



〈Special Issue Articles〉 Medicine in the Korean War

A Foundation for a “Cheerful Society”: The Korean War and the Rise of Psychiatry[†]

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1. Introduction¹⁾

The Korean War, like many wars throughout human history, drove medical developments in battlefield medicine, clinical practice, and health care. Technological innovations from previous wars were improved for the care of the wounded and adopted for the betterment of society in general. In addition to the notable growth of surgical technology in the

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1) Korean words in this essay have been transliterated according to the McCune-Reischauer System, except those with their own orthography (e.g. Seoul, Rhee Syngman, Kim Il-Sung).

fields of neurosurgery and plastic surgery during and after the Korean War, the field of psychiatry also experienced significant development. Psychiatrists struggled to establish their field as an accepted medical community throughout the First and Second World Wars and into the 1950s; Meghan Fitzpatrick notes this struggle may have colored how Korean War psychiatrists reported their achievements (2017: 78). So far, the historiography of war and psychiatry in the twentieth century has highlighted the rise of military psychiatry during and after each international war. Following World War I, “shell shock” entered the cultural lexicon, and the fledgling field of psychiatry grew into a scientific discipline, armed with talk therapy and electric shock therapy.

Compared to World War II, through which Western military psychiatry established itself as a legitimate field of medicine, and the Vietnam War, whose best-known “psychiatric” product is perhaps the diagnosis of post-traumatic stress disorder (PTSD), the Korean War remains the least explored conflict in terms of its impact on the development of both military and civilian psychiatry. During the war in Korea, soldiers and prisoners of war (POWs) experienced “gross stress reaction” and manifested poor concentration and memory as well as clinical depression and social alienation. Civilians in Korea also suffered the consequences of war. Delusions of grandeur or megalomania seem to have been common among Koreans, but there were few mental health facilities to treat and care for them. Americans, both in theater and at home, fared relatively better with new government initiatives and growth in the field of psychiatry. This progress was represented by the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1952 (Grinker, 2010). Based on William Menninger’s 1945 “War Department Technical Bulletin, Medical 203,” the

DSM-I embodied wartime psychiatric developments (Yum-Park, 2021: 100-101). According to historian Gerald Grob, its publication was a result “of the lessons learned by psychiatrists during World War II” (1991: 421).²⁾ The Korean War (1950-1953) may not have been directly responsible for new changes in psychiatry; however, it marked a crucial period in the development of both military and civilian psychiatry in the United States and Korea. During the war, military psychiatry had another testing ground in Korea and came to have a greater, albeit limited, impact on civilian psychiatry. The topic of how modern psychiatry shaped and was shaped by the Korean War warrants thorough investigation.

This essay adds to the historiography of wartime psychiatry by investigating mental troubles experienced by not only soldiers and veterans but also civilians in Korea. Examining the mental health issues of this period is challenging due to a lack of resources on civilian mental health and treatment; therefore, this essay takes military psychiatry during the Korean War as its starting point and moves beyond existing scholarship to discuss various psychiatry-related responses to war, including government policies to address the rise of mental illness, recommendations of medical professionals, and contemporary expressions of mental struggles by civilians in Korea.

The violence and trauma inherent in war makes international conflicts a critical context for considering mental health issues, but there has

2) The United States passed the National Mental Health Act in 1946, funding research into wartime neuropsychiatric disorders. The act resulted in the introduction of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) early in 1948 (it was officially published in 1952). A year later, the National Institute for Mental Health (NIMH) was established. Alongside these government measures, World War II also left its mark on civilian psychiatry as civilian psychiatrists joined military service, then after the war used the knowledge gained in wartime to advance the field of civilian psychiatry (Wanke, 1999).

not been much discussion of this topic in relation to the Korean War. Wartime mental illness was deemed to be temporary, unlike physical injuries that would remain permanent. Only with the rise of trauma as a subject of study, which began in earnest during and after the Vietnam War, did academia and the public come to understand the importance of psychiatric care (Thakur, 2008: 31-32).³⁾ Moreover, treatment methods for war veterans and for civilians were often incompatible as they tended to operate in separate ways and required time to be reconciled with each other. Focusing on the U.S. military, the first part of this essay takes a broader view of the development of military psychiatry during the Korean War. The second part examines the wartime experiences of both military personnel and civilians in Korea and the struggle to reconcile advances in military or combat psychiatry with emerging civilian practices. This essay explores not the development of psychiatry per se, but the ways in which war shaped the understanding of mental illness and the field of psychiatry in the mid-twentieth century.

2. Military Psychiatry During the Korean War

Medical developments during the Korean War have garnered scholarly attention over the years, but few studies have delved into the subject of psychiatry. The Korean War itself has long been considered “forgotten” in history, overshadowed by the broader Cold War era. While mental illness

3) PTSD is a modern term, but the disorder has been present throughout history. In the seventeenth and eighteenth centuries, it was known as “nostalgia”; in the Russo-Japanese War, the same disorder received the name of “war neurosis.” During World War I, “shell shock” became the popular label, and during World War II, “battle fatigue” or “combat stress” were used.

in the military had long been a topic of interest, military psychiatry did not seem to have made significant new advances during this time period.⁴⁾ The field of psychiatry coalesced at the end of World War I and gained momentum in the Second World War; therefore, it is generally agreed that the Korean War merely continued the developments of World War II (Cowdrey, 1986; Fitzpatrick, 2017; Grinker, 2021).

In *The Medic's War*, Albert E. Cowdrey offers a vivid picture of wartime medicine. As for combat or field psychiatry, he argues the lessons from the Second World War helped the U.S. military structure a program to deal with psychiatric problems in the Korean War (Cowdrey, 1986: 155-156). In her monograph on the history of psychiatry, Fitzpatrick focuses instead on soldiers and their trauma, reinstating the war in Korea in the historiography of twentieth-century psychiatry. She describes the waning interest in military psychiatry after World War II, including a belief that "the army did not require full-time psychiatric staff or dedicated mental healthcare facilities going forward" (Fitzpatrick, 2017: 17). While Fitzpatrick takes the British Commonwealth Division as her main subject, she suggests that similar attitudes toward military psychiatry existed in the U.S. military; during the Korean War, the U.S. military also had to relearn the basics of combat psychiatry. One of the most illuminating studies on the development of psychiatry in the 1950s is Jennifer Yum-Park's

4) Mental troubles in war have drawn attention for a long time. As early as 1901, for example, a news article titled "Insanity in Army Camps" explained that mental disease in the military was not uncommon, and that an "insane" commander could leave his subordinates to endure "insidious errors and wrongs." The article strongly recommended the application of psychiatry to military life. "Insanity in Army Camps," *Morning Appeal* [Carson City, Nevada], 21 February 1901. The same article was republished throughout the United States until some years later. The First World War also witnessed a growing interest in the mental health of soldiers.

research on postwar medicine, which examines the field of psychiatry in Korea during and after the Korean War. Yum-Park ties the birth of South Korean psychiatry to the war in Korea and uses the South Korean case as an example of the global transfer of medical knowledge between the West and non-Western countries (Yum-Park, 2021: 97).⁵⁾ However, her study centers on military psychiatry and lacks discussions of civilian psychiatry, or psychiatric treatment for civilians, in this time period.

Although limited, previous studies on psychiatry and the Korean War have shown that the role of the Korean War in the development of psychiatry—primarily, as an opportunity to test the knowledge gained from the two world wars—deserves more in-depth examination. Cowdrey acknowledges that “Many of the successes of the Medical Service in Korea were revivals of World War II practice, notably in blood program and in combat psychiatry” (1986: 362-363). However, the experiences of the First and Second World Wars were not initially applied to understanding and treating symptoms of battle fatigue. Not only the U.S. military but also the British Army failed to utilize what they had learned from the earlier wars (Jones & Wessely, 2003: 415).

The arrival of Colonel Albert J. Glass⁶⁾ in the fall of 1950 changed the scene. This time, “forward psychiatry” was adopted to return soldiers afflicted with stress reactions to their units and limit out-of-theater evacuations. Based on three principles of “proximity to battle, immediacy, and expectation of recovery” (PIE in short), it became a

5) According to Jennifer Yum-Park, her book chapter is “the only published English-language study of psychiatry during the Korean War from the Korean perspective” (Yum-Park, 2021: 120n1).

6) Glass was a Division psychiatrist in World War II, and in Korea he became the Theater Neuropsychiatry Consultant. His policies were designed to maximize the effectiveness of treatment of psychiatric casualties (Jones et al., 1995: 16).

standard intervention for combat stress reaction in Korea (Jones & Wessely, 2003: 411).⁷⁾ The PIE method required that “casualties should be treated as quickly and as close to the front lines as possible. Patients should also expect to recover and return to duty” (Fitzpatrick, 2017: 11). Treatment included reassurance, explanation, ventilation, rest, and food. Cleaning up, shaving, and eating were part of the treatment routine, and sedation was administered for severe anxiety reactions and to psychotics (Ritchie, 2002: 900-901; Baker, 2012: 431). In addition, the R&R (rest and recuperation) program was launched in December 1950 to ease soldiers of their psychiatric troubles:

the Korean R&R program⁸⁾ further systematized the practice [of pulling individuals and units from the line in wartime for periods of rest]. Utilizing the unique geography of the conflict, the Army encouraged its fighting men—somewhat as a swimmer gulps air—to taste the real world beyond the battlefield. Except for rotation, no more popular program came out of the war. (Cowdrey, 1986: 156)

It took time for the R&R program as well as the PIE method to be widely

7) The PIE (proximity, immediacy, expectancy) method was introduced by Thomas W. Salmon in the first half of the twentieth century based on the forgotten work of British and American psychiatrists in World War I, and PIES (adding “simplicity”) principles were “rediscovered” in World War II and later adopted in the Korean War. The method focused on immediate treatment near the front line, with a goal of returning psychiatric casualties to duty (Baker, 2012: 431).

8) For psychiatric treatment, UN soldiers were sent to Japan; American combatants were often repatriated to the United States for definitive treatment. The R&R program during the Korean War concerned not only the mental health issues of soldiers, but also the economic, social, and political considerations associated with the deployment of American troops. In this context, the expansion of the sex trade in both Korea and Japan, spurred by the R&R program, merits further exploration (Norma, 2020).

implemented.⁹⁾ Up until the summer of 1951, there were no forward psychiatric treatment centers in Korea, and psychiatric casualties were evacuated to Japan (hospitals in Tokyo, Osaka, and Fukuoka) or the United States to recuperate. Few could be returned to active duty.

Nevertheless, the participation of veteran officers soon brought the lessons of the previous wars to the fore. The development of psychiatric treatment techniques during the period is noteworthy. In early 1953, Major General Silas B. Hayes stated, "the Army learned about military psychiatry near the end of World War II, too late to put it to use," but boasted that "22 per cent of World War II casualties sent back to the United States were psychiatric cases, compared to 4 per cent from Korea."¹⁰⁾ Another estimate showed that by the end of the Korean War, about 88 percent of soldiers with psychiatric casualties had been returned to duty within their own division (Thakur, 2008: 32). This relative success in Korea was made possible by immediate treatment of combat fatigue cases in situ. In addition, U.S. military psychiatrists emphasized "the group incentive plan, pointing out gently that his buddies are still up there slugging it out." Hayes added: "On top of that, we give him rest, a mild sedative and a sort of rough and ready everyday psychiatric examination."¹¹⁾

Military psychiatry occupied a unique position in Army medicine. In various operations, medical officers were actively engaged in transporting

9) Those who had been in combat for more than six months were more likely to develop "combat stress." Thus, in Korea, an individual one-year rotation policy was instituted (six months would have been ideal for soldiers, but rotating soldiers after every six months was deemed impractical). In some cases, however, even the one-year rotation policy disrupted the unity of the group due to the swift and frequent shift of personnel (Ritchie, 2002: 899-900).

10) "Front Line Aid Cuts Battle Fatigue Losses," *The San Francisco Examiner*, 9 March 1953.

11) *Ibid.*

and treating wounded soldiers, but among many types of injuries that soldiers suffered, psychiatric reactions seem to have been few and far between. Overall, only a small number of psychiatric casualties were reported, perhaps because psychiatric conditions were rarely identified in the heat of battle.¹²⁾ Nevertheless, for the morale of the unit, attention to and care for mental health problems became increasingly important. A. J. Glass set up mobile psychiatric detachments called KO teams through which acute combat stress reactions were treated close to the front line (Jones & Wessely, 2003: 415). They were one of many types of “K” teams, or hospital augmentation detachments that included neurosurgery or ophthalmologic surgery teams, and consisted of a psychiatrist, a social work specialist, and a clinical psychologist. These psychiatric specialty centers offered mobile consultation for the force throughout U.S. Army areas. The KO team worked as follows: “When battle conditions produced many combat exhaustion or battle fatigue cases, the KO team could roll into a medical clearing company to give it expertise in battle fatigue restoration or reconditioning, and perhaps even take it over and make the medical clearing company into a dedicated neuropsychiatry center” (Stokes, 1996: 10). Major Sidney Greenfield, a fictional psychiatrist on the television series “M*A*S*H,” played the same role as those in the KO teams (Jones et al., 1995: 158).

12) For example, “individual types of wounds for discussion of their treatment” (in After Action Interview of Captain Philip W. Heuman, MC, Regimental Surgeon, 32d Infantry Regiment, Operation Showdown, Capture of Hill 598 in 1952) did not include psychiatric conditions; they only referred to fractures, face injuries, head injuries, sucking chest wounds, tension hemo pneumothorax, gross soft tissue injuries, amputation and so on, Central Office Records, Records of the Historical Unit, U.S. Medical Department (AMEDD) Records, 1947-61, Security Classified Administrative Files, 314.7-2-319.1, Box 2, Entry 1011, RG 112.2; Medical Planning and Support of Attack on H598, NARA.

During the Korean War, the most common diagnoses for soldiers were psychoneurosis, character disorder, and battle exhaustion. As for psychoneurosis, also known as nervous breakdown, “Army psychiatrists have commonly used the word as a generic term denoting an anxiety condition, and they continued to do so in Korea.” The problem was that it was defined vaguely. Character disorder was associated with behavioral difficulties: “alcoholics, drug addicts, the habitual troublemakers, and those who manifested immature personality traits” belonged to this category (Fitzpatrick, 2017: 67). Battle exhaustion had been around since the First World War and included shell shock and combat fatigue. Still, wartime conditions often led to inaccurate diagnoses. In the case of the British Army’s 1st Commonwealth Division, “the number of psychiatric casualties, including cases of acute combat stress, was unusually low,” but historian and psychotherapist Edgar Jones argues that psychosomatic disorders and cold injuries,¹³⁾ which encompassed unexplained physical symptoms associated with psychological factors, might have been underreported (Jones, 2000: 256). Self-inflicted wounds, too, were considered symptomatic of mental troubles. Low numbers of “acute combat stress reaction” cases as the war went on could be attributed to the effectiveness of the psychiatric care system and the changed character of the fighting; however, Jones posits the low figures for psychiatric admissions were at least in part due to poor record keeping during the second half of the campaign (2000: 260). Moreover, as one military doctor stated, half joking, “the absence of a hospitable rear” might have played a role in reducing stress casualties because “Korea does not look good

13) Cold injuries, such as frostbite, were thought to be associated with psychological problems because they might have been self-inflicted or caused by negligence.

anywhere” (qtd. in Ritchie, 2002: 901).

In general, military surgeons were reminded of the difference between military and civilian practice. In November 1952, the Eighth United States Army Korea sent out a memorandum on who was responsible for treatment, highlighting this difference and the burden that the new medics had to bear: “In private civilian practice one physician normally attends one patient and can utilize his preferred method of treating his clientele. In the military service the operation of the evacuation system causes several medical officers to be charged with the responsibility for the care of one patient during a relatively short time.”¹⁴⁾ At the same time, it was expected that civilian and military medicine would have conflicts of opinion as civilian physicians were forced to active duty (Ravdin, 1955: 1109), and doctors “were faced with the awful dilemma of putting the army’s demands above the needs of the individual patient” (Wanke, 2009: 134). The field of psychiatry was not very different (Symposium on Military Medicine, 1951: 105-106). The seeming success of military psychiatry during the Korean War came with considerable cost. For the U.S. Army, civilian psychiatrists, mostly young and inexperienced, were recruited to serve in the war and offer consultancy. Cowdrey explains that missteps in psychiatric care at the beginning of the Korean War weakened the U.S. Army in Korea; even when American morale and battle performance improved, the psychiatric admission rate increased. Moreover, the reduction or absence of psychiatric staff became problematic because personnel selection was one of the main tasks for psychiatrists in the military (Cowdrey, 1986: 92).¹⁵⁾ The situation turned out to be even worse

14) Memorandum on SOP for Surgery in Eighth Army Hospital and Division Clearing Company. Central Office Records, Box 2, Entry 1011, RG 112.2, NARA.

15) A similar situation was experienced by the British Army, whose “number of military

in South Korea. Yum-Park states that high rates of psychiatric casualties were expected given the process of recruitment, which forced soldiers of the Republic of Korea (ROK) to make "the shift from civilian to combatant almost overnight" (Yum-Park, 2021: 102).

The academic consensus on psychiatry in the Korean War was that the lessons of World War II remained strong. In the United States, military psychiatry had come to establish itself through earlier wartime experiences and by shifting from institutional psychiatry. There were also attempts to apply techniques from military psychiatry to the treatment of Americans back home.¹⁶⁾ During the Korean War, Dr. Calvin Drayer, onetime chairman of the American Psychiatric Association's committee on military psychiatry, told the annual meeting of the American Psychiatric Association that "experiences of military psychiatrists have potentialities for helping civilians stand up under a major catastrophe such as an atomic bombing."¹⁷⁾ Indeed, in the United States, military psychiatry was closely connected to civilian psychiatry, and its place in American medicine was solidified with young civilian practitioners returning home to use the new skills they had acquired in the war. Hans Pols and Stephanie Oak thus state that military psychiatry "stimulated the development of new perspectives that were subsequently adopted by the discipline as

psychiatrists [was] cut from 82 in 1948 to 42 in 1958, at a time when the British Army grew from 418,000 to 450,000" (Jones, 2000: 256).

16) Wanke argues that "advances made by American military psychiatric profession were utilized and adapted for use in the civilian community," and refers to drug therapies (Valium) and corporations' screening processes. However, he also claims that the American military psychiatric profession failed to answer the question of the true nature of military psychiatric disorders (Wanke, 1999: 144-146). In addition, he is not concerned with clinical treatment, which many soldiers and civilians desperately needed during and right after the war.

17) "Doctor Proposes Civil Defense Draft," *News-Pilot*, 21 May 1952; Drayer, 1952.

a whole and suggested new models of mental health care” (2007: 2139). Psychoanalysis and psychodynamic explanations, which were embraced during the Second World War, became dominant in American psychiatry (Pols & Oak, 2007: 2140).

While the Vietnam War and the rise of PTSD have often been credited with ushering in a new era of psychiatry, the impact of Korean War military psychiatry on civilian practice deserves more attention. Since it was civilian psychiatrists who served in the military during times of war, “the basic understanding of pathology, treatment practices, and theoretical considerations are the same in civilian and military practice. It is in application the variance may be greatest” (Glass & Jones, 2005: chapter 13, 1). It can be argued that military psychiatry gained prominence largely because traditional treatment for mental illness proved unviable in wartime. In war-ravaged Korea, traditional psychiatry was not mature enough to support and treat civilians, let alone soldiers, making it necessary to rely on and learn from military psychiatry.¹⁸⁾ In short, military psychiatry paved the way for civilian psychiatry, led by Korean psychiatrists under the tutelage of American military psychiatrists. As Yum-Park puts it, “The cadre of Korean medics who had practiced under the visiting Americans during the 1950-1953 period would go on to become pioneers in postwar civilian psychiatry in Korea. Viewed historically, this is a rare instance in which the emergence of military psychiatry in a given country or culture preceded the development of civilian psychiatry” (2021: 118). Korean psychiatrists acquired knowledge of dynamic psychiatry and other medical technologies during and after the war and applied several

18) Jones (2000) explains that after the Korean War, the transition from combat to community psychiatry came about in many parts of the world.

methods of treatment available in the Western world to treating soldiers and later civilian patients; however, they still needed practical training to perfect these skills.

One missing piece in previous discussions might be Korean civilians and their traumatic experiences during the war. Pols and Oak admit that few studies exist on the mental health of civilians in war-affected areas (2007: 2140). This is true in the case of Korea; the available sources, including military reports, official correspondence, and newspaper articles, do not reveal much about the mental troubles of civilians. Despite the efforts of Korean psychiatrists, the lessons of the war did not necessarily reach or benefit civilians; military psychiatry emerged as a specialized field, but its civilian counterpart was still a nascent discipline in Korea. Under the circumstances, the rise of military psychiatry was not enough to improve the lives of ordinary Koreans tormented by the unexpected war. Nevertheless, the following two sections suggest that the establishment and operation of mental institutions and the concerns shared by psychiatrists and the public provide a glimpse of civilian psychiatric responses during and after the war in Korea.

3. Military Psychiatry Meets Civilian Psychiatry

When it comes to civilians and their experiences with psychiatric problems in wartime, few studies shed light on the kinds of care and treatment they were able to receive. Still, tidbits of information are available from contemporary newspaper accounts, and they offer valuable insights into wartime psychiatry in a place where the medical discipline was in its infancy. Along with news of the war came reports

of the mentally ill. Many of them concerned Koreans seeking a cure or treatment for their insane family members or relatives. Homicides and suicides were also attributed to wartime hardships that Koreans endured. Malnutrition, mental torments, and neurotic problems from the war were cited as causes of mental illness. Those who did not fight in the front line, however, had no place to turn to for help. Under these circumstances, military assistance was essential to managing the mental health of the country.

According to Yum-Park, “As far as psychiatry during the Korean War is concerned, its involvement in the conflict can be divided into two phases.” She explains that the first phase was led by Korean psychiatrists who dealt with mental health crises on their own; the second phase began in August 1951 with Yu Sökchin (Yoo Suckjin) and O Sök-hwan, who established contact with U.S. military psychiatrists (Yum-Park, 2021: 101). She highlights the role of U.S. military psychiatry in constructing modern Korean psychiatry.¹⁹⁾ During the war, the 121st Evacuation Hospital in the Yöngdūngp’o district of Seoul served as the central army hospital for the Eighth U.S. Army, and it “expanded and diversified its personnel by also appointing psychiatric social workers and clinical psychologists in August 1951” (Yum-Park, 2021: 105).²⁰⁾ Through the assistance of Major Henry A. Segal,²¹⁾ young Korean psychiatrists enlisted in the army were

19) Yum-Park’s 2021 book chapter focuses on Yu and O; while they had been away in the United States for medical study between 1952 and 1953 (half-year tour), Choi Sin Hae appears to have established himself as the only Korean psychiatrist capable of managing and treating civilian mental patients.

20) Prior to settling in Yöngdūngp’o in late March 1951, the 121st Evacuation Hospital was moved from Hamhung to near Pusan, Tague, and finally to Taejon (February 1951) (Glass & Jones, 2005: chapter 9, 11-12).

21) Segal was a member of the U.S. Army Medical Corps and worked closely with MAJ Ralph Morgan, a psychiatric social worker (Morgan, 1953). Several newspapers from 1955 cited

able to get medical training at the 121st Evacuation Hospital. The 212th Medical Detachment (Psychiatric), a new medical unit with psychiatrists, clinical psychologists, and psychiatric social workers, was established in 1952 in the It'aewon district and became a training site for Korean military psychiatrists.²²⁾

Fig. 1. General View of the 121st Evacuation Hospital, Eighth Army, Yongdongpo, Korea (August 15, 1951)



(U.S. Army Photo by Sgt. Bill Allen. Signal Corps Photographs of American Military Activity Part 4, RG 111: Records of the Office of the Chief Signal Officer, 1860–1985, NARA.)

Segal as the authority on brainwashing in the Korean War. In August 1953, as POWs returned to the United States, Segal proposed various ways to deal with those who had been held in the Communist regime and had experienced psychological conditions as a result (see also Halliwell, 2012; Grinker, 2021).

- 22) The 212th Medical Detachment was the main supply source of psychiatrists to divisions. Psychiatrists for the Eighth United States Army were assigned to the unit and received training for combat psychiatry. The unit also offered a six-month training program for a select number of ROK Army medical officers. Command Report-212th Medical Detachment (Psychiatry) dated 1 June 1953. With Operation Switch taking place, the unit conducted the diagnoses, treatment, and disposition of repatriated prisoners with psychiatric symptoms. These prisoners were put in separate wards, Combat Operation, Command Report for August 1953, dated 1 September 1953. Army - AG Command Reports 1949-54, Box 6211, Entry NM3 429, RG 319, NARA.

Military psychiatry, aided by American training, impacted civilians as well during and after the Korean War. With few mental health facilities to accommodate a growing number of patients, the treatment of civilians, not to mention soldiers, became a serious concern. The Seoul Mental Hospital, reportedly the only functioning psychiatric facility in the Seoul metropolitan area in the early 1950s, is a good example to demonstrate how not only military psychiatry but also civilian psychiatry in Korea was shaped by wartime experiences.²³⁾ Choi Sin Hae, the director and founder of the Seoul Mental Hospital, also known as the Chongryangri Mental Hospital (hereafter Chongryangri Hospital), served as an army psychiatrist when the war broke out and the hospital was forced to close.²⁴⁾ In 1952, he was brought back from the 36th ROK Army Hospital to assume the position of director at the civilian mental hospital. In March 1953, it was suggested that Choi should be assigned to a ROK Army hospital in Seoul and permitted to work at the Chongryangri Hospital since there were “only two qualified psychiatrists” present in all of Korea at that time.²⁵⁾

23) Few studies exist on the Seoul Mental Hospital, better known as the Chongryangri Mental Hospital, which came to epitomize Korean mental institutions. It was founded by Won Jin Seo and originally named Won Hospital. Following Won’s death, Rim Moon Bin and Choi Sin Hae took charge of the hospital, and Choi became its director in August 1945, later changing the name of the institution to the Chongryangri Noe (Brain) Hospital (Han’guk chöngsinüihak 100nyönsa p’yönch’an wiwönhoe, 2009: 84). Before the Korean War, the hospital mainly treated people with general paresis (Jeong, 2014: 64).

24) The Seoul Mental Hospital officially reopened in September 1954, but it had already been in operation by 1952. Researching Choi Sin Hae and his contributions as director of the Chongryangri Mental Hospital may shed more light on the close relationship between military and civilian psychiatry. A prolific writer, Dr. Choi published several essays on his work as a psychiatrist and other mundane topics; however, the extent to which he participated in building psychiatry in postwar Korea needs further examination.

25) Correspondence dated 7 March 1953. Department of State, International Cooperation Administration, U.S. Operations Mission to Korea, Office of Government Services, Public Health Division (07/01/1959 - 11/03/1961), Box 11, RG 469, NARA. Choi had been stationed in Masan. The number of Korean psychiatrists practicing during the war requires further

Eventually, Major Carl E. Wordley requested him to "work daily during his spare time at the Chongryangri Mental Hospital, provided it does not interfere with his work" in the army hospital because "Captain Choi Sin Hae is the only psychiatrist in Seoul and that the Mental Hospital at present has more than 70 patients. Supervision by a skilled psychiatrist is essential for the operation of the hospital."²⁶⁾ The psychiatrist, after being trained in combat psychiatry under American psychiatrists at the 212th Medical Detachment,²⁷⁾ returned to the mental hospital to treat civilian patients. Choi's case epitomizes the link between military and civilian psychiatry in Korea.

In addition to the Korean doctors educated and trained by American professionals, the U.S. Korean Civil Assistance Command (KCAC, *Han'gungminsawŏnjoch'ŏ*), which succeeded the United Nations Civil Assistance Corps Korea (UNCACK) in 1953, came to play a significant role in the development of psychiatry in Korea. KCAC worked closely with general hospitals and mental institutions in Korea,²⁸⁾ including the Chongryangri Hospital and the National Veterans' Mental Hospital, which opened in 1954. KCAC began its short life as part of the American occupation force; it aimed to reclaim and rehabilitate Korea from the

corroboration. See also, footnote 46.

- 26) Ibid. Correspondence dated 6 May 1953, Subject: Captain Choi Sin Hae from Civil Assistance Team to Colonel Kim Tong Ik, Commanding Officer of the 36th ROK Army Hospital.
- 27) Ibid. Correspondence dated 7 March 1953, Subject: Transfer of Psychiatrist at Seoul Mental Hospital. Carl E. Wordley wrote that Choi "has attended the 123d Psychiatric Detachment, 212th Holding Company, Eighth Army, for training in military psychiatry." It was, in fact, the 212th Psychiatric Detachment, 123d Medical Holding Company.
- 28) It was reported in 1954 that "Doctors and nurses operating 96 hospitals and 569 dispensaries under the supervision of the Army's Korea Civil Assistance Command (KCAC) have been treating an average of 850,000 out-patients per month." Robert Eunson, "American Taxpayers' Dollars Aiding Shattered Korea," *The Times Record*, 22 July 1954. KCAC was dissolved in December 1955.

ravages of war and to protect the Korean people from disease and starvation (Sacquety, 2011: 71). In addition to the United States, any UN member state could assist KCAC by offering food, clothing, and machinery and by dispatching professionals to Korea. The functions of KCAC were divided into the fields of economy, agriculture, industry, commerce, natural resources, finance, and public health and hygiene, and professionals from each field took charge of the respective department’s activities. As part of KCAC’s mission to prevent “disease, starvation and unrest” in Korea, it supervised and inspected hospitals in Seoul to ensure proper operation.²⁹⁾ One KCAC evaluation of the Chongryangri Hospital in 1955 read: “Although this hospital is privately owned it is recognized by Seoul Special City as the mental hospital of the City and more than 120 relief patients are constantly being treated there. It is a well run hospital and the Public Health Officer recommends that all assistance possible be given.”³⁰⁾ American public health officers also determined whether the Chongryangri Hospital’s requests for medical equipment could be justified or not.

In 1954, the combination of war and psychiatry made itself known again in the opening of the National Veterans’ Mental Hospital (*Noryangjin kuhobyǒngwǒn*, literally translated as “relief hospital,”³¹⁾ and there is nothing in the Korean words to indicate that it was a mental health

29) “Shamokin Captain Tells of American Aid to Koreans,” *Shamokin News-Dispatch*, 11 December 1954.

30) Correspondence dated 12 September 1955, From C. H. Newman, Capt. Inf, Admin Officer, to the Commanding General, KCAC, Headquarters, Department of State, International Cooperation Administration, U.S. Operations Mission to Korea, Office of Government Services, Public Health Division (07/01/1959 - 11/03/1961), Box 11, RG 469, NARA.

31) In English, National Veterans’ Mental Hospital and Noryangjin Relief Hospital were used interchangeably.

institution). Korean newspapers reported it had a psychiatric ward with 50 beds and that it would be expanded to accommodate up to 150 patients.³²⁾ The National Veterans' Mental Hospital was scheduled to open in May 1954 but did not receive its first patients until July of the same year. Established with the assistance of KCAC, the hospital was supervised by the Ministry of Health and had 150 beds when the entire population of Korea had to do with 200 beds: "During and after the Korean War, there are many mental case[s] in this country and still now tend to increase those insane patients owing to the result of disastrous Korean war and economical [*sic*] difficulties. Estimate[d] number of insane patient[s] are 100,000 (0.49% of population). Among those patients 20,000 case[s] needed hospital care promptly."³³⁾

The conditions of the new hospital were not ideal, either:

The main building of this hospital was built by a Japanese doctor some 20 years ago and operated as a private mental hospital. After the liberation in 1945, the building was taken over by Kyonggi Provincial Government and reuted [*sic*] to a doctor Rim [Rim Moon Bin], who used it as private clinic for mental cases. At the outbreak of the Korean War he joined the communists and went to North Korea and the property was taken over by the ROK Government. As the need for a mental hospital for veterans became urgent the hospital building, which had been out of use during the war, was rehabilitated and extended by KCAC assistance. It was opened on 1 July 1954. At present [29 September 1954] there are 50 patients in the hospital.³⁴⁾

32) "Noryangjine kuhobyŏngwŏn chŏngsinbyŏnghwanjadŭl ch'iryŏ [A Relief Hospital in Noryangjin to Treat Mental Patients]," *Chosun Ilbo*, 30 August 1954.

33) Original document in English, Records of U.S. Foreign Assistance Agencies, 1942 - 1963, Unclassified Subject Files, ca. 1955 - 11/03/1961, Box 9, [Entry P 321], RG 469, NARA.

34) Ibid. Original document in English.

Patients were admitted by the order of a chief doctor after a staff meeting. The Veterans’ Hospital used electric shock therapy and insulin shock therapy for schizophrenics.³⁵⁾ However, it needed new electric shock therapy machines (the machine in use at the time had been modified by Dr. S. H. Choi—Choi Sin Hae) as well as encephalography and electrocardiographic machines.³⁶⁾ It is not clear what additional assistance KCAC offered to the hospital. Nevertheless, both the Chongryangri and the National Veterans’ Mental Hospitals were required to submit monthly reports to KCAC. While the National Veterans’ Mental Hospital cared for returning soldiers and veterans, it functioned as a bridge between military and civilian psychiatry; the Veterans’ Hospital was incorporated into the National Mental Hospital of Korea (*Kungnip Chǒngsinbyǒngwǒn*) upon its establishment in 1961. This support for veterans’ mental institutions is noteworthy given the general shortage of materials for public health facilities in the 1950s. During and even after the war, many civilians in need of psychiatric care had to rely on the meager handouts left over from the military efforts.

4. Psychiatry for Civilians in Korea in the 1940s and 50s

Modern mental hospitals and psychiatric training programs came into being under the U.S. military occupation after World War II, but with

35) Electric shock therapy, later known as electroconvulsive therapy (ECT), involved sending an electric current through a patient’s brain. Insulin shock therapy, introduced in Korea around 1935, involved injecting a patient with large doses of insulin to induce a hypoglycemic coma that would allow the patient to come out of his or her psychosis.

36) Original document in English. Records of U.S. Foreign Assistance Agencies, 1942 - 1963, Unclassified Subject Files, ca. 1955 - 11/03/1961, Box 9, [Entry P 321], RG 469, NARA.

only a few psychiatrists, “the Korean government had no official policy to deal with the mentally ill.” Thus, Yum-Park states, “On the eve of the war in 1950, Korea was essentially a nation without psychiatry” (Yum-Park, 2021: 99). However, this is not to deny the legacy of medical education under Japanese rule and the contributions of World War II. Although the scope and possibilities of psychiatry in Korea were limited by the Japanese colonial policy (Chung et al., 2006), psychiatry and its alternatives—shamanism, Buddhism, traditional medicine—had certainly been practiced in Korea (Chang and Kim, 1973: 667); in the 1930s and 40s, there were frequent discussions of mental health issues by Korean psychiatrists in newspapers and academic journals (Rhi et al., 1989; Yoo, 2016; Sihm, 2022). Japanese psychiatrists also practiced in Korea, and records from World War II demonstrated their competence. At military hospitals, Japanese psychiatrists used electric shock therapy and insulin therapy (hydrotherapy was rarely used because making hot water was expensive) and achieved similar results to those of American military psychiatrists (Berger, 1946).³⁷⁾

Under the post-World War II U.S. military occupation of South Korea, training of psychiatrists continued at Seoul National University, Seoul Women’s Medical School, and Gwangju Medical School (Jeong, 2014: 64).³⁸⁾ By the time of the Korean War, about 300 beds were available

37) In Korea, for example, general paresis was treated with penicillin and malaria fever therapy. According to Akihito Suzuki, “new therapies were more quickly and eagerly adopted at newly-established universities on the periphery—Keijo Imperial University in the Korean colony and Kyushu Imperial University at the south-western end of mainland Japan. Those new academic institutions sought a visible and tangible mark of distinction in the form of new therapies, while the prestigious psychiatrists in Tokyo showed more caution” (Suzuki, 2010: 127-128). This explains the use of electric shock therapy and insulin shock therapy in Korea in the 1930s and 40s.

38) In 1945, the Korean Neuropsychiatric Association (*Chosŏnsin’gyŏngjŏngsinhakhoe*)

nationwide for mental patients, with four or five mental institutions in operation (Lee, 2004: 15; Han'guk chǒngsinūihak 100nyōnsa p'yōnch'an wiwōnhoe, 2009: 84-85). As shown above, various types of therapy had already been adopted. Choi Sin Hae wrote in 1949 that insulin shock therapy, electric shock therapy, and even lobotomy had been in use in Korea. Choi praised insulin shock therapy as the most effective and near-perfect cure for the insane and stressed the importance of expanding hospital capacity to make insulin shock therapy more widely available.³⁹⁾

The number of psychiatric facilities and professionals in Korea was small indeed, but newspapers in the late 1940s carried reports that linked the division between North and South Korea to an increase in the number of the mentally ill. About 20 percent of the mental hospital patients in South Korea were reported to have come from North Korea, and the news articles suggested that physical and mental suffering from the national division caused insanity.⁴⁰⁾ News reporters were not the only ones interested in mental illness around the time of the Korean War. Writer Ahn Dongmin's debut novel, *Sōnghwa* [Sacred Fire], serialized in 1952 during the Korean War, revolved around the S Brain Hospital outside

was founded with 10 members. The number increased to 20 by the time of the Korean War. According to *Han'guk chǒngsinūihak 100nyōnsa*, there were as many as 30 doctors practicing psychiatry when the war broke out (Han'guk chǒngsinūihak 100nyōnsa p'yōnch'an wiwōnhoe, 2009: 78-79). However, by September 1950, only about 10 of them had survived in the South (Han'guk chǒngsinūihak 100nyōnsa p'yōnch'an wiwōnhoe, 2009: 88-89).

39) "Noebyōngwōnjangdamhwa, ūiyakkwa suyongsowanbimyoŋ chǒngsinbyōngjado wanch'iganūng [Brain Hospital Superintendent Says, Enough Medicine and Asylums Can Cure the Insane]," *Hansung Ilbo*, 30 September 1949. Lobotomies were also performed on World War II veterans at U.S. Veterans Affairs hospitals after 1945.

40) "Nūrōganūn chǒngsinbyōngja, nambukpundando han wōnin [The Insane Increasing, One Reason Being North-South Division]," *Hyundae Ilbo*, 19 May 1948.

Chongryangri.⁴¹⁾ The initial “S” seems to have referred to the Chongryangri Hospital’s English name, the Seoul Mental Hospital. Although it remains uncertain whether Ahn modeled the fictitious hospital on it,⁴²⁾ the novel and its popularity suggest that psychiatric hospitals in Korea were already a familiar fixture in the 1940s and early 50s. The urgency of the Korean War and war casualties intensified a long-standing fear of mental illness.

In the early 1950s, newspapers called for government intervention in the matter of civilians suffering from various symptoms of mental illness. Many of the social ills of the time were attributed to trauma and the effects of the war, although the word “trauma,” as it is used today had not yet gained traction. When the war broke out, institutionalized mental patients were set free without any supervision save that of family members. In 1952, a Korean newspaper reported that the number of the insane had been increasing. Many roamed the streets of the refugee city of Pusan, talking nonsense; more women than men went mad during wartime. The article considered them to be a byproduct of the war and urged the government to come up with a means to deal with them.⁴³⁾ In the same year, another news article reported the problem of “crazy people” in wartime: “One to five in a thousand manifest symptoms of insanity and the number doubles when there is war,” it claimed. “It can be conjectured from the past statistics that one in seven soldiers treated by army doctors

41) The novel was written in 1951, serialized in 1952, and published in book form in 1988. At the time of its writing, the author was a 22-year-old student at Seoul National University. The novel is set in the 1940s, just before the Korean War, and it features a nurse at the S Brain Hospital whose obsession with living a pure life leads to her suicide.

42) It was originally called a “brain” hospital (*noebyöngwöñ*) and changed its name to “psychiatric” hospital in 1980. By that time, it had 500 beds. The hospital closed in 2018, seventy-three years after its opening.

43) “Munoemun [On Rumors],” *Kyunghyang Shinmun*, 9 July 1952.

was a psychiatric case.” According to the article,

Insanity, or madness in common parlance, refers to an unbalanced mind, which was caused by the split between sense and reason. Therefore, we can assume that under the current unexpected circumstances, many of our people have experienced changes in their nervous systems and, going insane as a result, have been abandoned by society.

It traced the rise in the rate of mental illness to the period right after Korea’s liberation from Japan, in which the elation of being freed from Japanese oppression and tyranny was thought to have bred mania. Many patients claimed that they were president or even king of the world and resented that they were sent to a mental hospital not unlike a prison. Now, the Korean War was responsible for the increase in the number of mental patients, the article continued. Shell shock and ideological conflicts disturbed so many people that they went mad, shouting “the Reds are coming to get me!” “I’m not a Red!”⁴⁴⁾ The news report expanded the definition of being insane or mad to include ideological divides, reflecting the political turmoil of the time.

Despite defining “madness” broadly, the report proposed a universal solution of institutional confinement and pointed to the United States as a model. It cited Director Choi Sin Hae of the Chongryangri Hospital, who claimed, “About 7 percent of the population in any given country suffers from neurosis. Murders and robberies, which have been increasing recently, as well as prostitution, are probably caused by insanity. We

44) “Chach’ing yesudo innün noebyöngwön küdürün wae semorül tungjöttön’ga [A Psychiatric Hospital Where Self-declared Jesus Resides; Why Did the Inmates Turn Their Back to the World?],” *Chosun Ilbo*, 24 October 1952.

have frequently encountered those who are paranoid or delusional (about 12,000), and by committing them to mental hospitals, which are in urgent need of expansion, we will be able to build a just and clean country. We expect a quick response from the health authorities.”⁴⁵⁾ The circumstances laid out in the report were quite different from what military psychiatrists must have encountered on the battlefield. Psychoneurosis, character disorder, and battle exhaustion—the most common diagnoses for soldiers—did not make the list of civilian problems. Moreover, there was no expectation that civilians suffering from mental troubles would be cured by rest and nourishment, although it was widely believed that malnutrition and mental torments during the war had resulted in psychiatric episodes. In the absence of medical professionals—the few psychiatrists were either recruited to serve in the army or went abroad to pursue further study—the central problem for civilian psychiatry was identified as a lack of institutional capacity to deal with mentally unstable people. “Prior to the war, Korean mental hospitals could accommodate only 250 patients, and with the wartime destruction, we now have just about 40, 50 beds and five or six trained psychiatrists.”⁴⁶⁾ The news report lamented that the Korean government’s public health policy ignored psychiatric problems. Institutional commitment and confinement, which was impractical in military psychiatry, was still recommended as an Americanized, and therefore more civilized, solution for Koreans.

Civilian psychiatry at the time was largely structured by military

45) Ibid.

46) Ibid. It was claimed in 1953 that there were only two qualified psychiatrists in Korea, as opposed to five or six in the 1952 news report; the discrepancy in numbers may be due to the fact that some of the psychiatrists were still in the army and others went abroad for medical training.

psychiatry, as we can see in the examples of the Chongryangri and the National Veterans’ Mental Hospitals; however, since most functioning mental institutions catered to military personnel, civilians themselves had limited options for treatment. At the Chongryangri Hospital, for example, there were more “free patients” than “pay cases,” and “discrepancies between the conditions” of the two categories were duly noted by an officer from the KCAC Nursing Section.⁴⁷⁾ The hospital conditions soon improved, but it is not unreasonable to infer that only those with a certain class status would have received decent medical care. On the same page of the newspaper as the above article was a detailed report on a visit to the Chongryangri Mental Hospital, which provided a rare glimpse into the institution.⁴⁸⁾ Based on the article, patients who were committed to mental hospitals seemed to belong to an upper echelon of Korean society. Of the 22 inmates at the hospital (8 female and 14 male), 4 male patients were college graduates, and the rest of the men received primary education. Of the female patients, 6 graduated from women’s school and 2 were students. They were between 17 and 38 years of age and of various body types (these were mentioned to suggest the patient’s nutritional status and overall physical well-being), but the report emphasized that all of them had “war neurosis,” which was the outcome of the “sacred war to protect the people and the nation.”⁴⁹⁾ It also discussed various symptoms of the

47) Report by R. Demuth-Hansen, date unknown (ca. late 1954). Department of State, International Cooperation Administration, U.S. Operations Mission to Korea, Office of Government Services, Public Health Division (07/01/1959 - 11/03/1961), Box 11, RG 469, NARA.

48) “Chônbuga chônjaengsin’gyöngjūng, taehakch’ulsinül hapch’yö 22myöng [Everyone War Neurotic, 22 Including College Graduates],” *Chosun Ilbo*, 24 October 1952.

49) The Chongryangri Mental Hospital’s patient records from September 1952 to June 1953 showed that during the period 49 men and 37 women had been admitted. Their diagnoses were as follows: schizophrenia 72, general paresis 4, epilepsy 2, senile psychosis 3, chorea

inmates. Some of them had been so frightened by the bombings that they kept yelling "Boom, Boom!" or "Fire, Fire!" Others were shouting, "Hail Rhee Syngman!" "Hail Kim Il-Sung!" The report explained that they had been forced to change sides as the North pushed into the South and then the South regained territory. The article added that the patients' desire for life in difficult situations stressed their nerves; they had to do everything they could to survive and were forced to destroy other people's property as the war progressed. Under these gruesome circumstances, the article posited, Koreans were bound to lose their minds.⁵⁰

In the early- to mid-twentieth century, religious mania was a common symptom at mental institutions around the world, but this newspaper report interpreted it through specific wartime conditions: a patient who claimed that he was either God or an angel was gripped by religious delusions since he hoped to see, through God's grace, the world with neither misfortune nor war. A photograph of the patient reading the Bible was published alongside the report. The patients at the Chongryangri Mental Hospital were said to have unusual symptoms, but all of them were described as begging to be sent home, crying out loud, "why am I crazy? I am not crazy!"⁵¹ While details varied, similar news reports on mental illness in the early 1950s suggested that psychiatrists and reporters alike saw each symptom as a projection of wartime trauma. In some

minor 1, psychosis due to drugs 2, psychosis with metabolic diseases 1, neurasthenia 1, Department of State, International Cooperation Administration, U.S. Operations Mission to Korea, Office of Government Services, Public Health Division (07/01/1959 - 11/03/1961), Box 11, RG 469, NARA. Here, "war neurosis" was not a diagnosis but a symptom the patients displayed upon admission.

50) "Chǒnbuga chǒnjaengsin'gyōngjūng, taehakch'ulsinūl hapch'yō 22myōng [Everyone War Neurotic, 22 Including College Graduates]," *Chosun Ilbo*, 24 October 1952.

51) Ibid.

ways, these patients were like soldiers whose war had neither front nor rear lines.

The wartime medical training provided by the United States was geared toward military psychiatry, but Korean psychiatrists increasingly felt the need to serve a civilian clientele. Those who had lost loved ones, orphans, refugees, and the unemployed often required treatment to cope with their problems. The handful of psychiatrists practicing in war-torn Korea emphasized the significance of mental hygiene to build a foundation for a “cheerful society.”⁵²⁾ Being “cheerful” (*myōngnanghan*, literally “bright and clear”) in the 1930s’ melancholic social atmosphere under Japanese rule meant keeping a healthy, sound, compliant, and hygienic colonial body (So, 2011). In the 1940s and 50s, being cheerful was reconceptualized and narrowed down to being healthy enough to develop a fledgling nation-state. A 1948 news article emphasized that a “cheerful” family maintained healthy relationships among family members, and by extension, among the people of a nation,⁵³⁾ applying the principle to society as a whole. In addition, access to mental health care was seen by Koreans as a key component for the health of Korean society. Discussions of psychiatry in the 1940s and 50s highlighted the importance of constructing a cheerful society through mental hygiene. Admittedly, the scope of mental hygiene encompassed a wide variety of topics such as juvenile delinquency, industrial hygiene, and social elements.⁵⁴⁾ Nevertheless, by calling for a

52) “Segyebogōnirūi ūiui ponsajuch’oe chwadamhoe [The Significance of World Health Day: A Forum Hosted by This Newspaper Company],” *Kyunghyang Shinmun*, 11 April 1953.

53) “Myōngnanghan kajōnggōnsōl, muōtpodamdo! kajogildongūi noryōgesō [Building a Cheerful Family Needs, Above All Else, Efforts of Every Family Member],” *Puinshinbo* 258, 21 March 1948.

54) “Segyebogōnirūi ūiui ponsajuch’oe chwadamhoe [The Significance of World Health Day: A Forum Hosted by This Newspaper Company],” *Kyunghyang Shinmun*, 11 April 1953.

cheerful society, Korean psychiatrists broadened the focus from military psychiatry to include civilian psychiatry at a time when veterans returned home with mental scars of war.

On January 20, 1954, South Korean POWs, who had been in the custody of the neutral Indian Army since the 1953 armistice, were handed over to the UN Forces. Many of them were in poor physical and mental conditions. Among the 331 such POWs, it was reported, 80 exhibited psychiatric symptoms (6 were in a psychotic state and 74 were in the early stages of psychosis).⁵⁵ By 1954, 67 of these returnees had been committed to the Korean National Veterans' Mental Hospital. A news report stated that they had been shocked by roaring gunfire and "their livers were twisted by explosions," which caused mental illness. Their diagnoses included acute schizophrenia of various types, neurosis, and psychosis. Most patients, aged between 20 and 35, were from rural areas and were described as, in lucid intervals, becoming their normal selves, honest and humble children of peasants. They were said to follow the orders of doctors and nurses but complain about clothes and food, as might be expected of any farm youth. This report was meant to expose the terrible cost of war but instead alluded that even in a national hospital dedicated to professional psychiatric care, no real treatment was offered to address the patients' conditions.⁵⁶

The Korean War inflicted trauma on civilians as well as military personnel, but as the war ended, psychiatric treatment for veterans was prioritized. Veterans at least received a diagnosis and some form of care

55) "Aegukch'ongnyŏn kŏn'gangsangt'ae chunghwanjado tasu [Health Conditions of Patriotic Youths, Many Severe Cases]," *Kyunghyang Shinmun*, 21 January 1954.

56) "Semoe pŏrimbatŭn saramdŭl [Those Abandoned at the End of the Year]," *Donga Ilbo*, 19 December 1954.

when they showed psychiatric symptoms. The government hurriedly opened the National Veterans’ Mental Hospital and took steps to ensure appropriate medical assistance for returning soldiers. In contrast, civilians had limited access to psychiatric treatment, and many ended up roaming the streets or exhibiting unusual behavior. As the 1952 article on the Chongryangri Mental Hospital showed, even the educated and relatively well-off were not immune to the impacts of the war. Moreover, the patients featured in that article were just a few among a flood of civilians needing mental health care. Shortly after the war, many reports of “crazy” people were published in Korean newspapers, in which homicides and infanticides were attributed to episodes of psychosis. In 1954, *Chosun Ilbo* printed several accounts of parents, mostly mothers, who murdered their children while supposedly suffering from mental illness. Examples included a woman who threw her 3-year-old son down the hole in an outhouse, another woman who had long suffered from “neurological cancer”⁵⁷⁾ poisoning her son and then killing herself, and a 27-year-old insane woman who had been arguing with her in-laws for some time and murdered her second child by throwing her down a well.⁵⁸⁾ Despite the attention these stories generated, there was no evidence that psychiatric treatment was offered to the perpetrators. Their behavior was attributed to the shock of war, which was supposed to go away after a while, but the stigma attached to mental illness did not easily dissipate. Whereas military psychiatry was firmly established during the Korean War, extending psychiatric care to civilians was a longer process—one that involved the majority of Korean psychiatrists leaving Korea to study in the United

57) Cancer of the brain or spine.

58) “Yuksinjugigo chagido chasal [Suicide after Killing Own Child],” *Chosun Ilbo*, 15 May 1954.

States and Europe for several months to several years. Only when these professionals returned did the impact of their expertise begin to shape the landscape of Korean psychiatry. The knowledge accumulated on the battlefield played an important role in the development of civilian psychiatry in war-torn Korea, but a “cheerful society” did not quickly emerge when the fighting stopped.

5. Conclusion

Until the Second World War, in the context of the United States, civilian psychiatry enriched the field of military or combat psychiatry. The active contribution of civilian psychiatry made possible combat psychiatry that would otherwise have taken longer to develop. Nevertheless, the war also produced many new inventions and technologies in medicine (Wanke, 1999), and the impact of military psychiatry on its civilian branch was clearly manifested in the Korean War, when psychiatry was accepted as a legitimate field of medicine. In places like Korea where there had been few adequate mental health facilities, the war proved to be a boon for psychiatrists building their careers and for patients who finally had a name for their suffering. It should also be noted, however, that this “golden age” of psychiatry in the West (Grinker, 2021: 145) was marred by an ongoing stigma surrounding mental illness and limited access to treatment. According to Fitzpatrick, “the experience of returning home and the acknowledgement of society is as pivotal to recovery as any clinical treatment” (2017: 4). In the aftermath of the Korean War, the lack of social acceptance surrounding mental illness cruelly denied veterans and civilians the opportunity to process their trauma. Like the physical

scars that soldiers and civilians acquired during the war, mental scars, though invisible, inflicted enduring harm. They were perhaps more dangerous because of their relative invisibility and longer lasting due to the lack of sufficient knowledge and facilities to deal with them.

In understanding the psychological effects of trauma, the Korean War was indeed a “forgotten war.” It is the Vietnam War that has long been considered a watershed in the development of psychiatric knowledge. In particular, the diagnosis of PTSD that emerged from the Vietnam War has been identified in various psychiatric conditions in civilian life. There are still discussions going on regarding the “lessons of Vietnam” (Wessely & Jones, 2004), but the importance of wartime psychiatric development remains, and it can be traced back to the Korean War—the first war through which military psychiatry came to be actively applied to civilian psychiatry rather than the other way around. Of course, we may not generalize the sequence of events that followed the Korean War; after all, Korea may have been the exception rather than the rule. Nevertheless, an examination of the history of the Korean War reveals significant medical developments that it spurred, especially in the field of psychiatry in Korea.

Key words : Korean War, U.S. military, military psychiatry, civilian psychiatry, mental hospitals

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Abstract

A Foundation for a “Cheerful Society”: The Korean War and the Rise of Psychiatry[†]

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One of the most remarkable medical achievements of the Korean War was the development of psychiatry. During the Korean War, soldiers and prisoners of war (POWs) experienced “gross stress reaction” and manifested poor concentration and memory as well as clinical depression and social alienation. Rest and relaxation rotations served as the primary treatment for their conditions. Civilians also bore the brunt of the war’s effects. Delusions of grandeur and megalomania appear to have been common among Koreans, but there were few mental health facilities to provide treatment and care. Out of the furnace of war, psychiatry emerged as a newly specialized field, and in the 1950s, Korea became the very place where military psychiatry training under the U.S. military laid the groundwork for civilian psychiatry. This essay aims to enrich the study of mental illness during and after the Korean War by providing a more

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detailed picture of the mental problems experienced not only by veterans and POWs, but also by civilians in Korea. Examining mental health issues from this period is challenging due to the scarcity of resources for delving into the minds of the civilians involved. Taking military psychiatry as a starting point, this essay goes beyond existing scholarship to discuss psychiatry-related responses to the Korean War, including the influence of military psychiatry on civilian psychiatry, the endeavors of medical professionals and government policies, and contemporary expressions of mental distress during and after the war.

Key words : Korean War, U.S. military, military psychiatry, civilian psychiatry, mental hospitals