathetic, tremulous, weary, patients.”⁴⁹ Psychiatrists were encouraged to take a firm, matter-of-fact approach in their dealings with their patients at the division level. Conversations with soldiers assured them that they were not disabled, but temporarily worn out. With several days of rest and relief from battle they were encouraged to successfully rejoin their combat units.⁵⁰

Historian Ben Shephard has urged caution when using firsthand accounts of military psychiatrists who, as “Army professionals” with “records to protect,” were “more inclined to put service loyalty before scientific truth.”⁵¹ That said, the unanimous narrative circulated by

⁴⁸ The term used by American military psychiatrists to describe this approach was PIE, an acronym for (Proximity, Immediacy, Expediency). Ben Shephard, *A War of Nerves*, 343.

⁴⁹ Albert Glass, *Psychiatry in the Korean War Era*_RG 319 Records of the Army Staff US Center of Military History, Medical History Division, 1951. This is a personal manuscript written by Albert Glass.

⁵⁰ Ibid.

⁵¹ Ben Shephard, *A War of Nerves*, 342.

psychiatrists during the latter half of the Korean War was that of an overwhelming success story. Glass wrote in a report to the US Army that results of intra-divisional psychiatric treatment were critical for returning 50 to 70 percent of patients to combat duty despite the relatively few resources at their disposal. The outcome once again confirmed to psychiatrists and military leaders alike the need for a standardized mental hygiene program to preserve manpower and troop morale. Glass and his team gained praise for their quick implementation of strategies that took “six to eight weeks after an unprepared onset of battle in contrast to the two-year delay in instituting a similar program in World War II.”⁵² By the end of 1950, field psychiatry for the United States was said to have reached a level of performance at least equal that of the best during WWII, with the record averaging out at 32 psychiatric casualties per 1,000 soldiers removed from combat throughout the course of the war.⁵³ Even evacuation hospitals, traditionally the least successful type of facility for treating psychological breakdown, had found ways to improve their performance.⁵⁴

Thus for American psychiatrists in Korea, the Korean War provided an opportunity to reconfirm the utility of advances made during World War II. The story of psychiatry’s impact in Korea will now be told from a Korean perspective. Koreans learned quickly and built their military psychiatry program from scratch using these US models. As the war continued into its second year, the Americanization of Korean psychiatry was ready to begin.

PART 3: First Encounters

⁵² Cowdrey, *The Medics’ War*, 156.

⁵³ Richard Gabriel, Richard A. Gabriel, *No More Heroes : Madness & Psychiatry in War* (New York: Hill and Wang, 1987), 75.

⁵⁴ Cowdrey, *The Medics’ War*, 129.

In the midst of this struggle and difficulty, psychiatry gained hope and courage because of the American military psychiatrists who came to Korea under the flag of the UN to defend our liberty. We began to see a change in tides initiated by the United States.

-- Yu Sök-jin⁵⁵

The turning point for Korean psychiatrists during the war came in the second half of 1951 through a critical cross-cultural encounter that enabled Americans to assist Koreans in developing a military psychiatry program. In August, Yu Sök-jin and O Sök-hwan first sought the help of psychiatrists of the Eighth US Army. Since its establishment in December 1950, Yu had served at the head of the Department of Psychiatry at the Capital Army Hospital (*Sudo Yukkun Pyöngwön*) assisted by O, his junior colleague.⁵⁶ In an interview, O explained how contacts with the Americans first materialized: “It all began with Albert Glass, who, as NP (Neuropsychiatric) Consultant for US forces, came to realize early on during his stay in Korea that there was a glaring absence in the psychiatry program for the ROK Army.” In O’s words, “we practically had nothing” and “Glass realized that psychiatric casualties were soaring among Korean troops.”⁵⁷

Glass’ concerns found an outlet after a key structural change that took place in March 1951. As UN forces led by General Ridgeway reclaimed Seoul, the 121 Evacuation Hospital, located temporarily in Taejon and then in Taegu, moved north to its permanent location in the capital city. For the remainder of the war, the 121 in the Yongdungp’o district served as the principal army hospital for the Eighth US Army. With this newfound stability came opportunities

⁵⁵ Yu Sök-jin, “Kön’guk simnyön ūi hanguk chöngsin ūihak,” *Personal Papers*.

⁵⁶ O Sök-hwan in discussion with the author, November 4, 2012. The Sudo Yukkun Pyöngwön (Capital Army Hospital) opened in 1949, moved down to Pusan, and was re-located permanently in Seoul in 1951.

⁵⁷ O Sök-hwan in discussion with the author, Nov. 4, 2012.

for training and educating medical officers. Removed from areas of direct combat, the 121 received the bulk of psychiatric casualties who proved unresponsive to treatment on the frontlines.⁵⁸

According to official reports filed by the US Army, the state of physical facilities was “excellent” and could contain up to 100 inpatients at a time. With this move came a new Director of Neuropsychiatry at the 121. Major Henry Segal assumed his post in March. Described by Glass as “resourceful” and “energetic,” Segal used his experience in military psychiatry that he had accumulated in the past three years to re-organize the psychiatry program in Seoul.⁵⁹ In addition to military psychiatrists, the hospital utilized the support of psychiatric social workers that arrived during the summer months. Clinical psychiatrists started to join the psychiatric service in August of that year.⁶⁰

When asked how he and Yu Sök-jin were chosen to train on behalf of the ROKA at the 121, O mentioned their backgrounds and good fortune. They had both been stationed at the 36 Army Hospital due to their affiliations with Seoul National University and the institution had been subsumed under the Capital Army Hospital during wartime. During their service as psychiatrists, they stood out because of their English speaking capabilities that were nowhere near perfect, but still above average. O and Yu stayed at the 121 Evacuation Hospital for a full year and commuted to perform their original posts at the Capital Army Hospital, though the experience itself was closer to complete immersion. O recalled that he hardly left the compound, eating all his meals there, alongside the Americans. According to O, certain individuals such as Glass and Segal played pivotal roles in allowing the program to gain momentum. They showed a

⁵⁸ Albert Glass, “Psychiatry in the Korean War Era.”

⁵⁹ Ibid.

⁶⁰ Ibid.

high degree of enthusiasm and commitment to teach the principles of military psychiatry, and American psychiatry more generally, to their Korean counterparts.⁶¹

212 Neuropsychiatric Detachment: February 1952

In addition to the 121 Evacuation Hospital where Yu and O were able to train and observe military psychiatry firsthand, a new American medical unit opened in February 1952 that specialized in psychiatry. As the war continued and psychiatric casualties mounted among American soldiers, the need for a psychiatric unit became clear to the Eighth US Army. Staffed by psychiatrists, psychologists, and psychiatric social workers, the 212 Neuropsychiatric Detachment opened its doors in It'aewon on the site of a former prison. According to a "Command Report" produced by the United States military in May 1953, the Mission of the 212 was to work toward the "common goals of preventing, diagnosing and treating" mental illness in the Army."⁶² The 212 Neuropsychiatric Detachment remained integrated with medical officers at the 121 Evacuation Hospital. Together they performed a wide range of tasks not limited to physical education, mental hygiene, scouting, and "other subjects relating to the well being of men under stress." The report also indicated that a total of 5,200 soldiers had been treated since its creation. A similar document published two months later, in July 1953, stated that the site offered job training available for newly arrived psychiatric officers, technicians and wardmen. This arrangement, according to its authors, had provided "immeasurable aid in maintaining the effectiveness of the unit concerned."⁶³

⁶¹ O Sök-hwan in discussion with the author, November 4, 2012.

⁶² "Command Report," Series from Record Group 469: Records of U.S. Foreign Assistance Agencies, 1942 - 1963.

⁶³ Albert Glass, "Psychiatry in the Korean War Era."

Most significant for the Korean story is a part of the Report stating: “this unit conducts a program of psychiatric education for selected ROKA officers. *Each training cycle runs for a six month period and helps meet the need for Korean psychiatrists.*”⁶⁴ In effect, the 212 served as a “main supply source” to divisions for psychiatrists in the US Army as well as the central training site for Korean trainees. The organization of the program demonstrated the degree of centralization of the US Army’s psychiatry program in which the Koreans took part: “All psychiatrists coming to the Eighth US Army are first assigned to this unit for training and after completion of training continue to work here until needed by a division.”⁶⁵ Thus the military could quickly and effectively disseminate lessons deemed necessary for an incoming class of medical recruits. It could also assure that the curriculum stay standardized. This system allowed “all new psychiatrists to adjust to the workings of the discipline, teaching them about the important aspects of combat psychiatry as well as the knowledge needed to use the medical evacuation chain.” Division psychiatrists seemed to have approved of this system by and large, as the document reads that it has provided them with “invaluable assistance” with regard to their work and in “maintaining their high morale and effectiveness.”⁶⁶

The second section of the document continued to describe the 212 as a “training unit” that tried to avoid the feel and look of a hospital. This setup, the report read “has proven to be more conducive to speedy recovery and return to duty than a hospital atmosphere would be.” Thus unlike the 121 Evacuation Hospital that treated soldiers deemed unresponsive to treatment, the 212 provided a middle-ground for those being evaluated in the combat zones and those

⁶⁴ Emphasis added.

⁶⁵ “Command Report,” Series from Record Group 469: Records of U.S. Foreign Assistance Agencies, 1942 -1963.

⁶⁶ “Command Report,” Series from Record Group 469: Records of U.S. Foreign Assistance Agencies, 1942 -1963.

evacuated to the rear. Soldiers had not yet escaped expectations to return to combat as soon as possible. The Report concluded by underscoring the importance of the instructors' skill for the unit: "Therefore, in order to make full utilization of abilities a possibility, it is suggested that the most highly trained psychiatrists be assigned at this installation."⁶⁷ This call for the most competent and experienced psychiatrists further supports the observation that the 212 played a key role as a teaching center for students of military psychiatry, be they American or Korean.

"Psychiatry in Korea": A Speech by Yu Sök-jin.

In addition to the willingness of Americas to assist the Koreans, credit must be given to Korean individuals such as Yu Sök-jin whose roles were instrumental in fostering and cementing the relationship. On February 12, 1952, the 212 Neuropsychiatric Unit held an inauguration ceremony that was attended by a diverse coalition of psychiatrists, medical corps officers, and military leaders. The occasion also coincided with the first meeting in the Symposium on Combat Psychiatry that continued until the end of the war. It was in this context that Yu, on behalf of the ROKA, gave a key speech to his American audience. Titled "Psychiatry in Korea," it was delivered entirely in English, and marked the first official attempt by a Korean to provide an account of psychiatry to a foreign audience.⁶⁸ Yu retained a transcript of the speech in his personal collection from the war. It can be broken down into the following parts.⁶⁹

Yu began discussing the obstacles he and his colleagues faced as psychiatrists in the ROKA. "Since the beginning of the war, most Korean psychiatrists have been called into the

⁶⁷ Ibid.

⁶⁸ Yu Sök-jin, "Psychiatry in Korea," (Unpublished transcript of speech), *Personal Papers of Yu Sök-jin*.

⁶⁹ The entire transcript of the speech was in English. The lack of grammatical errors suggests that Yu received editing help from his American colleagues. As I learned during my conversations with former military psychiatrists from this era, documents produced in English were often looked over by the Americans.

Army. However, the inauguration of a program of psychiatry for the Army took place against heavy odds. Korean psychiatry had neither the manpower nor the knowledge to deal with mental health problems presented by such large groups of people.” He then explained the unwillingness of Korean military officers to allow psychiatrists like himself to try rehabilitating the growing number of patients suffering from mental illness: “The first responsibility for the Army psychiatrist was to treat psychiatric casualties which had been indiscriminately evaluated. It is the belief of line officers and medical men that the psychiatrist should treat only the psychotic patients, who were considered as bothersome and therefore evacuated to the rear.”⁷⁰

Moving on, Yu displayed his firm grasp of military psychiatry principles currently used by American psychiatrists drawing on his last six months of training at the 121 Evacuation Hospital. He highlighted the importance of psychological screenings and a mental hygiene program to prevent psychiatric casualties. In Yu’s words, the psychiatrist should be consulted for the “selection of men for the Army” while paying attention to training them and preparing them for the “conditions of combat service” in order to provide the “most effective treatment of combat-precipitated neurosis in the forward area.” Moreover, Yu showcased his grasp of the basic principles of division psychiatry used by his American counterparts: “Psychiatric casualties originating in combat should be treated at the clearing centers close behind the front, at the divisional level.” Considering the three key principles in avoiding psychiatric casualties, he cited: 1) Treatment as far forward as possible 2) Centralization of screening, treatment, and evacuation 3) Avoidance of a hospital atmosphere. By all means, the contents of his speech until this point should not be confused as an attempt by Yu to educate his audience. The information was not new to those who attended his speech. Yu instead used this occasion as a chance to show American military psychiatrists that the Koreans were willing to adopt their methods.

⁷⁰ Ibid.

The remainder of the speech served as an urgent plea for help. He emphasized the lack of resources in treating the soldiers. Yu also noted that the Korean government and the military continued to ignore their demands for support. Psychiatrists in the ROKA needed assistance, and given the current state of affairs on the Korean side, help had to come from outside:

But with the exception of a few who are primarily interested in psychiatry and mental hygiene, most of the Korean people including government employees, Army personnel, doctors, teachers and others, are still not anxious to know anything about psychiatry or mental hygiene. Korean psychiatrists, who have been attempting to improve themselves and have been ambitious to make modern psychiatry their own, have had to maintain a lone and discouraging stand among those who have lacked interest, or who have even bitterly opposed them. They are now confronted with greater difficulties than they have ever experienced before.⁷¹

Yu concluded his address stressing the direness of the situation for patients and their doctors alike: “Unless the Korean psychiatrists receive understanding and support from an international cooperative program, they themselves may become acutely neurotic from the excessive demands made upon them.”⁷²

Study Abroad in the US: “Tomi yuhak”

Close analysis of Yu’s speech suggests that he successfully tailored his speech to appeal to the group of American Medical Corps officers and military psychiatrists seated before him. In addition to stating their difficulties in plain terms, Yu spoke on behalf of his Korean colleagues, displaying their readiness to integrate American strategies into their program. In the following weeks and months, the creation of new opportunities and channels allowed Korean military officers like Yu to take the next step in their training as psychiatrists by coming to America.

⁷¹ Ibid.

⁷² Ibid.

A dispatch system began in September 1952 for which a number of medical disciplines in the ROKA were eligible for short-term medical studies in the United States. Four individuals from each department were selected, including prominent figures such as Kim Sŏng-jin, the future Surgeon General of the Army.⁷³ The first four Korean psychiatrists sent to the US in psychiatry were Yu Sŏk-jin, Kang Jun-Sang, O Sŏk-hwan, and Chin Sŏng-gi. For all of these psychiatrists, their prior training at the 121 Evacuation Hospital greatly assisted them in adjusting to their new settings abroad. In O's words, "I was also fortunate to have received 10 months of training at the 121 prior to leaving for the United States. Compared to others, I was able to communicate well and felt that I had a substantial orientation process behind me."⁷⁴ According to Pak In-ho, who was included in the next group of psychiatrists sent abroad, the Americans made sure that Korean medical officers had plenty of opportunities to prepare academically, socially, culturally and linguistically for their experiences in the United States. An excerpt from his personal account is provided below:

It was understood that the training in Korea was in part to prepare the Korean doctors to work in the US, so they were adamant that basic, ordinary conversational English skills be cultivated. English (hearing and speaking) had to be mastered. The three-month program I participated in before going to the United States was one of complete immersion. Daytime activities, ward rounds, and patient interviews were all performed alongside the Americans. In the evening I was allowed to go to the officers' club where I could have a drink or two. No one could leave the compound by regulation except for on the weekends.⁷⁵

Indeed, as Yu's speech at the 212 showed, the psychiatrists were well aware of the most recent paradigms and had read the works of prominent psychiatrists. In Korea they had used the same

⁷³ Kim was trained as a surgeon.

⁷⁴ Han'guk chŏngsinŭihak 100-nyŏn sa wiwŏnhoe, *Han'guk chŏngsinŭihak 100-nyon sa*, 90.

⁷⁵ Pak In-ho in discussion with the author, April 18, 2011.

textbooks and had been taught in the same American methodologies.⁴ By the time that these psychiatrists arrived in the US, they had literally read from the same pages as their fellow American colleagues.

Yu and Kang went to Fitzsimons Army Hospital in Denver, Colorado. According to a pamphlet distributed to new officers preserved in Yu's personal files, Fitzsimons Army Hospital, also known as US Army Hospital No. 21, was the Army's largest general hospital.⁷⁶ By late-1952 the hospital had been equipped with 2,500 inpatient beds. It also operated the "latest approved and accepted procedures in diagnosis." Here, Yu observed cutting-edge work not only in psychiatry, but "the entire field of medical science." Fitzsimons was among the elite group of hospitals selected by the Surgeon General as a "teaching hospital," accredited by the Council on Education and Hospitals of the American Medical Association and various specialty boards for the training of interns and residents. Yu's personal archive also contained a list of all the participants in the first 6-month training program at Fitzsimons. It is noteworthy that of the 61 participants listed as of September 12, 1952, there were six listed as "Korean Army," whose specialties included Medicine, Surgery, and Neuropsychiatry.⁷⁷

Meanwhile, O and Chin made their ways to Brooke General Hospital in San Antonio, Texas. There, they had the opportunity to train directly under the influential senior psychiatrist Albert Glass who had just been stationed as the head of psychiatry at the Army Medical School adjoining the hospital grounds. Having been reunited with his first American mentor whom he had met in Korea, O spent the next seven months working under his watch. "I and the others

⁷⁶ Unpublished pamphlet found in *Personal Papers of Yu Sök-jin*.

⁷⁷ Ibid.

considered it nothing short of an honor (*haengun*) to have as my supervisor Colonel Albert Glass,” O noted.⁷⁸

Through Glass’ support, O enrolled in the Army Psychiatry rearing (*yangsŏng*) course, called the “8-0-10” class. At the end of this, the army issued a credit for six months that certified him to practice psychiatry in Korea *as well as* the United States.⁷⁹ He saw veteran psychiatrists come to lecture, including professors from major universities who all knew Glass personally. Included in this group were the nation’s foremost psychiatrists of the time such as Franz Alexander, William Borden, and Brigadier William Menninger himself who reached the peak of his career following his tenure as the head of Neuropsychiatry during World War Two. It is not surprising that O referred to his six-month stay in Texas as nothing short of a “life-changing experience.”⁸⁰

PART 4: A Korean Program for Military Psychiatry

Return to Seoul

As the six-month course came to an end in August 1952, the group of four returned to Korea armed with new tools to expand the division psychiatry program in Korea. Compared to the previous year, the environment was far less hostile toward their suggestions. Military superiors in the ROKA seemed to open to hearing about their observations abroad. “Other

⁷⁸ Han’guk chŏngsinŭihak 100-nyŏn sa wiwŏnhoe, *Hanguk chŏngsinŭihak 100-nyŏn sa* (100 Years of Psychiatry in Korea) (Sŏul: Taehan sin’gyŏng chŏngsin ŭihakhoe), 90.

⁷⁹ Interestingly, the majority of Korean military psychiatrists trained and certified in the United States at army hospitals returned to the United States after the war to obtain more education and eventually find work for several years at American state hospitals treating the mentally ill. As Pak In-ho explained during our interview, the US government needed more psychiatrists to address the growing population of Americans hospitalized at mental institutions throughout the 1950s. South Koreans and other foreigners who had been trained in American theories and methods were invited to come to the US with their families under the condition that they would join these hospitals. Pak was one of the military psychiatrists of the ROK Army who accepted this offer. He remained in New York working for the state hospital system until he returned to Korea after retirement in the 1980s.

⁸⁰ O Sŏk-hwan in discussion with the author, Nov. 4, 2012.

Medical Corps members had toured hospitals in the US as well during this time, and this exposure to American standards of psychiatry made our work more tolerable to them,” noted O. Specifically, the promotion of former Lt. Colonel Kim Sŏng-jin to the post of Surgeon General, coupled with Yu and O’s personal ties to him, impacted the army’s policies.⁸¹

In May 1953, a Temporary Army Regulation to implement military psychiatry was signed by Army Headquarters. Around this time, each division also began recruiting psychiatrists. Kang Chun-sang and Chin Sŏng-gi were dispatched to the frontlines to oversee division psychiatry programs.⁸² O Sŏk-hwan left for Kangnŭng where he directed the Neuropsychiatry program of the 59 Evacuation Hospital. While stationed at the 59, he regularly travelled to other hospitals, speaking with psychiatric trainees, and introducing them to American military psychiatry with a focus on Albert Glass’ teachings.⁸³ Yu Sŏk-jin assumed the most influential position among them, taking charge of the largest training program at the Capital Army Hospital (*Sudo Yukkun Pyŏngwŏn*). From there he oversaw the implementation of military psychiatry programs at all army hospitals and frontline triage stations throughout the country. Continuing to keep in close contact with American psychiatrists at the 212 Neuropsychiatric Unit, and received invitations to attend their seminars. Yu kept careful notes and diagrammed the setup at the war’s end. A hand-drawn map of triage centers (Figure 1, pictured below) can be found in his personal collection from war, portraying new locations such as the 63, 1, 3, 5 and 17 Army Hospitals that joined the Capital Army Hospital in becoming equipped with psychiatric services.⁸⁴

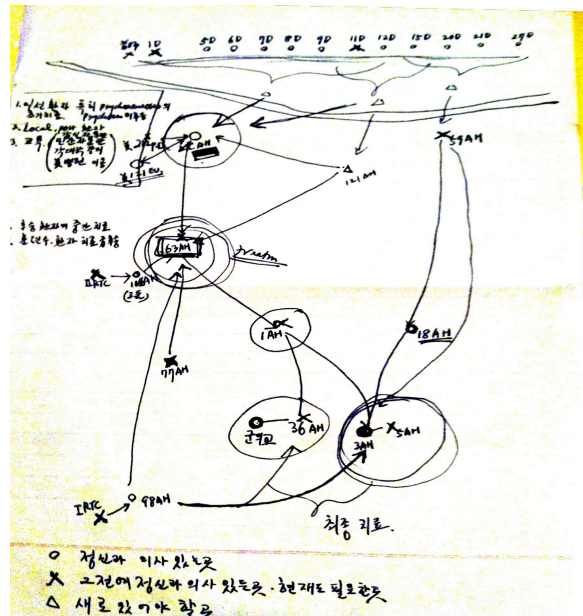
⁸¹ O Sŏk-hwan in discussion with the author, Nov. 4, 2012.

⁸² Yu Sŏk-jin, “Kŏn’guk simnyŏn ŭi hanguk chŏngsin ŭihak.”

⁸³ O Sŏk-hwan in discussion with the author, Nov. 4, 2012.

⁸⁴ Han’guk chŏngsinŭihak 100-nyŏn sa wiwŏnhoe, *Han’guk chŏngsinŭihak 100-nyon sa*, 91. I was able to obtain additional information from a hand-drawn map created by Yu found in *Personal Papers*.

Figure 1.1: Yu Sök-jin's hand-drawn map of psychiatric treatment facilities at the end of the Korean War.⁸⁵



Finally, on February 8, 1954, the ROK Army Headquarters (*Yukkun Ponbu*) issued Regulation 490 on February 8, 1954, making permanent the role of military psychiatrists in the South Korean armed forces.⁸⁶ Signed by ROKA Chief of Staff, Yi Chin-yang, the “Regulation concerning the Implementation of Neuropsychiatry” addressed all Commanding Officers. The first of two clauses finalized a temporary regulation issued on May 20, 1953 concerning the mandatory rehabilitation of neuropsychiatry patients in the army. Soldiers from this point had to undergo examination by psychiatrists when exhibiting signs of mental instability instead of being removed from duty automatically. The latter addressed the advisory status of dispatched neuropsychiatrists at their respective divisions or command posts whose expertise should be

⁸⁵ Unpublished image obtained from *Personal Papers*.

⁸⁶ Yu Sök-jin, “Division Psychiatry.”

utilized immediately. Following this measure, the army also attempted psychiatric screenings as part of its recruitment process, although with limited success. A key obstacle in achieving its full effectiveness according to Yu continued to lie in the shortage of psychiatrists.⁸⁷

Postwar Training Programs in the ROKA

On June 27, 1953, three years after the initial Northern invasion, the ROK, backed by the United States, and the DPRK, with the support of the Chinese, signed an armistice that brought the war to an unofficial halt. The implementation of ceasefire did little to calm the anxieties of militaries on both sides, however, as the possibility of re-escalation remained constantly on the horizon. In this environment, the ROK Army took aims to develop a training program for military psychiatrists that could soon function without direct US assistance. The task fell on the soldiers of Yu Sök-jin at the Capital Army Hospital. Located in Chongno in the northern sector of Seoul, the hospital had served as the hub of psychiatric training and education since the program began in March 1951.⁸⁸ Through their affiliation with this institution, Korean medical officers interested in psychiatry could receive further training with the Americans at the 212 NP Unit of the Eighth US Army and army hospitals throughout the US.

Twice a year, candidates wishing to specialize in psychiatry embarked on a sixth month training program. Yu's personal collection contains a sample of a daily schedule followed by participants in a particular class that lasted from August 23, 1955 to February 4, 1956. It indicates that training took place from Monday-Saturday from 8am until 5pm. The main activities on Mondays included diagnostic training, touring of wards, X-ray training, and lectures

⁸⁷ Yu Sök-jin, "Military Psychiatry," (Unpublished proceedings from a conference held in Seoul on February 23, 1969), *Personal Papers*. Psychological screenings of soldiers entering the US army were not fully implemented until the 1960s.

⁸⁸ Kim Jang-kyu and Yi Pu-yŏng (Rhi Bou Yong), "Psychiatric Care in Korea between 1945-1955," *Journal of the Korean Neuropsychiatric Association* 35:2 (1996), 342-355.

given by staff members and guests. On Tuesdays from 3-5pm, there was a Neuropsychiatry and Neurology Combined meeting. On every 3rd Wednesday from 3-5pm, students and their supervisors participated in research seminars. “On-site training” involving direct engagement with those under the care of the Capital Army Hospital followed by diagnostic. The experience, similar to ones that the first generation of psychiatrists underwent in preparation for their trips to the United States, was one of full immersion.

In 24 weeks, candidates amassed an impressive 1,064 hours of training in Neuropsychiatry. Lessons were divided between different sub-specialties that included the history of psychiatry, pharmacological and therapeutic treatments, methods for examining patients, and seminars on a wide range of conditions such as “psychoneurotic disorders,” “character and behavior disorders,” and “transient personality disorders.” Containing a seal of Army Headquarters to whom Yu submitted the plan, the information (broken down by the number of hours spent on each topic) can be found below:⁸⁹

⁸⁹ Original copy of schedule obtained from *Personal Papers of Yu Sok-jin*.

Figure 1.2: Sample training schedule for Korean military psychiatrists after the war.

Class Title	Hours per week	Number of Weeks	Total hours
Lecture	8	24	192
Diagnostic Practice	7.5	24	178
Clinical Demonstration	4	24	96
Ward Tour	4.5	24	108
On-site Training	9.5	24	238
<i>(unable to make out the writing)</i>	2	24	48
Case-Study Research Seminar	2	24	48
Symposium (X-Ray)	2	24	48
Symposium (NP, Neurology, CPC)	2	24	48
Symposium (Internal Medicine)	1.5	24	48
Symposium (Pathology)	1	24	24

The total time spent on training in a discipline relevant to neuropsychiatry in 24 weeks amounted to 1,064 hours.

Another document in Yu's collection provided information about specific topics covered in the lectures. Most attention was paid to: A. Clinical Psychiatry (General Topics) and B. Clinical Psychiatry (Special Topics). The titles of the lectures are listed below:

Figure 1.3: List of topics covered in lectures for Korean military psychiatrists during the war.

A. General Topics in Clinical Psychiatry (number of hours).

1. History and concept of psychiatry (4)
2. Psychodynamics and general psychopathology (24)
3. Symptomatology (12)
4. Method of Examination (4)
5. Classification and Nomenclature (6)
6. Treatment (Pharmacological) (2)
7. Treatment (shock) (2)
8. Treatment (psychosurgery) (2)
9. Treatment (psychotherapy) (6).

Total hours: 64

B. Special Topics in Clinical Psychiatry (hours).

1. Psychotic Disorders (12)
2. Psychiatric topics with physical etiology (12)
3. Psychoneurotic disorders (12)
4. Characters and behavior disorders (6)
5. Disorders of intelligence (6).
6. Transient personality disorders (4)

Total hours: 52

C. Clinical Neurology and EEG (34)

D. Psychosomatic Medicine (14)

E. Military Psychiatry (14)

F. Clinical Psychology (7)

G. Psychiatric Social Work (7)

TOTAL hours - 192.

Military Psychiatry as a Conduit for General Psychiatry

An overview of the schedules above yields an important insight about the ROKA's training program for military psychiatrists. The number of hours under the specific category of "military psychiatry" only took up 14 of the 192. In effect, the education of military psychiatrists, a program that began with the immediate goal of treating mentally ill soldiers during wartime, had much broader implications. As the following chapters will show, it served as an important channel for rearing the nation's first generation of psychiatrists who would go on to expand and dominate the profession for the next several decades. For the remainder of the 1950s, all Medical Corps officers seeking certification in psychiatry underwent rigorous training in this carefully designed program that began at the Capital Army Hospital. There, Yu oriented them to basic principles of military and general psychiatry and dispatched them to receive further training at American army sites in Korea. Even those who already had medical degrees in psychiatry were sometimes sent directly to the American sites for "re-training."⁹⁰

PART 5: War and the Future of Psychiatry in Korea

The chart below presents the sum of all ROK soldiers that died in army hospitals from June 1950-June 1953.⁹¹

Figure 1.4: Total deaths in ROK Army, June 1950-1953.

Year	Total # dead
1950	1,726
1951	3,681
1952	2,771
1953	4,204

⁹⁰ Yu Sök-jin, "Kõn'guk simnyõn ùi hanguk chõngsin ùihak," *Personal Papers*.

⁹¹ Yukkun põnbu p'yõngch'an, *6.25 sabyõn hubang chõnsa (kunsup 'yõn)* (Seoul: Yukkun ponbu kunsu kamsil), 1955. Obtained at Kukbangbu kunsu p'yõnch'an yonguso charyosil.

The number of fatalities attributed to neuropsychiatric issues is also presented below, followed by the percentage this number occupied among all deaths of ROK soldiers in army hospitals throughout the war.

Figure 1.5: Deaths attributed to neuropsychiatric causes in ROKA during the war.

Year	Number deceased	% of deaths attributed to NP causes.
1950	5	.29%
1951	18	.49%
1952	40	1.44%
1953	70	1.67%

Hospitalization statistics and figures are also illuminating. For Neuropsychiatry, they are listed as follows:

Figure 1.6: Hospitalization rates for psychiatry patients during war.

Time span	Number of Patients treated by Psychiatrists	% of NP among all hospitalized
1950	691	.74%
1951	1,572	1.51%
1952	2,735	2.45%
1952	1,862	2.13%
Entire War	6,860	1.79%

As the figures demonstrate, even in its peak year of 1952, neuropsychiatry patients accounted for less than 2.5% of all those hospitalized in ROKA.⁹² The numbers indeed pose a stark contrast to the United States during WWII when up to one-fourth of soldiers were removed from combat for

⁹² Yukkun pŏnbu p'yŏngch'an, *6.25 sabyŏn hubang chŏnsa (kunsup'yŏn)* (Seoul: Yukkun pŏnbu kunsu kamsil), 1955. Obtained at Kukbangbu kunsu p'yŏnch'an yonguso charyosil.

psychological breakdown. The figure was admittedly much lower during the Korean War, with up to 90% of all potential cases being returned to battle upon treatment by the end of the war.⁹³

That said, the significance of wartime developments for psychiatry in Korea cannot be quantified by numbers. The figures do not represent the actual number of soldiers that suffered from mental illness during the war. As each of my interviewees agreed, the low numbers should in fact be seen as indicators of the ROKA's lack of psychiatric resources, not a lack of mental problems among soldiers. An entire medical discipline was imported during a chaotic three-year period, in which only the second half saw Koreans interacting directly with the American psychiatrists.

Moreover, as cited earlier in this chapter, Yi Chŏng-gyun's point that mental illnesses such as schizophrenia can surface naturally in teenage years without provocation suggests that the war for many mental patients provided them with access to medical treatment they would not have had without their participation in the military. While it is tempting to ask whether these men would have suffered similar fates without the stresses of war, the answer is difficult to provide. What is clear, however, is that their exhibitions of mental illness while *in uniform* meant that they were seen not only as a threat to themselves but their fellow troops, and ultimately, the security of the nation. In effect, one nameless man's mental illness became the topic of concern and inquiry for the nation's best psychiatrists who drew on a newly imported collection of cutting-edge techniques to address it. The significance of this reality must not be under-emphasized.

Concluding Remarks

⁹³ Roy W. Menninger and John C. Nemiah, *American Psychiatry after World War II, 1944-1994* (Washington, DC: American Psychiatric Press, 2000), 14-15.

In the fall of 1951, two Korean psychiatrists from the ROK Army made contacts with military psychiatrists of the Eighth US Army at the 121 Evacuation Hospital in Seoul. Prior to this encounter, the ROK Army struggled to address the problem of psychiatric casualties with no past experience in military psychiatry to draw from. The accumulation of patients suffering from mental illness during the war made the need for a military psychiatry program painfully clear.

According to a study conducted by the Korean Neuropsychiatric Association, 45 psychiatrists were trained under the supervision of American army psychiatrists during the war.⁹⁴ In spite of this modest statistic, it is difficult to over-emphasize the gains made by the discipline of psychiatry in Korea. The wartime alliance between American and South Korean armies facilitated unprecedented opportunities for training and cooperation between psychiatrists from vastly different cultures and backgrounds. With the army being the only channel during these years for aspiring psychiatrists to receive their training, information circulated quickly and efficiently. The rigid army hierarchy, moreover, ensured that education would be centralized and uniform. While the Americans served as the first teachers of psychiatry in the ROKA, several ambitious Korean individuals took it upon themselves to disseminate this newly imported subfield of military psychiatry among their own trainees. Methods first tested on soldiers were far from limited to their initial military applications. The lessons and experiences gained during wartime contained the seeds for the emergence of an entire discipline of psychiatry that was grounded in one of the most violent episodes in Korea's modern history.

⁹⁴ “Kim Jang-kyu and Yi Pu-yŏng (Rhi Bou Yong), “Psychiatric Care in Korea between 1945-1955,” *Journal of the Korean Neuropsychiatric Association* 35:2 (1996), 345.

Figure 1.7: Military psychiatrist in training.

(Yi Pong-gi is pictured at a Psychiatric Clinic in Seoul with Matthew Parrish M.D., a US Army psychiatrist who was Yi's mentor at the 121 Evacuation Hospital in 1954. Parrish was chief psychiatric consultant to the Surgeon General of the Army during his time in Korea).⁹⁵



⁹⁵ Image used with permission from Yi Pong-gi, the owner.

CHAPTER 2: “Yankee-style Trauma”: Korean Applications of Dynamic Psychiatry in the

Era of Personality

“These soldiers were displaying signs of Yankee-style trauma, so we figured they should be treated in American ways.”

--Min Pyŏng-gŭn¹

Introduction

Chapter 1 explored the impetus as well as the actual logistics behind the process that enabled the birth of psychiatry in Korea during wartime. It highlighted the importance of American army hospitals that served as key sites of knowledge transfer. Military networks, moreover, facilitated face-to-face contacts between experienced American psychiatrists and young recruits of the Korean Medical Corps. The war alliance created the basis for a highly centralized and efficient system for training new psychiatrists of the ROK Army. While applications initially targeted soldiers, the goals of the training program were wider, as it fostered a new generation of experts who would take charge of the South Korean psychiatric apparatus in the postwar era.

This chapter examines the intellectual and discursive elements that characterized the type of psychiatry that took root in Korea between 1950-1962. Indeed, psychiatry is not monolithic and the twentieth century alone has seen the rise and fall of multiple subfields each accompanied by their own diagnostic categories, vocabularies, and methodologies. My findings suggest that psychiatry in Korea was heavily influenced by American trends that rose to prominence in during the Second World War. In particular, the central place occupied by what will be introduced in the chapter as the “Neo-Freudian school” is undeniable. In effect, the early history of psychiatry in Korea must be viewed as an outgrowth of developments originating a decade

¹ Min Pyŏng-gŭn in discussion with the author, March 7, 2011.

earlier on the opposite side of the world. While the historical experiences of the US and Korea differed immensely, their joint participation in the Korean War confronted them with similar challenges that psychiatry was tapped to address. Most notably, how was a military to approach a soldier who could not perform in combat?

This chapter begins with an analysis of two key documents used by Korean and American psychiatrists in the Korean War. They can be seen as quintessential examples of Neo-Freudian influence in military psychiatry throughout the 1950s. The next section examines a set of case studies produced by Korean psychiatrists in 1954 that suggests what kind of research they conducted and on whom. Instead of pursuing studies of those who were obviously insane and in immediate need of hospitalization, leading members of this early generation took to those whose symptoms defied conventional diagnosis. It was the very ambiguity of these patients' conditions that made them perfect candidates for psychological examinations modeled upon their American precedents. Finally, this chapter will look at the postwar academic and professional path of psychiatry in South Korea. It will show how military psychiatrists in peacetime took it upon themselves to expand beyond the confines of the military and set the foundations for the professional advancement of their discipline. Their academic activities show the ongoing relevance of American frameworks even years after direct American intervention ceased. Taken as a whole, the observations in this chapter provide compelling evidence for the Americanization of psychiatry in Korea.

PART 1: Freud and Military Psychiatry

Nomenclature for the Recording of Disorders

Yu Sök-jin preserved nearly all of his documents from the Korean War in a folder titled “Military,” which can be found in his collection of *Personal Papers* at the Seoul Nation

University Hospital. Inside it, there is a hefty document titled “Nomenclature of Recording Conditions for the Army Psychiatrist.” As the director of the ROKA’s psychiatry program during the Korean War, Yu wrote on the cover, next to his personal seal, in Korean: “50 copies” (*50 pu*). He then circulated this document, having translated significant portions of this document from English to Korean for his colleagues.

This document outlined the diagnostic categories to be used by the Korean Army’s psychiatrists when evaluating their patients. Given the degree of influence exerted by the Americans on Korean psychiatry during the war, it is not surprising that the classification system was taken directly from the US Army. Since its publication in 1949, the Nomenclature had been applied in the psychological evaluation of all American forces in the US Army, Navy, and Air Force. According to Colonel Albert Glass who served as the Far East Theater Consultant in Neuropsychiatry to the US Army from 1950-1951, the Nomenclature functioned as the “textbook for the orientation of neuropsychiatric personnel” during the Korean War.²

As the introduction read, “The primary purpose of this publication is to provide a nomenclature of psychiatric conditions consistent with modern psychiatry.” Utilized for the first time during the Korean War, this revised list featured four “generic groups” for classifying mental illness. They consisted of psychotic disorders, disorders with demonstrable physical causes in the brain, psychoneurotic disorders, and character and behavior disorders. The “Nomenclature” exhibited a visible emphasis on the concept of personality. The assumption that an “aberration” in the development of one’s personality when combined with “stressful

² Albert Julius Glass and Franklin D. Jones, *Psychiatry in the U.S. Army: Lessons for Community Psychiatry* (Uniformed Services University of the Health Sciences, 2005).

environmental circumstances” could cause psychiatric problems pervaded each of the discussions. For example, the section on the “Definition of Psychotic Disorders Without Known Organic Etiology” stated: “These disorders are characterized by a varying degree of personality disintegration and failure to test and evaluate correctly external reality in various spheres. In addition, individuals with such disorders fail in their ability to relate themselves effectively or happily to other people in their own work. No organic basis is known.” In effect, instead of pointing to biological or chemical factors, the authors of the document turned to psychological factors to explain the cause of the soldiers’ breakdowns. Falling in line with this approach was the decision to add the term “reaction” in reference to the three broad subgroups of psychotic disorders: schizophrenic reactions, affective reactions, and paranoid reactions. Patients under evaluation were presumed to be mentally ill in response to earlier social or emotional experiences. The stresses of combat, moreover, may have been a catalyst for breakdown, but could not be cited as the underlying cause. The document also listed psychoneurotic disorders that included anxiety reaction, conversion reaction, obsessive-compulsive reaction, neurotic depressive reaction, and somatization reaction.

The diagnostic scheme in “Nomenclature” also introduced an additional category that had not been used by military psychiatrists in the United States until the late 1940s when this document was first assembled. This section, titled, “Character and Behavior Disorders,” read: “Such disorders are characterized by developmental defects or pathological trends in the personality structure, with minimal subjective anxiety, and little or no sense of distress. In most instances, the disorder is manifested by a lifelong pattern of ‘acting out,’ rather than by mental or emotional symptoms.” Under this expansive category appeared a list of “Pathological personality types” divided by schizoid personality, paranoid personality, antisocial personality and sexual

deviate, among others. The sub-group of “immaturity reaction” included diagnoses such as passive dependency reaction, passive-aggressive reaction, and immaturity with symptomatic habit reaction.

The final section focused on “Transient Personality Disorders due to Acute or Special Stress.” Interestingly, the common WWII diagnosis of “Combat Exhaustion” was dropped from the list of stand-alone disorders. The Army Nomenclature instead referred to combat exhaustion as a “temporary diagnosis” that was “transient” in nature. “When promptly and adequately treated, the condition may clear rapidly, but it may also progress into one of the neurotic reactions,” it stated. “This term is to be regarded, therefore, as a temporary diagnosis and should be used only until a more definite diagnosis is established. It will be used only in combat areas.” In short, the psychological breakdown of a soldier in circumstances that extended beyond the immediate battle zone lent itself to wider probes of longstanding personality or character defects.

The Non-Effective Soldier in Military Psychiatry

Another instructive document saved by Yu in his collection was titled, “The Medical Treatment of a Non-Effective Soldier.” It was penned by Colonel Albert Glass, who introduced the concept to Korean psychiatrists while holding his post as the Chief Neuropsychiatric Consultant of the Far East Theater between 1950-1951. Like “Nomenclature,” Yu ordered that it be copied and circulated to all Korean military psychiatrists training at the Capital Army Hospital. “The Medical Treatment of the Non-Effective Soldier” is significant in that it laid out Glass’s, and by default, the American military’s stance on soldiers deemed unable to serve their duties due to psychological breakdown. These ideas in turn offered a model for Korean psychiatrists in their evaluations of their own psychiatric casualties.

The term, “Non-Effective Soldier” (henceforth NES), was not listed officially in any military protocol until the Korean War. In fact, it was set aside from the category of “psychiatric illnesses” such as psychosis or psychoneurosis that Glass deliberately excluded them from the discussion. According to Glass, the NES was an individual “without physical and mental disease but who demonstrated inadequate duty performance.” This label referred not to disabled soldiers, “but to individuals who either by virtue of poor attitude and motivation or personality disorders posed disciplinary problems” or presented a “handicap to their organization.” This quote itself is a telling reflection of the military’s mindset at the time. A soldier’s inability to perform on the battlefield lent itself to accusations of character deficiency, suggesting that, in some ways, the diagnosis of a major mental illness was preferable in this setting, excluding the soldier to harsh disciplinary measures.

The presumption that psychological malfunction was at the root of bodily complaints can be seen in Glass’ usage of the terms such as “unwilling” or “immature.” He wrote: “the unwilling soldier often presents himself as being unable to perform duty because of physical complaints.” As Glass continued, the unwilling soldier had “definite character flaws” and was a “poorly motivated individual” who could “perform effectively only by virtue of outside insistence.” Moreover, the unwilling soldier suffered from “self-pride” that deprived him of the “inner demand to conform.” Here, we see an example of how the priority of sustaining the collective interests of the army dictated the evaluation approaches used by military psychiatrists. The ability to overcome these stressful situations and sacrifice oneself for his unit and his country was seen as a positive trait and one that was lacking in someone with personality disorder.

Glass also proceeded to define the “immature soldier” as an individual with “retarded emotional development, which that was not commensurate with chronological age and physical growth.” By exhibiting a “limited capacity for adjustment,” he is more influenced than others by “fluctuations in the environment.” “Basically,” Glass wrote, “the personality defect lies in the inability of the immature individual to either mobilize or adequately discharge aggression when such an adaptation is necessary for effective action.”

Headache and Backache

In particular, the theme of the headache or backache as a “fake” impediment was reiterated in the discussion of “immaturity” as manifested in the “passive aggressive individual.” “He is also conspicuous by the absence of outward manifestations of aggressiveness but demonstrates some degree of hostility in the form of stubbornness, procrastination, and obstructionism. This type of person may appear resentful but denies such feelings, usually stating that he cannot work because of headache or backache,” the document stated. In similar fashion, Glass’ description of the “schizoid personality” focused on psychosomatic complaints. This label applied to the soldier who, “like an infant,” is “helpless and usually gives a variety of bodily complaints to explain his shortcomings.... Usually he is not hostile as he protests repeatedly that he has chronic back trouble or a persistent stomach disorder which he justifies by a long history of repeated hospitalizations and medication to confirm his story.”

Evidence from this period also shows how the core assumptions of American-style dynamic psychiatry, with the emphasis on personality and character disorders, crossed over into the administrative realm. In a speech to Korean and American military psychiatrists in Seoul in 1953, Lt. Col. Ralph Campbell of the US Army’s Mental Hygiene Consultation Service noted: “The military psychiatrist has probably made no greater contribution to American psychiatry in

general than the development of our concept that divides psychiatric disorders into two distinct groups—those with true psychiatric illnesses in one category and those with character-behavior disorder and personality defect on the other. This distinction is perhaps of more importance from an administrative standpoint than from the standpoint of the practice and theory of psychiatric diagnosis.”³ Even into the late 1950s, Richard Kunin, the head of the 121 Evacuation Hospital’s Neuropsychiatry program remarked in a speech to Koreans: “Whenever we see patients with headache, low back pain, dizzy spells and especially pain in the stomach, it is worthwhile to try to understand something of the way of life of the patient and some of the problems that confront him in the present.”⁴ Yu seemed to agree with this line of thought as seen in his clear concern for the issue of compensation during a speech made for psychiatrists in: “In order to maintain the morale of the fighting forces in combat and to reduce the burden of pensions in later life, it is paramount that the psychiatric and psychological talents of specialists should not be wasted by assigning them to duties unrelated to psychiatric problems.”⁵

The US Army even codified its approach to the “non-effective” soldier under the newly created order, AR-605, in March 1951. A source produced by Albert Glass for the US Army read:

The disposition of non-effective officers was also satisfactorily solved but only at the Eighth Army level in Korea. Previously, officers who had demonstrated their unsuitability as combat leaders by reason of poor motivation or personality defects were either evacuated through medical channels or referred to their units for administrative action. Neither course proved to be satisfactory. On the one hand combat units did not have the time or administrative

³ Ralph E. Campbell, Lt. Col., M.C., US Army, “Mental Hygiene Consultation Service in the US Army.” Presentation to ROK Army. Transcript obtained from *Personal Papers of YSJ*.

⁴ Richard Kunin, Captain, MC US Army, “Psychiatric Evaluation of Behavior,” Transcript of speech found in *Personal Papers of YSJ*.

⁵ Yu Sok-jin, Psychiatry in Korea, *Personal Papers of YSJ*.

*machinery to cope successfully with the unwieldy procedure of AR 605-200. On the other hand medical evacuation was regarded as an obvious reward for poor performance.*⁶

In a move that was praised by Glass himself, the Eighth Army eventually established a permanent AR-605 Board at main Army headquarters under direct supervision of the Eighth Army Judge Advocate General. This specialized group processed all cases of those soldiers deemed non-effective in Korea. According to Glass, this new policy “promptly removed the administrative burden from combat units,” who no longer had to “press medical officers to use medical evacuation.” After six months of operation, 45 cases had been processed under AR 605 with 13 more pending approval from Washington, DC. While there are unfortunately no official documents from the Korean War era listing what happened to a soldier in the ROKA who was diagnosed with a character defect as a cause of either mental or somatic symptoms, it is likely that the Koreans followed the US lead and discharged them without compensation, at the very least.⁷

Dynamic Psychiatry in Korea

The broader significance of the attitudes, assumptions, and frameworks embedded in the texts above must be viewed in conjunction with a broader development: the rise of dynamic psychiatry in the United States. Psychiatry underwent its own mini-revolution in the United States after WWII with the rise of a subfield known as Neo-Freudianism or dynamic psychiatry (two terms that are used interchangeably in this dissertation). The leaders of this movement were military psychiatrists who gained prominence in the US Medical Corps during WWII. Using what had until then been the highest rates of psychological breakdown among US soldiers in a

⁶Albert J. Glass and US Office of Medical History. “History and Organization of a Theater Psychiatric Service before and after 30 June 1951,” Medical Science Publication No. 4, V. II, Chapter 8, Part 2.

⁷ Ibid.

modern war to their advantage, they seized the spotlight in war's aftermath.⁸ Soon, mainstream psychiatry and the American public were inundated with psychoanalytically-inclined frameworks that claimed to originate from, but did not necessarily mirror, the teachings of Freud himself.⁹

A major milestone came for the Neo-Freudians in 1944 when a Committee on Nomenclature summoned by William Menninger (who had been the head of US psychiatry during WWII) produced a pivotal document called Technical Bulletin 203. It soon became part of the official medical repertoire of the Army, Navy, and Veterans Administration. Heavily couched in the language of Freudian psychoanalysis, it was the first codified version of psychodynamic principles to be adopted by the government and military.¹⁰ Officially implemented in August of 1945, the Army's new diagnostic foundations emphasized the central role that Freud had given to anxiety, aggression, and defenses such as repression, conversion, and displacement."¹¹ Yet unlike Freud, this subfield of dynamic psychiatry took emphasis away from hidden and unconscious sexual trauma and placed the burden squarely on parent-child

⁸ Andrew Scull, "The Mental Health Sector and the Social Sciences in post-World War II USA. Part 1: Total war and its aftermath," *History of Psychiatry* 22:3 (2011), 7. As Scull writes, more than a million admissions to US hospitals in WWII were for neuropsychiatric problems. Among troops in the European theatre in 1944, admissions climbed as high 250 per thousand men per year. See Introduction for a detailed discussion of dynamic psychiatry's rise in the US after WWII.

⁹ There is a large body of scholarship on the rise of dynamic psychiatry/Neo-Freudianism after WWII. For instance, see: Nathan G. Hale, *The Rise and Crisis of Psychoanalysis in America : Freud and the Americans, 1917-1985* (New York: Oxford University Press, 1995); Roy W. Menninger and John C. Nemiah, *American Psychiatry after World War II, 1944-1994* (Washington, DC: American Psychiatric Press, 2000); John C. Burnham, *Paths into American Culture: Psychology, Medicine, and Morals*, American Civilization (Philadelphia: Temple University Press, 1988).

¹⁰ Hale, *Crisis of Psychoanalysis*, 200.

¹¹ Hale, 201.

relationships and early developmental experiences as the cause of the all-too-common personality disorder in the mid-twentieth century.¹²

In short, psychiatrists in the military abandoned the “symptom” as their diagnostic goal and took to “personality” as the primary “psychiatric unit of interest.” Furthermore, the long list of inexplicable ailments expressed by soldiers was psychologized. As Elizabeth Lunbeck has noted, these psychiatrists described the the “psychopathic personality” as a “new diagnostic standard in which a range of almost normal behaviors such as instability, impulsiveness, and irritability, but also displays of somatic pain as part of the psychiatric domain and simultaneously set aside the personality as an object of analysis.” Personality, according to the dynamic psychiatrist, denoted the entire individual and all of his or her attributes.”¹³

Soon enough, the Medical 203 would expand its influence to the civilian sphere, acting as the blueprint for the first Diagnostic Statistics Manual (DSM 1) published in 1951 by the American Psychiatric Association. The DSM began in the 1950s to make its climb to become the world’s most influential classification of mental disorders. The psychoanalytic inclinations of Korean psychiatrists must be contextualized within this “high point of psychoanalytic hegemony.”¹⁴ The next part of this chapter will turn the focus on the work of Korean psychiatrists who incorporated these foreign medical paradigms into their own tasks.

PART 2: “Yankee-style Trauma”: A Case-Study of Eunuchoidism

The *Personal Papers of Yu Sŏk-jin* contains a set of case-studies that Yu prepared with Yi

¹² Rebecca Jo Plant, “William Menninger and American Psychoanalysis,” *History of Psychiatry* 16 (2005), 181, 184-185.

¹³Elizabeth Lunbeck, “Chapter 39: Psychiatry” in Roy Porter, Theodore M. Porter, and Dorothy Ross, *The Cambridge History of Science: Volume 7, The Modern Social Sciences* (Cambridge University Press, 2003), 665-666.

¹⁴ Lunbeck, 665

Pong-gi and other psychiatrists of the ROK Army during the fall and winter of 1954. They titled their study “Eunuchoidism.” All five patients they observed were soldiers who had been evacuated from their respective assignments due to their “non ability to perform military service.” Yu presented the results of this month-long study at the sixth meeting of the Military Psychiatry Association (*Kunjin Chǒngsinŭihak Chipdamhoe*) that had been met every other month since January 1954.

This unpublished primary source is likely the oldest full-length case-study produced by Koreans in the annals of South Korean psychiatry. It is an invaluable document that contains telling clues about the state of military psychiatry in Korea less than one year after fighting ceased. Studies conducted at the Capital Army Hospital during the early and mid-1950s stood at the forefront of medical research in South Korea, as top-tier civilian institutions had yet to recover from the wartime drain of personnel and resources.¹⁵ A close reading of the case-study provides novel insights on the integration of American medico-cultural trends into Korean assessments of patients during the postwar era. It is important to note the political background in which the psychiatrists produced their study. While official hostilities may have come to a halt in 1953, military mobilization remained a top priority for both Koreas. In addition to the continuation of a heavy US military presence in the South, rigorous training and mandatory conscription policies remained in place. In this setting, the ability for young men to perform as soldiers was seen as critical for defending the nation’s viability.

Why Eunuchoidism?

What’s in the title? Getting to the bottom of this first question contributes interesting information about the state of psychiatry in the ROK in the mid-1950s. The closest equivalent to

¹⁵ *Hanguk chǒngsinŭihak 100-nyŏn sa.*

the term, “Eunuchoidism,” in modern mainstream medicine is hypogonadism. While no longer considered a diagnosis, the early twentieth century saw the term “eunuchoid” used among experts, especially in Europe where it originated. The condition could afflict both sexes, but was more common in men. Citing German endocrinologists “Landler¹ and Gross,”¹⁶ Yu defined the “eunuchoid” as “someone who may appear castrated, but whose sex glands are not removed.” In particular, Yu’s footnotes suggest that he drew primarily from the works of Hermann Zondek, a Jewish endocrinologist who served as the head of the Berlin Hospital prior to the Second World War. Yu quoted directly from “The Diseases of the Endocrine Glands,” which Zondek published first in German in 1923. It was translated into English in 1935.¹⁷ Yu asked at the outset of the case study of a connection between Eunuchoidism and mental illness as Zondek had also done decades ago. He concluded, also in line with his European predecessors, that a “simple causal relationship” could not be traced to hormonal disturbances in spite of the correlations between “endocrine anomalies” with “psychical disturbances.”

What is significant about the title and the preceding discussion of the term is that Yu and his staff seemed to be drawing on arguments introduced to them during the colonial period. This is not surprising, given that Yu was part of the last graduating class to receive a medical degree from Kyōngsōng Imperial University in 1944. Doctors in Japan and colonial Korea drew heavily on German models from the Meiji period onward.¹⁸ Thus the authors’ diagnosis exemplified a

¹⁶ The authors mistake the name “Tandler,” for “Landler.”

¹⁷ Hermann Zondek, *The Diseases of the Endocrine Glands* (Baltimore: W. Wood & Company), 1935.

¹⁸ For an account of Japanese psychiatry in colonial Korea, see Chung Wōn-yong, Yi Na-mi and Yi Pu-yōng, “The Introduction of Western Psychiatry into Korea (II) Psychiatric Education in Korea during the Forced Japanese Annexation of Korea (1910-1945)” *Ŭisahak* 15:2 (Dec 2006), 157-87.

lingering presence of categories used during the Japanese occupation. This carryover, in spite of the new American-style information they had been inundated with throughout the war, spoke to the legacy of Japanese colonial education. The transitional aspect of this case is notable in its own right.

Psychological Explanations: Personality and Childhood

That said, in spite of the title being carried over from the colonial period, the framework and approach taken by Korean doctors in “Eunuchoidism” marked a visible departure from previous norms. The authors did not dwell on decades-old questions concerning the relationship between endocrine disorders and mental illness. Whether or not these soldiers actually had hypogonadism cannot even be confirmed, as the article did not provide actual measurements or data suggesting whether the men under investigation scientifically merited the diagnosis. The authors also did not reveal the results of the spermatogenesis examination, and it is not even clear given the army’s limited medical resources at the time whether such a test was ever administered. Neither did they focus the majority of their discussions on the causes of their physiological anomalies. The greatest amount of discussion, rather, lay in the “Psychological Screening Reports” created for each patient. This was certainly not a component included in Zondek’s original studies. In fact, they followed the models of Neo-Freudian psychiatry recently disseminated by American military experts in South Korea.

Unlike the rest of the case study written mostly in Korean with some English phrases, this portion was written entirely in English. The letterhead for the Screening Report provided clues as to why. The words “121st Evacuation Hospital” appeared at the top of the page suggesting that their assessments were to be reviewed by American experts. In this case, the case-studies bore the approval of a certain “First Lt. Arthur C. Robbins, MSC” who signed off on each of them.

Dotted with mistakes in grammar and spelling, it is reasonable to assume that this section was not written by an American expert. A phone interview with the same Arthur Robbins who continues to practice psychotherapy in New York City today confirmed that the Korean doctors did the bulk of the authoring, though American supervisors certainly took part in the evaluation process.¹⁹ In this respect, too, these reports were significant, as they contains early signs of a shift from German and Japanese to English as the primary medical language in Korea during the mid-twentieth century.

Three Psychological Profiles

One of the most noticeable traits unifying these case studies is the consistency of their formats. The authors systematized their attempt to gauge their patients psychologically, ostensibly probing their background prior to enlisting. They asked questions about their family, educational, and sexual histories. Given the Neo-Freudian emphasis on the importance of childhood in shaping the “total person,” the approach was typical. Also not surprising was the disorders for which the patients were evaluated. As the analysis below will show, they did not suffer from severe mental disorientation, as suggested by their ability to answer their evaluators’ questions.

Patient 1: Lower Back Pain

Private First Class Sin Yu-hŭi came to the Capital Army Hospital on 27 November 1954. The patient’s chief complaints consisted of lumbago, a medical term for lower back pain. He suffered greatly from spastic sensations of the extremities since one year ago. This back pain debilitated him to a point that he was unable to perform his duties, leading army doctors to bring this soldier to the attention of the nation’s top military psychiatrists at the Capital Army Hospital.

In the overview of the patient’s family history, Yu noted that Private Sin was the only

¹⁹ Phone interview conducted with Arthur Robbins from his home in New York on November 20, 2011.

child in a struggling household. His father had been suffering from lung disease for the past three years while his mother passed away immediately after his birth due to complications with food poisoning. Economic hardships kept him from attending school regularly even as a child. Around the age of 10, his father attempted to teach him the first 1,000 Chinese characters and orient him to the *Myōngsin pokam*, a handbook from the Koryo period (918-1392). The patient quit soon thereafter, however, due to a lack of interest and never resumed his studies. The report continued: “Currently he is able to read Korean language, but he has forgotten nearly all Chinese characters. He claims that he wanted to study more but that it was not possible because of a lack of money.” Despite his lack of formal education, Sin managed to rise to the status of private first class six months after being recruited on 24 April 1954. Before being hospitalized, his main role in the army consisted of transporting ammunition.

Upon evaluation, the doctors described the soldier’s mental state as “dull and apathetic.” “Memory and orientation with person, time, and place is not intact,” they wrote, alongside their comments about his complete lack of arithmetic ability. Under a section titled “physical examination,” the doctors classified the patient’s face as “edematous.” His body was “obese.” Not surprisingly, given his diagnosis as a eunuchoid, his secondary characteristics appeared to be “poor.” Closing this first part of their study, they issued a two-part diagnosis: 1) “Oligophrenia,” a medical term for mental retardation, and 2) “Eunuchoidism.”

What is peculiar about Yu’s approach to their patient is that the diagnosis of mental retardation, which should have sufficed as a stand-alone diagnosis, merely acted as a segue into observations rooted in the patient’s personal background and psychological history, which they presumed would yield the answers for the more important issue at hand: his chronic back pain. The doctors for instance highlighted aberrations in Private Sin’s sexual record, stressing his

inexperience with intercourse. They then turned to psychoanalytical explanations for the patient's lack of sexual drive, as seen in his admissions to never having had intercourse with his wife. The doctors went on to explain this strange behavior as the outcome of abnormal relationships with his parents: "The patient's mother passed away early on and there was a step-mother with whom relations were poor. Meanwhile, his father was always sick.... From age 7 to 9, he was kicked out of the home by his step-mother so he went to live at his sister's house."

The crux of the "Psychological Screening Reports" lay in a closer analysis of Sin's personality. The patient apparently exhibited an "emotional void" and seemed to have "no understanding of himself and little ability to relate to others. His thinking processes have as their main characteristics a lack of depth, an inability to integrate and organize, and a tendency to be concerted (sic)." Interestingly, his inability to have sexual relations with a woman was not attributed to his "eunuchoidism," but rather to a deficiency in personality:

There seems to be a considerable amount of repressed hostility in this patient, most of this appears to be directed toward the female who apparently is viewed as a threatening ungiving individual who is to be avoided. The test (sic) of the world also seems to be thought of by the patient as being hostile and he appears to passively countour (sic) this withdrawn negativistic approach to life. One may hypothesis (sic) that his ability to relate genitally to the woman is a product of both his generally low level of development and intense repressed rage directed toward the woman.

Yu's evaluation of Private Sin concluded with an acknowledgment of his mental limitations. Yet the accusatory tone employed in the final section suggests that the diagnosis was neither medical nor objective: "In summary, it would seem that due to the patient's instability to comprehend and adjust to the vicissitudes of life, he has withdrawn his already meager personal resources so as to *appear even more* defective than is apparently the case."²⁰ The "vicissitudes of life" referred to his duties as a soldier. The authors' use of the term "appear even more" is telling, as it

²⁰ Emphasis added.

referred to the patient's inability to fulfill his duties as a soldier as a decision he made, even though it may have been rooted in the patient's psychological and emotional composition. Indeed, we see how medicalization and character judgment went hand-in-hand in Yu's approach to this patient.

Patient 2: Headache

In contrast to Private Sin Tong-hŭi, the nameless second soldier in the study possessed an intellectual potential cited as "average with a potential in the Bright Normal, or possible superior range" with an IQ of 91. Yu and his medical team revealed the impetus behind this patient's hospitalization writing, "In this case the patient has developed a chronic headache which serves both as a successful and at the same time acceptable excuse for refusing to assume his responsibilities." Again, the language suggested that the soldier's inability to fulfill his obligations triggered his hospitalization and consequent psychological evaluation.

As they had done with the previous patient's debilitating back pain, Yu then sought psychogenic explanations for his discomfort. Their emphasis on his character, attitude, and personality came through in passages like the following: "He possesses a passive aggressive character as manifested by a hostile, ungiving, obstructionistic attitude toward life along with a partial conversion of aggression into bodily complaints." The report continued to classify the patient as "a passive dependent personality whose considerable repressed hostility finds expression in somatic complaints and occasional outbursts of temper. Despite strong needs for status and personal achievement, the patient is unable to overcome his more basic desires to sit back and passively accept life as it comes."

Indeed, Yu's use of the term "passive aggressive character" echoed similar passages in the Technical Bulletin 203 where it appeared under the category of "immaturity reactions." The

“immaturity reaction” described those “adult individuals who are unable to maintain their emotional equilibrium and independence under minor or major stress, because of deficiencies in emotional development.” Continuing on, the definition of the diagnostic criteria explained that “individuals are classed in this group because their behavior disturbance is based on fixation of certain character patterns; others, because their behavior is a regressive reaction due to severe stress.”

In addition to pointing the finger at the patient’s emotional deficiency, it is significant that Yu, in the fashion of Menninger and his American predecessors, attributed the source of “severe stress” to childhood experiences that eventually wrought havoc on his personality. As this case-study showed, be it backache or headache, Korean psychiatrists in 1954 followed the lead of the Americans and pointed to inherent weaknesses in the patient’s personality that developed even before he put on the military uniform. This inclination is made clear in the excerpt below:

....controlled by an early instilled personality pattern of passively acception (sic) love and affection, it became difficult for the patient to develop the ability to actively and independently seek out his emotional needs. This has resulted in two separate but interrelated problem areas. The first has to do with the internal conflict between the patient’s unconscious desire to sit back and be waited on and his more conscious desire to fulfill (sic) the culturally accepted role of the self assertive dominant male. This has resulted in considerable anxiety and some self-depreciation.

In this case, too, the observation regarding the patient’s secret desire to “sit back and be waited on” extended beyond the scope of what one would expect to see in an objective medical study. Embedded in the tone were moralizing judgments about the soldier’s character. Further, comments about the patient’s alleged impulse to carry out his “culturally accepted role” of the “dominant male” may speak more to the psychiatrists’ own assumptions surrounding the type of

male personality demanded by military life. Living in an all-male community may have emphasized this particular patient's lack of "male-ness" even more, bringing him to the attention of doctors who eventually diagnosed him as a Eunuchoid. Yet the impetus for his hospitalization could be traced to his failure to perform "his responsibilities," leading experts to then label him as both psychologically damaged and a "Eunuchoid."

Could the problem be resolved? Such clashing desires buried in the patient's troubled mind, according to the Report, did not only limit this second patient from suitable military performance. "The second problem," referring to his inability to perform the conventional male role, originated from a deeply rooted "major approach to life," characterized by "the role of meek acceptance." "If he continues with this, he cannot help being frustrated many, many times," the doctors noted." They concluded the report writing, "there is a considerable rage generated toward the world which is view (sic) as ungiving, and threatening. Being passive in orientation, however, it is too dangerous for the patient to less obvious means." They report ended on a pessimistic note: "Prognosis for therapy is poor, because of the long standing characteristical (sic) nature of the patient's problem." In short, further treatment for the patient's condition was not provided and he was discharged from his duties without a record of completing his military duties.

Patient 3: Seizures

The last of the three cases that will be discussed in this chapter involved a patient hospitalized at the Capital Army Hospital for recurring seizures. Yi Tong-u, a 22 year-old Private first class in the ROK Army, was hospitalized in November of 1954. He came from a family of six children. None of his immediate family members suffered from mental illness. Prior to enlisting in the army, he had received some schooling but he could not get far due to

economic difficulties. At home he worked as a farmer, assisting his parents in the fields. In the military, his primary task consisted of transporting supplies.

In revealing the results of his “mental examination,” the psychiatrists noted that his voice and “stream of talk and activity” were “female like.” All of his actions, in fact, struck Yi’s examiners as feminine and childish. Thought and affect appeared to be normal, though his intelligence was “infantile.” Results of the “physical examination” showed that the patient was tall though his chest was narrow. His legs and arms were relatively large. His skin color was also “female-like,” with his neck longer than average. His extremities were “very long” while his testicles showed signs of “atrophy.” Yu’s report is the only one in which the doctors revealed details of his male organs as well, noting that they lacked proper development. Given their findings, Yu and his team presented their impressions of the patient: 1) Eunuchoidism 2) Epilepsy grand mal. They ordered three tests: 1) X-ray for chest and head 2) Seman (sic) 3) P.E.G.²¹

In the same fashion as other patients, Yi then underwent further examination presented in the “Psychological Screening Report” following the proper guidelines of questioning. An early section of the report contained information that merits further analysis: “Within the limits imposed by language barriers and cultural differences, however, a schizophrenic character appears in evidence, as manifested by rigid, perserverative (sic) alogical thinking, morbidity, and defective reality testing.” They continued: “He is evasive, disorient (sic) and hypersensitive; once he finds a suitable concept he rigidly applies it to other, less appropriate situations.” In effect, this passage highlights a fascinating phenomenon facilitated by the unique cross-cultural partnership between US and South Korean psychiatrists that allowed psychiatrists to engage in

²¹ I am still unclear as to what P.E.G. stands for.

discussions among themselves about the universal existence of traits linked to personality disorder. Specifically, the importation of certain personality tests seemed to have been the key vehicle for transmitting standards for healthy versus unhealthy, normal versus abnormal, personalities.²²

Moreover, the doctors noted, “The patient’s perception of reality is weakened by a morbid concern with corpses, deceasing bodies, and deteriorating anatomy.” Given the timing of this study, it is quite possible that the ubiquitous sights of fallen soldiers and injured civilians during the war may have given rise to patient’s pre-occupations. The report did not mention whether Yi enlisted in the army prior to or after the ceasefire, but given his age, it is not unlikely that this patient developed this particular problem while participating in combat.

Similar to approaches taken by psychiatrists in the first cast-study, Yi’s doctors psychoanalyzed the patient to attribute a cause for the “depressed, dysphoric individual.” “Fearful of his own hostility,” they wrote, “he has withdrawn much of his energy from social interaction.” Looking beyond the “facade of extreme passivity” allowed them to detect “feelings of repressed rage.” The theme of destructive childhood relationships in the household arose once again in their conclusions. “Much repressed hostility is directed toward the parents for the lack of primal love and nurturance; the dominant, punitive, castrative mother is hated because of her unwillingness to give, and his epileptic episodes appear to represent the punishment he desired. In effect, the report cast the “Eunuchoid” soldier, though intact physically, as a victim of emotional and psychological castration. Most disturbing about this conclusion is that his relationship with his mother is cited as the cause for his epileptic fits, which they deemed as

²² For more background on the 1950s as the heyday of personality tests and the rise of clinical psychiatry more generally, see: Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley and Los Angeles: University of California Press, 1995).

manifestations of his own tormented efforts to shake off the trauma of his past. Only at the end of the Screening Report did the doctors even engage the possibility of a physiological problem for the patient's seizures, writing "The patient has a tendency to reverse figure and ground; furthermore there is some impairment in visual-poor control (sic). The possibility (sic) of organic brain damage, while not clearly indicated, should certainly be investigated."

An Interview with 1st Lt. Arthur Robbins, MSC

The Psychological Screening Reports featured in "Eunuchoidism" were approved by Arthur Robbins, a Chief Clinical Psychologist at the 121 Evacuation Hospital in 1954. Robbins spent one year in Korea between 1954-1955 as a member of the US Medical Corps. My interview with Arthur Robbins discussing his experiences in Korea yielded helpful insights related to understanding the context behind this set of case-studies.²³

Born in Brooklyn, New York in 1928, Robbins arrived in Korea during the summer of 1954 at the age of 26. He attended Teacher's College at Columbia University. Just before coming to Korea, he completed a one-year internship in rehabilitation medicine sponsored by the Federation for the Handicapped. This organization specialized in assisting physically handicapped people with psychological problems. When he enlisted for the military, he received an order to serve in Korea, a destination he "wasn't exactly happy about." When asked about why the US Military continued dispatching psychiatrists to Korea one year after most of the troops had come home, Robbins referred to the US policy which remained unchanged: to "treat and return to duty" unless evacuation was absolutely necessary. "If you sent a soldier back to the US, there are secondary gains to worry about." The military, in other words, still held a large stake in keeping as many men as possible in uniform at their posts. Psychiatric casualties in the midst of war affected manpower; breakdown during service at any time entailed financial costs

²³ Arthur Robbins in discussion with the author, November 21, 2011.

to the state and its VA hospitals.

In Korea, Robbins was stationed at the “main diagnostic center of the US Army,” the 123 Holding Station. Records from Yu Sök-jin’s personal notes referred to the 123 interchangeably with the 212 Neuropsychiatric Unit, suggesting that they were either the same or closely affiliated with each other. Robbins’ job at his post was mainly evaluative. He issued diagnoses that confirmed whether a soldier could be treated locally in Korea, flown to Japan, or sent back to the USA. Some of the soldiers that came through were Koreans, but most were Americans. “A lot of research was conducted on emotional breakdown. We were all very interested in this,” he noted.

Robbins, who had been trained by the US Army as a psychology consultant, cited several reasons for why a soldier would be brought in for psychiatric evaluation. The first, which he called disassociation disorder, comprised the largest category. In his words, these soldiers were “flooded with too many feelings and cut out as a result.” Next came the group of chronic psychotics who had “slipped through the screening process.” These soldiers were removed from service. In the case of Americans, they were sent back to the United States. The third group consisted of malingerers. Robbins revealed during the interview that one of the most important tools being used for this purpose was the Rorschach test. “It was very useful in determining who was really sick versus not.” Psychological tests (particularly the Rorschach, known more commonly as the inkblot test) reached their peak in popularity after the Second World War. Robbins’ remarks, as well as the Psychological Screening Report produced by Korean doctors, testify to their utilization in South Korea. For young clinical psychologists and dynamic psychiatrists at the start of their careers, their time in Korea provided them with a plethora of research opportunities, as the military setting granted them a large pool of potential subjects. For

Robbins, the time in Korea made a “huge difference” in his career. A primary reason he cited were hundreds of Rorschach tests he administered which became the “theoretical basis” for his future research. Robbins went on to build a successful career, even pioneering a new field used today called art therapy.²⁴

When Robbins arrived in Korea, there were 12-15 American psychiatrists at his particular unit. By 1954, however, psychiatrists at the 123 Holding Company were no longer staffed by experienced World War II veterans as they had been during the early stages the war. “Regular army psychiatrists” like Albert Glass had returned to the United States even before Robbins arrived. Rather, Robbins mentioned that “a fair number of Americans administering the programs” were “90 day wonders” who had just recently completed a three-month course in psychology and psychiatry. Many of the graduates came in with medical degrees upon entry but had little to no exposure to the mind sciences. War in Korea only fueled the demand for psychiatrists both in civilian and military spheres and the army sponsored one of the largest programs to address this shortage. These men, once in Korea, would learn side by side their South Korean counterparts as they participated in the same training process.

When asked about his South Korean counterparts, Robbins recalled: “they came in with a very elementary understanding of psychiatry and psychology, and had very little idea at the beginning stages what they were doing.” Speaking little to no English, the majority of the trainees had to rely on translators at first. For the Koreans, “this was all new.” According to his account, Korean soldiers rarely received treatment or underwent evaluation by Americans. This was especially true in 1954 when Koreans were equipped to treat fellow Koreans. They produced their own reports based on case-studies like the ones featured in this chapter. The following

²⁴ For an account of Robbins’ contribution to the development of art therapy in the US during the 1950s-70s, see: Maxine Borrowsky Junge and Harriet Wadson, *Architects of Art Therapy: Memoirs and Life Stories* (Springfield: Charles C. Thomas Publisher), 2006. There is a chapter focusing on Robbins’ work during the 1970s.

comment by Robbins, that “All Americans had to do in roles like myself was to approve them” is significant, as it confirmed that Yu and other Korean psychiatrists produced their own work based on concepts they had acquired from the American teachers while taking it upon themselves to find applications in their own settings. When asked about the use of the term “Eunuchoidism,” Robbins too seemed puzzled. This term was not part of the vocabulary that he used in his psychological training process, lending strength to the hypothesis that Yu continued to be influenced by his prewar studies under the Japanese in some ways.

American Doctors, Globalizing Discourse

American doctors stationed in Korea evaluated a diverse group of soldiers whose symptoms varied from chronic psychosis to war trauma. Others came with accusations of malingering or seeking secondary gains. It was up to the doctors to determine where in the spectrum their conditions lay. For some, the time abroad provided opportunities to publish in leading American journals that commonly carried work authored by military psychiatrists in Korea. This scholarly journal in addition to others carried case-studies of soldiers in Korea throughout the 1950s. The majority of these articles focused on soldiers hospitalized for their inability (or unwillingness) to perform their duties. For instance, the *American Journal of Psychiatry* featured in their April 1954 issue a piece titled “Current Psychiatric Procedure and Communication in the Combat Theater” that was conducted at a “neuropsychiatric center in Seoul.”²⁵ Two military psychiatrists served as co-authors of the article. The first, Captain Robert M. Edwards came from Australia, and his partner, Colonel Donald B. Peterson, hailed from the United States.

Significantly, the tone and approach of the article bore striking resemblance to

²⁵ Robert M. Edwards and Donald B. Peterson, “Korea: Current Psychiatric Procedure and Communication in the Combat Zone,” *American Journal of Psychiatry* 110 (1954), 721-724.

discussions in “Eunuchoidism” that would be produced by Yu and his team several months after this article was published. Co-written by Australian and American psychiatrists based in Seoul, the article suggested that the Korean situation enabled the circulation of common discursive trends among psychiatrists whose backgrounds were not necessarily limited to Korea and the United States, but from other allied countries of the UN’s combined forces. This observation raises a noteworthy point that army hospitals in Korea served as a hub of dynamic psychiatry in which the United States, with its dominant position as the leader of the war effort, shared its framework with specialists of allied divisions from all parts of the world.

In their article, Edwards and Peterson offered their evaluations of a soldier that had come to their attention due to a severe headache and a passing out spell that began several months earlier after a “grenade exploded in his vicinity.” The patient was a 25 year-old American soldier by the name of “Sergeant L.” From the outset, the doctors ruled out that his condition originated from “organic causes,” attributing his symptoms instead to “emotional factors.” The authors noted that they conducted an interview with “Sgt. L” in front of other doctors and trainees for teaching purposes. Although the soldier showed “enormous hostility” when probed of his developmental history during his interview, he finally noted that he ran away from home to make a living for himself at the age of 14. He married more than two years ago, but was still childless. Sgt. L. apparently dedicated an inordinate degree of attention to his brother, a member of his combat outfit, who held a Purple Heart and was set to return home from Korea soon.

The doctors, noting his past history of desiring to “leave the front” due his headache, pointed to possible reasons for his troubling demeanor. “Major dynamics” evidenced by the patient’s symptoms included “self-conscious doubts of his masculinity with reactive over-assertiveness; efforts to outdo his brother, a sibling rival; feelings of failure as a husband.” The

final diagnosis issued for the patient was “emotional instability reaction.” As Yu and his team had done in “Eunuchoidism,” these doctors reached a pessimistic conclusion, noting that he “will not benefit for further hospitalization.” His underlying condition was not sufficient to qualify him from “medical evacuation, however insistent the victim may be.” They justified this conclusion arguing that “poor motivation for duty is not an adequate reason for medical evacuation.”

Psychiatrists Edwards and Peterson also excluded the patient from receiving further treatment for his psychologically induced ailments through army channels, writing: “We have concluded that in fighting a war it is impracticable as well as futile to commit our limited facilities to attempts at long-term therapy.” In explaining their stance, they provided an important insight on the army’s more general outlook on soldiers like Sgt. L. exhibiting psychological disorders: “The demands of war on the citizen-soldier are current, pressing, and allow no time-out for alterations in his basic personality.” In other words, a patient could be mentally ill and receive full treatment in the military, but if his illness was deemed to have originated from an existing personality disorder, his rehabilitation was deemed hopeless. Whether this patient and others had a troubled personality largely depended on their attitude toward fulfilling their military obligations. With a history of evading military service already in his record, Sgt. L’s chances of meeting these criteria were certainly grim from the start.

The final section of this article contained a short series of comments provided by none other than Colonel Albert Glass, the Neuropsychiatric Consultant to the Far East Theater during the first year of the Korean War. He issued positive feedback on the psychiatrists’ findings writing: “This paper stresses rightly the necessity of objective and firm management of psychological problems within the combat zone.” Glass of course referred not to the mental

patient who exhibited signs of complete derangement and insanity. Instead, he invoked the existence of such a thing as psychopathic personality disorder. “The defect of the ‘psychopath,’ insofar as combat is concerned, lies in his inability to become identified with others or become part of the combat group.” Glass’ comments here raised an important point about the weight placed by military officials on collective identification with one’s military unit as essential for a soldier’s success. Sgt. L’s numerous attempts to leave his position using his headache as an “escape” brought him to be dismissed by one of the most experienced military psychiatrists in the US as a “psychopath” but not of the conventional sort. According to Glass, a “psychopath” like this patient could never succeed in battle, for “he is denied perhaps that most powerful defense against combat fear, namely, group identification.” Glass continued, “Because of this disadvantage, the ‘psychopath’ is truly alone with his fears in a combat situation that literally demands the closeness of others for emotional support and protection.” Placing this article in its historical context provides reason to believe psychiatry during the mid-twentieth century operated as a powerful tool to medicalize men already stigmatized for their inability or unwillingness to contribute to the most influential collective organization of the era—the military.

“Yankee style trauma”: American Psychiatry in Korea during the Era of Personality

While discussing these case studies, it is important to ask why, among the thousands of others who came under evaluation for psychiatric issues, Yu and his team of psychiatrists at the nation’s more prominent army hospital chose to write their first full-length case study on these particular patients. According to Yi Pong-gi, the co-author of the study, “We had a particular interest in matters concerning emotional breakdown, as did the Americans in Korea.”²⁶ Moreover, Min Pyŏng-gŭn offered a telling quote during an interview as he offered the following

²⁶ Yi Pong-gi in discussion with the author, February 27, 2012.

interpretation: *“These soldiers were suffering from Yankee-style trauma, and we figured they should be treated in psychodynamic ways.”*²⁷ This is an extremely illuminating quote suggesting that Korean psychiatrists during the war implemented a new set of imported tools to treat what they perceived as a new set of problems. The wide spectrum of ailments that afflicted men who clearly did not suffer from physical wounds became an urgent matter warranting discussion and diagnosis only during the Korean War. A problem as common as chronic headache, for instance, may have been a nuisance to the individual suffering from it. But in the context of war, the condition had the potential to affect the manpower and morale of an entire collective unit. Answers for such new dilemmas were sought from the annals of American-style psychiatry. While traits of the ideal soldier were not explicitly laid out in military manuals, what *was* specified through medical discourses during the 1950s was that an immature, passive-aggressive, hostile, repressed soldier should, by the virtue of being a non-effective soldier, be approached as a psychological defect who merited closer medical analysis.

Undertaking a close reading of “Eunuchoidism” also raises important points about the issue of gender ideals and masculinity within this new medical and cultural framework. In a society in which the fulfillment of service to the nation was expected of all healthy men between the ages of 17-35, it is questionable whether one could be seen as a valid member of Korean society without undergoing this rite of passage. The framework of “militarized masculinity” that has been used by a number of historians in both the Asian and European contexts can be applied in this context to suggest that the feminine traits exhibited by the patients of this case study may have been targeted intentionally by psychiatrists for close observation.²⁸ Within such an

²⁷ Min Pyōng-gūn in discussion with the author, February 27, 2011.

²⁸ A recent work by Korean historian Seungsook Moon draws from the framework of militarized masculinity. The author describes mandatory military service in Korea as integral to an individual’s manhood and citizenship in an

inherently hierarchical and masculine organization, the patients had already been feminized both by their appearances but more importantly by their inability to perform their basic tasks as men in wartime Korea. This mark of “immaturity” and the emasculation that ensued led to dishonorable discharges would undoubtedly follow them for the rest of their lives.

PART 3: A Freudian Renaissance in Korea

The Military Psychiatry Association and the Founding of the KNPA

For the forty-five psychiatrists who received their training and certification during the war, the Korean Military Psychiatric Society (*Kunjin Chǒngsinŭihak Chipdamhoe*), formed in January of 1954, offered a way to maintain the momentum their discipline had generated in the last several years. Some members held positions at the Capital Army Hospital; others served their posts at various divisions organized throughout the country. Occurring every three months, the meetings provided a forum for psychiatrists to report on the state of their discipline at their various divisions and to share their research. Yu Sŏk-jin maintained a list of the topics discussed throughout the series of meetings.

Not surprisingly, the majority of their topics dealt directly with military psychiatry. Discussions reinforced the merits of division psychiatry; the forum also allowed the participants to report on the status of various army hospitals throughout the country. Film screenings of

increasingly hierarchical and gendered postwar South Korea. Seungsook Moon, *Militarized Modernity and Gendered Citizenship in South Korea*, Politics, History, and Culture (Durham: Duke University Press, 2005). Pak Noja also writes about the historical development of the conscription system in modern Korea and its relationship to the concept of militarized masculinity. See: Vladimir Tikhonov (Pak Noja), “Militarism and Anti-militarism in South Korea: “Militarized Masculinity” and the Conscientious Objector Movement” in *The Asia-Pacific Journal: Japan Focus*, Vol. 12-1-09, March 16, 2009 and *Ssikssikhan namja mandŭlgi: Han’guk ŭi isangjŏk namsŏngsŏng ŭi yŏksa rŭl p’ahech’ida* (Sŏul: P’urŭn yŏksa Publishers, 2009). For a comparative case, see: Simona Sharoni, *Militarized Masculinity in Context: Cultural Politics and Social Constructions of Gender in Israel*. (Middle East Studies Association of North America, 1992).

movies produced by American military psychiatrists and presentations about specific disorders afflicting Korean soldiers were also part of the conversations. Yet the list also indicates that these forums served as a platform for disseminating general knowledge about American-style dynamic psychiatry could be applied to a civilian population. For example: “Psychodrama” (meeting 1), “Neo-Freudianism” and “Thumb-sucking” (meeting 5), “Latest News in the World of Psychiatry” (meeting 6) and “On Sullivan’s Ideas” (meeting 9) were only some of the topics discussed. Interestingly, the balance tipped toward general issues over time. By the fifth meeting in December 1954, four out of the five presentations were not necessarily rooted in military applications.

A critical step in the postwar history of psychiatry in Korea was taken in November 1955 at the eighth Meeting of the Military Psychiatry Society when members decided to transition their current organization into a civilian one that they would call the Korean Neuropsychiatry Association (*Taehan Singyŏngchŏngsinŭihakhoe*). Abbreviated as the KNPA, it is South Korea’s version of the American Psychiatric Association that inspired it and remains the most influential academic and professional association of psychiatrists in the country.

Happy Birthday, Freud

The scene is entirely bizarre and hard to imagine: dozens of the nation’s most powerful psychiatrists gathered in the main lecture hall of the Seoul National University’s Medical School on June 6, 1957, joined by fellow medical practitioners from diverse disciplines, all there to commemorate the one hundredth birthday of Sigmund Freud. But in the context of psychiatry’s historical trajectory discussed until this point, the event is not so implausible. On December 1955, members of the Korean Neuropsychiatric Association began to make plans for a Freud Symposium that would celebrate and disseminate his teachings. Proceedings of the day’s

presentations were published with funding from the Asia Foundation. Most active on this day were military psychiatrists, many of whose names all should be familiar to us by now. Min Pyong-gun of the Capital Army Hospital spoke on “Freud’s Concept of Hysteria.’ Kim U-jŏm, head of the Noryangjin Relif Hospital which will be discussed in detail in Chapter 4, spoke on “Central Concepts in Freud’s Theory of Psychoanalysis with Special Attention on Laughlin’s Concepts of Nervousness.” Yu Sŏk-jin not surprisingly also presented, electing “Freud’s Theory on Religion” as his topic. Kang Chun-sang who had gone to study in the United States with Yu during the war had by then risen to high-ranking position in the Office of the Surgeon General (Ŭimu kamsil) and spoke on “Freud’s Theory on the Arts” while No Tong-du of Seoul National University discussed “Freud’s Libido Theory.”²⁹

This event is significant because it shows how the core tenets that had founded military psychiatry in Korea continued to dominate civilian and academic psychiatry in Korea. They were also garnering public attention to their work, as journalists in the major newspapers also attended the symposium and reported on them. But these were not purely Freudian principles. Instead, they were mediated through the United States, as the Koreans had by this time become quite possibly the first non-Western Neo-Freudians in the world.

“Neuropsychiatry,” a KNPA Journal

The KNPA in April 1962 published the first issue of its journal, titled “Neuropsychiatry” (*Singyŏng chŏngsinŭihak*) with the English subheading, “An Official Scientific Publication of the Korean Neuropsychiatric Association.” The publication contained articles by psychiatrists for fellow psychiatrists. Articles were mostly written in Korean, but all issues contained abstracts in English. Also featured at the end of this issue was a section titled “Academic terminology”

²⁹ Complete transcript of proceedings of the Freud Symposium offered to author by O Sŭng-hwan who kept a personal copy with him since the 1950s.

(*haksul yongŏ*) of common terms used in psychiatry that were translated from English to Korean (using Chinese characters). The emphasis on dynamic categories and Freudian terminology is clear given by the terms selected for translation.

Figure 2.1: Korean translation of Neo-Freudian terminology³⁰

學術用語		(第一次分)	
—[A]—		Repression	抑壓
Abreaction	除反應	Superego	超(上位)自我
Accident neurosis	事故神經症	Anxiety neuroses	不安神經症
Indemnification	賠償	Apathy	無感
Acromegalic personality	末端肥大性人格	Apperception	統覺
Activity	活動 能動性	Asibenic reaction	無力性反應
Acts	行爲	Atarax	不安解消, 平穩
Adolescence	青春後期	Athletic physique	開士體型
Affects	情感(動)	Attitude	態度
Impure	不純	Automatic writing	自動手書
Inadequate	不充分	Automatism	自動症
Inappropriateness	不適合	Command	命令自動症
Affective reaction	情感(感)反應	Aversion	嫌忌
Affectivity	情感(感)性	—[B]—	
Aggression	攻擊(性)	Behavior	行動
Agitation	激動	Conation	意動
Agoraphobia	廣場恐怖	Biodynamics	生力動學
Alcoholic addiction	酒精習慣性中毒	Blocking	遮斷
" deterioration	酒精中毒性荒廢	Body image	身體像
" psychosis	" 精神病	—[C]—	
" paranoia	" 偏執病	Castration complex	去勢複合(體)
Delirium tremens	振盪譫妄	Catalepsy	強硬症
Alcoholics Anonymous	禁酒同志會	Catastrophic reaction	破局反應
Alcoholism	酒精習慣性中毒	" neurosis	" 神經症
Amnautic family idiosyncrasy	黑內障生家族性白痴	Cataplexy	脫力發作
Ambivalence	兩面性	Catathymia	抑壓感情
Amnesia	아메시아	Catatonia	緊張症
Anterograde	記憶不能, 健忘症	Cerebral flexibilitas	蠟屈症
Dissociative	解離性	Cerebral arteriosclerosis	腦動脈硬化症
Retrospective falsification	回想錯誤	Catharsis	(感情)寫下
Retrograde	逆行性	Cathexis	리비도配給
Anal stage	肛門期	Character neurosis	性格神經症
Anorexia nervosa	神經性食慾不振	" traits	性格特性
Anxiety	不安	Child-parent relationship	小兒兩親關係
Covert	全全, 掩蓋性	Child psychiatry	兒童(小兒)精神醫學
Fear	恐怖, 怯	Manipulative	操縱性
Free-floating	浮動性	Circumstantiality	迂達性
		Clang association	音聯想

A survey of the articles suggests that the influence of military psychiatry was still strong in 1962 when the first two issues were published. One of the first contents featured was a transcript of a lecture given by an American psychiatrist, “Major Robert L. Christensen M.D.” on “Character Disorder: The Twentieth Century Neurosis.” But we see in this journal signs that Koreans were also starting to ask their own questions and designing their own studies using the civilian population as their subjects. A less predictable set of articles appeared throughout several

³⁰ Taehan Singyŏngchŏngsinŭihakhoe, *Singyŏng chŏngsinŭihak* (Neuropsychiatry), Vol. 1, 1962.

early volumes of the journal introducing the results of efforts by psychiatrists to conduct their own surveys of mental health in periphery regions far removed from Seoul. “Mental Disorders in the Korean Rural Communities” by “Petrus Suckjin Yoo, MD,” a name that Yu Sŏk-jin used frequently when writing in English. The rationale behind such a study was stated as follows: “1) collecting objective data on mental disorders and sociocultural (ecological) factors in the community which is necessary to gain and understanding of their relationship and 2) providing reliable data comparable with that from other cultures, for a comparative psychiatric investigation.” This final line is fascinating, as it shows that these psychiatrists were using the members of the Korean rural community as subjects to contribute to the growing global discourse on cultural and international psychiatry.

A similar article in Volume 2 presented results of a study by psychiatrists from the Capital Army Hospital who examined mental patients at two doctorless villages, one in Kanghwa Island, and the other in Nonsalli. The psychiatrists divided their subjects based on their chief complaints, age and gender. Their findings showed that while certain conditions like headache affected women more, complaints of digestion and stomach were ubiquitous across all sectors. In many ways, such studies contained striking parallels to arguments they had formulated during their military careers. But instead of pointing only to their troubled childhood and complicated parent-child relationships, they offered insights on the troubling aspects of Korean culture. As members of the Korean “minjok” (nationality) they were more prone to developing an “oral receptive and aggressive personality.” What evidence like this points to more broadly is the diversifying role of the psychiatrist in postwar years that saw them move beyond the narrow realm of medicine to rise as reputable social commentators. The following chapter of this dissertation focuses on illuminating this latter aspect.

Concluding Remarks

The Americans came to Korea for the purpose of performing frontline triage on their soldiers. In the process, they succeeded in training a new generation of Korean military psychiatrists. What began as an effort to teach Koreans the methods of military psychiatry, however, resulted in the transfer of a foreign medical regime from one vastly different society to another. Military psychiatry may have been one of multiple subfields of psychiatry, but by learning its central principles and embracing its evaluative tools, Korean psychiatrists inherited a new scheme of American-style dynamic psychiatry that set their discipline on new footing. The following observation by Yi Pyŏng-yun, a military psychiatrist trained under Yu Sŏk-jin, effectively captures the essence of this chapter. As Yi, who went on to become a professor of psychiatry at Korea University noted, the importance of the Korean War with respect to Korean psychiatry exceeded the critical need for fostering a military psychiatry program: “It was through the military psychiatry training program at the 121 Evacuation Hospital that I first learned about dynamic psychiatry (*yŏkdong chŏngsinŭihak*) and psychoanalysis (*chŏngsinbunsŏkhak*). That early experience has stayed with me to this day.”³¹

The study of dynamic psychiatry’s early history in South Korea raises important questions about the globalization of psychiatry in the 20th century. Classifications for personality disorders used by psychiatrists of the ROKA adhered to a culturally and historically specific set of assumptions that arose in the United States, yet they managed to gain traction in Korea simultaneously due to universal problems created by the Cold War and its web of military alliances. Encrypted in rubrics for personality disorder and definitions for adjustment versus maladjustment were broader goals for explaining the ways in which soldiers grappled with trauma and stress in a constantly shifting environment. With the rise of an international dialogue

³¹ *Han’guk chŏngsinŭihak 100-nyon sa* (100 Years of Psychiatry in Korea), 90.

about mental illness and explanations of its causes arose the qualities of a universal psychiatric patient. On the flip side of these discussions about the dysfunctional and defective lay a globalizing ideal for the “normal” personality that was heavily mediated by the immediate needs of the military. As the case-studies in this chapter showed, the results of these efforts may have been initiated by military elites, but their effects quickly trickled down to shape the fates of the nameless, ordinary recruits of the Korean armed forces.

The next question we must ask, then, is how the theories and methods of American dynamic psychiatry fared outside the military, and beyond the realm of academic and medical discourse? What kind of challenges did Korean psychiatrists face in implementing these ideas in everyday life? How did these principles take hold in mainstream society? These are questions that will be addressed in following chapters. Interestingly, we see psychiatrists even in the mid-1950s questioning the applicability of psychoanalytic approaches to mental illnesses to the average Korean.

Even in Yu’s case study, “Eunuchoidism,” the American evaluators seemed to acknowledge this challenge: To quote: “It is to be stressed that findings based on best results for this patient are extremely tentative, since techniques used have not been validated for a Korean population.” The following section relayed a description of each case study and discussed its significance. These tests may in fact represent one of the earliest instances in which non-Western military psychiatrists applied American psychological criteria to assess their own patients. For American experts, too, these studies presented exciting opportunities to test the applicability of theories and methods utilized back home on a culturally diverse audience. The next challenge, then, was for Korean psychiatrists trained by the Americans to make the case for their discipline’s applicability in the postwar context. As the next chapter will show, the equally

formidable task of reconstructing a politically unstable, economically devastated and psychologically traumatized society for the remainder of the 1950s set the stage for their agendas. Though it may sound ironic, the decade of total war followed by a grueling decade of national reconstruction gave rise to a “renaissance of psychiatry” in South Korea that would not be seen again for the remainder of Korea’s contemporary history.

CHAPTER 3: From Frontlines to the Front Pages: Social Applications of Dynamic

Psychiatry in Postwar Korea

Introduction

During the Korean War, psychiatrists of the ROK Army eagerly embraced tools used by their American counterparts to treat and diagnose their patients. In less than a year's time, Korean psychiatrists had learned to provide frontline triage for soldiers, preserving manpower and morale for the ROKA. In army hospitals, they offered psychological explanations for those experiencing debilitating conditions with uncertain causes. Through their analyses, psychiatrists aimed to differentiate between those with valid neurological conditions and those with personality disorders. By the time of the armistice in 1953, the discipline enjoyed a newly elevated status in the military, having proved its necessity and effectiveness in the wartime setting.¹

But what happened to psychiatry in the postwar era? How would it fare as a branch of civilian medicine? As healers of mind and experts of personality, Korean psychiatrists found themselves again facing an uphill battle as they struggled for funds, attention, and legitimacy. The state's medical apparatus, already strapped for resources, was consumed by what Chŏn U-yong has called a new enemy as daunting and deadly as combat itself: infectious disease.² As a Korean public health official remarked in the *Chosŏn ilbo*, "Since mental illness is not contagious it was not seen as important in this emergency situation."³

¹ This is explained in Chapter 1.

² Chŏn U-yong, *Hyŏndaein ūi t'ansaeng* (Sŏul-si: Isun, 2011).

³ *Sŏul taehakkyo ūigwa taehak chŏngsinkywahak kyosilsa* (Sŏul: Sŏul taehakkyo ūigwa taehak chŏngsinkywahak kyosilsa, 2008), 94.

Yet the end of hostilities on the peninsula did not stunt the traction that psychiatry had gained during the war. In fact, the field expanded its target base and raised its public profile in following years. This chapter focuses on the growing visibility of psychiatrists in postwar Korea, showing how psychiatrists located new applications for the recently imported framework of American-style dynamic psychiatry in civilian society. Used initially for diagnosing and treating psychological breakdown in soldiers, Korean psychiatrists reapplied these ideas to weigh in on pressing questions about maladjustment and crime in everyday life. Arguments that faulty personalities and broken childhoods could be the cause of social misdemeanors resonated with journalists, educators, and legislators looking for answers. Nowhere is this phenomenon better evidenced than in the psychiatrist's approach to the problem of juvenile delinquency, which is discussed in detail in the first half of this chapter.

If there was a heyday for psychiatry in Korea, it came in the decade following the end of the Korean War. In addition to the flurry of academic activities⁴ and the proliferation of hospital beds,⁵ the late 1950s witnessed the birth of the nation's first mental health movement. And just as psychiatry's rise during the war would have been impossible without the United States, the roots of the mental health movement in Korea (both discursively and institutionally) must take into account the contributions of outside actors. The second half of this chapter thus illustrates how global and local forces came together to make way for the golden decade of psychiatry in Korea.

PART 1: The Hammer Finds its Nail: Juvenile Delinquency and Psychiatry

⁴ This is explained in Chapter 2.

⁵ This is explained in Chapter 4.

Youth Criminals in the Spotlight

If dynamic psychiatry in postwar was a hammer, juvenile delinquency was the nail it sought for several reasons. First, there was a widespread belief as seen in media reports that youth crime was a growing problem. Newspapers in the late 1950s were scattered with terms for troubled youth such as *pihaeng sonyŏn* and *puranga*. As a report in the *Kyŏnghyang sinmun* from 1955 noted: “The number of juvenile delinquents is on the rise and is currently estimated at 4,000 in Seoul.” This figure according to the writer was expected to rise. In response, the city was assembling plans to expand its facilities to restrain them.⁶ Another story in the *Tonga ilbo* referred to Seoul as a “city teeming with youth gangs.” “The issue of student crime is continuously on the rise,” the author wrote, as he pointed to the constant reports of “gang” (*kkaeng*) activity in the northern part of Seoul, in which unemployed teens were attacking students. Police and educational officials were working together to round up the members of this “can society” (*kkangt’ong tanwon*).⁷

And in the words of a *Chosŏn ilbo* writer, “Everyday, when we look at the newspaper, we are bombarded with news of crimes, ranging from petty to violent, including murder, robbery, assault, but even more disturbing is the fact that so many of these crimes are being committed by youth (*ch’ŏngsonyŏn*).” The remainder of the article then suggested that current realities were results of recent historical developments that made it difficult for them to “determine right versus wrong.” The writer pointed specifically to two factors behind this worrisome trend. First was the psychological strain caused by the rapid transmission of foreign culture to Korea after liberation. The second was the shock (*ch’unggyŏk*) children had experienced during the Korean War.

⁶ *Kyŏnghyang sinmun*, July, 11 1955.

⁷ *Tonga ilbo*, April 26, 1957.

“Society thus owes it to them to be tolerant of their misbehaviors,” he wrote, while conceding that “Empathy is indeed hard when we are faced with youth showing such disregard for human life.”⁸ Social commentators in fact reiterated the theme that the recent war had exacerbated the problem of wayward youth throughout the decade. As stated in another article on the trend of juvenile delinquency, “Just as inevitably as dust is thrown up after a car passes by, widows and orphans are produced by wars and it is not surprising that crimes should increase in this setting.” It continued: Citizens are extremely flustered by the recent spike in youth criminals.” The writer then offered his own take on what was at the root of the juvenile delinquency problem: “the transformation of the Korean family which had lost its traditional bearings in recent times coupled with a setting of extreme poverty” (*pin’gon*).⁹

Bernard Kogon: “Report on the Juvenile Delinquency Problem in Korea”

In addition to the media, the South Korean government showed its concern for the growing trend of juvenile delinquency as it sought outside help. Toward the end of 1958, the Korean Ministry of Justice and the Ministry of Reconstruction submitted urgent requests to the United States Operations Missions (USOM) to Korea for monetary assistance in constructing a

⁸ *Chosŏn ilbo*, November 24, 1959.

⁹ *Kyŏnggyang sinmun*, Nov 22, 1958. The reports of juvenile delinquency in the newspapers must be contextualized within major demographic shifts occurring in the second half of the 1950s. It is noteworthy that the majority of reports focused on youth crimes in Seoul, the capital city, which witnessed a growth rate of 55.3% (from 1,574,868 to 2,445,402) between 1955-1960. Newcomers to Seoul mostly fell into three categories: 1) Poor farmers from rural areas looking for new outlets for new avenues for survival 2) North Korean refugees who stayed behind after the war 3) Former Seoul residents returning to their hometown after fleeing south during war. In addition to the growth of the city, a postwar environment characterized by a disrupted economy, a weakened state capacity, the breakdown in social networks, and the shock of living through a conflict that killed more than ten percent of the nation’s population became a hotbed for youth crime in Korea. Postwar societies throughout the world showed similar correlations in the twentieth century, ranging from Britain to France, the USA, Russia, and Japan. See: Josef Gugler, *World Cities beyond the West: Globalization, Development, and Inequality* (Cambridge and New York: Cambridge University Press, 2004). Also see online essay by Kwon Tai-hwan: <http://asiasociety.org/countries/population-change-and-development-korea> (last accessed May 2, 2014).

juvenile housing facility in the city of Taejon for 980 boys and girls who had been cited for illegal activities. While the Americans did not allot money in this particular instance, they did agree to lend technical and advisory services to help appraise the issue.¹⁰

Two years later, in 1960, the Korean government welcomed Bernard Kogon, an American, to serve as a “social welfare consultant” targeting the “youth problem.” Dispatched by the International Cooperation Administration (ICA), Kogon carried out his study under the auspices of the United States Operations Mission to Korea’s (USOM) Social Welfare Section.¹¹ Prior to coming to Korea, Kogon had built a reputation for himself as a supervisor of social work in New York and an official for the California Department of Social Welfare. The “Report on the Juvenile Delinquency Problem” that Kogon assembled for the Korean government contained a detailed survey of the situation as well as his personal advice on how to address it.¹²

At the start of what came to be known as the “Kogon Report,” the author cited excerpts from a letter he had received on October 29, 1958 from the Korean Ministry of Reconstruction emphasizing the extent of the youth problem in postwar Korea:

Since the Korean War, which, as you know well, brought about terrible destruction in every field of our country, a great number of juveniles ranging

¹⁰ Bernard Kogon and United States Operations Mission to Korea, *Report on the Juvenile Delinquency Problem in Korea* (U.S. Operations Mission to Korea, Office of Technical Cooperation, Community Development Division, Social Welfare Section, 1960).

¹¹ The ICA (International Cooperation Administration) was founded under Executive Order on July 1, 1955. Based in Washington, its main tasks included overseeing all programs of economic assistance and technical cooperation to countries in “Mutual Assistance Programs” with the United States. It also carried out emergency programs for relief and rehabilitation in these countries. The USOM, which fell under the control of the ICA worked cooperatively with the governments of host countries in carrying out joint programs for development. For an account of the ICA’s functions in the mid-1950s, see: Joseph Stokes, “The International Cooperation Administration,” *World Affairs*, Vol. 119, No. 2 (Summer, 1956), 35-37. The ICA was the predecessor to the USAID program.

¹² Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*

from 10 years to 20 years old who lost their parents came to remain homeless, wandering street, and after all fall into juvenile delinquency (sic).¹³

Kogon then went on to point to the shortage of correctional facilities for these wayward youth as a key obstacle to reversing this trend:

This tendency of juvenile delinquency, very miserable, has been rapidly increasing in the face of economic rehabilitation day after day since the war. For all this the facilities now existing to accommodate these degenerated boys are limited....with total accommodation of 2,300 rowdy and delinquent boys, but this figure is extremely small compared with the total number of 75, 929 boys (deemed degenerate) in 1956.¹⁴

His report integrated supporting data from the Community Development Division of USOM, citing a memorandum, dated 2 June 1959, which read:

The need for such a program review and evaluation cannot be over-emphasized. Juvenile delinquency is a widespread, critical and growing problem which cuts across the responsibilities of several Ministries. The Ministry of Justice estimates a juvenile delinquent group of 80,000 known to police and courts. Present correctional institutions, already crowded far beyond maximum capacity, can provide custodial care for 2,300 at a time but offer little or no rehabilitative or other training. In order to meet pressure of incoming numbers, the average length of stay is less than 2 months without differentiation between the first offenders and recidivists.¹⁵

In spite of this emphasis on facilities, Kogon's suggestions did not end here. Rather, he hinted several times throughout the report that crime rates had to be considered as a function of the collective mental health of a society. Comparing Korea to other (postwar) "countries of this type," Kogon cited a United Nations document¹⁶ warning that the problem of youth crime would only worsen if left unaddressed, driven by an "increase in mental pathology, particularly in the

¹³ Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*, 2-6. All grammatical errors presented as they appeared in the original document.

¹⁴ Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*, 2-6.

¹⁵ Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*, 2-6.

¹⁶ Kogon cited the "UN Report on the World Social Situation" produced in 1958.

sphere of psychoneurosis, behavior disorders, and psychosomatic afflictions.”¹⁷ Kogon was not alone in this line of thinking, as he was among the growing trend of American social workers and researchers in postwar years who saw youth crime as the manifestation of psychological and emotional problems.¹⁸

In his conclusion, Kogon highlighted the need for a “broad, general approach” which did not specifically target delinquency prevention, but rather aimed to “strengthen family and community life in every possible way.” Examples he offered included maternal and child-health stations, providing relief to destitute people, workshops for widows, and the building of clinics and hospitals that specialized in the treatment of problem children.¹⁹ He advocated for a “collaborative approach” involving the ministries of Health and Social Affairs, Justice, Home Affairs (Police), Education, as well as the Juvenile Courts.²⁰ And it was in this capacity that psychiatrists trained during the Korean War made their debut in mainstream society.

Dynamic Psychiatry in the News

Appearing among the hundreds of articles about juvenile delinquency in the 1950s was a distinct line of reasoning that approached juvenile delinquency in the realm of not only law and discipline, but of psychology and mental health. For example, Yu Sök-jin, the American-trained military psychiatrist who had directed the ROKA’s program during the war wrote one of several articles for the *Kyŏnghyang sinmun* in May 1958 titled “Juvenile delinquents and Psychiatry”

¹⁷ Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*, 9.

¹⁸ The National Institute of Mental Health founded in 1946 played a key role in generating data for studies on the mental health of juvenile delinquents. Noel A. Cazenave, *Impossible Democracy: The Unlikely Success of the War on Poverty Community Action Programs* (Albany: SUNY Press, 2007), 4. Margaret K. Rosenheim, *A Century of Juvenile Justice* (University of Chicago Press, 2002), 108.

¹⁹ Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*, 39.

²⁰ Bernard Kogon, *Report on the Juvenile Delinquency Problem in Korea*, 39.

(*Munje adong kwa chŏngsinŭihak*). He opened his piece citing a line from the South Korean state's newly drafted charter on children (*Ŏrini hŏnjang*): "Our children are the future leaders of our nation... We need to ensure that they will grow up with healthy bodies and minds and be upstanding, beautiful, and energetic."²¹ Unfortunately, the realization of such high hopes was being challenged by the proliferation of child criminals. On this topic, Yu explained, "Children have needs during their critical periods of growth and development. They need love and protection. They derive satisfaction from relating to their parents and their teachers. When these numerous demands are not met, either physically, mentally, or environmentally, they turn into delinquents." He conceded that it was natural, given a backdrop of rapid change and a succession of wars for youth to find it difficult to grow up correctly. "In this day and age," he noted, "families and schools must put their minds together and to create a solution." And psychiatry could help. "The three fields of psychiatry, clinical psychology, and social work are progressing rapidly around us and their collaboration is greatly assisting the project of youth welfare; it is actually indispensable to it. Thus the solution for our society lies in drawing on these schools of thought and their tools more, and for these disciplines to join hands with families and schools of our youth."²²

Another frequent contributor to the newspapers was Kwŏn Sun-yŏng, the head judge of the Seoul Child Court (*Seoul Adong Pŏbwŏn*), who penned a series of influential editorials during these years about his line of work. In 1958, he wrote in the *Kyŏnghyang sinmun* about the "youth problem" (*adong munje*) asking how society should approach it: "By punishing them? No. Legal measures are not the only way to confront this issue. Instead, he argued that the

²¹ Yi Ŭn-hwa et al. *Yua kyoyuk kaeron* (Soul: Ihwa Yŏja Taehakkyo Ch'ulp'anbu), 374-376.

²² *Kyŏnghyang sinmun*, May 10, 1958.

“psychological and environmental influences driving their decisions” had to be evaluated. Interestingly, he looked to Western psychiatry and its accompanying subfields for answers: “While we have done much to import Western culture (*Sŏgu munhwa chedo*), we are still in the dark about psychology, psychiatry and social work, which is why the problem of juvenile delinquency is worsening in our country.”²³

Other submissions by Kwŏn disseminated a guiding concept in dynamic psychiatry which held dysfunctional parenting and broken childhoods responsible for the unraveling of individuals as they developed. The *Tonga ilbo* in the same year published his article blaming the crimes of “C,” a third year student in middle school from Seoul, on his upbringing. According to Kwŏn, his mother gave him a “primitive” form of love (*wŏnsijŏgin aejŏng*) while his father was “egotistical” (*usŏnjŏk*) and showed no empathy toward his son’s needs. The son was also pressured by his father’s impossible expectations. Referring to his family history, the writer noted that his older brother was kidnapped by North Korean soldiers during the war and that his whereabouts were still unknown. Instead of delving into the potential effects of this traumatic incident, however, the author turned his attention to the child’s deep-seated personality issues: “He is introverted (*naesŏngjŏk*), easily influenced by others, and has a fragile sense of self-esteem. He is also combative and antisocial,” he wrote. In the end, the author placed the blame on “C’s” parents who were the cause of their son’s delinquent behavior, for at the core of his son’s shortcomings lay the absence of family education (*kajŏng kyoyuk*).²⁴ Following this line of reasoning, on March 21, 1959, a *Tonga ilbo* journalist discussed the topic of child runaways, saying that parents, not children, were to blame in that situation. “Either fathers were too strict or

²³ *Kyŏnghyang sinmun*, March 11, 1958.

²⁴ *Tonga ilbo*, June 27, 1958.

mothers were too overbearing.” The writer also mentioned that the child’s earliest experiences should be examined in looking for causes for low academic performance and IQs, as it was critical for a child to feel psychologically stable within the parent-child relationship above all else.”²⁵

Stepping back, one must appreciate the larger significance of such ideas appearing in the country’s most widely read newspapers.²⁶ Through discussions about the criminality of youth in Korea, psychiatrists introduced local audiences to foreign frameworks about personality disorders and childhood trauma imported to Korea for the first time during the war. Indeed, the leap between military and child psychiatry was not so difficult, given that American-style dynamic psychiatry provided a thematic foundation for all of these sub-specialties. Even more remarkable is that it was not only psychiatrists disseminating these ideas but professional journalists and respected legal authorities. Thus we must then ask how someone like Judge Kwōn came to develop his views. Assuming that they were introduced to him by Korean psychiatrists, how did individuals from these two worlds intersect? For answers to these questions, we must look behind the scenes at the work of former military psychiatrists in the late 1950s as they formed alliances with leaders in new sectors of society. Working with educators, social workers and lawmakers, they began to tackle the juvenile delinquency problem through

²⁵ *Tonga ilbo*, March 21, 1959.

²⁶ Juvenile delinquency in East Asia has been at the center of social discourses in the past. A relevant study has been conducted in Japan between the years of 1895-1945. See: David Ambaras, *Bad Youth: Juvenile Delinquency and the Politics of Everyday Life in Modern Japan* (Berkeley: University of California Press, 2005). Ambaras mentions briefly that Japanese police and Home Ministry officials, working with a new group of social workers, encouraged delinquent youths to be examined by psychiatrists after 1920. The author also suggests that similar measures may have been taken in colonial Korea and Taiwan. Even if there were prewar precedents for child psychiatry in colonial Korea, I would argue that the developments in this chapter were rooted in Korean contacts with American psychiatrists during the war; they were not an outgrowth of colonial era trends. For one, I have not been able to find a single account of Korean psychiatrists speaking on the issue in Korean newspapers before the 1950s. The contents of the analyses offered by Korean psychiatrists in this chapter also clearly reflected their dynamic (American) orientations.

the framework of American psychiatry. This alliance is effectively illustrated by a key institution in the history of psychiatry in postwar Korea: the Seoul Child Guidance Clinic.

PART 2: The Seoul Child Guidance Clinic

On March 1, 1958, in the same year that the Korean government had reached out to the United States for help on the juvenile delinquency problem, the Seoul Child Guidance Clinic (*Soul Adong Sangdamso*; henceforth SCGC or Clinic) was inaugurated in northern Seoul. All who wanted assistance with “youth issues,” broadly stated, could receive counseling for free. The Clinic also provided services targeting youth who had collisions with the law. As the announcement in the newspaper read, these services could be used for youth exhibiting “problems in emotional development, antisocial tendencies, underperformance at school, and somatic illnesses that cannot be solved by regular physicians.”²⁷ Yu Sŏk-jin, one of the Clinic’s founding members, expressed his great anticipation in months leading up to the opening day: “For the first time, a group of professionals including clinical psychologists, social workers, a judge of Juvenile Court and a school counselor, got together to hold clinics for consultation every day of the week, except Sunday (sic).”²⁸ Seated at the helm of the project was Judge Kwon Sun-yong, as he served on the board of directors and secured support from various government agencies for its activities. While it is not clear if the psychiatrists first found Kwon or he found them, this relationship began a series of cooperative projects between legal authorities and psychiatrists who rallied around the issue of juvenile delinquency.

For psychiatrists like Yu looking to widen the exposure of their discipline while educating the public, the SCGC provided a perfect opportunity. In Yu’s words, the media’s

²⁷ *Kyŏnghyang sinmun*, February 26, 1958

²⁸ Yu Sŏk-jin, “Progress and Care of Psychiatry in Korea,” *Singyŏng chŏngsinŭihak* 1: 1 (1962).

enthusiasm for their work had shown in their willingness “give space for articles concerning our case studies and other informative material about the Seoul Child Guidance Clinic and mental hygiene.”²⁹ Core members of the Clinic met weekly for conferences during which case studies were presented for diagnosis and individual plans were laid for treatment. Among the attendees of such meetings were officials from the Ministry of Health and Social Welfare such as Kim Yong-sŏng and Ku Cha-hyŏn, director of children’s affairs. Psychologists, social workers, and officials from the Culture and Education Ministry were also present.³⁰

Moreover, the Clinic through its services made the case to the wider public that psychiatry was not only for the insane in need of hospitalization but ordinary citizens—in this case, young people exhibiting ominous signs of a troubled future. As an internal report prepared in 1963 showed, the majority of youth who came in for evaluation fell within the age bracket of 13-16 (38.4%), followed by 17-20 (30.2%), 9-12: (19.4%) and 6-8 (12%). While the act of stealing comprised the greatest portion for crimes committed by its patients (10.2%), this list also included youth cited for “Wandering, Run-away, Difficulties in friendship, Phobia and Anxiety, Personality disorder, Disturbance of physical development and vocational guidance.” Writing 18 months after the Clinic’s founding, Yu remarked that his team of psychiatrists and his colleagues had reviewed over 228 cases. Overall, the functions of the Clinic confirmed to Yu and his colleagues a “growing acceptance of psychiatric services by the public, as well as financial support by civic-minded citizens who understand the work and goals of the Clinic.”³¹

Among those who started paying attention to the activities of the Clinic were educators and policy-makers. For example, the Clinic inspired the Ministry of Education to adopt school

²⁹ Yu, “Progress and Care.”

³⁰ List of names taken from an article in *Tonga ilbo*, December 9, 1959.

³¹ Internal document produced by SCGC in *Personal Papers of Yu Sŏk-jin*.

guidance counseling services for every school in Seoul. As Yu noted, the recent launch of a program acquainting teachers to school counseling services was rooted in efforts to bring educators to lectures conducted by professional members from the Clinic. The Clinic had also worked closely with the recently organized Moral Education Committee under the Ministry of Education, in which Yu and Judge Kwon integrated mental hygiene principles to promote “moral education.” Finally, Yu wrote that the Clinic has also stimulated the juvenile delinquency program under the Ministry of Justice, mentioning recent moves to install psychiatric clinic within the Juvenile Court. Yu appeared optimistic in his report about concrete plans underway to “revise legislation so as to provide for diagnostic centers especially through the efforts of the Seoul Child Guidance Clinic Board of Directors’ member, Judge Kwon.”³²

The growing social profile of the child guidance movement brought financial support to the Clinic from various sectors of society. The Clinic at first operated through “monthly contributions of a few interested individuals and high school principals.” In 1958 October, however, various schools in Seoul joined efforts to pledge HW 2,000,000 to the Clinic. Assistance from the American-Korean Foundation (AKF) enabled the Clinic to move to its new location in Jung-gu, and to provide a small library and facilities for both psychological testing and medical examinations.³³ A grant of HW 470,000 also came from the Unitarian Service Committee in the past several months and plans were being laid to utilize this grant to provide facilities for the “special education of children with emotional problems.” The Korean Government offered the modest but still important amount of HW 500,000 in that year to fund

³² Yu, “Progress and Care of Psychiatry in Korea.”

³³ John Di-Moia has written about the activities of the AKF in Korea. It was founded in 1952 with the goal of mobilizing assistance for war refugees. John P. DiMoia, *Reconstructing Bodies: Biomedicine, Health, and Nation Building in South Korea since 1945* (Palo Alto: Stanford University Press, 2013), 182.

the Clinic. In effect, while funds were far from plentiful, according to Yu, growing contributions from governmental and foreign sources alike continued to support the activities of the psychiatrists and other specialists of the Clinic throughout the period in question.

The Seoul Child Guidance Clinic as an Offspring of War

The Seoul Child Guidance Clinic occupies an important chapter in the early history of psychiatry in Korea. In addition to bringing together professionals from different lines of work for the care of troubled youth, it laid the groundwork for the popularization of American-style dynamic psychiatry in mainstream Korean society. It was through this institution that psychiatrists were first able to present their ideas, finding applications for their imported discourses that resonated with one of the most pressing social problems of the postwar period. Close study of the Clinic is also significant because it testifies to an overarching argument in this thesis that the roots of psychiatry in Korea, regardless of where you look, could be traced back to the Korean War and the American encounter. This can be verified by examining three components of the Clinic: 1) people 2) model 3) methods.

**People*

The photo below was taken in 1963 to commemorate the Clinic's five-year anniversary.³⁴ Pictured here are the leaders of the organization including Kwŏn Sun-yŏng, Sŏ Chŏng-sun who also served as the Secretary General of the Korea National TB Association, Ha Sang-nak, a professor at Seoul National University dedicated to social work, and several clinical psychologists and social workers. Also pictured here are four psychiatrists—Yu Sŏk-jin, Chin Sŏng-gi, O Sŏk-hwan, and Yi Pong-gi. Notably, all four of these psychiatrists received their training during the Korean War, and in fact began their careers in the army. As explained in Chapter 1, Yu, O, and Chin had been among the first group of military psychiatrists sent to US

³⁴ Personal photo of Yi Pong-gi, shared with author during interview.

Army hospitals during the war for their studies in Colorado and California. Yi took part in the same training program in the following year.

Figure 3.1: Photo taken on the 5-year anniversary of the Seoul Child Guidance Clinic.



*Model

It is highly likely that the model for the Seoul Child Guidance Clinic came from outside. In particular, the Korean psychiatrists who had orchestrated the plans followed in the footsteps of their American counterparts who had done the same years ago. As the American psychiatrist Leo Kanner put it in 1946, child psychiatry by the end of WWII was “ready to profit from the high regard that psychiatry had garnered for its effectiveness during the war.”³⁵ Psychoanalytic concepts had proven very helpful in the treatment of patients with combat disorders, and after the war there was a rush by psychiatrists to learn more about the tenets of psychoanalysis or to receive psychoanalytic training. The notion that childhood experiences would determine the

³⁵ Roy W. Menninger and John C. Nemiah, *American Psychiatry after World War II, 1944-1994*. (Washington, DC: American Psychiatric Press, 2000), 464-465.

mental health of an adult was “congruent with what mental health consultants had discovered during the war, that psychiatric casualties more often occurred in soldiers who had a history of childhood behavior problems.”³⁶ In 1948, fifty-four guidance clinics joined forces to form the American Association of Psychiatry Clinics for Children (AAPCC) as the movement for child guidance took off in the United States.³⁷ Having reached its peak by the end of the Korean War, there is no question that the subfield of child psychiatry owed its successes to WWII. And as Menninger and Nemiah wrote, child guidance and juvenile delinquency was part of a broader trend characterized by the “popularization and democratization of clinical psychiatry and psychology after WWII—what some have referred to as “therapy for the normal.”³⁸ Taking the focus of psychiatry away from the psychotic in need of hospitalization, the child guidance movement played a central role in disseminating information and ideas not only about children, but about human behavior, first in the United States, and less than a decade later, in South Korea.³⁹

*Methodology and Approach

The final and most compelling signs of Americanization and the influence of the Korean War in the Clinic can be found in the analytic approaches taken by psychiatrists at the Seoul Child Guidance Clinic. The evidence comes from a book published in 1960 called *Põrim padũn siptae*:

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

sonyŏn pomjoe saryejip (The Abandoned Teens, A Case Book of Youth Crime).⁴⁰ Written by Judge Kwŏn Sun-yŏng, it contains 13 case studies of youth who had been sent by the Seoul Youth Court to the Clinic for psychological examination. While the book listed Kwon as the sole author, the influence of his medical colleagues is clear throughout. The preface stated that an understanding of the delinquent's psychology would be essential for knowing the "truth" (*chinsil*) behind their motivations. As excerpts from the book are analyzed below, one can't help but think back to the case studies on Eunuchoidism presented in the previous chapter. The parallels between the assessments of delinquent youth and "non-effective soldiers" are striking.

All 13 of the cases Kwon wrote about were unique, yet the psychological evaluations produced with the help of the Clinic's psychiatrists shared common characteristics. First, they shared a clear link between mental or emotional trauma during a child's early years and their subsequent fall into juvenile delinquency. Evaluators consistently underscored the relationship between crime and social environment, family dynamics, and personality disorders. This connection is clear even after taking a glance at the titles of the case studies, some of which have been translated and are listed below:

"Acts of robbery arising from nervous personality and unstable environment."

"A son's crime as a product of misguided parental outlooks."

"Acts of prostitution and its link to abnormal personality."

Personality Tests

The case-studies point to the use of imported personality tests in evaluating Korean youth at the Clinic. The majority of cases referred in particular to the Rorschach Test. Again, the

⁴⁰ Kwŏn Sun-yŏng, *Pŏrim padŭn siptae : sonyŏn pŏmchoe saryejip* (Sŏul: Namsan Sonyŏn Kyoho Sangdamso), 1960.

connection to the war can be drawn, as we saw how military psychiatrists in earlier chapters had first introduced the Rorschach Test from the United States to diagnose soldiers who were unable to fight due to psychological breakdown. In several years, the same tools used by the army to distinguish between healthy and damaged personalities, normal versus abnormal aptitudes, were applied by Korean psychiatrists in their assessment of youth criminals.

Take for instance the case of a youth referenced only as “Hong” whose interpretations of inkblots suggested to his evaluators that he harbored a “depressed desire” and that he suffered from a “neurotic character” that was exacerbated by his “dynamic life experience.” Hong had been brought to the Seoul Juvenile Court two times before after being caught for robbing taxi drivers at knife-point in northern Seoul. The last of the three incidents had occurred around 10pm on January 29, 1959. He underwent a thorough psychological examination after authorities suspected that Hong may have been motivated by “abnormal causes.” In addition to a team of psychologists and psychiatrists, the court brought in social workers at the Seoul Child Guidance Clinic to examine his family and upbringing. After surveying his childhood and his educational and socio-economic history, the experts honed in on an unhealthy relationship that Hong had with his mother, who often stirred unnecessary fear in the boy by threatening to report his behavior to his father. Moreover, in reference to Hong’s response to being rejected from his short-term girlfriend, they saw it as an act of “mother identification” in which Hong projected out his insecurities of being rejected by his own mother since childhood.⁴¹

In addition, the doctors could not help but mention that Hong’s recent criminal acts had to be seen as outgrowths of the shock he suffered from losing his father and younger brother during the war several years ago. The uncertainty underlying the mysterious condition of their

⁴¹ Kwŏn, *Pŏrim padŭn siptae* 15-19.

disappearance, as well as the disappointment of failing to reunite with them, had allegedly stunted his emotional development.⁴²

A Korean Problem: “Delinquents born out of the Korean War”

One particularly thought-provoking case study will be described in detail below. Its title, “6.25 ka naŭn pananga” (Delinquents created by the Korean War) further spoke of the far-reaching impact of the Korean War on the mental health landscape of South Korea years after the armistice. On May 29, 1959, the Minister of the Interior (*Naemubu changgwan*) received a peculiar personal letter from a youth named “Chin” who stated the following:

“Ten summers and winters have come and gone since the Korean War and I have been plagued by endless difficulties and obstacles. I have done everything in my power to pursue my studies. I can of course accept the fact that self (chasin) and society are one unit, and I have tried my best to make a contribution to the latter. But after all these efforts I realize that I have been marginalized (kyŏngni) by this very society. No, I have been left disenfranchised (pakt'al). I can now see that there are limits to my patience. I have come to believe that this society belongs to you, not me, and I cannot live in it any longer. Please send me across the 38th parallel to North Korea. If your society is as you claim one that appreciates the value of freedom (chayu), you must respect my freedom as well. If you cannot allow this, please, consider this notion: the only weapon you have to resist communism is freedom. Freedom needs to be understood and implemented. I have not been able to experience freedom from my lowly position in your unequal society. Instead of dying with germs festering in my body while suffering from starvation, I'd rather see my life end through the bullet of a powerless ROK soldier as I attempt in vain to cross the 38th parallel.”⁴³

In the face of this puzzling and disturbing situation that government officials who received his letter sent the youth promptly for psychological evaluation at the Seoul Child Guidance Clinic.

The psychiatrist responsible for “Chin” began with a general life and education history. He was the eldest son of a farming family in Wŏnju in the northern part of Cholla province. He lived his early years with his grandmother, mother, father, two younger brothers and one younger sister.

⁴² Kwŏn, *Pŏrim padŭn siptae* 15-19.

⁴³ Ibid.

They had a relatively comfortable lifestyle, and at the age of six, his parents invested in sending him to a traditional academy (*sōdang*) to learn classical Chinese. He was in elementary school, age 10, when the Korean War broke out. During that time, he and his family sought refuge in a mountainside location that they had since the Japanese colonial period. This location became a heated site of struggle as the Communists turned to guerilla warfare in the mountains after the ROKA reclaimed the northern half of the peninsula. Without any knowledge of their real identity, soldiers from the ROKA eliminated all of his family members, shooting them dead under the misunderstanding that they were guerilla fighters. The war ended and he had no resources at his disposal. He realized that the only option he had was to pursue a better life through education. He came to Seoul in 1957 to enroll in school. He completed middle and high school, attending night school, while barely making a living shining shoes and selling cigarettes. Much to his dismay, Chin was unable to find employment after graduation and was forced to take a job at a construction site along the Ch'ōnggyech'ōn.⁴⁴ He was then diagnosed with lymphatic tuberculosis. As his sick days outnumbered healthy ones, he could not make a living for himself. He then plunged into a state of despair and pessimism toward the world. Climbing up Namsan, to the highest peak in Seoul, he seriously considered suicide. It was in the face of death, however, that Chin realized he could not abandon the world yet. As a final effort to turn his life around, he wrote this letter to the Minister of the Interior.

Indeed, the young man's life-story was nothing short of harrowing. However, it is interesting to see that even such heartbreaking revelations by youth, left sick and traumatized by

⁴⁴ The Ch'ōnggyech'ōn is a stream flowing through Seoul which attracted Koreans laborers the postwar years. They settled down in makeshift homes lining the banks. Cho Kwang-gwōn, *Ch'ōnggyech'ōn Esō Yōksa Wa Chōngch'i Rŭl Ponda* (Seeing History and Politics from the Ch'ōnggyech'ōn), (Sōul: Yōsōng Sinmunsa, 2005).

the death of his entire family led him to be subject to a series of standard psychological examinations. It was business as usual for the doctors at the Clinic. In their report, they noted that his IQ was 104 according to the results of a test designed for children from middle to high school. They then went on to elaborate on his alleged personality disorder that grew out of his early childhood experiences. Chin exhibited a lack of control (*chibae*), social skills (*sahoesŏng*) and responsibility (*ch'aegingam*). The Rorschach Test also revealed that, while his intelligence was high, his ability to interpret reality objectively fell short. His “internal nervousness” (*naejŏgin puran*) made him unable to sympathize with others, hampering his interpersonal relationships. His demands for affection were excessively high. He expected more than he put in effort for and showed compulsive tendencies. His emotions fluctuated wildly. He was also wary of forming close relationships and lacked sensitivity, all a result of his childhood experiences. Moreover, “Chin” lived in a constant anxiety surrounding his failing health. The doctors then referred to his unconscious (*mu ūisik*) which had been harboring intense feelings of betrayal and rage toward the society that not only took away his parents at such a young age, but made him unable to succeed socially.”⁴⁵

Ultimately, the doctors concluded after speaking with Chin that his letter to the Minister of the Interior was his final attempt to turn his situation around. It was a desperate plea for help and not a serious attempt to defect to North Korea. The study ended on a pessimistic note, saying how Chin first and foremost needed medical care for his lymphatic TB. Unable to provide this for him at the juvenile center where he currently resided, he had to seek treatment at a private hospital, for which there were no public funds available. Moreover, his health condition, even if improved, could not secure him a stable life, as employment training could not be guaranteed

⁴⁵ Kwŏn, *Pŏrim padŭn sipdae*, 95-105.

given the lack of resources. Unfortunately, Chin's case was only one of many that were brought under similar circumstances to the Child Court.⁴⁶

The case of Chin is illuminating in several ways. First, it serves as a powerful reminder of the psychological and physical wounds inflicted on youth who suffered grief and poverty after being orphaned by the war. On the other hand, it is also interesting to see how widely applicable the analytic tools of psychiatry became in the postwar years as they provided a standardized approach for gauging abnormal behavior. While it is obvious to us as readers that Chin's circumstances were extraordinary, this did not push psychiatrists to approach the case any differently from a youth who had an ordinary life story. In short, it is ironic that studies of personality were not necessarily personalized for the subjects they tested. Another important point to note is that, while earlier studies on soldiers in military hospitals had been written nearly all in English, the case studies showcased in this chapter were produced entirely in Korean. Even terms borrowed from American dynamic psychiatry were translated into their Korean forms, suggesting that these tools had quickly become part of the official Korean approach in the few years following the war.

*Saving Yi Chin-U, the "Zainichi Bigger Thomas"*⁴⁷

Among the incidents that garnered the Seoul Child Guidance Clinic the most public interest was its involvement in a highly controversial court case involving Yi Chin-u, a second generation Korean living in Japan who was on death row at the Sugamo Prison in Tokyo. So severe was his crime in the eyes of Japanese authorities that he received the death penalty at the age of 18, bypassing protections in place for minors to avoid this most extreme sentence. It

⁴⁶ Kwŏn, *Pŏrim padŭn sipdae*, pages 95-105.

⁴⁷ John Lie has aptly referred to the protagonist of this cast, quite aptly, as the "Zainichi Bigger Thomas." John Lie, *Zainichi (Koreans in Japan): Diasporic Nationalism and Postcolonial Identity* (University of California Press, 2008), 93.

would be hard to deny that the tense historical and political relationship between Korea and Japan in the late 1950s further fueled nationwide interest toward what came to be known in Korea as the “Yi Chin-u Sarin Sagŏn” (Yi Chin-u Murder Case).⁴⁸ (Yi was in fact arrested on the thirty-fifth anniversary of the post-Kanto Earthquake massacre that saw 6,000 Koreans murdered at the hands of vigilantes, police officers, and soldiers).⁴⁹ Claiming the juvenile as one of their own, his Korean supporters repeatedly emphasized that his roots traced back generations to his hometown (*koyang*) in Suwon in spite of Yi having been born in Japan and speaking only Japanese.⁵⁰

There was no confusion on both sides about the gravity of Yi’s crime. In August 1958, at the age of 18, Yi murdered two Japanese high-school girls. Yi even admitted to killing the women, though he continued to deny accusations that he had raped them. What made Yi’s case all the more unusual was the youth’s complete lack of moral compunction regarding his actions. The story became fodder for a media sensation in Japan after it became known that Yi had called the Yomiuri Newspaper after committing the crime to offer self-incriminating information. Even more perplexing, he had in past years entered a Yomiuri writing contest submitting a story based on an earlier murder he had committed.⁵¹ As an autodidact with a love for European literature, Yi

⁴⁸ The case was referred to as the *Komatsugawa jiken* or Komatsugawa Incident in Japanese.

⁴⁹ Sonia Ryang, “The Great Kanto Earthquake and the Massacre of Koreans in 1923: Note’s on Japan’s Modern National Sovereignty,” *Anthropological Quarterly* Vol. 76, No.4, (Fall 2003), 731-748. This case has been discussed briefly in a study of zainichi Koreans in Japan: John Lie, *Zainichi*, 91.

⁵⁰ My description of Koreans’ eager efforts to assist Yi Chin-u clash with Lie’s account of “main ethnic groups” who “distanced themselves from the disgraced Korean.” Lie, *Zainichi*, 93. I am inclined to believe that Lie’s assessment would be different had he used *hangul* sources to gauge responses to the incident in South Korea.

⁵¹ The Komatsugawa Incident has been the topic of multiple studies written by Japanese scholars. See: Yuriko Furuhashi, *Cinema of Actuality: Japanese Avant-Garde Filmmaking in the Season of Image Politics* (Durham: Duke University Press, 2013), 76.

equated himself to Camus' Meurault, "a motiveless murderer," leading a Japanese literary critic to label him the "Japanese Genet."⁵²

Certainly, Yi's Korean advocates did not aim to vindicate the youth. Instead, they urged the Japanese to reconsider whether Yi's questionable mental state, traumatizing experiences throughout his life, and finally, his young age, should exempt him from capital punishment. "There were plenty of facilities in Japan that could be used to incarcerate the offender for the rest of his life," his Korean supporters reasoned. To Japanese court authorities and psychiatrists, the answer was no. Korean psychiatrists and the Seoul Child Guidance Clinic, however, drew on recently imported tools of American psychiatry in a move to overturn the decision. A petition (*t'anwŏnsŏ*) sponsored by the Clinic was co-drafted by Kwon Sun-yong and Yu -jin who worked with Korean journalists to gain public backing for it. Signatures came from influential Koreans from all walks of life, including doctors, cultural and literary figures, educators, and politicians. This group of Yi's supporters came to be known as the "Yi Chin-u Kумыŏng Sŏndohoe" (Advocates to Save Yi Chin-u's Life).⁵³ The petition, in addition to a lengthy psychological evaluation of the youth, was sent to the Japanese court for consideration.

The petition began with a sincere apology to the parents of the two murdered girls from the entire population of Yi's former country (*koguk*), something the Koreans were willing to offer on behalf of the troubled youth who never showed such remorse. They proceeded from there to introduce their defense. While claiming that Yi's nationality would not be placed at the center of the discussion, they suggested that it was tempting to ask if the outcome would have been the same had the accused been a Japanese national. Moreover, they mentioned that Yi

⁵² Lie, Zainichi, 93.

⁵³ This petition was re-printed in the first issue of the KAMH's newsletter, *Mental Health (Chŏngsin kŏngang)*, Vol. 1, 1962. Found in *Personal Papers of Yu Sŏk-jin*.

undoubtedly suffered psychological hardship from an unusual degree of discrimination throughout his life that no Japanese national could imagine.

While it is not entirely clear how the Korean psychiatrists collected their evidence, the evaluation referred to Yi's personal diary, letters and other writings preserved by the Japanese prosecutor. Given their references to Yi's "Japanese supporters," it is also possible that Japanese sympathetic to the campaign may have assisted the Koreans. The psychological examination prepared by the Seoul Child Guidance Clinic focused on Yi's personality disturbances that resulted from the "unfathomable circumstances of his upbringing" and a tumultuous "family environment" (*kajŏng hwangyŏng*). For instance, his father was a day laborer who became an alcoholic and beat his nearly deaf mother. When Yi was 5, his family's house was set on fire during an air raid. The family was forced to re-settle in a poverty-stricken area for Koreans only, and he grew up in great financial difficulty. Yi graduated from both elementary and middle with above average grades yet he was unable to enroll in high school because he had to help support his household as a factory worker. In addition, he suffered continuous discrimination in society and the workplace as a Korean which made him resent his Korean identity, making "normal development as a person" impossible.⁵⁴

The murders were far from Yi's first run-ins with the law. In middle school, he stole a book from the library as well as his teacher's watch. After graduating from middle school, he took a woman's purse. Then, one fateful day, on his way home from the bathhouse, Yi followed a woman he had never met before. He suddenly felt the impulse to drag her by the neck into an empty field and choke her. Surprised by his own actions, he dashed home in a hurry. A few days later, he went back to the scene of the crime thinking that she would have run away but was shocked to find that her body was still there, dead. While this story made the local news for the

⁵⁴ Petition reprinted in first issue of *Mental Health (Chŏngsin kŏngang)*, Vol. 1, *Personal Papers of Yu Sŏk-jin*.

next few days, Yi was relieved to find that authorities never found the perpetrator. Then, a few months later in 1958, he found himself at a neighborhood swimming pool where he saw a female student reading by herself in a secluded area. It was then that he began to have “strange thoughts.” He claimed that all he wanted to do was to threaten her with a knife that he had stolen from his younger brother. She fought back and that’s when he could not help but choke her to death.

What went wrong? How could a youth have turned into such a monster? Alongside a thorough examination of his family history, psychiatrists sought information about his sexual history. At the age of 5, he saw his parents having sexual intercourse. In fifth grade, he and a group of boys had intercourse with a neighborhood girl. This was the last time he was sexually active, however, and consistent with the youth’s claims that he never raped the women, his interest in engaging the opposite sex remained low. Korean psychiatrists then honed in on their central explanation for Yi’s irrational behavior: he harbored a latent hostility (*chamjaejök chökdae kamjǒng*) toward his parents. In particular, he suffered from a repressed sense of aggression toward his father. The psychiatrists proved this by pointing to a story Yi had written when he was a child in which a young boy pushed his father as he physically abused his wife. This story likely played out the teen’s own hidden desires. He was also “tormented subconsciously by feelings of guilt” and inadequacy arising in increasingly troublesome outbursts throughout his life. In particular, he wrote in his own diary that he felt extremely guilty when he was unable to get in between the constant fights that occurred between his younger brother and his father.⁵⁵

Ultimately, these efforts were for naught. The Japanese court system executed Yi Chin-u in Sendai Japan on November 16, 1962. Yet in spite of the outcome, we can see through this case

⁵⁵ “Petition” reprinted in *Mental Health*, Vol. 1, *Personal Papers of Yu Sōk-jin*.

the extent to which psychiatry had entered the public spotlight by the late 1950s. As a *Tonga ilbo* journalist wrote after the case had concluded, the story from the first time it surfaced in 1958 caused a “sensation” in the newspapers in Korea as well as Japan.⁵⁶ Convincing or not, it is significant that the primary argument put forth by the Korean legal system to alter the outcome of this highly visible and horrifying incident rested on the foundations of dynamic psychiatry. In less than a decade after its introduction, a foreign discourse initially used in the military was deployed in a high-profile international court case vis-à-vis the Japanese to save a young man that Korean society could not help but to claim as their own.

PART 3: A Mental Health Movement for Korea

The impact of the Seoul Child Guidance Clinic on the history of psychiatry in Korea exceeded that of the nation’s first counseling and research center for delinquent Korean youth. More broadly, the Clinic pushed psychiatry into the public eye by providing a concrete base from which psychiatrists could advocate for the importance of mental health and hygiene in postwar Korea. Making their next move, psychiatrists gathered on December 1959 to lay the groundwork for expanding their target audience from troubled youth to all of Korean society. As reported in the *Tonga ilbo*, attendees at the event announced the creation of the Korean Association for Mental Health (*Taehan Chǒngsin Kǒngang Hyǒphoe*; henceforth KAMH). The founding members of the nation’s first organization dedicated to mental health sought to accomplish two main goals: to cultivate sound minds (*kǒnjonhan chǒngsin*) and to prevent crime. The article introduced readers to the impetus behind the mental health movement noting that Koreans today lived in a society full of “dreadful acts—murder, suicide, prostitution, conspiracy—all sorts of issues inflicting harm on family and society.” Included in this list was “cruelty, corruption,

⁵⁶ *Tonga ilbo*, November 17, 1962.

indulgence, indolence, and hopelessness.” In short, all negative forces in society, psychiatrists argued, had at root “mental problems” (*chǒngsin changae*) and adjustment disorders (*chǒngung isang*). The article continued, “In our country, too, the prevention of mental un-health (*chǒngsin pulgǒngang*) has necessitated the making of a mental welfare system (*chǒngsin pogǒn kigu*).”⁵⁷

The argument that mental health was a prerequisite for a viable and thriving society was echoed in the media as well as policy circles for the next several years. Figures provided from studies of youth in Korea over the last two years provided compelling evidence for enhancing the role of psychiatry in daily life. In the words of Judge Kwon as he spoke to journalists, “of the 84 criminal youth surveyed under the Ministry of Youth over the past 3 months, 45 were said to be mentally unhealthy...and of the 140 juvenile delinquents studied at the Clinic, a shocking 126 were said to suffer from mental problems.”⁵⁸ With this kind of compelling evidence, it became clear to the meeting’s attendees that not only the treatment of mental illness, but its prevention through mental hygiene (*chǒngsin wisaeng*) programs was critical. Discussions were also held to create legal measures to enforce this commitment, as well as calls for mental hygiene awareness to be encouraged in schools and the workplace.⁵⁹

Interestingly, this article concluded with another factor behind the growth of the mental health movement: “It was confirmed that the World Health Organization (WHO) has designated the upcoming year as the World Mental Health Year, and Koreans should join in on this globally significant event.” The World Federation of Mental Health (WFMH) (*Segye Chǒngsin Kǒngang Hyǒphoe*), an affiliate of the WHO, would take the lead and the main questions to be explored

⁵⁷ *Tonga ilbo*, December 9, 1959. I am using the term “mental un-health” as a translation for *chǒngsin pulgǒngang* and “mental illness” for the term *chǒngsinbyǒng*.

⁵⁸ *Tonga ilbo*, December 9, 1959.

⁵⁹ *Tonga ilbo*, December 9, 1959.

during the World Mental Health Year of 1960 were stated as follows: 1) The psychological development of children and its relationship to family life 2) Strategies for promoting mental health through education 3) Mental illness as a product of changing human interactions in an increasingly machine-driven society 4) The mental illnesses of refugees after wars. It is indeed remarkable how closely the issues of this agenda, crafted as a universal platform for all societies, resonated with the local conditions that Koreans were experiencing.⁶⁰

The World Mental Health Year of 1960: Global Context

In an interview with Yi Pu-yŏng⁶¹ in July 2012, the retired psychiatrist, while describing the immense impact of the US on Korean psychiatry's early history, turned his attention to the WHO. Rhi, being several years younger than the first group of military psychiatrists trained by the US Army during the war, hailed from the next generation of psychiatrists who began his career in the late 1950s and early 1960s. Describing the growth of psychiatry in Korea during this time, Rhi added during his interview: "You can't leave the role of the WHO (*Kukje pogŏn kigu*) out of the picture. It was so significant. This was an environment in which mental health could finally be taken seriously on a global level."⁶² As hinted above, the designation by the WHO of 1960 as the "year of mental health" was important not only for psychiatrists, but for all Koreans interested in social welfare and public health. "One could not help being swept up by these developments, as it was clear that mental health was a priority around the world," Yi added.

While this section will focus mainly on Korean developments, it is still important to note the global history of the mental health movement, as it had a direct impact. The World

⁶⁰ *Tonga ilbo*, Dec 9, 1959.

⁶¹ In addition to being a psychiatrist, Yi Pu-yŏng is a most prolific writer on the topic of psychiatry in Korea. In his publications, he transliterates his name as Bou-Yong Rhi.

⁶² Yi Pu-yŏng in discussion with the author, May 27, 2011.

Federation of Mental Health was a relatively young organization founded in 1948 with John Rawlings Rees, a former military psychiatrist from Britain, as its first president. The organization continued to grow throughout the 1950s. By the end of the decade, it had 111 member-associations hailing 42 countries. The World Federation maintained consultative relationships with the UN, the WHO and other global agencies such as the ILO, UNESCO, and UNICEF.⁶³

As the Articles of Association found in Yu Sök-jin's *Personal Papers* suggests, Korean psychiatrists kept informed of the organization's activities. From its inception, the WFMH dedicated its efforts less to the traditional concerns of treating mental illness than it did to the promotion of mental health. Buttressing its efforts was the overarching goal of moving toward world peace through the maintenance of healthy minds.⁶⁴ In spite of its international aims, the WFMH aimed to spread its mental health agenda globally, working through national delegations: "In each country... member associations shall federate and otherwise collaborate for the purpose of appointing a national delegation to the Mental Health Assembly. Where a national mental health organization exists...it shall be responsible for convening a national committee to link the relevant member-associations."⁶⁵

And though the leaders came from different countries in North America and Europe, American psychiatrists played key roles in the planning process, eagerly expressed their approval of the organizations early direction. In the words of D. Ewen Cameron, the president of the APA in 1953: "To read the account of the psychiatric activities in which WHO has participated during 1952 is to be stirred and moved by the sweep and the ranging advances of psychiatry across the

⁶³ Eugene B. Brody, "The World Federation for Mental Health: its Origins and Relevance to WHO and WPA Policies," *World Psychiatry*. Feb 2004; 3(1): 54–55. "WMHY 1960," Newsletter and Progress Report: No 1, Autumn 1958, found in *Personal Papers of Yu Sök-jin*.

⁶⁴ Brody, 15.

⁶⁵ WFMH, Articles of Association, *Personal Papers of Yu Sök-jin*.

earth.”⁶⁶ The “President’s Page” in the *American Journal of Psychiatry* contained a message remarking on the growth of psychiatry’s relevance since WWII when “the vast upsurge of concern in human welfare has most naturally vitalized our own field and has vitalized it in a rapidly growing number of countries around the world.”⁶⁷ In the eyes of American psychiatrists, especially those who had risen to prominence from the WWII experience, it was as though their mental health agendas were beginning to resonate with audiences not only in greater American society, but around the globe. The golden era for not only US, but global psychiatry and mental health by the mid-1950s, had finally arrived.

The World Mental Health Year of 1960 in Korea

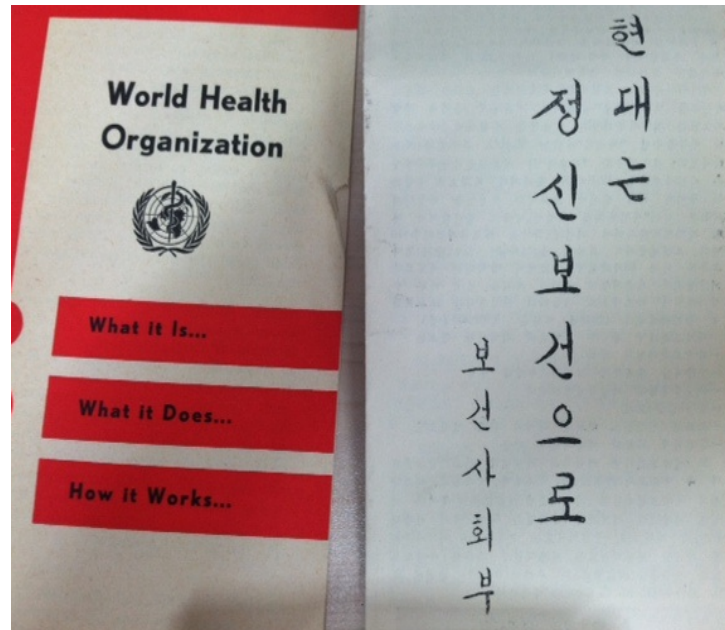
As hinted by Rhi, the WHO’s sponsorship of the World Mental Health Year made it impossible for Korea public health officials to deny the newfound place of mental health and psychiatry in the world medical hierarchy. The Korean Ministry of Health and Social Affairs, the main public health agency in South Korea, responded by working with psychiatrists to take the lead in disseminating the World Mental Health Year’s agenda as it was translated into Korean. Below we see an original copy of “Mental Illness today and tomorrow” (*Hyöndae nŭn chöngsin pogön ŭro*) which was circulated to all departments and programs under the umbrella of the Ministry.⁶⁸

⁶⁶ “The American Psychiatric Association and its Relations to World Psychiatry and World Mental Health,” *American Journal of Psychiatry*, 109 (January 1953), 627-629.

⁶⁷ Ibid.

⁶⁸ Original copy of pamphlet obtained from *Papers of Yu Sök-jin*.

Figure 3.2: WHO pamphlet translated from English to Korean for the WMHY.



The pamphlet was based on a message drafted by then Director of the WHO, M. G. Candau in preparation for the World Mental Health Year. It began by noting the staggering rates of hospitalization for mental illness. In the developed world, it was said that no fewer than half of all hospital beds were occupied by psychiatric cases. The next section mentioned the inevitability of facing difficulties in the course of one's life that, if not managed, could negatively impact everything from family life to social activities. In order for mental disorders not to spiral out of control, problems had to be detected early. The idea that the mentally ill were doomed from the outset and that nothing could be done for them now appeared outdated, as environmental factors could be pinpointed in the place of faulty genetics. Most important, the pamphlet continued, mental illness was a universal problem. It even occurred in the world's most developed societies—in fact, developing countries had to start paying attention to the possibility of even higher mental illness rates. One of the central goals of the WMHY for the coming year

emphasized the importance of educating the public on such fundamental ideas about mental illness. It would be a joint effort involving many participating countries.⁶⁹

Founding of the Korean Association for Mental Health (KAMH)

A national movement for mental health in Korea picked up steam in the years surrounding the World Mental Health Year. The Korean Association for Mental Health (*Taehan Chǒngsin Kǒngang Hyǒphoe*) was officially founded on February 13, 1960. Headed by Sǒk-jin, the KAMH had in its core membership a diverse coalition of specialists in addition to psychiatrists that included psychologists, sociologists, educators, social activists, and legal figures like Judge Kwon Sun-yǒng.

The mission statement for the KAMH, drafted in December 1959, stated as its primary motive: “the pursuit of “total health” (*wanjǒnhan kǒngang*) that would enable an individual to live a happy life. Harmony and peace in the family, society, and nation would then ensue, resulting in peace for humankind.” In addition, the leaders of the KAMH prepared a 5-point platform that contained the crux of their agenda:

- 1) Launch a public awareness campaign for mental health that includes public lectures, gatherings, exhibits, using movies, radio, newspapers, and newsletters to achieve the primary goal stated in our mission statement.
- 2) Advocate for social policies and laws that are in line with the goals of the mental health movement.
- 3) Promote learning and teaching about mental health through education, surveys, and research.
- 4) Support the proliferation of necessary institutions such as research centers, counseling centers, and hospitals.

⁶⁹ Pamphlet obtained from *Papers of Yu Sǒk-jin*.

- 5) Contact and cooperate with other organizations both domestic and foreign.

Casting this platform in a comparative light, it is not completely surprising that it echoed broad themes outlined by the Executive Committee of the World Mental Health Year, which stated as its central aims:

“To promote among all peoples and nations the highest possible standard of mental health, in its broadest biological, medical, educational and social aspects; To foster the ability to live harmoniously in a changing environment; to make recommendations, and promote and encourage research in the field of mental health; To promote cooperation among scientific and professional groups which contribute to the advancement of mental health, and to encourage the improvement of standards of training in the relevant professions.”⁷⁰

Foreign Ideas, Local Applications

In 1961, the KAMH commemorated its one-year anniversary by publishing the first issue of its newsletter titled, “Mental Health” (*Chǒngsin kǒngang*). Laying out its core principles, the introductory message began with the optimistic observation that mental hygiene had in recent times witnessed a significant degree of growth and progress in Korea. Mental health, argued the authors, played a key role in the family, society, culture, and economy. The authors insisted, moreover, that mental health was necessary for bringing about successful outcomes in policy, politics, diplomatic relations, or any facet that involved human relations. Therefore, they wrote: “We would like to urge Korean politicians and bureaucrats to take a greater interest in mental health.”⁷¹

Published in April 1961, the message of the medical publication took on an interesting tone that reflected the political climate, as the authors wrote: “Our newsletter is being published

⁷⁰ “WMHY 1960,” Newsletter and Progress Report: No 1, Autumn 1958.” Found in *Personal Papers of Yu Sǒk-jin*.

⁷¹ Korean Association of Mental Health, Newsletter No. 1, April 1961.

alongside the rebirth and maturation of our fatherland (*choguk*) into a true democratic republic” (*minju kõnghwaguk*). The following section will be quoted in its entirety.

“We publish this newsletter as the Second Republic (Che-2 Konghwaguk) has been set up to achieve the goal of true democratic rule (minju chõngch’i). It is indeed impossible to realize the stabilization of citizen’s lives and national prosperity immediately. At the same time, this does not mean that we can just wait for time to pass. It is likely that a sense of upheaval will re-emerge until popular sentiment is stabilized and the maintenance of order (chilsõ) is established. We need as soon as possible to have an awakening to bring about a sense of self-awareness and improvement in our approaches to life. For this, the mental health movement feels a heavy sense of responsibility. There is no time like now in which each citizen (kungmin) must pay attention to mental health while striving for emotional stability (simjõk anjõng).

Hopefully, the key concepts of mental health that will be circulated through this newsletter will maintain a social stability that will allow us to obtain what we need for a healthy, productive, and socially fulfilling lifestyle. It is our hope that this movement will lay the groundwork for a nationwide movement resulting in the national prosperity and welfare of the people as well as peace among peoples.

The connection to the broader historical context under which this text was published is unmistakable. As South Korea entered a new political epoch with the rise of Park Chung Hee to power in 1961, Korean psychiatrists tailored their message to meet the political and economic agendas of the new regime.

Concluding Remarks

Thus by 1960, just ten years after the outbreak of the Korean War, psychiatry in Korea not only underwent a paradigmatic shift based on the American model introduced during wartime; it also spearheaded the nation’s first campaign for mental health awareness. Even though the momentum came from global sources, the overwhelming influence of the US was clear. It was after all the ability for Korean doctors to speak English, the new lingua franca of medicine, and form networks with others in their field that was key to bringing the mental health movement and its resources to Korea. The impetus to pioneer a mental health movement for their

country that looked beyond the treatment of the severely ill also traced back to earlier interactions with the Americans, who had done the same several years earlier in their own country. In effect, the wartime experience allowed Korean psychiatrists to take part in a phenomenon that could be seen as both the Americanization as well as the globalization of psychiatry in the second half of the twentieth century. What appeared as universal themes and broad social applications were remarkably transferrable in postwar societies around the world. The South Korean case serves as a prime example of how worldwide trends touched down upon an East Asian setting with whirlwind speed.

The history of psychiatry in South Korea provides a unique case in which a country's disciplinary roots were not only imported from a foreign, Western culture, but where military psychiatry served as the foundation for its later civilian applications. As this chapter has shown, psychiatry successfully and quickly branched out into the civilian sector. Its impact and visibility of in mainstream society in the late 1950s is in fact remarkable. Moving from the frontlines to the front pages, a group of less than 12 psychiatrists at the outbreak of the Korean War grew to become mainstream voices in a matter of years. The "Neo-Freudians" or the "dynamic psychiatrists" were making a mark on Korean society in spheres as diverse as mass media, policymaking, and education. How and why did this happen? Psychiatry could not have gained traction in Korea just by being foreign and fascinating; quite the opposite. It had to be useful and applicable. This chapter has argued that the ideas at the core of "American-style" psychiatry, as new as they were to the vast majority of Koreans, found ways to resonate with the problems and goals of a society that survived one of the most psychologically devastating chapters in its modern history. Psychiatry's appeal lay in the fact that it offered new answers to a new set of problems in a globalizing, demographically changing, and increasingly complex postwar society.

Psychiatry and mental health were linked in the minds of their supporters to everything from postwar recovery to the betterment of society to a successful national reconstruction project. We see from this how historical environment was so crucial for the rise of Korean psychiatry in the postwar period, as was the case during the war.

Moving into the next and final chapter, we turn our focus away from mainstream dissemination of the mental health movement to examine how psychiatry affected the lives of those deemed seriously mentally ill in Korea. How, in other words, did psychiatrists and the postwar state deal with those in immediate need of care and hospitalization? Exploring the history of the first state-sponsored mental hospital in Korea, the findings in Chapter 4 reinforce the connection between the Korean War, the Americans, and institutional psychiatry in South Korea.

CHAPTER 4: The Birth of the National Mental Hospital in South Korea

Introduction

This chapter, like the one that preceded it, branches away from psychiatry's initial military applications to explore its trajectory in postwar civilian society. But while Chapter 3 focused on psychiatry's social applications, the discussions that follow turn the spotlight on the discipline's institutional evolution. The birth of the National Mental Hospital (*Kungnip Chǒngsin Pyǒngwǒn*), South Korea's first state mental hospital, serves as a case-study. Founded in 1962 as a joint project between the Korean Ministry of Health and Social Affairs (*Pokǒn sahoebu*) and the United States Operations Mission to Korea, the hospital signifies the ongoing influence of the Americans on Korea's mental health infrastructure a decade after the armistice. Moreover, the strong influence of military culture that remained in the state's approach to patients after the war reinforces a central contention of my thesis that the Korean War played an integral part in shaping the early trajectory of psychiatry in Korea.

Presented in three parts, the first explores the pre-history of the hospital looking to its predecessor, the Noryangjin Relief Hospital (*Noryangjin Kuho Pyǒngwǒn*). The Noryangjin holds a special place in both the history of the Korean War as well as for psychiatry in Korea, as it was built a year after armistice to care for veterans who had fallen mentally ill during combat. Directing our attention to civilian psychiatry, Part 2 provides an overview of the dismal state of hospital psychiatry for the general population in the 1950s in order to provide context for the growing impetus to build the nation's first public mental hospital in Korea. Part 3 contains a detailed examination of the planning and building stages of the National Mental Hospital, undertaking a close examination of the multi-year process involving Americans and

Koreans in one of the largest hospital construction projects of the reconstruction period. Moving into the first year of operations, Part 4 begins with an analysis of photos remaining from the Inauguration Ceremony. Finally, drawing from a never-before-seen collection of patient records, I provide information about the demographic, medical and social backgrounds of patients that came to occupy the beds of the first state mental hospital in Korea.¹

PART 1: Military Beginnings

Noryangjin Relief Hospital: A Hospital for Veterans

Tracing the institutional roots of the National Mental Hospital leads us to its predecessor, the Noryangjin Relief Hospital (*Noryangjin Kuho Pyŏngwŏn*). Records state that all 140 patients being treated at Noryangjin were directly transferred to the new facility once it opened on February 1, 1962.² While conducting research at the National Archives and Research Administration in College Park, MD, I found a folder titled “Korean National Veteran’s Mental Hospital.”³ Surprisingly, the hospital’s name was used interchangeably with a translation of its official Korean name, the Noryangjin Relief Hospital. These files were addressed, mostly in English, to the KCAC (Korean Civil Assistance Commission), an aid organization supported by the US military that oversaw the facility. The KCAC, founded in 1953 with the aim to prevent “starvation, disease and unrest” had in fact assumed responsibility for all public health affairs in Korea by that time.”⁴

¹ The National Mental Hospital (*Kungnip Chŏngsin Pyŏngwŏn*) was renamed Seoul National Hospital (*Kungnip Sŏul Pyŏngwŏn*) in May of 2002 in order to remove the stigma associated with the facility.

² *Kungnip Sŏul Pyŏngwŏn 50 nyŏn sa* (50-year History of the National Mental Hospital).

³ Record Group 469: Records of U.S. Foreign Assistance Agencies, 1942 –1963, File Unit 64: The National Veterans Mental Hospital.

⁴ Excerpt from files prepared by the Office of the UNC Economic Coordinator (OEC), dated 18 December 1953. A note on footnotes: This file was obtained from the Korean National Archive (Kukka kirogwŏn) in Sŏngnam, Korea. While I accessed this file in Korea, the document originated from the National Archives and Research Administration II located in College Park, MD. This file and others like it were pulled by Korean archivists several

Military First

With all medical resources channeled into the military during the war, it is not surprising that the first psychiatric hospitals in the postwar era targeted the treatment of soldiers. References to the Noryangjin Relief Hospital appeared in a number of articles in mainstream newspapers such as the *Chosŏn ilbo* and *Kyŏnghyang sinmun*, describing it as a place for “psychologically disturbed soldiers made ill by the wartime experience.”⁵ This was a critical piece of information, as it explained what happened to soldiers discharged for mental problems during wartime. As a representative of the Korean Ministry of Health and Social Affairs wrote in a memo to the Americans: “During and after the Korean war, there are many mental case in this country and still now tend to increase those insane patients owing to the result of the disastrous Korea War and economical difficulties (sic).”⁶ The author referred specifically to a new category of victims created by recent events—soldiers who had succumbed to mental illnesses while in uniform and continued to need care after being discharged. Whether these men had mental problems prior to enlisting or whether their symptoms were triggered by the stresses of combat is difficult to know. What comes across clearly in such exchanges, however, is the dire shortage of facilities to treat them. The Noryangjin Relief Hospital was conceived with the expectation of addressing this issue.

Official government sources produced by both American and Korean observers verify ongoing ties between the personnel of Noryangjin and the military. “Dr. H.S. Cha” (Ch’a Hŭi-

years ago and brought to the Korean National Archive. this reason, I was not able to produce the exact location of the file for this draft of the dissertation. I will make a trip to NARA in College Park, MD to obtain the exact references in the future. I ask my readers to please excuse this glitch for this version. I have tried my best to describe the file with the information on the hard copies I have brought back from Korea.

⁵ *Chosŏn ilbo*, April 30, 1954 and *Kyŏnghyang sinmun* April 29, 1954.

⁶ Record Group 469: Records of U.S. Foreign Assistance Agencies, 1942 –1963, File Unit 64: The National Veterans Mental Hospital.

sŏn), former chief of the Medical Service Section, Ministry of Health, was appointed superintendent of this hospital on January 20, 1954.⁷ Ch'a assumed the post immediately after returning from his 3-month tour of health systems in the Philippines and Taiwan on a World Health Organization fellowship. Daily operations, however, were overseen by head psychiatrist Kim O-jŏm. While information about Kim's background is scant in official documents, Kim's name appeared in the personal notes of Yu Sŏk-jin from 30 May 1953. Here, we learn that Yu and Kim were among those that attended a lecture given by Colonel D. Peterson who served as the Neuropsychiatry Consultant for the Far East Command from September 1951 to the end of the Korean War.⁸ Kim had been stationed at the 121 Evacuation Hospital as he trained with the Eighth US Army. In 1958, Henry P. Laughlin, an American psychiatrist, visited Noryangjin and reported in *The American Journal of Psychiatry* that Kim had recently been a psychiatric resident at the Colorado Army Hospital.⁹ His training in the United States and affiliation with the military thus made him a natural candidate for the position at the mental hospital for veterans.¹⁰

Hospital Overview

The Noryangjin Relief Hospital was established in the Yŏngdŭngp'o district of Seoul under "official Presidential Act" on November 1, 1953. The building itself had been built two decades earlier for a Japanese doctor who operated it as a private mental hospital. It was taken over at the end of colonial rule by the ROK government. As the need for a mental hospital for veterans became urgent, the hospital building, which had been out of commission during the war,

⁷ Record Group 469. File Unit 64: National Veteran's Mental Hospital.

⁸ *Personal Papers* of Yu Sŏk-jin.

⁹ Henry P. Laughlin, "Psychiatry in Asia and the Middle East," *American Journal of Psychiatry*, 115 (1958), 193-202.

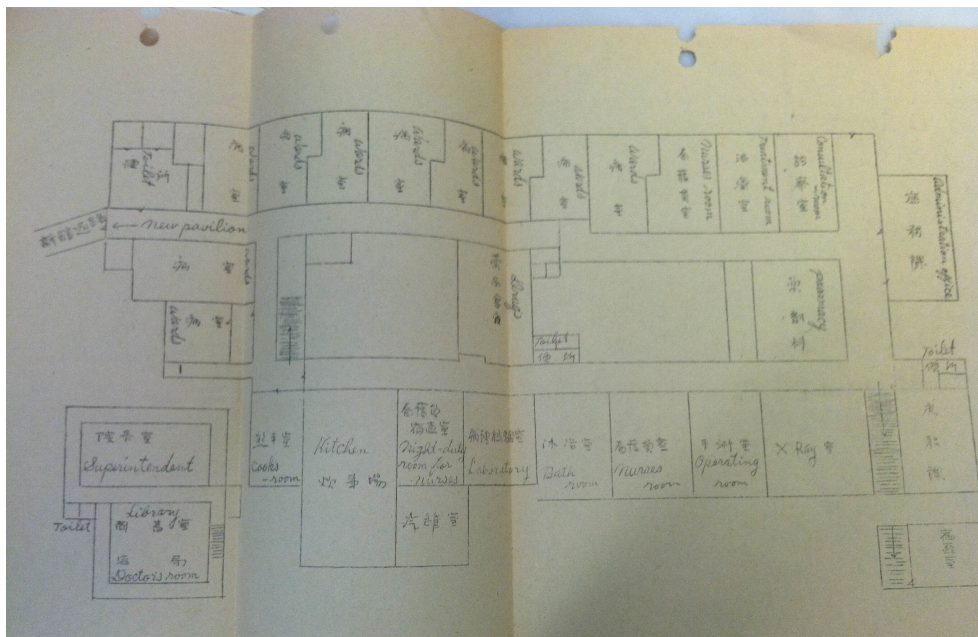
¹⁰ *Ibid.*

was rehabilitated with assistance from the Korean Civil Assistance Commission.¹¹ While memos stated that the bulk of funds for the Noryangjin came from the “National Government,” it would be more accurate to say that the United States Army carried most of the financial burden. The total budget for the National Veteran’s Mental Hospital hovered between 25,000,000 to 30,000,000 hwan.”¹²

Hand-sketched maps of the facility from the mid-1950s provide rough glimpses of the hospital's layout.¹³

Figure 4.1: Map of Noryangjin Relief Hospital in the late 1950s.

(Sent from the Korean Ministry of Health and Social Welfare to the KCAC)



¹¹ Record Group 469. File Unit 64: National Veteran's Mental Hospital.

¹² This sum accounted for Staff salaries: 2,800,000 hwan; Maintenance: 300,000 hwan; Equipment: 500k ; Food: 9 million hwan; Clothing: 2.7 million hwan; Drugs: 6.5 million hwan; Transportation and others: 4 million. NARA file. In 1953, when the hwan was first introduced, 1 USD = 60 hwan. In other words, the amount in US dollars allocated to this institution was: between \$416,000 to \$500,000.

¹³ Record Group 469. File Unit 64: National Veteran's Mental Hospital.

In addition to ten rooms set aside as “patient wards,” it included an administrative office, a consultation room, a confinement room, a pharmacy, a treatment room, a nurses room, a room for x-rays, an operating room, a kitchen, and the superintendent’s room which was attached to the library. There was also a room specifically allocated for “Drug.” Given the average number of patients hospitalized at the Noryangjin during the peak of its operations in the late 1950s, we can assume that there were 10-20 patients per ward. The diverse functions offered at the hospital suggest that the Noryangjin was a self-contained unit able to provide treatment for both mental and physical ailments, which often co-existed.¹⁴ The overall health of the patients appears to have been monitored by the Ministry, as monthly reports included spaces to note the number of patients who recently acquired tuberculosis, suffered from malnutrition, and in some rare cases, contracted leprosy prior to their hospitalization.¹⁵

The Patient Experience

The Noryangjin Relief Hospital received its first fifty patients on June 1, 1954. Monthly reports submitted to the KCAC show that the number expanded quickly, reaching the maximum capacity of 150 by the following month. The hospital operated with a full-time staff consisting of 7 doctors, 2 pharmacists, 10 nurses, 7 managers, 19 custodians and 1 technician. The vast majority of patients, over 90%, stayed for multiple days, weeks, and even months, within the hospital’s walls, as outpatient services were minimal.¹⁶

¹⁴ Record Group 469. File Unit 64: National Veteran’s Mental Hospital.

¹⁵ Figures estimate that 5-6% of Koreans were active carriers of tuberculosis during the 1950s. Along with TB, Leprosy and VD were referred to as the three most troublesome infectious diseases by US authorities. See: *New York Times*, “South Korea Lags in Care for Sick,” December 24, 1952. Also see Tyler Wood, “Evaluation of Korea Program,” April 1958, 52 (this is another file that I obtained in Korea but must find the reference for at NARA).

¹⁶ Record Group 469. File Unit 64: National Veteran’s Mental Hospital. It is difficult to determine exactly how long patients were hospitalized for, as the monthly reports only provided the collective number of “hospital days” per month. For example, if 30 patients were to be hospitalized for 30 days each, the total would come out to 900 days. In the case of July 1954, for example, the report showed that 3,486 “hospital days” were occupied during this time.

The decision to admit a patient was made by a “chief doctor” who discussed his case at a staff meeting with other psychiatrists after evaluating the patient. Depending on the grade of seriousness, the hospital applied varying rounds of Electric Shock Therapy (EST) and Insulin Shock Therapy (IST), especially to those deemed schizophrenic. The author of the memo described the Electric Shock Therapy machine as “primitive,” having been pieced together by a certain “Dr. S.H. Choi.”¹⁷ As the memo continued, more advanced E.S.T. machines were “needed promptly” as well as “Encephalography machine and Electro cardiographic machine from USA.”¹⁸

An interesting point to note here is the omission of any discussions of a certain type of therapeutic procedure that had been widely and frequently discussed by military psychiatrists of the United States and Korea: talk therapy, or more specifically, psychoanalysis. This absence is puzzling when considering how previous chapters in this dissertation had emphasized the Korean embrace of American-style, Neo-Freudian methods. Case-studies produced at the Capital Army Hospital seemed to rely heavily on this approach to diagnose soldiers with psychological conditions. Further, Kim U-jŏm, the head of Noryangjin Relief Hospital, had even given a presentation titled “Central “Concepts in Freud’s theory of psychoanalysis, with special attention to Laughlin’s concepts of nervousness” at the “Freud Symposium” in 1957.¹⁹ Even the report in the *American Journal of Psychiatry* written by an American psychiatrist who visited Korea in

¹⁷ This was in reference to Ch’oe Sin-hae who enlisted as a military psychiatrist in the ROKA while serving simultaneously as superintendent of the Ch’ŏngnyangni Brain Hospital in Seoul. More about this hospital and Dr. Ch’oe will be presented in the following section.

¹⁸ Record Group 469. File Unit 64: National Veteran’s Mental Hospital.

¹⁹ See discussion of “Freud Symposium” in Chapter 2.

1958 suggested that, “Since 1945, psychiatry previously almost solely descriptive, has become increasingly dynamic.”²⁰

There may be several reasons for the heavy reliance on somatic therapies versus psychological ones at Noryangjin. For one, most practitioners believed that psychotherapy could only be attempted with those capable of processing and expressing their thoughts. It was not advocated, even within mainstream American circles, for those who showed severe disturbances.²¹ Thus a heavy percentage of those soldiers deemed mentally ill enough to require ongoing hospitalization and supervision by military psychiatry was likely too unwell for conversation. Another hypothesis, compelling but more difficult to prove, is that the tenets of Neo-Freudian talk therapy which required the mentally ill to speak freely and honestly about their traumatic pasts could have been difficult in South Korea given longstanding norms engrained in both Korean and military culture. Han Ki-su, a psychiatrist trained during the war, circulated a telling statement in July 1959 to fellow psychiatrists titled, “Psychotherapy in Korea,” in which Han spoke of his personal observations while working with Korean soldiers in Pusan.²² He highlighted hindrances to “psychoanalysis or analytic psychotherapy” in a “non-Western culture” like Korea.²³ Specifically, he outlined the difficulties his team encountered when approaching patients who themselves had firmly engrained notions of a proper doctor-patient relationship as one that was strictly hierarchical. In addition, Han pointed to “primitive and superstitious” understandings of mental illness held by patients themselves who looked to

²⁰ Henry Laughlin, “Psychiatry in Asia and the Middle East,” *American Journal of Psychiatry*, 115 (1958), 193-202.

²¹ Freud for example did not believe that psychoanalysis was possible for schizophrenics or those with similarly severe mental disorders.

²² Found in *Personal Papers of Yu Sök-jin*.

²³ Han Ki-su, unpublished article in *Personal Papers of Yu Sök-jin*.

psychotherapy with skepticism.²⁴ In effect, the severity of mental illnesses, social environment and the cultural biases of the participants likely had an impact on the way treatments were carried out at Noryangjin Relief Hospital.

Daily Life in a Military Mental Hospital

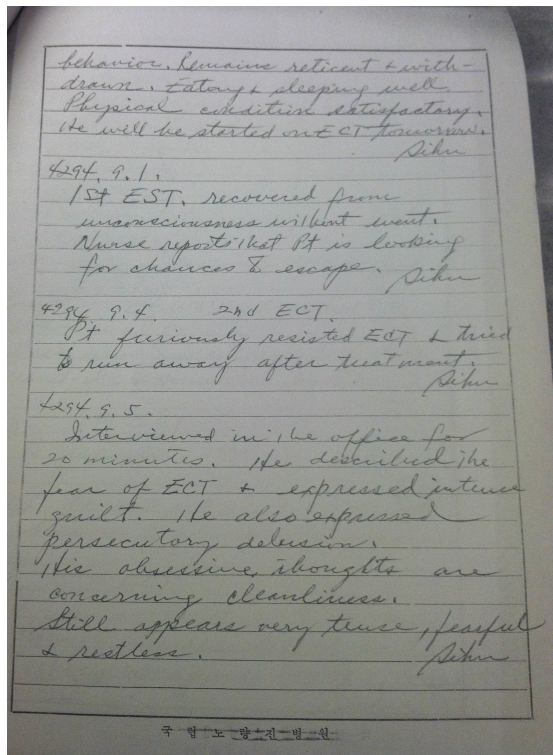
A copy of a patient's schedule at the Noryangjin shows how typical patients spent their time once admitted at the Noryangjin. What is striking is the degree to which authorities mandated that they function as a collective unit. Patients awoke at 6am to music played from a radio and had their remaining hours blocked out by authorities: 6-7:30, 7:30-8:30, 8:30-9:30, and so on. Other required activities included morning exercise, cleaning, recreation, and eating. In particular, from 9:30-12, patients would be scheduled for Electro-Shock Therapy. Numerous parallels between army and hospital life come across in descriptions of such strictly ordered and regimented lifestyles.²⁵

Information preserved in archives also provides us with glimpses of the their treatment program. Presented below is an excerpt from a patient's file at the Noryangjin Relief Hospital in 1961, in the final year of the hospital's existence that illustrates one veteran's experiences.

²⁴ Han Ki-su, *Personal Papers of Yu Sŏk-jin*.

²⁵ Record Group 469. File Unit 64: National Veteran's Mental Hospital.

Figure 4.2: Patient File from Noryangjin Relief Hospital, August 1961.



Name: Kim Chin-ho (male, 28 years old)

From Seoul. First hospitalized in August 26, 1961 at Noryangjin Relief Hospital.

Pale, moderate stature.

Face expression: dull, apathetic, fixed gaze + rapport: poor, mute, stuporous, soliloquy, insight: none

Impression: schizophrenic reaction.

Recommendation: past Hx reveals that patient obtained certain benefit from ECT. Therefore, ECT is worth trial. Chlorpromazine may be prescribed.

The patient file is notable for several reasons. First, as an image of it shows above, it was completely in English. This was of course in line with comparable works being produced by military psychiatrists at the Capital Army Hospital (discussed in Chapter 2) and showed how evaluative criteria and even the language in which Koreans applied them were modeled on the United States. We can also use this file to learn more about the doctor-patient relationship in this military hospital. From the outset the patient appeared to his interviewers as “tense, nervous, and fearful. Claims that he was admitted against his wish. Very distrustful.” The need for the patient to be admitted was not necessarily obvious from his outside appearance and demeanor: “Clothing and personal hygiene fairly good.” In addition, he was “Alert and well oriented” while his speech was “relevant and coherent.” In the eyes of his examiners, however, he was clearly ill: “Reticent and evasive. Reveals persecutory delusions (there seem to be some reality facts). His

mood is that of depression. Affect is flat. Judgment and insight very poor. At present patient is passively cooperative,” wrote the patient’s examiner. Missing from this pile of information, however, was any indication of the patient’s individual circumstances that brought him in for psychiatric evaluation and hospitalization.²⁶

A series of daily medical summaries followed, capturing the fate of a former soldier who was forced to submit to numerous rounds of electro-shock treatments. The first round of therapy apparently knocked the patient unconscious. After his second, the doctor wrote: “Patient furiously resisted ECT and tried to run away after treatment.” This cycle continued at a frequency of 3 times a week on average for the next two months. He managed to escape treatment just once when the machines did not have enough electricity to supply the current.²⁷ Indeed, the patient file indicated the clear powerlessness on the part of the patient to control his destiny once admitted to the hospital. Even his admission appears to have happened against his will. Thus a soldier who showed signs of mental breakdown or psychological disturbance during his time in the army may have been granted priority by the state for receiving treatment. On the other hand, as this source suggests, his treatment options were severely limited.

In sum, the Noryangjin Relief Hospital holds its place in the history of Korean psychiatry as a modest, at times problematic, but still meaningful first step toward establishing a state-run mental health care system for those suffering from serious psychological disturbances. Its founding is significant, showing that that the postwar state and the military both looked to Western psychiatry as the answer for the problem of madness in South Korea, especially among

²⁶ Record Group 469. File Unit 64: National Veteran’s Mental Hospital.

²⁷ Record Group 469. File Unit 64: National Veteran’s Mental Hospital.

its military troops whose recovery and treatment were prioritized by the state. While all patients at the Noryangjin were ex-soldiers, we will see how it laid the basis for future civilian institutions. The primitive condition of the Korean psychiatric apparatus after the war is captured in this poignant account by a *Tonga ilbo* journalist who described the scene he saw before his eyes upon visiting the Noryangjin Relief Hospital in 1954. Once ordinary men, the war had transformed their lives forever.

“The sound of guns.” “Division Commander, Sir!” “Blood.” “I’m cold,” they mutter. They live in world in which all awareness has been lost. The nation’s soldiers, those who had at one point braved the sterile hills and the bloody ridges have now turned into the mentally ill. Included in this group are combat leaders, lovers who have committed their hearts, and philosophers who talk about life. But once their awareness of the world returns, they will soon feel the grief of the reality. But even this is fleeting as they must return to the world of sleepwalking. This is the scene for the National Veteran’s Mental Hospital.

There are 60-70 patients in treatment at one time; all of them were once warriors who had stood on enemy lines....all types of schizophrenia, neurasthenia, shocked nerves, psychological problems, traumatic neurosis, these mental patients cover a wide range. Half of them are from the countryside, ages ranging 20-35. When their awareness returns they are sons of honest and simple farmers. If we are to go by the polite words of the nurses, there is a desire for clothing and food. Yet all they can afford is an unheated room, feeding them barley rice with cabbage soup and a few vegetable side dishes. Yesterdays’ distinguished warriors are wandering in the world of a sleepwalker’s daze.²⁸

PART 2: The Call for Civilian Psychiatry

The Seoul City Mental Hospital (Ch’ŏngnyangni Noe Pyŏngwŏn)

At the National Archive in Maryland, there is a folder titled “Seoul City Mental Hospital” filled with files dating back to the 1950s.²⁹ Similar to the Noryangjin Relief Hospital which went

²⁸ *Tonga ilbo* December 19, 1954

²⁹ Record Group 469. File Unit 26: Seoul Mental Hospital.

by a different name in American circles, the Seoul City Mental Hospital's official Korean name was the Ch'ŏngnyangni Noe Pyŏngwŏn. It continues to operate today in its original location in the northeast part of Seoul. This hospital was the only psychiatric establishment that had remained open to civilians during the war. Evidence suggests that the hospital was hardly functional throughout the war, though it recovered slightly after armistice as psychiatrists rejoined the staff.³⁰ Even the superintendent, Dr. Ch'oe Sin-hae, had to leave his post to treat soldiers at military hospitals. Upon evaluating the situation, the "Civil Assistance Team" of the US Army sent a request to the Commanding General of UNCACK, 8201st Army Unit, asking for the immediate return of "Captain Choi Sin Hae, RA213883" from his current post as a lecturer at the Medical Field Service School of the ROK Army in Masan. Well-versed in American-style psychiatry upon completing training sessions with the Eighth US Army at the 212 Psychiatric Detachment, his services were desperately needed in Seoul to treat civilians. As the request continued: "Supported by the Mayor of Seoul, the local health authorities are preparing a request to the ROK Army that Captain Choi be assigned to a ROK Army hospital in Seoul with permission to work at the Mental Hospital in addition."³¹

Lunatics Abound

Like the Noryangjin, the Americans through the KCAC also oversaw the activities of this hospital beginning in 1953 and worked with Korean public health officials to maintain its status. A memo written in 1954 for the Americans emphasized an increase in mental illness after the war. The author was most likely Ch'oe Sin-hae, who by then had returned to his position as superintendent at Chŏng'nyangni Mental Hospital:

³⁰ There is in fact documentation that asks for Ch'oe Sin-hae to be allowed to spend more time here because there were no doctors left in Seoul; they had all enlisted in the military.

³¹ Record Group 469. File Unit 26: Seoul Mental Hospital.

It seems that the lunatics in Korea have been increased due to the various disaster during the past war. According to the statistics of the doctor of the alienist, the patients who should be put in the mental hospital will be about .49% of all world's inhabitants. If in this way, about 100,000 patients should be accepted in their hospital so as to maintain sound society (20,000,000 inhabitants in South Korea).³²

The author went on to compare Korea's psychiatric landscape to that of the United States and Japan, noting that among the 20,000 estimated "lunatics" in Korea, only 200 beds were available. As was illustrated in the letter above, beds at Seoul Mental Hospital were in high demand.

The total beds of lunatics in the United States is about 570,000. Japan which has 80 million inhabitants is protecting 9,000 of the lunatics. They are planning to enlarge its institution enough to receive 40,000 patients. Korea have to prepare for about 10,000 of patients capacity if the Japanese example to be referred. Nevertheless, we don't have except 200 patients capacity. (In this hospital 170, others 30). In spite of the fact that this hospital is protecting more than its normal capacity, the person who is suffering from mental disease wants to be an inpatient in every day increasingly. Therefore, the construction of new wards and lecture hall and recreation room looks very urgent, it is compelled to rely upon the comprehensive assistance of KCAC and that of Republic of Korea. (Written in English, all grammatical errors are part of the original document).³³

In previous chapters, it was explained that all resources for civilian psychiatry had been channeled into the military at the outset of war. As the war raged on, however, the effects of war took their psychological toll on those even far removed from the combat zone as they witnessed extreme upheaval in their everyday lives. Take the case of the following woman who fell mentally ill following the trauma of losing her husband. Her circumstances were detailed in a

³² Record Group 469. File Unit 26: Seoul Mental Hospital.

³³ Record Group 469. File Unit 26: Seoul Mental Hospital.

letter to the “Chungch’ŏng Namdo CA Team” of the Korean Civil Assistance Command on 26 August 1954.³⁴

Dear Capt. Swope
This will introduce you to the sister of Miss Lee one of Taejon Hospital’s
graduate nurses.
As you will remember from our phone conversation on Thursday 26 August,
she is the girl whose husband was killed at the front during the war and
recently became mentally unbalanced when she saw a ROK soldier who
looked like her husband.
Thank you ever so much for your wonderful cooperation n getting the place
for this girl to be hospitalized.
Gratefully,
Martha D. Adams

A note in handwriting appeared saying that she would be admitted to the Seoul Mental Hospital on August 27, 1954.³⁵

Dr. Ch’oe’s opinions regarding the mental hospital shortage, as well as those of his colleagues, also came to be featured in the media by the end of the decade. The *Tonga ilbo*, for example, published an article on April 3, 1959 titled: “Mental Illness in Korea: Toward a Policy for Addressing this Growing Problem.” In it, Ch’oe cited one of the first surveys to be conducted among public health and psychiatry experts on the conditions of mental illness among South Koreans, taking as a sample an entire village of residents in the Cheju island region. He found that approximately 9% of all residents suffered from mental illness. Extending this statistic to the entire Korean population, he estimated a total figure of around 220,000 mentally ill (*chŏngsinbyŏngja*) in the ROK. Given the current Korean population, he argued, at least 10,000 beds were needed for the mental health program to be called sufficient in South Korea. The

³⁴ Record Group 469. File Unit 26: Seoul Mental Hospital.

³⁵ Record Group 469. File Unit 26: Seoul Mental Hospital.

reality, however, was that without such facilities in place, the “hoards of mentally ill in Korea were currently suffering at home or wandering the streets.”³⁶

Two years later, another article, published in the *Chosŏn ilbo* on December 29, 1961, echoed a similar theme, except in this case, the estimated number of mentally ill in Korea had risen to 300,000. In the words of the journalist, “The number of mental patients has increased recently under chaotic circumstances that have come as machines have come to represent human society. And to add to this, the number of mentally ill increased greatly after the Korean War. It makes us think that mental illness is not a human illness, but a social one.”³⁷ According to statistics obtained by the newspaper, up to 100,000 patients could be defined as clearly insane, while the remaining 200,000 needed a specialists’ eye. These people that lived “in another world,” the writer lamented had “nowhere to go, as there were no hospitals to receive them.” Highlighting the lack of resources, the writer noted that there were only nine hospitals in all of Korea at the moment with the majority reserved for the military. In short, two main ideas that had taken root by the late 1950s: First was that the war had caused a surge in the number of mentally ill in Korea, not only due to the horrors of combat, but due to major social and economic changes in the aftermath. The second was that more hospitals were needed for the general population to address the shortage of facilities to treat and house the mentally ill.

Hospital Figures circa 1957

How did the situation for psychiatric institutions look in the late 1950s? The Ministry of Health and Social Welfare recorded the number of hospital beds were available for mental patients in a document called “The List of Synthetical Hospital and Important Hospital” found in

³⁶ *Tonga ilbo*, April 3, 1959.

³⁷ *Chosŏn ilbo*, December 29, 1961.

the Annual Statistics Report (*Pokŏn sahoebu t'onggye yŏnbo*). In the year 1957, for example, there were a total of 354 beds available for psychiatry in all of South Korea. All but 40 beds were located in Seoul. The number of hospital beds in each of the major treatment facilities is presented below in descending order of capacity.³⁸

Figure 4.3: Psychiatric hospital beds in Korea circa 1957.

Hospital Name	# of Inpatient Beds
Noryangjin Relief Hospital (National Veteran's Mental Hospital)	150
Chongnyangni Brain Hospital (Seoul City Veteran's Hospital)	67
Seoul National University Medical College Hospital	59
Capital Army Hospital	40
Capital Medical College Hospital	3
Total number of beds	354

Moving into the next section, we will now discuss how the Korean government, with the assistance of the Americans, confronted this shortage of mental hospitals, dedicating their time and resources to an unprecedented effort to build the nation's first state-of-the art mental hospital.

PART 3: A Joint Project Begins

Gathering Funds

Faced with a severe shortage of facilities to treat the growing number of mental patients after the war, public health officials from the Korean Ministry of Health and Social Affairs

³⁸ An additional 10 spots were in Cholla province, as well as 30 beds were in south Kyongsang province. *Pogŏn Sahoebu T'onggye Yŏnbo* (Annual Statistics of the Ministry of Health and Social Welfare) 1957, 20-24.

undertook a mission in the spring of 1957 to build the nation's first state mental hospital in South Korea. They would call it the National Mental Hospital, or the *Kungnip Chǒngsin Pyǒngwǒn*. Construction was scheduled for completion by late-June of 1959. This effort, however, could not be carried out alone. A memo submitted by the head of the Korean Ministry of Health and Social Affairs to the mayor of Seoul on March 12, 1958 notified the city office of preliminary plans to be executed with help from the United States. Specifically, the International Cooperation Agency (ICA) planned to “combine with the Office of the Economic Coordinator (OEC) to construct the largest mental hospital in the country's history on an isolated stretch of land in Songdong-gu, Chunggok-dong, 265 ponji.”³⁹

That the Americans should become involved in building a civilian mental hospital in Korea is not surprising given their ongoing role in the reconstruction process. By the end of the 1950s, approximately 1.5 billion USD had gone into the rehabilitation of South Korea and no sector of Korean society was left untouched.⁴⁰ In the five-year period following the Korean War, aid organizations (both military and civilian) took on a variety of major projects directly related to the welfare of Koreans. One of these was the OEC, whose tasks ranged from constructing and rehabilitating power plants, expanding transportation routes, and supporting public works programs.⁴¹ The ICA, its sister organization, was the overseer of the United States Operations

³⁹ Pokǒn sahoebu ūisǒngguk ūimugwa, *Kungnip chǒngsinbyǒngwon kǒnch'uk ūi kwanhan kǒn*, 1957. From Kukka Kirogwǒn (National Archive) in Sǒngnam, Korea.

⁴⁰ Tyler Wood, “Evaluation of the Korea Program, 1958,” 2.

⁴¹ The ICA was formed in 1955 and fell under the umbrella of the State Department. Brazinsky provides a detailed discussion of the OEC and ICA in the first chapter of his book. See: Gregg Brazinsky, *Nation Building in South Korea: Koreans, Americans, and the Making of a Democracy*, New Cold War History (Chapel Hill: University of North Carolina Press, 2007). Also helpful is the article: Joseph Stokes, “The International Cooperation Agency,” *World Affairs*, Vol. 119, No. 2.

Missions to Korea (USOM), which played critical roles in addressing the public health crisis after the Korean War.⁴²

American assistance in bringing the National Mental Hospital was absolutely necessary considering the priorities and limited resources of the South Korean government. The Palmquist-Nasi Report, filed in 1954, stated that the “greater part of the ROK national budget goes toward defence. ROK armed forces personnel are better paid than the civil servants. The Government budget has about 2% for social affairs and about 1.3% for public health.”⁴³ In 1955, a survey of the public health facilities in South Korea by the ICA resulted in a memo to Tyler Wood, Economic Coordinator of Korea, in which the public health consultant, Charles L Von Pohle, wrote: “The Ministry of Health has a very limited budget with which to carry on its activities and must be supplemented in order to enable it to carry on even a modicum of effective public health labors.” According to Von Pohle, The Ministry of Health, “the newest and the weakest of the national departments” had a critically insignificant budget (US 1,000,000 for FY 1955) to carry out its program of vast requirements. “This Ministry at present has no operational authority at provincial and local levels and therefore is presumably unknown to millions of Koreans.”⁴⁴

In 1957, the year that plans began to be laid for the National Mental Hospital, the US appropriated \$5,369,000 for “Health and Sanitation.”⁴⁵ Interestingly, among the hospitals

⁴² The ICA overtook the role of the KCAC, a military organization that had funded the Noryangjin Relief Hospital. Headquartered in San Francisco, the ICA would serve as the predecessor to USAID (US Agency for International Development) still in existence today.

⁴³ *Palmquist-Nasi Report*, Part II: Detailed Report on Major Items of Interest.

⁴⁴ “Survey of needs for Public Health Program” by Charles L. Von Pohle, MD, Public Health Consultant, I.C.A., July 31, 1955. To: Mr. C. Tyler Wood, Economic Coordinator for Korea Through: Public Health Division, ICA. Source obtained from Kukka Kirogwŏn (National Archive), Sŏngnam, Korea.

⁴⁵ “Data and monetary figures in this paragraph all obtained from “Survey of needs for Public Health Program” by Charles L. Von Pohle, MD, Public Health Consultant, I.C.A., July 31, 1955. To: Mr. C. Tyler Wood, Economic

constructed under the watch of the American aid agencies that year, the National Mental Hospital constituted the biggest expenditure. Available funds in this initial planning year stood at 664,000 USD (219,240,000 hwan). Estimated costs, however, were far higher, requiring upwards of 1,080, 000 USD (802, 238,000 hwan). In comparison, the second and third most expensive hospital projects facilitated by the ICA did not even come close in that year. The National Blood Centre cost 32,160 USD, the Isolation Hospital cost 34,800, and the Suwon Provincial Hospital cost 43,781. Just a year before the Civilian Relief in Korea (CRIK) program had directed 448,000 USD (192,310,000 hwan) in the construction to the Kongju TB Sanatorium.⁴⁶ When all was said and done, the Americans would contribute upwards to \$1,800,000 in the building of the National Mental Hospital. How the duties were shared and in whose hands the power lay can be obtained from the following discussion about the construction process.

Blueprints and Building Blocks

The Chunggok district that had been selected as the location for the National Mental Hospital lay on the outskirts of eastern Seoul. Initial discussions accounted for a complex stretching across 24,000 p'yŏng (about 20 acres) with the central building being 2 stories high, capable of holding up to 360 patients. By March 1957, the ICA and OEC had already invested 107,587 USD designing the hospital's layout. Indeed, the American contribution to the National Mental Hospital was not only financial. The Americans oversaw all aspects of the project, including the provision and transfer of raw materials to the construction site and the design of the

Coordinator for Korea Through: Public Health Division, ICA. Source obtained from Kukka Kirogwŏn (National Archive), Sŏngnam, Korea.

⁴⁶ Congress was in charge of appropriating funds for the CRIK which enabled civilian aid/medical projects of organizations such as UNCACK (UN Civil Assistance Command to Korea). Donald Boose, *US Army Forces in the Korean War 1950-53* (Oxford: Osprey Publishing, 2013).

overall structure. Both conceptually and architecturally, Americans provided the blueprints for the hospital.

We can see how closely involved the Americans were through each step of the process in requests submitted for building materials to American agencies. Pieter C. Pauw drafted an Office Memorandum titled “Material Supplies, Health Program FY 1956” and sent it to the US Government on July 9, 1957.⁴⁷ Addressed to Dr. Albert P. Knight, he used it to offer his thoughts regarding “a large number of requests for construction materials” for various building projects that had reached the US Government from the Korean Ministry of Health and Social Affairs.” Understanding the need for the materials, Pauw expressed his rationale for why they should not yet be released. The problem, according to Pauw, arose from the alleged inability for Koreans to provide an acceptable plan. The blueprints arrived in a format no better than “a blank sheet of paper.” Critical components such as “bed size and site location for the hospital were only considered and finally approved during March or April of 1957.” On the whole, the product he currently had in front of him was substandard: “In checking the new drawings, it was found that these were still very incomplete and no attention was paid by them for sufficient plumbing and electrical requirements for the various work rooms within the two buildings.” This issue seems to have been serious enough to be discussed at the top levels of the Ministry of Health and Social Affairs. A representative, “Dr. Kim Yong Sung,” “admitted that the work performed was done by an incompetent architect, as he conceded that the prepared plans “were of no use to anyone,” noted Pauw with considerable concern. “Steps are now being taken to have the plans

⁴⁷ Pokŏn sahoebu ūisŏngguk ūimugwa, *Kungnip chŏngsinbyŏngwon kŏnch'uk ūi kwanhan kŏn*, 1957. Source obtained from Kukka Kirogwŏn (National Archive), Sŏngnam, Korea.

for Health Centers and Isolation Wards prepared by a competent architect,” referring to Mr. Kim Dong Kyu, a different architect who was asked to take on this work.⁴⁸

In August 1957, still with no suitable solution in sight, Americans offered assistance to address this shortcoming. The details can be seen in the “Proposed Task Order” for a “Consultation on Construction and Architectural Features for National Mental Hospital for Korea.” Assistance in “architectural details” for building a “National General Hospital in Korea, for the treatment of mental diseases of all types” would come from American organizations such as the US Public Health Service, (USPHS), Department of Health Education and Welfare (HEW) and the American Psychiatric Association (APA). A report of the conclusions, findings and recommendations were to be submitted to the ICA, OEC and the ROK Government. Interestingly, the writer concluded with a note that ROK and OEC technicians would work in conjunction with SH&G (Smith, Hinchman and Grylls) throughout this process.

Why was this order significant? For one, it showed how officials in Korea attempted to consult American experts to obtain an acceptable layout for the National Mental Hospital. It was not a haphazard process in either the eyes of the Americans or the Koreans in charge of its construction. In a memo titled “Proposed Hospital for the Mentally Ill,” Mr. Elmer C. Bryant, Assistant Economic Coordinator for Technical Cooperation of the OEC, emphasized the progress being made on the planning of the hospital. He focused specifically on the activities of Architect James R. Livingston from Smith, Hinchman and Grylls. At 9am on September 6, 1957, Architect James R. Livingston had visited Architect Kim Dong Kyu’s office to look over the working drawings for the Seoul Mental Hospital prepared by Architect Kim. Unlike previous submissions,

⁴⁸ *Haewoe kirogmul (Foreign Records), 1957 kōnsōl chajae*. Source obtained from Kukka Kirogwŏn (National Archive), Sŏngnam, Korea.

Not much is known about the architect Kim Dong Kyu (Kim Tong-gyu), though he seems to have been the chief Korean architect working with the Americans on the design of the National Mental Hospital.

these models were far closer to meeting American standards.⁴⁹ By October 1957, it appears as though the initial target had been met. Official documents can be found with letterhead of Smith, Hinchman, and Grylls Associates, Inc. Korea Joint Venture. 243 West Congress Detroit 26, Michigan from 11 October 1957.⁵⁰

A brief discussion of this American architecture firm's history poses interesting questions about the relationship between private American companies and the work that was allocated to them in Korea as they took on the status of "government contractor." Smith, Hinchman, and Grylls (still intact today with its new name, SmithGroupJJR) was based in Detroit and had under its belt a long list of notable building projects in the 19th and 20th centuries. In the decades covering 1950-1970, the firm took the lead in designing major institutions such as the GM Tech Center (1955), the Ford Nuclear Reactor (1955), the National Institutes of Health Research Laboratories in 1968, and Harper Hospital in the Detroit Medical Center in 1970.⁵¹ Today it is ranked as America's seventh largest architecture and engineering firm. That a company of this size and reputation should have on its list of projects the National Mental Hospital in South Korea is indeed remarkable and a testament to the resources made available to American-sponsored projects in Korea during the reconstruction period. At the same time, we can assume that accomplished firms such as Smith, Hinchman, and Grylls came on board because they saw

⁴⁹ The National Mental Hospital was referred to as the South Mental Hospital or the "Seoul Mental Hospital Project" by American sources during this time. This is not to be confused with the Chongnyangni Noe Pyongwon which was also referred to as the Seoul City Mental Hospital.

⁵⁰ Pokŏn sahoebu ūisŏngguk ūimugwa, "*Kunŋip chŏngsinbyŏngwon kŏnch'uk ūi kwanhan kŏn*, 1957. Source obtained from the Kukka Kirogwŏn (National Archive), Taejon, Korea.

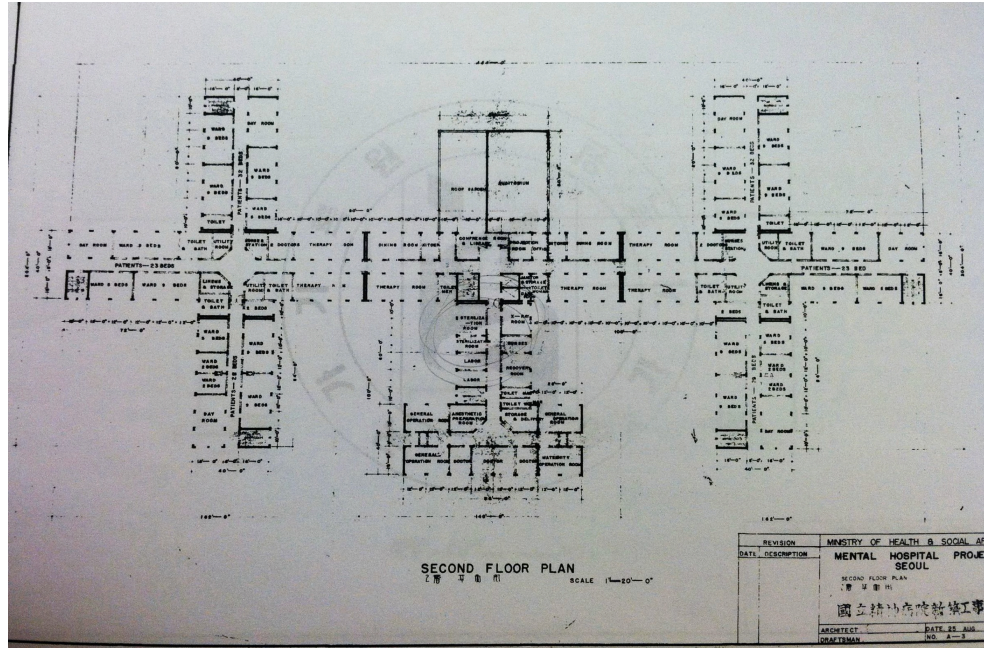
⁵¹ Continuing on Smith, Hinchman, and Grylls: Long before then, they had made a name for themselves working on the Detroit Public Library (1932) and the Rackham School of Graduate Studies at the University of Michigan in 1938. Moving forward, in 1984, they designed the Biomedical Engineering Lab for Eli Lilly and Company and the Chrysler World Headquarters in 1996.

in South Korea an unusually large government-funded venture offering clear opportunities for profit and growth.

The blueprints submitted in the final round showed meticulous detail, presenting both rear and front views; separate plans were submitted for the basement, first, and second floors (pictured below). They listed the number of beds that would be fit into each ward (the range was from 5-9), while designating specific spaces for rooms for treatment, sterilization, therapy, operation, and maternity. The map also contained the location of the doctor's offices, bathrooms, and pharmacy and laboratory. Compared to how rudimentary the Noryangjin maps looked just 3 years ago, the difference was striking. The detail and precision that went into the creation of this set of floor plans was on par with the latest modeling protocols in the United States. The use of English labels (over Korean ones) suggests that obtaining the approval of an American audience was a clear goal for the architects, even when the project was to fall under the jurisdiction of the Korean government.⁵²

⁵² Pokŏn sahoebu ūisŏngguk ūimugwa, *Kungnip chŏngsinbyŏngwon kŏnch'uk ūi kwanhan kŏn*, 1957. Obtained from the Kukka Kirogwŏn (National Archive), Taejon, Korea.

Figure 4.4: Blueprints of the National Mental Hospital prepared in 1957.



In November of that year, the Koreans approached the Americans with a request for more cement, a critical acquisition to beginning the building process. The following reply came a week later on Nov 25, 1957 from Alfred S. Lazarus, Acting Chief, Health and Sanitation Division, addressed to Hyo Sun Shin, then Vice Minister, Ministry of Health and Social Affairs. Lazarus wrote: “Dear Mr. Shin, In reply to your request of Nov 20, we will proceed to allocate the remaining 250 tons of cement to the National Mental Hospital as soon as possible.” Even this request was apparently not easy to fulfill, as Lazarus noted later on in his note to Shin that this allocation would “dispose of all cement from the warehouses,” making it “necessary to procure more in the future to fulfill the needs of the various projects now under construction. We will proceed with this procurement as soon as necessary specifications are available.”⁵³

⁵³ Pokŏn sahoebu ūisŏngguk ūimugwa, *Kungnip chŏngsinbyŏngwon kŏnch'uk ūi kwanhan kŏn*, 1957. Obtained from the Kukka Kirogwŏn, Taejon, Korea.

1961: The Final Year of Preparations

The project to build Korea's first state hospital began with the goal of completion by 1959. In reality, the process took more than twice the anticipated time. Additional information about the construction process is limited between the years 1958-1960, aside from a document from March 13, 1961 about an additional installment of funds for the hospital. The author wrote that a "Special Accounts for the Ministry of Health and Social Affairs" had been allocated through a specific government fund for Economic Revitalization.⁵⁴ Submitted by the Secretary of Financial Affairs, the memo certified that an additional 208,000,000 hwan had been allocated to pay for the cost of various equipment. The decision was reached in consultation with the Combined Economic Board (*Hanmi Hapdong Kyŏngjae Wiwŏnhoe*).

The itemized list of expenditures is presented below:

1. 155,904,000: steel barred windows
2. 29,900,000: basement hallway hand rails
3. 7,900,000: bed pans
4. 5,600,000: paint
5. 3,300,000: waterwell maintenance
6. 2,496,000: electric generator
7. 2,400,000: pump room completion

When analyzed closely, this list contains valuable information about the patients that planners of the hospitals anticipated to fill its bed, as well as the type of treatment they would be receiving. For instance, two of the top three expenditures—steel barred windows and bedpans—suggest that hospital administrators prepared themselves to deal with the limited mobility of their

⁵⁴ Ibid.

patients whose severity of mental or physical impairment made them unable to access facilities on their own.

In the end, the entire building process consumed 4 years and 6 months. By November 1961, the government issued an official order for patients of the National Veteran's Mental Hospital (Noryangjin Relief Hospital) into the National Mental Hospital. By December 1961, the hospital was finally ready to open its doors to the world in a highly anticipated inauguration ceremony.

PART 4: The First Year of the National Mental Hospital

Inauguration Ceremony

The National Mental Hospital opened its doors on February 1, 1962. A month earlier, on December 28, an inauguration ceremony assembled a long list of attendees including psychiatrists from all levels and regions, government officials, and heads of every health establishment in Seoul. Even today, more than sixty years after its founding, psychiatrists recall their excitement at the birth of a modern, Western-style psychiatric institution in Korea.⁵⁵ The events culminated a collaboration spanning nearly five years, involving both Koreans and Americans from the military, government, and medical sectors. As journalists reported with much interest, it was the first state mental hospital sponsored by the newly formed Korean Ministry of Health and Social Affairs.⁵⁶ Providing free or highly subsidized care, it aimed to treat men and women from all regions of the country coming from diverse educational and socioeconomic backgrounds.⁵⁷ In addition to hospitalizing the severely mentally ill, Ministry

⁵⁵ Yi Pu-yŏng in discussion with the author, February 23, 2011.

⁵⁶ The Korean Ministry of Health and Social Affairs (*Pokŏn sahoebu*) was founded when the Ministry of Health and the Ministry of Social Affairs came together on February 17, 1955.

⁵⁷ I obtained information about the backgrounds of the patients by looking through their medical records.

officials looked to the institution as the center for cutting-edge research and training for the nation's mental health professionals.

The ceremony took place in the building's main hall. Among the number of distinguished guests in attendance were Chŏng Hŭi-sŏp, the director of the Ministry of Health and Social Affairs, the president of the Korean Medical Association (*Taehan ūihak hyŏphoe*), and the head of the United States Operations Mission to Korea. Speaking in front of a packed auditorium, Chŏng, in his opening speech, referred to the hospital as the starting point for the "joyful project for the mental health of the nation's people."⁵⁸

Photos taken during the ceremony grant us access to the day's events.⁵⁹ These images illustrate two important points. First is the clear evidence of American involvement in the venture; the second is the cultural carryover from psychiatry's beginnings in the military. The following section analyzes several of these images.

⁵⁸ *Chosŏn ilbo*, December 29, 1961.

⁵⁹ All images taken from Kukka kirogwŏn (National Archive), Taejon, Korea, *Kungnip Chŏngsinbyŏngwon naksŏngsik chŏngyŏng*.

Figure 4.5: Inauguration Ceremony, Entrance, National Mental Hospital. ⁶⁰



This is a photo of the entrance to the National Mental Hospital. The post, with a message congratulating the inauguration, was installed just before the ceremony. It prominently displayed the partnership between the USOM and the Korean Ministry of Health and Social Affairs. The photo also captured the undeveloped and desolate state of the hospital's surroundings in early 1960s, as the land was purposely chosen for being removed from the major areas of development in Seoul. Today, the scene is completely different, as the area is hardly recognizable with neighborhoods such as Ch'ŏngdam and Kŏng'uk University station neighboring it in the vicinity of vibrant Kangnam.

⁶⁰ *Kungnip Chŏngsinbyŏngwon naksŏngsik chŏngyŏng*, Kukka kirowŏn (National Archive), Taejon, Korea,

Figure 4.6: Inauguration Ceremony, Scene from Auditorium, National Mental Hospital.⁶¹



This image captures a scene from the actual ceremony, which took place inside the main hall of the hospital. Like the welcoming post discussed before, we see again two clear sides, the Americans and Koreans, united through the project of the National Mental Hospital. The two country's flags are displayed side by side, and standing next to Korean Ministry officials and the superintendent of the hospital were two representatives from USOM that had funded the mission. Interestingly, we see a man also wearing a military uniform on the right-hand side standing among a sea of men in civilian suits.

⁶¹ Ibid.

Figure 4.7: Inauguration Ceremony, Tour of Medical Facilities, National Mental Hospital.⁶²



This is a photo of the tour that took place after the formal ceremony. In the presence of journalists, photographers, and policy-makers, Chŏng Hŭi-sŏp, head of the Korean Ministry of Health and Social Affairs and the lead USOM representative examined the new medical tools that had been installed. The hospital was looked to as a groundbreaking venture in a number of ways. One journalist described the equipment at the National Mental Hospital as examples of the “cutting-edge medical tools” showcased at the “modern facility.”⁶³ In particular, several psychiatrists interviewed about their memories of this day recalled their fascination with the “one way mirror” in the interview room that was used for educational purposes. As Yi Pu-yŏng noted, “it was clear to us that the hospital would as important for treating the ill as it would

⁶² Ibid.

⁶³ The *Chosŏn ilbo* published an article the following day titled, “360 White Beds: The National Mental Hospital Holds its Inauguration Ceremony.” December 29, 1961.

advancing education and research in the field.” It was also in this context that Yi revealed that the most destitute patients funded fully by the state were at times hand selected to serve as clinical research subjects for doctors at the National Mental Hospital.

Figure 4.8: Plaques at the entrance of the National Mental Hospital in 2011.⁶⁴



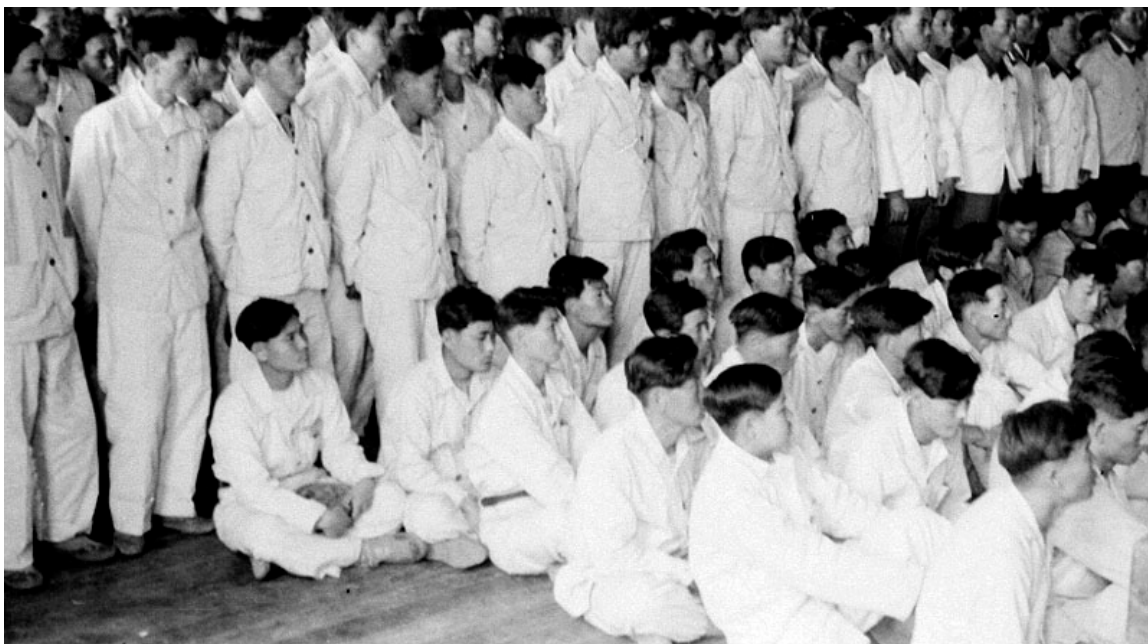
Even today, the entrance of the National Mental Hospital displays signs of its early American roots.

⁶⁴ Photos personally taken by author in March 2011.

Figure 4.9: Inauguration Ceremony, Patients Photo 1, National Mental Hospital.⁶⁵



Figure 4.10: Inauguration Ceremony, Patients Photo 2, National Mental Hospital.⁶⁶



⁶⁵ *Kungnip Chōngsinbyōngwon naksōngsik chōngyōng*. Kukka kirogwōn (National Archive), Taejon, Korea,

⁶⁶ *Ibid.*

Viewing these two photos (Figures 4.9 and 4.10) out of context, one would not necessarily jump to the conclusion that this was a scene from the opening ceremony of a state mental hospital. For one, there is a surprising degree of order and uniformity as the men, separated from the women, were lined up in clean rows, all wearing the same uniforms. Indeed, the scene is reminiscent of military life, and the parallels to the army are perhaps unsurprising. After all, nearly half of the patients who occupied the first beds of the National Mental Hospital were ex-soldiers who had been directly transferred from the National Veterans Mental Hospital (*Norygangjin Kuho Pyŏngwŏn*). Similar to life at the military hospital described at the start of the chapter, patients upon admission would follow specific schedules that blocked out times for sleep, play, exercise, work, treatment, and the like. Divergences were rare unless patients were too unwell to comply. Both the environment and activities of the mental hospital emphasize the central place of the military in the hospital even after the transition to civilian psychiatry had been made.⁶⁷

The Superintendent's Message

The second volume of *Neuropsychiatry* (*Singyŏng chŏngsinŭihak*) published in November 1963, contained an article by Chin Sŏng-gi, the current superintendent of the National

⁶⁷ As a researcher at the National Mental Hospital in 2011, I was able to spend two hours a week in Ward 32, a closed ward for female inpatients only. What struck me was the ongoing emphasis on collective activity and regimented lifestyle at the hospital. Every morning, at 9 o'clock, patients lined up in straight rows and performed robotic movements to the same cassette featuring a trumpet with a man counting off in Korean "*hana, tul, set, net*" ("one, two, three, four"). I spoke to the past superintendent of the hospital, Kim Ch'ŏl-kyu, about this morning routine, and he mentioned that these practices had been in place since the hospital's opening in the 1960s. (Kim, a graduate of Seoul National University's Medical School, first treated psychiatric patients as a resident at the hospital in the 1960s before rising to the position of superintendent in the 1970s). Following the morning exercise rituals, patients were asked to rearrange themselves in clean rows and then to come forward for medication, one at a time, upon hearing their names called out by the nurses. Once a week, patients prepared for their meetings with a brigade of psychiatrists who made their rounds led by the highest-ranking staff member. Patients during these times had to clean up their living spaces and sit on top of their neatly made beds with legs crossed and backs straight as they waited for the psychiatrists to come over and inquire about their conditions. Relationships I witnessed were extremely hierarchical. The short duration of direct interactions between doctor and patient often left patients with few opportunities to speak directly with those who had full control of the treatment they were receiving. I interviewed Kim Ch'ŏl-kyu in Seoul at the National Mental Hospital on March 15, 2011.

Mental Hospital, “The National Mental Hospital and Hospital Psychiatry.”⁶⁸ Prior to taking on this role (which he fulfilled for the next ten years), Chin received his training as part of the first group of military psychiatrists to be sent through the ROK Army to train in the United States in September, 1952.⁶⁹ As evidenced by his contributions to the publication, Chin was also an active member of the recently formed Korean Neuropsychiatric Association.⁷⁰

Chin’s description of the mental hospital more than a year after its inauguration could be seen as part of the official narrative circulated by authorities of the hospital as they aimed to lay out the main agendas for the new hospital. Chin referred to his institution as a “360 bed modern mental hospital” that had taken a considerable amount of funds to build: “\$1,800,000 was appropriated from start to finish.” In addition to providing much needed treatment to mental patients, the hospital strove “to achieve an acceptable standard of treatment, research and training with a limited budget.” Moreover, the hospital would “solve the problem of overcrowding patients, especially chronic deteriorated ones.” As Chin explained, the National Mental Hospital would be a different kind of institution, a “therapeutic community” that “offered the most modern and humane approaches to psychiatry.”⁷¹ This last point placing weight on the humanitarian goals of the institution could be witnessed, for example, in the architecture of the hospital. As Yi Pu-yǒng who attended the inaugural ceremony noted in an interview, the signature steel bars on the windows of mental hospitals did not exist.”⁷²

⁶⁸ Singyǒng chǒngsinuihak (Neuropsychiatry), Volume 2.

⁶⁹ Four psychiatrists were sent in this first round. See Chapter 1 for discussion.

⁷⁰ Chin was superintendent from 1962.06.11 to 1972.05.10. *Kungnip Chǒngsin Pyǒngwǒn 50 nyǒn sa* (50-year History of the National Mental Hospital).

⁷¹ Chin, Singyǒng chǒngsinuihak (Neuropsychiatry), Volume 2.

⁷² Yi Pu-yǒng, February 23, 2011

In spite of the parallels between Korea's psychiatric apparatus and that of the United States, Chin's article noted a key distinction: Korea still struggled with unique problems arising from its particular culture and context. For example, accounting for the lengthened hospitalization period for Korean patients, he admitted in spite of the strides made in the last decade that "psychiatry or mental hygiene" was "poorly understood and underdeveloped field." Hence, patients should not expect "early discharge and shortening hospitalization as advanced countries do because there is not any system which provides after care or psychiatric social service."⁷³ This was a significant point. While the problem of expanding hospital care was being addressed through the construction of the National Mental Hospital, there lay a critical hole in the system: what would mental patients do after they were discharged? Chin, too, seems to have recognized the problem looming on the horizon. In addition to establishing a "day hospital" for improved patients, Chin wrote that the directors of the hospital were considering the possibility of "special buildings for chronic patients whose long hospitalization is inevitable." "Otherwise," Chin wrote, "this hospital will be occupied by these chronic patients for a long period and circulation of patients might be stopped."⁷⁴

Until now, our investigations of early years of the National Mental Hospital have relied on sources produced by government officials, psychiatrists and journalists. We now move on to a different set of sources that were not meant for publication: a rare collection of patient files from the first year of the National Mental Hospital.

*Patient Files from the National Mental Hospital: The First Year*⁷⁵

⁷³ Chin, *Singyŏng chŏngsinŭihak* (Neuropsychiatry), 1962, Volume 2.

⁷⁴ Chin, *Singyŏng chŏngsinŭihak* (Neuropsychiatry), 1962, Volume 2.

⁷⁵ Actual names and patient reference numbers assigned to patients at the National Mental Hospital are not provided in this dissertation in order to honor the wishes of the hospital's current administration.

Walking into the National Mental Hospital in Seoul today, there is a room in the dark basement of the main building that has seldom been frequented. Filled to capacity on all sides, the dusty shelves hold all medical charts of patients who had been hospitalized at the institution since it opened in the 1960s. Never examined by historians and closed to public access, these files offer rare glimpses of the hospital—its patients, functions, and early challenges—comprising a genre of primary source materials that, in the words of medical historian John Harley Warner, has come to be seen as “indispensable source in historical investigation.”⁷⁶

But how are we to approach this giant pool of evidence? Indeed, the material is rich and voluminous enough to serve as the topic of an entire full-length study. For the purposes of this chapter, though, I have limited my use of these sources to illuminate the following two issues: a) demographic/background information about patients as presented on the cover page of their charts b) the clinical approach taken by the hospital as seen through their daily patient summaries.

⁷⁶ John Harley Warner, “The Use of Patient Records by Historians: Patterns, Possibilities, and Perplexities,” in *Health and History*, Vol. 1, No. 2 (1999), 111.

Figure 4.11: Cover sheet from patient file at the National Mental Hospital from February 1962.

NATIONAL MENTAL HOSPITAL

ADM. NO. 122124 DATE: 1962.02.12

성명: 주 丁 龍 명성 22 성명 男

년월: 29 생년월일 1939 성명 男

직업: 교육장도 결혼상태 미 - 가

주소: 서울특별시 마포구 서암로 2가

환주소: 서울특별시 마포구 서암로 2가

보호자성명: 李 容 權 성명 女

환주소: 서울특별시 마포구 서암로 2가

진단 1. Chronic undifferentiated

2. Schizophrenic R.

3.

의원자용 의원년월일

A. Demographic Data.

The image above is a sample cover sheet of a patient at the National Mental Hospital in 1962. This particular patient was admitted in 1961. He had originally been treated at the Noryangjin Relief Hospital before transferring. Upon admission, the hospital assigned patients their own six-digit identification numbers. The sheet also included the patient's name, gender, age, date of birth, occupation, level of education, address, and the name of a "sponsor," (i.e. a relative or spouse). As admission summaries showed, patients often adamantly opposed treatment but were hospitalized anyway upon medical evaluation by a doctor and legal approval through a sponsor. The bottom of the cover sheet contained a space for the examining psychiatrist to list the patient's diagnosis.⁷⁷ Finally, the hospital identified that status of the

⁷⁷ Depending on the patient charts, some fields were left blank.

patient as “government funded” (*kukpi*) or “personally funded” (*sabi*). My review of the first 200 medical files from this period yields the following conclusions about the first round of patients hospitalized at this institution:

- 1) The age of the patients ranged from 14 (youngest) to 66 (oldest), though the majority (nearly 80%) of patients were between the ages of 20-40.
- 2) The gender ratio of the patients was skewed toward men, with women constituting only 35% of the patient population.
- 3) The majority of patients came with only an elementary or junior high school education. That said, there were surprising outliers such as elite college students whose symptoms appeared while they were enrolled at Seoul National University and Ewha Woman’s University. Others fell ill while serving their terms in the military.
- 4) The majority of patients did not hold a job at the time of their hospitalization. It can be assumed that their psychological impairments most likely kept them from maintaining any meaningful work.
- 5) In spite of their mentally impaired statuses, more than half of the patients in their late-twenties and older were listed as married.
- 6) Approximately 40% of these stays were funded completely by the state, falling under the category of “*kukbi*.” While uncommon, patient statuses switched from paying to “free” during their course of hospitalization.⁷⁸

In sum, an analysis of the patient’s cover sheets suggests that the hospital accomplished its central mission of providing mental health treatment to a Korean population in much need of

⁷⁸ The 50 year hospital history of National Mental Hospital states this figure at 47%. *Kungnip Chōngsin Pyōngwŏn 50 nyŏn sa*.

Figure 4.12: Page from diagnostic chart of patient at the National Mental Hospital in 1962.

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treatment had been made in the United States and we see them paralleled in Korean approaches to patients at the National Mental Hospital.

* “*Schizophrenic Reaction*”

Turning my attention to diagnostic categories and terminology used by psychiatrists, I learned that the vast majority of patients (approximately 70%) were diagnosed with a condition referred to as “schizophrenic reaction.” The ubiquity of this specific diagnosis, “schizophrenic *reaction*,” versus schizophrenia, which is used in the United States and Korea today, can be understood in the context of psychiatrist Yi Pu-yŏng’s remark that diagnostic frameworks applied in the 1950s and 1960s were borrowed from the American Psychiatric Association’s *Diagnostic and Statistical Manual* (DSM 1) published in 1952.⁷⁹ The APA in this influential set of guidelines included schizophrenia under a list of “Disorders of Psychogenic Origin or Without Clearly Defined Cause or Structural Change in the Brain.” The *Manual* contains a paragraph on “schizophrenic reactions,” in which the authors noted that they “represent a group of psychotic reactions characterized by fundamental disturbances in reality relationships and concept formations, with affective, behavioral, and intellectual disturbances in varying degrees and mixtures. The disorders are marked by a strong tendency to retreat from reality.”⁸⁰ What is important to note about the DSM 1 is that its roots traced back to the Technical Bulletin 203, a pivotal military psychiatry document produced after the Second World War that marked the US Army’s first official subscription to dynamic principles.⁸¹ In short, the use of the term

⁷⁹ Yi noted that the DSM 1 was introduced to Korea during the Korean War and served as a guide for psychiatrists in Korea from that point onward. Yi in discussion with author, February 23, 2011.

⁸⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (DSM-1). (Washington, D. C.: American Psychiatric Association, 1952), 26.

⁸¹ Walter E. Barton and American Psychiatric Association, *The History and Influence of the American Psychiatric Association* (Washington, D.C.: American Psychiatric Press, 1987), 134.

“schizophrenic reaction” at the National Mental Hospital spoke to Korean psychiatry’s continued embrace of dynamic frameworks imported from the United States that saw brain diseases as psychological responses to external stimuli. These ideas served as the backbone for psychiatry in Korea during the war and continued to guide its trajectory in the postwar era. In the eyes of Korean psychiatrists, most of whom were trained during the 1950s, both the conditions their patients suffered from, as well as the symptoms they showed, could be understood through these foreign tenets and vocabulary.

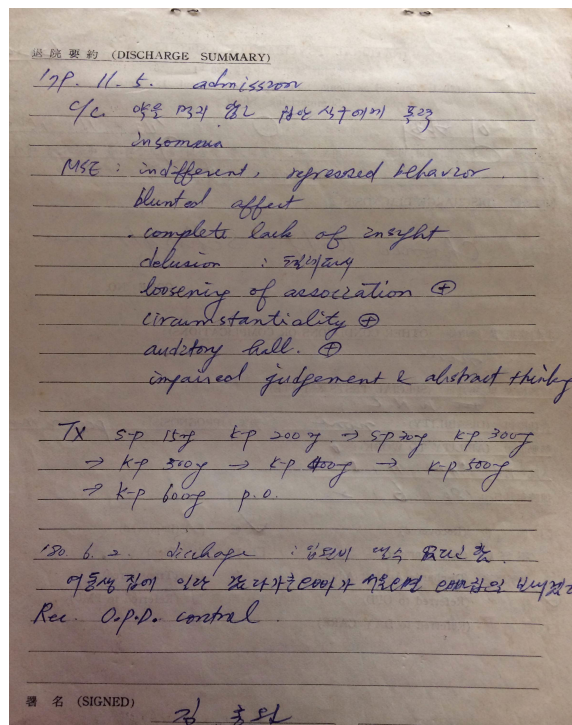
** Methodology: Probing Social and Family History*

The charts also show that the doctors made social history and childhood experiences an integral part of their diagnostic process, as evidenced by the use of family trees and other charts identifying the patient’s primary relationships in their early life stages. Interviews were often conducted as part of the mental health appraisal process in the presence of a family member who served as the patient’s sponsor. This approach until this day remains the standard approach in Korea.⁸²

** Predominance of English:*

⁸² Information obtained from viewing present-day patient files in 2011.

Figure 4.13: Doctor's notes for a patient at the National Mental Hospital in 1962.



The third point that emerges from an examination of these charts is that much of writing was in English. The image above is a typical page from a “Discharge Summary” included in a patient’s file from the National Mental Hospital in 1962. Notably, we saw the same linguistic tendencies exhibited in materials produced as early as 1954 at the Capital Army Hospital and after that, at the Noryangjin Relief Hospital.⁸³ In these earlier cases, however, the audience for the studies was at least partly American, necessitating the use of English. Such was not the case in 1962 when Korean doctors produced these documents. Although the United States played a heavy role in the preparation and construction phases, American intervention ceased once the hospital opened. Thus it appears that, independent of target audience, English became the official communication medium for psychiatry in Korea by the 1960s.

⁸³ See discussion of the case study, “Eunuchoidism,” in Chapter 2

* *Chlorpromazine in Korea*

An examination of the charts of all patients diagnosed with schizophrenic reaction or a similarly serious condition at the National Mental Hospital presents a compelling statistic: 98% of them were placed on the drug Chlorpromazine HCL in the year 1962.⁸⁴ To understand why this is significant, we need to first grasp the history of Chlorpromazine, as its impact on the field of psychiatry worldwide cannot be overstated. As historian Edward Shorter writes, its discovery was nothing short of a “stunning accomplishment.”⁸⁵ Writing two years after the American Food and Drug Administration (FDA) approved its use on psychiatric patients in 1954, *Life Magazine* declared that Chlorpromazine was “one of the spectacular triumphs in the history of medicine.”⁸⁶ Unlike the drugs that came before it, “it calmed without truly sedating.” Hailed as a “miracle drug” it was responsible for the rise of a new era of psychiatry in which psychotropic drugs would overtake electro-shock therapy as the medical approach of choice.⁸⁷

The wide acceptance of Chlorpromazine’s efficacy was captured also in the mounting profits recorded by its patent-holder, Smith Kline, as annual revenue grew at the company from 53 million in 1953 to 347 million in 1970. Analysts credited a large part of this company’s growth to the fifty million patients who consumed this drug around the world in the first decade.⁸⁸

⁸⁴ An alternative name for Chlorpromazine is Thorazine.

⁸⁵ Edward Shorter and National Institutes of Health, *The Health Century*, 1st ed. (New York: Doubleday, 1987), 121.

⁸⁶ Shorter, *The Health Century*, 125.

⁸⁷ Mary De Young, *Madness: An American History of Mental Illness and Its Treatment* (Jefferson: McFarland & Co., 2010), 119-121.

⁸⁸ Shorter, *The Health Century*, 125.

In other words, Korean mental patients hospitalized at the National Mental Hospital also took part in this global trend. Doses varied depending on a patient's degree of illness from 200mg-1000mg per day according to the drug order sheets I examined. Records from the Ministry of Public Health show that Koreans received their first shipment of Chlorpromazine from the United States in 1960.⁸⁹ While it is difficult to prove how the drug was being allocated, there is certainly a correlation between the opening of the National Mental Hospital in 1962 and the increase in imports of Chlorpromazine in Korea. In 1960, the annual figure cited by the Ministry of Health and Social Welfare stood at 57.0 kg. Three years later, in 1963, that figure had nearly quadrupled, amounting to a remarkable 207 kg.⁹⁰

Interviews suggest that the drug was a welcome addition for patients and psychiatrist alike. Patients for one abhorred the invasive practice of EST that had long been the most common treatment. Dr. Yi Han-su, who I tracked down after seeing his name on multiple patient records from 1962, was one of the doctors who testified to this: "We performed a lot of EST before leaving Korea in 1965. When we did it, the patients had no anesthesia. We gave them mild sedation and immobilized them. They were tied down and shocked repeatedly. It was a terrible scene for people who did not know what was going on. Sometimes, the patient would go into a convulsive state making all the muscles in their bodies contract. The patients would crack

⁸⁹ Patient files from the Noryangjin Relief Hospital showed that patients in 1960 and 1961 had already begun to take the drug in conjunction with their somatic therapies.

⁹⁰ *Pogŏn sahoebu tongye yŏnbo (Annual Statistics of the Ministry of Health and Social Affairs)*, years 1960 and 1963. Files accessed at Seoul National University Medical Library. The total dollar amount of chlorpromazine imported to Korea was estimated to be \$5,888 dollars. However, given that Smith Kline & French had an exclusive patent to this drug in the United States at this time, it is not entirely clear if this amount was correct. It is noted that Chlorpromazine in 1960 cost \$6.06 per 2500 mg. $\$6.06/2500 \times 1,000,000 \times 207 = \$502,000$. (In today's terms that is the equivalent to 207kg). It is worth examining who profited from this export of this drug, if anyone. Perhaps it was the case that the United States government was buying it and subsidizing the costs for the Koreans? See Milton Silverman and Philip Randolph Lee, *Pills, Profits, and Politics* (University of California Press, 1974), 51.

their vertebrae.”⁹¹ Yi Chǒng-gyun, a professor of psychiatry at Seoul National University Medical School in the 1960s, cited Chlorpromazine as the most common drug in Korea from the time it was introduced. The average dose he prescribed was 1000 mg per day.⁹²

Captured in this early set of patient records from the first year of the National Mental Hospital is a transition period in the history of global psychiatry. With the advent of Chlorpromazine, the assumption that madness arose from faulty brains and chemical imbalances, not troubled childhoods and personality disorders as the Neo-Freudians had suggested, came to gain popularity in the eyes of hospital superintendents around the world.⁹³ In effect, illustrated in this dissertation is a narrow window of time in which the final days of dynamic psychiatry’s heyday coincided with the advent of a new era heavily based upon drug therapy in both countries. Records of Chlorpromazine’s importation from the United States to South Korea points to the ways in which pharmaceutical companies actively participated in the globalization of psychiatric approaches. At the same time, we must remember that it was wartime alliances and military doctors that laid the path for these exchanges.

A Universal Patient: Codifying Madness through the Language of American Psychiatry

This final section in this discussion of patient files will examine handwritten notes penned by psychiatrists capturing their conversations with their patients. These pages relay

⁹¹ Yi Han-su (Hansoo Lee) in conversation with the author, July 10, 2011. Dr. Lee currently resides in New York.

⁹² Yi Chǒng-gyun in conversation with the author, May 12, 2011. Shock treatments and psychotherapy (in cases where communication was possible) continued to take place alongside administration of Chlorpromazine for some patients at the National Mental Hospital. In fact, references to ECT can be seen in patient sheets in the mid 1960s. While I did not study these later documents in the same amount of detail, I was able to glance through the Medical Order Sheets.

⁹³ Elizabeth Lunbeck, “Chapter 39: Psychiatry,” in Roy Porter, Theodore M. Porter, and Dorothy Ross, *The Cambridge History of Science: Volume 7, The Modern Social Sciences* (Cambridge University Press, 2003), 676.

information about individual circumstances that brought patients to the point of hospitalization. Not surprisingly, more than a third came under the watch of psychiatrists for the first time while being enlisted and were referred to the National Mental Hospital for further treatment once the wartime facilities shut down. For instance, one was discharged for mental illness after serving as an army captain during the war was admitted for having “delusions of persecution and other paranoid symptoms” which continued to plague him until this day. Another male patient, age 29, was first admitted at the Noryangjin Relief Hospital in December of 1959 before coming to the National Mental Hospital. The doctor wrote a memo stating that he had “Spent a lot of time in the military.” Another patient, age 39, was a former medical student and served, albeit only for a short time, at the 3rd Army Hospital. As his chart mentioned, he suffered from poor economic conditions throughout the Korean War, and his psychological functions began to fail him as he was separated from his brother. While he spent seven years, from 1954 to 1962, at Noryangjin Relief Hospital, he never reached a state of full recovery.

The files also contain stories of women and civilians whose lives were transformed by the war experience. One file refers to a female patient who had graduated in 1946 from Sookmyung Women’s High School. She “married and had a good life.” All was well until the Korean War when her husband was kidnapped and the patient started living alone and for her this was a “huge shock.” She had to look for a job in order to make ends meet on her own. This started her on a cycle of “extreme paranoia and distrust of all those around her,” making her think that everyone was after her. In an interview, Mun Hong-se, who treated patients at the hospital throughout the 1960s, confirmed the impact that the war had on the mental health of civilian patients he treated. He pointed specifically to the ubiquity of mental patients who had been orphaned by the war. “Their parents disappeared. Some were kidnapped others were hit by

bombs. These kinds of conditions turned into mental illness. They woke up to a new kind of world when nothing was the same, turning their thoughts into delusions.”⁹⁴

In addition to these now familiar narratives of wartime suffering and mental illness, the files from 1962 also speak to the growing list of issues with no direct connection to the war that drove civilians to receive psychiatric help. So many of these conditions, in fact, were rooted in the realities of everyday life. One woman went mad due to an abusive relationship with her spouse. One girl suffered the stress of growing up with an alcoholic father. Others were unable to get past the reality of their physical disabilities. Some suffered from the inability to adjust to a changing demographic landscape, while others inexplicably began to hallucinate claiming to be married to the Korean president. In fact, as Mun Hong-se added, “There were a lot of patients with Syngman Rhee delusions. So many that we assembled a group of patients who all claimed they were related to Rhee and made them realize that it could not be true.” The Korean media, continuously following major events at the National Mental Hospital in their reports, pulled at the heart strings of their readers in a highly publicized case of 18 year old Pak Chŏng-ja, who was found by an officer of the Counterintelligence agency wandering the streets after having allegedly gone crazy from the amount of mental and physical stress of caring for her blind father.⁹⁵ Hailed as the “modern-day Simch’ŏng,” her file showed that she had been admitted to the National Mental Hospital in February 1962 for free and discharged upon “full recovery” in May of that year.

But regardless of these particular circumstances, be they related to the tragedies of war, intense social pressures, or a random succumbing to madness, these patient files outline a

⁹⁴ Mun Hong-se in discussion with the author, July 6, 2011.

⁹⁵ *Tonga ilbo*, March 5, 1962. More about the Pak Chong-ja story in the 50 year history of the National Mental hospital (Kungnip Sŏul Pyŏngwŏn 50-nyŏn sa).

significant outcome of psychiatry's growth in Korea: it codified the conditions of Korean individuals according to standards of an imported medical regime with a pre-determined vocabulary. In short, while madness in Korea unveiled its myriad causes and forms during this period, the end-product yielded a picture of a universal patient with oddly similar traits. One patient was said to exhibit "Soliloquy, silly smile, meaningless crying, delusion of persecution" while the next suffered from "delusion of persecution and reference, hallucination, and disturbance of association in thinking." One female patient was said to have experienced a "psychotic episode which was manifested by repressed behavior, destructiveness, sleeping disturbance, silly smile, desultory speech, visual and auditory hallucinations, bizarre behavior." Another showed "psychomotor exciting, impulsiveness, leakage of thought and depressive mood." In short, it did not take long in my examinations of these charts for the descriptions to strike me as indistinguishable. The use of these diagnostic criteria meant that, on one hand, madness was validated as a medical condition, but at the same time, interpretations were flattened. Once admitted at the National Mental Hospital, it did not matter *why* one fell mentally ill. Personal circumstances did not, moreover, factor into the diagnostic and treatment rituals patients underwent. Upon donning the hospital uniform, all of their daily actions would be carried out as part a collective in which all individuals shared the common denominator of mental illness. Each of the patients may have bore the mark of a specific time, place, culture, and historical environment, yet their personal stories were hidden behind uniformly assembled sheets of medical records that determined their experience at the mental hospital. Thus my hope as a researcher that these files could grant me access into the deeply personal stories of mental illness in postwar Korea became complicated with the realization that my sources more effectively

demonstrated how deeply personal experiences came to be mediated through the work of American-trained doctors at the nation's foremost mental hospital in the 1960s.

Concluding Remarks

War, Reconstruction, and Hospital Psychiatry

This chapter presented the early history of the first state-run mental hospital in the ROK. The numerous topics of discussion covering the years 1954 to 1962 emphasize the undeniable links between this institution the Korean War. From the first patients who occupied the hospital beds to the main actors involved in its construction, the military and the Americans, as well as the overarching theme of an society traumatized by war, could not be left out of the story.

The first section traced the institutional roots of the National Mental Hospital back to the Noryangjin Relief Hospital, also called the National Veteran's Mental Hospital. Since its founding in 1954, the hospital fell under the purview of the newly formed Ministry of Health and Social Welfare (*Pokŏn sahoebu*) which at that time prioritized care for soldiers and veterans. As the monthly reports submitted by Korean officials demonstrated, however, it was the Korean Civil Assistance Commission (KCAC), an aid organization under the control of the US Army, that provided the majority of the resources. The KCAC in fact took under its wing every major health-related construction project in these immediate postwar years. By the late 1950s, new American civilian aid agencies, namely the ICA and the USOM and even privately-owned companies had inherited the baton from the military, taking part in the building a state-of-the art mental hospital to tackle the growing problem of madness within the greater Korean population. The Americans would play a vital role in the five-year process overseeing it from conception to construction to completion.

America's close involvement in the early history of National Mental Hospital is not surprising given that the US presence in Korea could be felt in all sectors of society. The facility came to being during a critical era between 1953-1962 that has been referred to by historians as the "High-Aid decade."⁹⁶ As the focus shifted from fighting the war to rehabilitating a ravaged society, the Americans took charge of civilian welfare projects ranging from enhancing nutrition and sanitation, containing infectious diseases, facilitating public construction projects, and even, as this chapter showed, finding a sustainable solution for treating the nation's mentally disturbed that were growing in number.

Americanization Institutionalized

Exactly 10 years separated the first cross-cultural contacts forged between military psychiatrists on the frontlines and the inauguration of the first state hospital for the mentally ill in Korea. This chapter pointed to several ways in which the National Mental Hospital could be seen as a symbol of Americanization institutionalized. Indeed, the Americans played a major role in every preparatory stage of the hospital, providing funding and also overseeing its architecture. Second, the language and approach used by the Korean doctors showed clear parallels to the United States, was discussed in my analysis of patient charts. Even the category of "schizophrenic reaction," a diagnosis particular to a specific time and place in the history of psychiatry, was imported and put into use in the National Mental Hospital. Third, we could also see how quickly US developments steered the trajectory of psychiatry in Korea even a decade after the war. A clear example is the Korean embrace of Chlorpromazine, the "miracle drug" that heralded the advent of the psychotropic revolution in psychiatry. The US-ROK alliance granted

⁹⁶ Mason et al, *The Economic and Social Modernization of the Republic of Korea*, Studies in the Modernization of the Republic of Korea, 1945-1975 (Cambridge, Harvard University Press, 1980), 192.

South Koreans access to Chlorpromazine beginning in 1960. As the rapid spike in imports of the drug coupled with its ubiquitous use at the hospital showed, American assistance to the Korean medical system continued to have a direct impact on patient experiences even after the Koreans had established their own mental hospitals.

The Cold War, Medical Diplomacy and Psychiatry

The larger impetus behind US involvement in fields such as public health and psychiatry can only be appreciated when assessed within the framework of postwar reconstruction and medical diplomacy. Upon signing the Mutual Security Treaty in 1953 (better known as the US-ROK Alliance), the Americans committed themselves to a task more complex and all-consuming than buttressing the Korean army and economy: they engaged in a holistic project of reconstruction that George Brazinsky has referred to as “nation-building.”⁹⁷ And as historian Chŏn U-yong has suggested his recent study of disease in postwar Korea, moreover, so rampant and devastating was disease in war’s aftermath that the birth of the modern nation-state went hand in hand with the task of bringing medicine and hygiene to the masses.⁹⁸ The tall order of stabilizing postwar Korean society meant literally nursing it back to health. The sick, the poor, and the mad could not be left out of the rebuilding efforts. In turn, US influence could be detected in realms far removed from the military or the economy; it trickled down into the ways in which the marginalized and mad were diagnosed, hospitalized and treated.

America’s assistance to the fledgling medical apparatus of the ROK during and after the war were motivated in part by humanitarian concerns. At the same time, such measures of goodwill fell under the overarching goal of maintaining peace and stability in the region. In 1957,

⁹⁷ Brazinsky, *Nation Building*.

⁹⁸ Chŏn U-yong, *Hyŏndaein Ŭi T’ansaeng*, (Sŏul-si: Isun, 2011).

the year that the plans for the National Mental Hospital were solidified, Tyler Wood, the leader of the International Cooperation Agency (ICA) that oversaw the creation of the National Mental Hospital wrote:

*“We have an opportunity in our work in Korea...to affect the situation In this struggle between the free world and the communist world, not only in Korea, but certainly throughout the Far East.....If we can show, in cooperation with the brave people of South Korea, who have already proved their courage on the battlefield, that the kind of conditions we stand for in the free world can be created here, and if we can show in comparison with conditions across the border the advantages of our system and our freedom, it seems to me it will not only have a real effect in South Korea, but throughout the Far East.”*⁹⁹

The Americans invested more in Korea in both manpower and dollars than they had ever done in any foreign country. As my discussion of the American role in the making of the National Mental Hospital showed, we can see how widely and diversely the US cast its net in the everyday functions of postwar Korea, and how deeply involved in the process they became once they did. As the statement by Wood suggests, the US mission in Korea was described as one that went beyond winning a war. The Americans sought to win minds, transform lifestyles, and create a modernized, democratic society. The birth of the National Mental Hospital must be viewed as part of this global diplomatic agenda.

⁹⁹ Albert E. Cowdrey and Center of Military History, *The Medics' War*, vol. 4, United States Army in the Korean War (Washington, D.C.: Center of Military History, U.S. Army, 1987), 359-360.

CONCLUSION

A Special War, A Special Alliance

Examining the history of psychiatry in Korea between 1950-1962, this dissertation pointed to the Korean War and the US-ROK alliance as the two most critical factors shaping its evolution during this foundational stage. Each chapter conveyed a key development in psychiatry as it related to the war and the Americans. Chapter 1 charted the circumstances and mechanisms behind the birth of a psychiatry program with military roots in Korea. Chapter 2 highlighted how quickly the core tenets of dynamic psychiatry or Neo-Freudianism made its way from the United States Army into the work of Korean psychiatrists as they evaluated their own patients in the postwar era. Chapter 3 explored the ways in which former military psychiatrists in Korea found social outlets for their discipline in the greater society throughout the remainder of the 1950s. Chapter 4 concluded with the inauguration of the first state mental hospital in South Korea in 1962. Founded as a joint venture between the US government and the Korean Ministry of Health and Social Affairs, it represented the culmination of a decade-long process of cooperation between the two countries. All in all, the transformation of psychiatry from 1950 to 1962 was nothing short of remarkable. A discipline that had only 9 practitioners on the eve of the war reached its heyday within a decade's time. The creation of new academic and professional organizations, the rise of a social discourse on mental health, and the construction of a state-of-the-art facility to treat the mentally ill can all be seen as part of this golden era of psychiatry.

As I have argued from the outset, the implications of psychiatry's birth and evolution extend beyond the realm of medical history. Psychiatry emerged and flourished amid one of the most destructive and transformative periods in modern Korea. My approach to psychiatry in this

dissertation served as a conduit for unveiling new perspectives on the Korean War and the US-ROK alliance. A summary for my most significant findings is presented below.

Psychiatry at the Intersection of Tragedy and Transformation

A central aim of my study was to contribute new perspectives to the existing historiography of the Korean War that, while extensive, approached the event primarily as an ideological struggle or international military conflict. The experiences of ordinary people have been overshadowed by the actions of military and political leaders. Unveiling new sources such as hospital records, patient case studies, and official surveys, I was able to retrieve untold stories of individuals from diverse walks of life who fell mentally ill because of the war. While it is not surprising that a war as violent and prolonged as the Korean War should wreak psychological havoc upon the local population, this dissertation conveyed an important insight: widespread trauma experienced by Koreans served as the impetus for the birth of the nation's first psychiatric apparatus. While it was mental breakdown among soldiers in the ROK Army that first drew attention to the need of a mental hygiene program in Korea, the decade following the armistice continued to necessitate the work of psychiatrists who re-applied the lessons they had learned during the war in the postwar climate.

In effect, this dissertation used mental illness and the birth of psychiatry as a case study to portray the Korean War as fundamentally two sided. First, the war was catastrophic with its impact felt in all sectors of society. As the trajectory of psychiatry during this time showed, however, the war also facilitated the networks and resources for Koreans to address these issues. In particular, the US-ROK alliance stood at the cornerstone of psychiatry's development. So critical was the impact of the United States on the early years of psychiatry in Korea that I have referred to the discipline as being Americanized by the wartime encounter. By the end of the

1950s, key aspects of psychiatry from the diagnostic criteria to the treatment methods, even the language used by Korean psychiatrists to communicate, mirrored American models. Through an unexpected chain of events, new trends that had recently risen to popularity in the United States after WWII made their way over to South Korea with a degree of speed and depth that would not have been possible without the war. Taking inspiration from the story of psychiatry, it is my hope that future scholars of the Korean War will approach the event as a catalyst for the rise of new institutions and discourses in Korea not necessarily limited to the field of medicine that is explored in this thesis.

It is worth noting that my primary sources limited me to exploring the story primarily through the actions of psychiatrists. Yet while they comprised a small elite, what is important is that the ideas they introduced had a significant impact on military and social policy. Tenets of American psychiatry were used to tackle newfound problems that were clearly troubling but had ambiguous origins. As one psychiatrist cited in this thesis noted in his reference to “Yankee Style Trauma,” it was psychiatrists who advised the military on how to handle the pressing problem of men who could not perform in battle due to psychological breakdown. Americans concepts such as the “non-efficient” or “unwilling” soldier brought into question new concepts such as personality disorder and maladjustment that were deemed incompatible with functioning in the ROK Army. My dissertation showed how fluidly those categories used first in the military to diagnose soldiers were re-deployed in postwar society in relation to the problem of juvenile delinquency. A discourse based in Neo-Freudian psychiatry that would seem so foreign to most Koreans before the war appeared in newspapers, guided child guidance programs, and was drawn on by lawmakers at the highest rungs of society. We begin to see that, in spite of the great divide separating the ROK and the US in terms of where they stood on the international ladder of

power, the problems that these two societies experienced as participants in major wars of the mid-twentieth century were not so different both during battle and in war's aftermath.

Americanization in Context

That psychiatry in Korea was a product of the Korean War and the US-ROK relationship may seem obvious by this point, but the broader significance of this phenomenon can be better appreciated when placed in comparative context. Indeed, it would be difficult to find a country during this time in which the United States played a heavier role in the development of the nation's psychiatric apparatus. Take Japan, for instance. While the Americans occupied the Japanese from 1945-1952 and stationed its troops there throughout the Korean War, Japanese psychiatry did not follow the American model as closely. As an article in the *American Journal of Psychiatry* stated in 1954: "Despite the increasing interest in 'dynamic' factors brought about by postwar American influence, the prevailing approach and major focus of Japanese psychiatry remains essentially organic."¹⁰⁰ As the authors went on to note, psychiatry in Japan had an "essentially German heritage" that lingered from the prewar era making a complete shift to the American approach difficult.¹⁰¹ Fast forwarding a decade to the Vietnam War, in spite of the American government's heavy commitment of manpower and resources to aid the Republic of Vietnam, I have yet to come across any scholarship or evidence that suggests that contact with the Americans resulted in the rise of an American-style psychiatry program in the country. In short, the wholesale embrace of American frameworks in South Korea that has been portrayed throughout my dissertation leads us to appreciate a broader analytic point about the uniqueness of the US-ROK relationship and the unparalleled dominance of Americans in Korea during the

¹⁰⁰ Tsuneo Muramatsu, Robert Lifton, Takeo Doi, "Letter from Japan," *American Journal of Psychiatry* 1954; 110: 641-643.

¹⁰¹ Ibid.

mid-twentieth century. And while US involvement in shaping Korea's military and economy has been acknowledged by historians, my work shows that the impact of American intervention trickled far down, shaping the ways in which Koreans addressed madness and re-defined concepts as fundamental to everyday life as sickness and health, normality versus abnormality.

A Peculiar Alliance

The fact that the Americas became so heavily involved in the formative stages of an institution like psychiatry in Korea speaks more broadly to the type of relationship that bound the two countries together. Asking how and why psychiatry gained traction in Korea asks has emphasized an unusual degree of American involvement in the training and education of Korean medics, for example, that one would not necessarily expect from a conventional military alliance. Fueled by their own beliefs in the importance of a mental hygiene program in the military, the Americans dispatched some their most experienced army psychiatrists to the Korean peninsula. In the process of treating their own troops, these psychiatrists soon served as the first conveyers of psychiatric knowledge in Korea. Taking on the commitment of not only helping the Koreans but teaching Koreans how to help themselves, American psychiatrists engaged their foreign counterparts face to face and brought them into their daily routines. They offered Koreans opportunities to tour their hospitals, attend their seminars, and even travel to the United States to further their education. Even in the 1960s, the United States could be seen funding the building of the nation's major medical establishments, of which the National Mental Hospital was one. As the detailed discussions of the US role in the preparatory stages of the institution showed, the Americans did not assist from a distance. Asking how a medical discipline like psychiatry could be transferred from one nation to another in spite of vast cultural and historical differences separating them speaks more broadly to the developmental approach taken by the Americans in

Korea during this pivotal stage in not only Korean, but global history. As this dissertation showed, what began as an effort to curb the spread of Communism in Asia yielded effects that far surpassed the bound of politics and ideology, even coloring the ways in which a society would begin to address some of the most marginalized and distraught individuals in an environment ravaged by war.

But the power of the Americans does not speak to the powerlessness of the Koreans. The story of psychiatry's rise in Korea would be incomplete without a critical component: the contributions of the Koreans. We cannot underplay the importance of Korean agency in disseminating this foreign body of knowledge throughout the 1950s. This dissertation began with an account of Yu Sök-jin and his team of psychiatrists as they looked to take advantage of the resources and opportunities offered by the United States. In short, the United States did not unilaterally impose psychiatry on the Koreans. As my interviews and other source materials have shown, the Koreans eagerly embraced American tools and applied them on their own people with remarkable speed and conviction. Their eagerness to carry these ideas forward even after direct American intervention had ceased suggests again the allure of the American way on one hand, but also the ambitions of a new Korean elite reared during wartime who saw in the Americans a way to not only improve their society but their own positions in an era where America offered the key to internationalization and advancement.

In this vein, the military roots of psychiatry in Korea (and the heavy influence that the war more generally had on medicine in Korea) stresses the need for historians to look to the South Korean military as the production site of a new elite that would come to wield high levels of influence in the postwar era. Just as psychiatrists first trained in American-style psychiatry during wartime went on to dominate the profession in civilian society after the war, there is

much more to be said about the role of the ROK Army as a significant, perhaps primary, conduit of various Cold War era American value and praxes.

Korea, America, and the Globalization of Psychiatry

Finally, my dissertation can help historians of psychiatry better understand the impact and trajectory of American psychiatry from a global perspective throughout the second half of the twentieth century. Ethan Watters has written about this outcome in a recent publication: “In teaching the rest of the world to think like us, we have been, for better or for worse, homogenizing the way in which the world goes mad.” “Our definitions,” in the author’s words, “have become the international standard.”¹⁰² What Watters and other authors have yet to consider, however, is how and when this process began. South Korea may well be the first instance in which American psychiatry took root in a non-Western setting. The Korean War after all broke out just five years after WWII, and the momentum that American psychiatry had gained through that event was transferred directly to the Koreans. My study of psychiatry in Korea presents ways in which the Cold War agendas brought with them unexpected transformations in how an entire nation thought about sickness, health, madness and all of its accompanying facets.

¹⁰² Ethan Watters, *Crazy like Us : The Globalization of the American Psyche* (New York: Free Press, 2010), 3.

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