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(Review Article)

Psychotherapy in Korean Culture[1]

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= Abstract = Ever since Nokchin, a young courtman in the time of King Hundok (809-825AD), began practicing a kind of didactic psychotherapy, Korean traditional culture had preserved a number of indigenous psychotherapeutic methods. Meditation in the Buddhist and Taoist traditions, the shaman's healing cult and the psychophysical exercises and behavior modification techniques of oriental medicine practitioners have all been preserved through Korea's long history. Western dynamic psychotherapy, on the other hand, was only introduced after the Korean War in the 1950's when Korean psychiatrists trained in America during and after the war began returning to Korea. During the 1960's, therapists faced a number of obstacles in their efforts to effectively utilize western style psychotherapy with Korean patients. The major factors were; Korean patients' magical expectations of the therapist, Korean patients' preference for a somatic approach to therapy and also the therapist's poor motivation for conducting psychotherapy. However, along with the rapid economic development of Korea, there have been other changes which have made psychotherapy more popular and successful among Korean people. In particular, the promotion of rational thinking among the people and the systematic training of therapists in psychiatric institutions and study groups of various schools of psychotherapy and a profound impact on the increased success of psychotherapy in Korea. And yet, culturally determined issues such as modes of communication, the inability of clients to understand that they must pay a fee for talking with a trained therapist even when they do not receive medicines and clients' often unreal expectations of western medicine must all be more fully explored, understood and dealt with.

Key words: ***Psychotherapy, Culture***

INTRODUCTION

The question of whether the original hypothesis and techniques of modern Western psychotherapy is suitable for patients from non-Western cultures has been extensively investigated and yet not completely resolved (Bishop and Winokur 1956; Bolman 1968; Prince *et al.* 1968; Pande 1968; Prince 1968; Jilek-Aall 1976). Comparative studies of psychotherapies in different cultures require clarification of the following points:

First and most important, what types of psychotheraby we are comparing must be clarified. We find numerous types of "Western" psychotherapies and extremely diverse theoretical hypotheses ranging from those based on a causal deterministic point of view to those based on an acausal synchronistic or phenomenological point of view. Some schools of psychotherapy regard therapeutic methods as crucial as the therapist's attitude toward the patient; other schools emphasize the importance of the therapist's basic attitude toward human life and the world far more than therapeutic methods.

The goals of psychotherapy are also different from school to school. Although intensive in-

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sight-oriented therapies may aim at the same goal, what insight one should achieve varies according to differing concepts of the human psyche and personality maturation. One therapy may stress adjustment to a given situation; another tries to motivate the patient to change the situation through individuation.

Because of these kinds of differences, we should be cautious when we compare any two types of psychotherapies from different cultures so as not to overgeneralize by designating them simply as "Western" or "Eastern" psychotherapy.

Today Eastern cultures are rapidly changing because of industrialization and Westernization and Western cultures seem to be undergoing gradual change through Völkerwandlung from the East and the influences of Eastern religions. There are so many different kinds of Americans, different kinds of Chinese, different kinds of Japanese, different kinds of Koreans. Some are traditionally oriented; others are rather "progressive." Therefore, besides carefully distinguishing what kind of Psychotherapy we are talking about, we must also carefully designate what kind of patient we are dealing with.

Keeping these points in mind. I will try in the following to review psychotherapy for Koreans in connection with its relations with Korean culture. The term psychotherapy will be used here as a general term meaning psychological treatment regardless of differences in methods, goals, and therapist's attitudes.

HISTORICAL BACKGROUND

The first documented case of individual psychotherapy in Korean history is the case of Chungkong who was a high official in the court of King Hundok (809-825 A.D.) of the Shilla dynasty: Assigned to personnel administration, Chungkong fell ill after a time. The court physician examined him and declared, "His suffering is caused by his heart. He should take *yongchi-tang* (a potion made of *yongchi*, translated as dragon's teeth). Chungkong stayed at home refusing all visitors. In medical terms, he apparently suffered from vertigo, chest discomfort and a depressive, dysphoric mood. A young Confucian scholar named Nokjin who recognized the nature of Chungkong's illness told him, "For your disease, you need no medicine, no acupunture, no moxibustion. Your disease can be cured by noble words and logic. Will you listen to me?" Chungkong consented, and Nokjin passionately poured out his opinions on the correct way to select personnel for the good of the land, not by being swayed by personal affinity, but by maintaining justice and a correct attitude. Nokjin advised him to relax at home after work talking and cheerfully drinking with his friends. Nokjin added, "Why should you stay away from your work at court taking herbs in vain!" Upon these words, Chungkong felt well, sent the court physician away, and began to work again at his job. When the king asked after his health, Chungkong answered. "Nokjin's words were like medicine, so why should I take *youngchi-tang*?" and told the king everything Nokjin had said. The king was very pleased to have such a courageous young man at court as Nokjin who was not afraid to express his own opinions (Kim 1972).

Traditional medicine seems to have much more concerned with such somatic treatments as acupuncture, herb medicine, and moxibustion than with psychotherapy. However, oriental medicine, which is shared by all the countries of the Far East, repeatedly stressed the importance of the mind in diagnosing and treating the patient. In the first chapter of the *Tongui Pogam* ('Mirrors of Treasures of Eastern Medicine'), a handbook of Korean traditional medicine published in 1611 A.D., the statement "healing in Tao" and several pages of Taoist commentaries on psychotherapy are found (Ho 1964).

For example, the Taoist Taebaeck said. "If you wish to treat the illness, you should treat the mind first and put the mind in order. The basic rules of treatment are to treat the mind in Tao and to take care of illness. The superior person (*ji-in*) treats a patient before he becomes ill; the common physician treats the patient after he is ill. The former treats the mind and treats the illness through cultivation of the mind. but the latter treats the illness only with herbs and acupuncture. There are two kinds of treatment, but only one source of illness. No disease occurs without the action of the mind."

The *Tongui Pogam* also includes accounts of Chinease physicians using psychotherapy, in the twelfth and thirteenth centuries including a precursor of modern behavior therapy (Rhi 1976).

Oriental medicine's emphasis upon the patient's state of mind can be attributed to a psychosomatic or somatopsychic model of illness characteristic of Oriental medicine.

As in early Western medical practice, the sufferings of the mind and its healing was in Korea largely a matter for such religious healers as Buddhist monks, shamans (*mudang* in Korean), and Taoist priests, as well as such Confucian scholars as Nokjin cited above. Religious healers treated the mentally ill by reciting Buddhist or Taoist sutra (*tok'kyong*) to drive the disease demons away by performing shamanist healing ceremonies with dance and music and by fortune telling. Nokjin's therapy is an example of didactic psychotherapy.

Dreams were actively used for diagnostic and therapuetic purposes. In general, dreams were regarded as foretelling future events — the birth of a divine child or one's destiny, for example. In shamanism, dreams are used as methods of divination. In Buddhism, dreams are considered internal imaginings from the subconscious which should be worked through to finally achieve the state of enlightenment, a dreamless state. For Confucian and Taoist scholars, dreams were an important transcendantal extrasensory means to perceive events in the external world and messages from spirits in the other world. The power of dreams to evoke illness and spontaneous healing are also mentioned in the literature. The interpretation of dreams illustrated in folklore dream books reveal that dream interpreters know about the compensatory function of dreams. Some Confucian scholars developed theories about dreams which are quite understandable in terms of modern psychology. they kept an objective attitude toward dreams and warned against a blind belief in their prophetic powers (Rhi 1984; Rhi 1984).

Because of the traditional yin-yang Weltanschauung of Oriental thought, harmony between opposites, it is not surprising that such psychic epidemy as the witch hunts that occurred during the Middle Ages in Europe are not found in Korean history. In traditional Korean thought, a human being is the microcosm, and harmony within is as important as harmony with the outer world. "Self-cultivation before treating others" was the motto of Confucianism; and "to achieve oneness (*il-shim,* 'one mind)" through overcoming one's ignorance is the essential goal of life in Mahayana Buddhism as particularly emphasized by the famous Korean Zen master Wŏnhyo (Rhi 1967).

Though its approach is different. Korean shamanism aims at the same state of oneness through an ecstatic achievement of spiritual unity (Rhi 1982).

The Taoist mediatation practices which include spiritual and physical exercises (*yangsaeng*), and the tradition of Zen meditation all have played essential roles by providing approaches to self-awareness (Rhee 1968). they continue to play such roles today.

The Development of Western Psychotherapy in Korea

The theories of modern Western psychotherapy were introdced into Korea in the 1930's, and a few Korean and Japanese psychiatrists in Korea tried to apply either the concepts of Freudian psychoanalysis or the methods of hypnosis and persuasion in their treatment.

However, the main stream of psychiatry remained a descriptive organic one, until the 1950's when American military psychiatrists began to influence young candidates in pschiatry during and after the Korean War. In 1958, Adolf Meyer's dynamic psychiatry was introduced into Korea when Korean psychiatrists who had been trained in America returned home and began teaching in the universities using Noyes' textbook of modern psychiatry. The theories and practices of the neo-Freudian school then become the focus of interest.

There was a great deal of controversy surrounding psychotherapy at that time, and frequent lively discussions decated the theories and practice of psychotherapy and the applicability of Western psychotherapy to Korea.

More or less systematic training for psychotherapists began in 1962 when the first psychotherapy case seminars for psychiatric residents were introduced at Seoul National University Hospital and encouraged residents to take private psychotherapy cases. Nine years later, additional individual supervision of residents by Western trained supervisors was begun at Seoul National University Hospital. This type of training was then adopted by some other psychiatric institutions. However, the number of

institutions offering such training was not large until 1976(Kim *et al.* 1976). Before that date, psychiatrists who had only limited opportunities for training in psychotherapy raised the need for a training group outside the university hospital.

Thus, in 1974 the Korean Academy of Psychotherapists was founded. One of the Academy's goals is to search for a unique Korean way of psychotherapy in an attempt to apply the traditional ways of meditation to modern psychotherapy. Psychotherapy for children began in the early 1970's and has continued with several years interruption until today. In 1980's the Association of Child and Adolescent Psychiatry was founded. Psychodrama began to be popular and the Korean Assoication of Clinical Art was founded to promote the different kinds of art therapies and publishes an annual journal.

Analyst training is only in the beginning stages and that only of the Jungian school. From 1972 some psychiatric residents have had the opportunity of undergoing training analysis by a Jungian annlyst. Beginning with a study group in 1978, the Korean Society for analytical Psychology was founded with its own official journal and training program for Jungian analysis.

In 1980 the Study Group for Psychoanalysis Seoul was founded to learn psychoanalytic theories and practice. Sullivanian psychotherapy is now practiced and logotherapy was once introduced for a brief period. Unfortunately we have in Korea currently no psychoanalyst internationally acknowledged by the corresponding schools except for a few authentic analysts of the Jungian school who were trained in Switzerland.

It is our great loss that Korean psychiatrists who went to America from the 1960's to the early 1970's and were well trained in psychotherapy remained in America and have had little opportunity to share their experiences with psychiatrists in Korea.

Training in psychotherapy was much improved, however, in the 1980's especially since 1983 after the Korean Neuro-psychiatric Association introduced an intensive oral test for psychotherapy case using audio tape and case reports in its board examination of psychiatry specialists.

The types of psychotherapy adopted by Korean psychiatrists are mainly individual psychotherapies. Though group therapy and family therapy also appeal to psychiatrists. An investigation of 152 psychiatrists including 112 psychiatric specialists and 40 psychiatric residents in 1979 (Rhee and Yoon 1981) shows that the majority of psychiatrists (84.9%) conduct individual psychotherapy, 17.3% conduct group therapy, and 16.5% family therapy.

It seems that Korean psychiatrists appreciate insight therapy much more than hypnotherapy or behavior therapy. A hypnosis workshop conducted by a psychoanalyst from America held in 1985 and 1986 in Seoul found many enthusiastic participants, probably because of the information that showed its applicability to insight therapy. Until that time, hypnosis was hardly an object of academic interest or training of psychiatrists in Korea. It was used by teachers and non-specialized common people without adequate training. However, a study group for hypnotherapy has recently been organized by some psychiatrists.

Almost all training hospitals possess biofeedback equipment and psychiatrists who are acquainted with behavioral management have published some articles (Hwang 1983). Presently, however, biofeedback and behavior therapy are seemingly not yet enthusiastically pursued by the majority of psychiatrists or by patients.

Although Korean psychiatrists give us the impression that they prefer insight therapy, that is not fully confirmed by statistical survey.

The 1979 study also reveals that 25.0% of psychiatric specialists conducted mainly insight therapy for their patients and 58.9% conducted mainly supportive therapy. Another survey of 83 psychiatric specialists (Chung and Chung 1985) demonstrates that 44.6% use drug therapy almost exclusively for their patients.

A survey in 1985 asked 124 psychiatric specialists whether during one week's time they had treated any psychotherapy cases. Of the 124 specialists, 58% responded yes; the rest answered no (Rhee and Rhee 1985).

More detailed studies are needed to know the exact features of psychiatrists' attitudes and practices in psychotherapy. It seems that the majority of Korean psychiatrists know the importance of insight therapy very well, but they can not apply it in their practice as they wish, either because they feel incompetent since they had no opportunity to receive adequate training

for insight therapy during their residency, or because they can not devote enough time with their patients, as is revealed in the results of several investigations.

In addition, psychiatrists, in common with other physicians are encouranged by the hospitals where they practice to see as many patients as possible. Hospitals are responding to a need to increase their incomes because most patients belong to the government-managed nationwide insurance system. Since fees to insured patients are low, hospitals feel the economic pinch and therefore encourage physicians to treat as many patients as they can. Psychiatrists, as do other physicans, then feel overwhelmed with the numbers of patients they must treat.

Articles published on psychotherapy in the past fall into three catagories: 1) articles on traditional thought and the practice of meditation in comparison to Western dynamic psychotherapy, 2) articles on psychotherapeutic experiences and the evaluation of the therapeutic process, and 3) articles of folk psychotherapy. Three official journals exclusively dedicated to psychotherapy: *Journal of the Korean Academy of Psychotherapists, Journal of the Korean Association of Clinical Art* and the *Journal of the Korean Society of Analytical Psychology.*

In the recent past in America, criticism of traditional psychoanalysis and the rise of biological psychiatry have temporarily cast an unfavorable shadow on the development of training in psychiatric residencies in psychotherapy. In spite of unfavorable factors caused by the low insurance rates for general practice and for psychotherapy, Western dynamic psychotherapy has nevertheless found in Korea many enthusiastic psychiatrists and training in it is slowly but consistently improving.

Western Insight Therapy in the Context of Korean Culture

With the introuction of Western civilization and ways, traditional Korean culture inevitably encountered very different new attitudes and values. A great deal of confusion and new conflicts appeared during the acculturation of these attitudes and values. Existing conflicts within the field of psychotherapy also became apparent.

During a 1966 symposium on psychotherapy in Korea, the participants expressed opinions on the use of Western psychotherapy in Korea which ranged from positive and quite optimistic to extremely skeptical: the majority fell into the latter catagory. Some were extremely pessimistic about the use of long-term, psychoanalytical psychotherapy in Korea since the value of the individual is played down in the culture. Also because of poverty, anxiety, mistrust, and magical expectations of the effect of psychotherapy some thought patients would be unable to accept psychotherapy. However, short term crisis intervention was thought feasible. Psychiatrists who attempted to perform psychoanalytic psychotherapy without any real knowledge of it were criticized by one who suggested that many so-called psychotherapists were unaware of what was going on during the course of the therapeutic process (Hahn 1966).

Other drawbacks in conducting psychotherapy were pointed out: it is difficult for a patient to relate to his therapist because of the strict separation of people along socioeconomic lines that exists in Korea; it is difficult to match a patient of a particular socioeconomic status comparable to that of the therapist; psychiatrists are under pressure to perform multiple social roles and Koreans are unaccustomed to having personal interaction with some one of such a different status; some patients expect the therapist to work magic and an immediate cure, and when this does not happen they may drop out of therapy or refuse to pay for treatment (Oh 1966).

Problems with the extreme dependency, exhibitionism, ego centric tendencies and emotional insecurity of Korean patients were attributed to the formalism of Confucian culture, the extended family, poverty, persecution during the Japanese occupation, and the division of the country. For these reasons some felt group psychotherapy was the best choice for Korean patients (Ro 1966).

Others who took a positive stand on the future of psychotherapy in Korea nevertheless pointed out that Korean patients prefer medication to psychotherapy and that most people do not recognize psychotherapy as a method of treatment (Rhee 1966; Halm 1966). All participants at the symposium shared these views and believed that educating the people on the effects of psychotherapy and presenting the

therapist's own experiences in psychotherapy and presenting the therapist's own experiences in psychotherapy were most important.

Besides the influence of an authoritarian culture and the patients' isolating, inhibiting tendencies, other problems included patients' inability to understand abstract interpretation, their lack of knowledge of psychogenic factors in illness, and the fact that the psychiatric practitioner's income usually depends upon hospitalized patients, not upon non-hospitalized patients who can select freely the type of treatment they desire.

In the late 1960's and early 1970's, I myself was able to compare the characteristic behavior patterns of Korean analysands during the process of analytical psychotherapy with those of Westerners (Rhi 1974). Korean patients expected magical, immediate results from analytical psychotherapy; they preferred a materialistic approach. Their poor verbal expression of feelings created a face-keeping "persona" relationship with analysts. Patients expected analysts to be aware of feelings that they did not express. Because of poorly defined concepts of time and of patient's responsibility for therapeutic contracts, they frequently left the sessions without expressing their own opinions. Then there was the overwhelming pressure and power of the patient's family. However, I have never found any evidence of failure in analysis caused by these behaviors after the analysands are made aware of them and overcome them.

During the 21 years since the 1966 symposium, the economic state of Korea has greatly improved. Psychotherapy has become much more popular through public education by psychiatrists, the medical schools and through patients who have benefitted from psychotherapy. And yet difficulties in conducting dynamic psychotherapy for Koreans still remain partly unchanged in spite of enormous favorable changes in Korean patients' attitudes toward psychotherapy and their acceptance or therapy. In two studies, one in 1979 and one in 1985 (Hwang 1983; Rhee and Rhee 1985) about 85% of the psychiatrists studied pointed out as difficulties the lack of patient's understanding of psychotherapy, the shortage of the therapist's time, the patient's poor economic status, and the family's lack of understanding of therapy in about same distribution in both studies.

The study in 1979 (Rhee and Yoon 1981) also polled psychiatrists' opinions about the causes of dropping out of therapy. Of the total number of psychiatrists including residents, 40% pointed out the patient's magical expectations of psychotherapy, 25.0% mentioned economic problems. 21.2% cited the therapist's own problems. and 18.4% gave the cause as family factors.

Questions of whether and how much Korean patients appreciate psychotherapy, how they react to it, what their characteristic behaviors during therapy are, and to what extent these are culture-specific are also important considerations, regardless of the differences among various therapies' basic principles and goals. Here, four illustrations of such considerations are presented: Korean patients' attitudes towrds paying fees and toward keeping appointment times; Korean patients' attitudes toward dreams and the unconscious; and Korean patients' and therapists' problems with language.

Paying fees for psychotherapy

Even if the patients understand the usefullness of talking with a psychiatrist, they hesitate to accept psychotherapy when they realize that they must pay for such "talk." Family and friends try to argue with patients saying, "Your mind (*maum*) is yours. Who else knows your mind? Only you can correct your mind. Why should you talk with a doctor!" (Rhi 1974; Rhee 1970) Even today, when many patients know about paying for psychotherapy, we often hear a patient in the Outpatient Department who has had a psychotherapy session and has been given a small amount of antianxiety or sedative drugs say to the therapist at the next session. "I feel much better after taking your *drugs*. Thank you very much, doctor!" The patient may also say, "Doctor, please give me those drugs you gave me last time!" without realizing the possible placebo effects of the drugs.

Such an attitude of the patient toward psychotherapy may be or may be not specific to Korean culture, for it has been observed that people from the low socioeconomic class in America tend to seek somatic treatment and immediate symotomatic relief rather than long-term insight oriented psychotherapy, in contrast

with people from the middle and upper classes (Overall 1963; Albronda 1964). however, the preference for somatic therapy and reluctance to pay for psychotherapy which some Korean patients show seem to be connected with a Korean view of Western medicine in general.

The Korean concept of Western medicine is still that of materialistic nineteenth centry laboratory medicine. Korean patients expect laboratory examinations and physical treatment with drugs, injections, or radiation. The Korean term for a department of psychiatry *chóngshin-kwa* is sometimes misstated by patients and their families as "*chóngshin-oi-kwa,*" department of psycho-surgery, an error that reflects their expectations of Western psychiatry. The term *chong-shin* (mind or Geist) has a profound meaning derived from Oriental classics (Rhi 1983). When people hear the term *chong-shin--byong* (illness of *chongshin*) they immediately think of an illness of the spirit (psychosis, Geisteskrankheit). Since *psychotherapy* is officially designated in Korean as *chong-shin-yo-bob* (thereapy of the spirit or the mind), people first take the term seriously assuming that it has to do with a serious treatment for a grave disease in contrast with an illness for which only drug therapy is recommended.

Korean culture provides numerous agents for psychological talk besides modern Western psychiatry: Buddhist monks, *mudang* (female shamans), seniors in the family, friends, pseudopsychclogists, ex-patients, Protestant pasters and Catholic priests, and in fact everyone becomes an advisor and counselor on the occasion of illness. None of these agents ask for a fee.

To explain: The psyche is like air to Koreans; it is something everyone can use without paying a fee. It is either too precious to be reduced to a discrete sum of money, or too cheap to be worth paying anything for. In addition, traditional culture did not teach Koreans how to translate any kind of mental effort into money, for money was regarded as something dirty. This attitude is reflected in the traditional caste system which regarded the merchant class as the lowest class in society during most of the Chosun dynasty (15th to early 20th centuries). In the late Chosun dynasty, a new school of Confucian pragmatism (the Shilhak school) raised the question of how to deal with material wealth, and in the recent past, the modern industrial and economic development of Korea has increased these concerns.

From the unconscious manifestations of the Korean analysand, we can assume some dichotomy between the Eastern and the Western viewpoints within the mind of the Korean analysand. A consciously spiritual syncretic attitude and the values of harmony and close relations with fellow men and the universe dominate while extreme discriminative materialistic tendencies unconsciously act against that dominance. Western medicine can easily become the object of the collective projection of such unconscious trends of extreme rationalistic materialism in contrast to conscious syncretic attitudes which do not allow room for psychological involvement.

Koreans do not regard Western medicine as the only resource that promotes health in Korea. They sometimes prefer to use Oriental medicne, such as herb medicine, acupuncture, and moxibustion, with Western medical treatments for Oriental medicine uses understandable explanations of psychogenic disorders by relating them to specific organs of the body and has a rich mythology about healing remedies transmitted from ancient times (Rhi 1973).

Instead of using psychological terms to explain psychogenic somatic symptoms, the Oriental medical practitioner will say, "Yes, it comes from your liver. your liver is weakened and should be strengthened." Then, he will prescribe herbs with complex instructions for preparing an elixir or will use acupuncture. In Oriental medicine, the word *liver* does not designate the liver as an anatomical entity but as a symool which stands for both the physiological entity and the locus of emotion especially of anger.

Religious retreats and faith healing in Christian sects are other favorite resources for healing measures for Koreans, especially for those who are suffering psychogenic somatic disturbances and chronic mental illness. This movement is partly a revival of medieval European exorcism practiced by priests; however it seems that the church in Korea has taken over esctatic healing from shaman healers (Kim 1982; Yoo and Rhi 1983). The people's need for dramatic healing though *mudang* (female shamans) and fortune

tellers neverthless play a not insignificant role for the patient's family if they come from a folk religion background.

Although Christian faith healers forbid patients to take medicine and shaman healers sometimes recommend medicines, clients never pay fees to the healers personally, but to the gods they represent. No client ever complains about that.

Thus, numerous patients with psychogenic disorders who could certainly benefit from psychotherapy wander from drug stores to Western physicians to Oriental medical practitioners and to faith healers.

In 1966, some psychiatrists believed that intensive long-term insight therapy could hardly be conducted for Korean patients due to their poor economic condition (Hahn 1966) but that belief seems inexact, not only for the 1960's but also for today. Willingness to pay depends upon the purpose of the payment. One can easily offer the money without hesitation if one feels it is worthwhile.

Keeping appointments for psychotherapy

Psychiatric patients for supportive therapy at outpatient clinics follow relatively well the appointment system which was introduced in several hospitals in the late 1970's. However, approximately 4-15% of my patients at the outpatient clinic currently following-up are absent without prior notice, late, or drop out. However most of these patients reappear sometime later and continue to undergo therapy. At a psychotherapy clinic where mainly insight therapy is conducted and an appointment schedule is strictly kept almost all patients keep their appointments. This is a great change from the time orientation of patients in 1960's and early 1970's. Between 1969 and 1974, we observed a 86.5% overall drop-out rate, among 104 psychotherapy cases at Seoul National University hospital with an early drop out rate (drop-out after the fifth session) of 34.4%, about the same as in the data reported by Frank (Frank *et al.* 1957; Rhi *et al.* 1974). We determined that the high overall drop-out rate was the result of our strict definition of dropping out: a patient is drop-out when the patient and the therapist do not "verbally" agree to terminate psychotherapy and when the patient does not come to the therapy session regardless of the state of improvement of his illness.

In many of the drop-out cases, we recognized that therapists and patients had actually made non-verbal agreements to terminate therapy. During our survey, we frequently observed that a patient leaves therapy then returns without saying anything, a tendency which we still sporradically observe today.

Certainly, the illness itself can make a patient careless about an appointment. Conscious or unconscious resistance may influence the patient's behavior toward time and toward an appointment with the therapist. However, for a patient who arrives late for the therapy session or disappears without saying anything, such behavior is not necesarily a sign of unconscious resistance. It is rather a culture-specific tendency common to all archaic agrarian folk who live in a timelessness or an eternal time in contrast to the arbitrary and obsessionally divided time of modern industrial society. On the other hand, a patient seems to develop such an absolute trust in and dependency on the therapist that the patient believes the therapist shares the same concept of time and understands his or her nonverbal intention. Certainly such behavior can also be attributed to the patient's wish to avoid emotional encounters with the therapist.

Many archaic healing ceremonies practiced in Korea have a time concept different from the settings of modern Western psychotherapy. Zen meditation and Protestant or Catholic religious last from one week to several weeks. Shaman healing ceremonies generally last two or three days. Christian faith healing is frequently performed every day for two to three hours at a time (Lee and Rhi 1983). We sometimes see that objectively regulated time does not always play a crucial role in giving insight to the patient, if the right words are spoken at the right moment. How long psychotherapy lasts may also be modified according to individual problems and according to sociocultural situations.

Therapist-patient relationship

The relationship between the therapist and the patient can be molded by the personality types of both participants in the therapy, gender differences, the nature of the patient's illness, the type of psychotherapy, and culturally determined

patterns of interpersonal relationships and styles of communication.

Traditionally, the much approved way of communication has been intuitive and non-verbal. Korean reverence toward the elderly and authoritative persons fosters a modest attitude and control of one's negative feelings or critical thoughts toward seniors. Emotional expression is reserved and the spirit of filial piety sometimes leads a patient to an extreme dependency on the almighty power of his seniors, who should know everything including his suffering mind. As in other East Asian countries, the traditional mental attitude of Koreans has been dominantly introverted until the recent past. For these reasons, Koreans are neither accustomed to nor skillful in expressing their opinions and feeling or in freely exchanging conversation with others.

Both Confucius and Lao-Tzu, the famous Chiness philosophers who have been greatly influenced Korean mentality, never appreciated fluent speech and rich facial expressions. They emphasized simplicity, unskillful language and even anxious uncertainty (Confucius 1979; Laotzu 1971). From this brief description of Korean ways of communication one can imagine how the initial encounters of an Eastern client with a Western therapist, or vice versa, may appear.

To an Eastern client, a Western therapist looks like an extremely extraverted person who never pays attention to the client's subtle unexpressed changes of mind and feelings. Soon, however, as my personal expreiences with Jungian analysis in the West suggest, a Asian client recognizes that the very extroverted "crudeness" of the the analyst is actually his own unconscious shadow which has been repressed and remained undifferentiated, namely, an inferior extraverted aspect of personality, which is finally projected to the analyst.

After returning to Korea from Europe in 1968 and beginning to analyze Korean patients extensively, I felt that I was in a postition exactly opposite to that I had experienced in Europe. I came from a westernized viewpoint partly projecting my introverted shadow to the patient who manifested poor emotional and verbal expression and who also had magical expectations about the analyst. With time, however, by reflecting countertransference and transference, the Easterner and the Westerner meet as individual human beings while the Western shadow of the Easterner and the Eastern shadow of the Westerner become assimilated to their own indiviudal conscious personalities (Rhi 1984; Rhi 1972). And the therapy moves from the cultural dimension to the total psyche of the individuals.

Because of the traditional regard for the patriachal relationship and filial piety in Korea, one might assume that didactic psychotherapy may be more suitable for Koreans than psychoanalytic therapy. However, this presupposition seems not to correspond to the fact (Cho 1979). In psychotherapy, a Korean therapist must speak actively, even giving certain instructions and interpretations of the patient's situation, but the therapeutic approach to the patient absolutely depends upon the patient's individual personality and problems. There are many different cases, either difficult or easy to carry out, either with success or failure regardless of cultural differences or the type of psychotherapy practiced.

The unconscious and dreams

Korean culture has preserved a concept of "this world" (*isúng*) and "that world" (*chosung*). *Isung* is the world we live in; *chosung* is the other world, the world beyond *isung* where one's ancestors live. Dreams are seen partly as messages from *chosung*.

According to Korean folklore, *chosung* is not an intrapsychic entity. Therefore, it is understandable that when patients dream about dead men and women, they complain that they feel bad. They are afraid of seeing dead men and women in dreams because they believe that the dead take the dreamer away to the other world, to *chosung*, or that something is wrong with the ancestors.

Almost all Koreans express interest in dreams and express opinions about them, but many have prejudices about the meaning of dreams which makes symbolic understanding difficult. With educative correction of a patient's prejudice towards dreams, the patient gradually gains the ability to understand a dream's symbolic meaning. But women from a shamanistic culture are especially inclined to the folklorist concrete interpretation of dreams (as in dreams of the dead) which makes the further pursuit of interpreting their dreams symbnolically impossible.

As we can see from Korean patients' attitudes

toward dreams, for Easterners the unconscious is not sharply demarcated from and contrasted to consciousness. Communication between the consciousness and the unconscious is more fluid. The boundary between ego and the uncopnscious is loose and vague for the ego is accustomed to entering the unconscious frequently, a characteristic of the introverted type of person.

Among the traditional influences on Korean thought is Buddhism which postulates an unconscious state (Avidya, *mumyong,* literally, 'no brightness') in which is hidden the Tathata, *jinyo,* which is the ultimate goal of self-actualization. Many Korean Zen masters emphasize the ultimate goal of life to be insight into the existence of the creative force in one's unconscious. How much Korean patients relate to the Buddhist search for self-acualization as a positive goal remains a question. Korean patients do show respect for the unconscious mind, but often see negative as well as positive factors in their own and others' unconsciousness.

These observtions about patients' attitudes toward dreams and the unconscious are only impressions obtained from my experiences with my patients; it is difficult to generalize from these impression and assume they are cultue specific.

Language

When a Korean patient tells the therapist, "It must be *hwa* (a folk expression designating an emotionally charged complex, mixed up with anger) that has caused my illness, I guess," the therapist hesitates considering whether he should use the patient's terminology or the term from modern psychology. Finally, the therapist says, "Probably it is *hwa,* but tell me how you happened to get hwa." This not atypical conversation illustrates both what problems can arise from using vernacular terminology with patients and how convenient doing so can be. Using language a patient can understand instead of an unfamiliar psychological term can bring the patient further along toward insight.

However, even ordinary language can create problems. For example, in the 1960's, some Korean psychiatric residents at Seoul national University Hospital were taught by a supervisor who had been trained in America. Knowing the importance of asking patients "How do you feel?" the supervisor insisted that the residents do so. However, in Korean, there is no sentence exactly equivalent to this English sentence. The Korean word *nukim* may be used to translate "feeling." but it also means mood, intuitive perception, and sense. Using *nukim* in an attempt at a literal translation of "How do you feel?" resulted in a peculiar and unnatural sounding sentence which moreover, may not have elicited the kind of response the physician wished.

As another example, the Korean phrase *saeng' gak handa* may be translated as "to think," but it also sometimes indicates not only thinking and opinions but also feeling. *Saeng' gak handa* illustrates an archaic synthesis of two opposite functions (thinking and feeling) into one word (C.G. Jung 1971). If, therefore, a therapist asks a patient what he is thinking, the therapist must be aware that in Korean the patient's answer may express both his thoughts and his feelings. Since language is of course culture specific, a Western-trained psychotherapist should be aware that the words he uses may be helpful or deceptive or both.

CONCLUSION

The descriptions of Korean characteristics in the conduct of insight psychotherapy described above are merely one aspect of the entire procedure of therapy, an aspect we suppose to be related to cultural specificity. When educated properly about the role of emotional factors in psychic and physiologic disturbances and about the necessity for psychotherapy, Korean patients follow the process of insight therapy well. In spite of a long history of Confucian dominance and its apparant influence upon the Korean personality and patterns of interpersonal interactions, modern Koreans are increasingly open minded and free from conventional taboos in human interactions.

Since traditional Korean culture like many archaic cultures in the Far East, has preserved the spirit of self-awareness and the concept of self-actualization as an ultimate goal in life, it is not surprising that "Western" insight therapy can be carried out in Korea without great difficulties so long as "Western" psychotherapy strives toward self-actualization and the development of the whole person.

Although the ways of conducting therapeutic dialogues may be different with each individual patient, that does not necessarily interfere with the process of self-actualization when the "Western" insight therapist strictly adheres to the basic attitude to actualize the creative intention of the patient's unconsciousness. Therapeutic techniques can be or should be modified according to different cultures, but this does not necessarily mean changes in the basic view of human existence and the ultimate goal of therapy.

The problem is that the concept of the whole person does not seem always to include the same range and dimensions in various schools of psychotherapy and in the value systems of different cultures. In Korea, shmanism seeks to achieve the union of this world (*isung*) and the other world (*chosung*) through practices that produce ecstasy; Zen Buddhism strongly emphasizes individual enlightenment as liberation from the common world; Confucianism fosters "wholeness" in the harmony of human relations within the family rather than in individual psychic totality; and Christianity seeks union with God who is omnipresent both within and without. When we wish to elucidate cultrual factors for the psychotherapy of Korean patients, it is extremely important to identify the religious background of patients and to investigate the role of religious doctrines in the process of becoming a whole person, one who, in Korean terms, "lives in Tao." Such identification and investigation will bring valuable results for the future development of psychotherapy, development from "psychotherapy within a culture," in which one is supposed to adapt oneself to the contemporary sociocultural norms of a given society, to "psychotherapy beyond culture," in which one becomes mature and plays an active role in renewing old cultural norms and in developing a more favorable cultural atmosphere for self-actualization.

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= 국문초록 =

한국문화에서의 정신치료

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한국문화권에서 최초로 기록된 정신치료 사례는 삼국시대의 녹신에 의한 충공의 치료 사례이며 그것은 교훈적 치료법이었다. 샤마니즘의 치병의식에서 시작하여 불교의 선, 도교의 양생법, 동양의학에서의 행동요법 등 한국문화에서는 본래 서양 정신치료가 도입되기전부터 정신 요법의 문화적 토대가 갖추어져 있었다. 그러나 서구적 분석적 치료 방법이 1950년대에 도입되면서 몇가지 문화적응 과정의 여러 현상이 나타났고 이를 효과적으로 극복하는 노력이 계속되어 한국의 전통적 정신과 서구적 방법 사이의 조화가 상당한 정도 이루어지고 있다. 끝으로 기본정신에 있어서 동일한 사상이 문화요인에 의한 의사소통 방법상의 차이로 인하여 야기된 문제가 어떻게 나타나고 어떻게 해결될 수 있는가를 제시하였다.