

Jun Yoo, Theodore (2016). *It's Madness: The Politics of Mental Health in Colonial Korea*, Oakland, California: University of California Press, xii + 225 pages. ISBN 978-0-520-28930-7

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Cross-cultural understandings - or misunderstandings - of madness in European empires have gained increasing attention in historical scholarship ranging from Waltraud Ernst's studies on madness in British India to Richard Keller's study of French psychiatry in the Maghreb to Catharine Coleborne's study of mad immigrants in Australia and New Zealand [1]. Most of this scholarship has focused on the impact of western concepts of biomedicine imposed by colonial officials and their medical interlocutors. In Theodore Jun Yoo's book, colonial intervention upon indigenous interpretations of mental anguish are further complicated by examining how Japanese colonizers were influenced by western medical practices, as well as their own imperialist assumptions about the people they ruled. It is also the first study of colonial psychiatric intervention by an imperial power that was not European or of European descent. While Yoo discusses the influence brought by western Christian missionaries from the 1880s to the 1930s, his primary focus is on how Koreans responded to, and experienced, Japanese colonial challenges to indigenous ways of thinking about mad people during the period when Japan ruled Korea following their defeat of Russia in 1904-05 and their subsequent annexation of the former "hermit kingdom" from 1910 to 1945.

The author, who teaches at Yonsei University in Seoul, starts off his book by noting how the history of mental health in Korea is vastly under-researched. A large part of this is due to the significant absence of primary source records that would help to reveal this past prior to the division of the Korean peninsula in 1945 between north and south; such documents, such as historical collections of patient files, are more abundant in western countries. The author deals

with this challenge by engaging in “a genealogy of madness” (p. 10) using “government surveys, hospital records, autobiographies, newspaper articles and novels” to uncover “the multilayered narratives” (p. 11) underlying those sources which do exist to throw a partial light on this hidden history. Yoo also points to another, contemporary reason, for why this topic has not been previously widely researched in South Korea (and, while unstated, not seriously researched at all in North Korea): discrimination towards people deemed “mentally ill” in contemporary South Korea. With the highest suicide rate of thirty OECD countries in 2012, and one in six Koreans experiencing mental health problems the year before, the extent of madness as a social phenomenon and as an issue to avoid, is striking in this highly competitive, capitalist environment. Mental disturbance is, more often than not, individualized and widely viewed as a source of shame in South Korea’s traditional, patriarchal society. Mad people can still be hidden away while others “conceal their symptoms rather than risk ruining their careers with a record of psychiatric treatment” (p. 3). Prejudices which people with mental health disabilities face today, universal in certain respects throughout the world, also reflect particular conditions in different places. The situation in contemporary South Korea reveals a denial of both underlying causes and the need for support; these conditions only intensify the marginalization of mad people. Yoo’s book helps to partially explain how modern-day South Korean attitudes and practices towards mental health were influenced during the Japanese colonial period when traditional ideas of madness confronted medicalized modernity in a way that was anything but helpful to those most in need of support.

Yoo discusses how traditional concepts of madness in Korea, influenced by Chinese medicine developed during the Joseon dynasty (1392-1910), were at odds with the even older shamanistic practice of treating mental disturbance as one of a number of “afflictions” that set

the body and mind akilter. The ancient Korean belief in the healing rituals of shamans was predicated on the notion that madness was brought about by unexpressed feelings of resentment and regret - *han* - that needed to be purged, lest such simmering anger (at oneself and/or others) could lead to “fire-illness”; one’s psychic pot could literally boil over. The importance of *han* is underlined in Chapter 3 which discusses “The Cultural Politics of Emotion.” Yoo’s explanation is central to understanding concepts of madness in Korean history and is therefore worth quoting at length:

...there are a variety of reasons why people suffer and encounter *han*. These feelings of resentment, shame, anger, hate, humiliation, scapegoating, or frustration accumulate over time, creating residues in the mind... *Han* has also been characterized as an intersubjective feeling or ethos of ‘collective sorrow’ most felt during particular periods in Korean history... Historically speaking, those living on the Korean peninsula, who for centuries have had to endure foreign invasions by neighbouring states as early as the Han period, followed by the incursions of the Khitans, the Mongols, the Jurchens, the Japanese, and most recently the Americans and the Soviet Union, who contributed to a bloody civil war and national division, all cite *han* as evolving from these encounters. The losses of family members to war, poverty, forced labor, and ideological conflicts among Koreans all have contributed in one way or another to this ethos of lamentation. Others have pointed to the penetration of Confucian ideals during the Joseon period (1392-1910) as playing a central role in creating the feelings of helplessness, injustice and victimization. These feelings stemmed most visibly from the organization of rigid social classes that increasingly concentrated wealth and power in the hands of a few, an oppressive patriarchal family system that sought to maintain the prerogatives of social class, the discouragement of illegitimacy, and the domination of men in inheritance matters. These predetermined and unchanging rules, which forced people into relationships of subordination, were said to have also contributed to feelings of *han* (p. 88).

Given this intense historical understanding of what *han* means to Koreans, it is not surprising that traditional healers who were reputed as able to deal with these feelings and appreciate their context, were sought out long after shamans were denounced by foreign interlopers.

Shamans believed that *han* was engendered by a person’s moral or spiritual failing that needed to be, quite often, beaten out of a mad person. Korean shamans, much like Christian priests in medieval Europe, believed well into the early twentieth century that a form of ritualistic

exorcism would rid the mad person of their spiritual demons. This practice was also extremely brutal as the author notes when some mad people were beaten to unconsciousness, while still others were beaten to death by shamans claiming to be expelling evil spirits. As a result, shamanism was increasingly attacked in the Korean press during the 1920s and 1930s when it remained popular, especially in the countryside. In spite of this brutality, shamanistic beliefs remained particularly attractive to the most marginalized members of Korean society, such as women who endured the harsh domination of males in their lives from cradle to grave.

The influence of patriarchal and strictly hierarchical Confucian practices, evident in Chinese influenced Korean traditional medicine from the seventeenth century, strictly limited what women could say or do. Yoo notes: “As healers, shamans offered an outlet (if only temporarily) for the pent-up anger, regret, frustration and other emotions that pervaded daily existence” (p. 16-17). A few disabled women were even able to exert a certain degree of community respect in shamanistic practice. “Any blind Korean woman, no matter what her rank, can become an exorcist,” because their female “*yin*” and “strength from the ‘dark world’” was believed to be better able to drive out an evil spirit and hence, cure madness (p. 24). Shamans, powerful as they were deemed to be, were also “at risk of being physically attacked by the afflicted during these rituals” (p. 25). Given what awaited mad people, any response they were able to muster could more accurately be described not as an “attack” on a shaman by a mad person but as a legitimate defence of their physical and mental well being to the point of wanting to save their own life. Who could blame mad people for fighting back under such dreadful circumstances?

Western Christian missionaries, from the 1880s onward, contemptuously dismissed shamans. Ironically, Japanese colonizers seriously studied indigenous Korean healers by

conducting ethnographic studies on them. This was done to better understand Korean cultural practices in order to more effectively organize assimilation policies in line with Japanese imperialistic designs. Thus, such academic interest was not benign but was part of a wider oppressive policy of subsuming Korean culture under Japanese domination for the benefit of the colonizers. This policy of assimilation was not successful, not least due to the Japanese defeat in World War II, but also because of the resilience of Korean culture in both adapting to, and resisting, foreign interventions throughout their long history. In this respect, historical Chinese influence was notable in Korean ideas of madness. Traditional Chinese medical concepts of humoral balance (a familiar concept in European medical history from the ancient Greeks and Romans up to the early modern period) based on the harmonious ordering of bodily fluids was believed to be essential to physical and mental health. This was of great importance in the development of Korean medicine. A holistic approach to mind and body was viewed as crucial to understanding both symptoms and treatment.

Yet, what do we know about what life was like for mad people in Korean history prior to Japanese rule? Almost nothing. The few accounts of mad people which do exist, as in European history from this period, are from the elite, particularly royalty dating back to the Goryeo dynasty (918-1392) followed by the Joseon period which ended in 1910. As Yoo indicates, no facilities for mad people existed before the early twentieth century in Korea, and few existed even during the Japanese colonial period. Instead, mad people were on their own, or if they came from supportive, rich families, they were confined at home or sent to Buddhist temples. This was similar to medieval European practice when mad people from wealthy backgrounds were sent by their family to be prayed over at Catholic shrines as H.C. Erik Midelfort has documented in

sixteenth century Bavaria [2]. Overall, however, according to Yoo, “there are very few accounts of how commoners coped with mental disorders” in Korean history (p. 36).

Increasingly influenced by western practices of asylum confinement and moral treatment, the first public article on mental illness in Korea was in 1884. The author, Choe Han-gi, painted a rosy, flattering picture of mental institutions in England as humane places populated by infantile patients and kindly staff. In spite of this naive optimism, it took almost another thirty years for the first psychiatric facility to be opened in Korea, a psychiatric ward in a large Japanese-operated hospital in 1913 Seoul. Koreans had neither the resources, nor the inclination, nor the territorial autonomy by this time, to establish large scale mental institutions throughout the country as occurred in England. Instead, Japanese rulers, along with western Christian missionaries, began the process of introducing to a much more limited extent psychiatric facilities for mad people in Korea. Though the Japanese had originally planned to create more asylums, they did not do so to any significant extent. By the late 1920s colonial doctors went from viewing the small number of Korean psychiatric patients who were confined as originally being worthy of treatment, to viewing them instead only as clinical research subjects. Similarly, during the entire Japanese colonial period, Korean medical students were systematically discriminated against in favour of Japanese students in Korea, so that by 1945 there were only a handful of trained Korean psychiatrists remaining in the country when their former masters had to pack up and leave for home after their country's defeat. Thus, the medical model of mental illness, while introduced more seriously than ever before in Korea by Japanese colonizers, was not as universally entrenched as it was in western countries by the end of World War II.

Japanese doctors who worked in Korea were trained in emerging western concepts of biomedicine promoted by Germany's Emil Kraepelin. They sought to show this approach as

being part of their modernizing program in the colony. Their diagnostic regime, however, was revealed by contemporary Korean newspapers during the 1920s and 1930s as anything but “scientific”. Mad people in rural areas who were deemed as not being a threat to Japanese rule were left to the local shamans to deal with. In contrast, mad people who somehow questioned imperial rule found themselves quickly locked up. One journalist noted in 1923 that patients he saw in a psychiatric ward “argued that their mental illness was induced, not by personal problems such as marital discord or lovers’ quarrels, but by the desire to drive out the Japanese out of town or publicly rebuke them for their abuses of power” (p. 59). Yoo cautions that it is not possible to know whether these individuals were actually mad or feigned madness to express opposition to the colonizers. These cautions aside, it does show how the colonial authorities used Korean psychiatric facilities, as few as there were at that time, to confine politically troublesome people as mad, and thus to dismiss whatever it was they were denouncing. It is also striking that such episodes could be reported openly in the local press under Japanese colonial rule, something that the author could have explained further as to how and why this was allowed to happen, given the oppressiveness of this period in Korean history.

Similarly, Yoo uses the problematic term “patients’ rights” (pp. 59, 70) in describing the work of Australian psychiatrist Charles McLaren at a missionary run hospital where he established a psychiatric ward in 1923 which he ran until his expulsion by the Japanese almost twenty years later. McLaren’s efforts to fight discrimination towards psychiatric patients was admirable, including advocating for the return to work of a medical student who had experienced madness; the student was eventually expelled by higher-ups. So too was his desire to see patients as more than diagnostic categories as the Japanese did with their German influenced training. McLaren’s philosophical approach to therapy, however, was based on an acceptance of

Christianity. This may have been helpful for people who were themselves Christian, though perhaps not always, depending on the circumstances. For people who did not profess this faith, however, or whose despair was not ameliorated by religious belief of any kind, how could his practice have constituted a form of “patients’ rights”? What does this term mean in the context of 1920s and 1930s psychiatric facilities in Korea? There needed to be some further probing on this point.

There also needed to be a clearer discussion on the use of the remains of deceased Korean and Japanese psychiatric patients by Japanese psychiatrists in Korea who conducted autopsies on them. The manner in which this was done suggests a captive population whose death was eagerly awaited by physicians and their students: “The institutional need for the quick availability of cadavers required a surplus number of chronic patients in the ward at any given time” (p. 69). Towards the end of the book, the author notes the requirement that psychiatric patients had to sign a “consent form” upon admission to allow an autopsy on them or to be used as “research material” in case they died while confined (pp. 146-147). This further indicates the less than therapeutic environment mad people endured and the extreme insensitivity of the medical staff. Whose mental health could possibly be improved by being made to sign such a document when entering an asylum, or anywhere else for that matter? Yoo notes further in this regard that turning over one’s body after death to be used by colonial medical officials as they saw fit, did not inspire trust in the operation of Japanese-run psychiatric facilities. This was especially so in Korean society which placed a high regard on treating the remains of dead people with dignity and respect in preparation for the afterlife. These latter points could have been included earlier in the book when this topic was first raised to bring these two inter-related strands together.

It is surprising to read that some patients who did work in the asylum were paid “meager wages as an incentive”, though the supervisor banked most of this money in patients’ saving accounts with a still smaller amount allocated for spending on “basic necessities” (p. 56). This policy was quite unusual for this period when unpaid asylum inmate labour was the norm in North America. Overall, Yoo indicates that Japanese-run psychiatric facilities were oppressive places: “Over time, the humane approach disappeared completely, replaced by the relentless research agendas of faculty and staff” (p. 71). As the focus of the Japanese psychiatric regime in Korea changed beginning in 1926 from treatment to observation, it became clear that the colonial authorities were not interested in addressing the mental health needs of the local population. Instead they focused on their own research program which was to prove the supposedly “scientific” basis of mental illness. As a result, a form of social panic was engendered amongst Koreans who saw the release of people deemed “chronic” as a public threat, even if this was far from the case.

Yet, in spite of these wider societal prejudices towards mad people, Yoo makes it clear that there was also empathetic understanding of madness and those who experienced it, most notably as expressed by writers of Korean fiction during the colonial period. These expressions - which mirrored the reality of Korean society - depicted in fictional form socially isolated intellectuals who were shut out of a colonized society, the economic privations of Koreans whose job prospects stagnated or declined due to Japanese imperialist policies, and the experiences of women who were driven mad by domestic abuse which, in one short story, transformed a young woman from a passive victim to a furious avenger which in turn liberates her from a cruel husband.

While empathetic views towards mad people existed among some Koreans, the rise of psychiatry and the spread of mental health clinics during the 1920s under Japanese colonial direction, led to the increased pathologization of madness along with the subsequent dismissal of mad perspectives. Behaviour regarded as unconventional had long been ostracized but with the wider public awareness of medical model terminology around “mental illness” as a biological disease, there was decreased tolerance for people who came to be seen as more of a public health threat than before. Some of this had to do with hereditarian eugenic beliefs propounded in Korea, like elsewhere around the world. Much more of it was due to media induced social panic about “dangerous” mad people roaming the streets attacking people, based on isolated incidents blown out of proportion by sensational stories (something which is certainly not unique to Korea in the 1920s and 1930s as Canadian and US media have engaged in the same type of dangerous stereotyping in more recent decades). Yoo poignantly observes that newspaper stories “fueled the public’s fears and contributed to the erroneous belief that all mentally ill people and indeed all aberrant behaviors were dangerous” (p. 116). Furthermore, “Care for the mentally ill was costly and inadequate, but sensational newspaper stories of crime, suicide, and bizarre behaviour did little to solve this problem and only invited suspicion, prejudice, and discrimination” (p. 140).

Perhaps nowhere was, and still is today, prejudice more pronounced in Korean society than towards people who have committed suicide. As Yoo observed at the beginning of his book, in contemporary South Korea, people who are suicidal are often seen as “weak” (p. 5). During the Japanese colonial period the response of the state was even more cruel. By the 1920s Koreans came to believe that there were a far greater number of suicides in their country than before. This was largely blamed on stresses wrought by the modernizing process of increasing

urbanization and industrialization as well as changing social standards in a traditional society. Colonial authorities reported that 54,053 Koreans committed suicide from 1910-1942; however, Yoo cautions that it is likely that most suicides were not reported due to feelings of shame in families. This figure is therefore a conservative estimate. Appalling as these figures are, the heartlessness of the Japanese officials who collected this data is in some ways more revealing about their objectives and attitudes towards those whom they governed. Rather than express concern over the immense human tragedy that was unfolding with so many self-inflicted deaths among Koreans, the Japanese colonizers instead were pleased with the high suicide rate. They viewed it as a positive sign that their modernization program was working, as suicide was considered a necessary by-product of “civilizing” Koreans: “For the colonial authorities, these statistics demonstrated that their project of uprooting Koreans from their passive, traditional ways was indeed on the road to success” (p. 124). Many of these suicides were a direct result of Japanese policies that had a particularly devastating impact on the lower classes in both urban and rural locales, as colonial regulations further constricted and indebted the poorest of the poor, leading to suicidal despair.

This point in turn leads to the significant limits of the nascent mental health system which existed in colonial Korea. For most mad Koreans, if they were fortunate to have a family that wanted to help them, even if they could get to a psychiatric facility their family simply could not afford to pay for their relative’s hospital stay. This prohibitive cost, along with the aforementioned shame attached to public awareness of madness, led families throughout the Japanese colonial period to prefer confining a mad relative at home rather than in an asylum. Mad people also ended up on their own with no supports whatsoever. Given the Japanese emphasis on research, rather than treatment, this was fine with the colonial authorities who, by

the late 1920s, had no intention of creating an extensive mental health system in Korea that even a sizeable minority of people could access. Thus, there was no large scale confinement of mad people in Korea at any time up to 1945. This could be seen as unintentionally good in that the institutionalization of mad people in Korea never reached the extensive scale which occurred in western Europe and North America where therapeutic nihilism reigned in prison-like facilities during this period. At the same time, the near total neglect of social supports outside the family - most of whom were hardly in an ideal situation to help a loved one - underlines how desperately isolated it would have been for most mad people and those who cared for them during this grim period in Korean history.

Japanese colonizers, thus did not help mad people in Korea between 1910-1945, nor did they lay a foundation upon which the local population could build after the end of imperial rule. Whatever else can be said about traditional Korean shamans and their often brutal exorcism rituals, their ideas about how to deal with mad people did not include isolating them in confined spaces for long periods of time. On the contrary, Koreans maintained a more holistic, if still negative, understanding of the social location of mad and disabled people in the community during this period, as Yoo points out: “Commoners continued to regard mental disturbances as simply one of the many forms of human misery (such as famine, disease and early death) that threatened the health and happiness of society. The *michin yeoja* (crazy woman) with a flower in her hair yanking at the laces of her *hanbok* (traditional dress) and other morally disreputable people like invalids or vagrants who roamed the countryside were all an integral part of the social landscape” (p. 146).

Until the Japanese opened the first psychiatric ward in 1913, Koreans had no prior history of confining mad people outside the home. That such places existed under the primary tutelage

of colonizers made Koreans extremely wary of sending relatives for treatment by foreign officials who were anything but welcome in their country. As a result Koreans viewed the combined psychiatric and state attempts to overtake traditional indigenous knowledge about madness with imported western-influenced concepts as a colonialist imposition about which they remained suspicious long after the end of Japanese rule in 1945.

Theodore Jun Yoo's book provides an often moving and thought-provoking study of how Koreans understood madness at a crucial time in their history. Though he uses Foucauldian notions of "genealogy" to frame his work, he admirably keeps academic jargon to a minimum which helps to make his book more readable. While the author does not critique the medical model of mental illness in his study, his work does provide a significant contribution to our understanding of how colonized people resisted, responded to, and incorporated imperialists' attempts to impose biomedical interpretations of madness on those they sought to assimilate. Yoo's imaginative use of the scant documentary evidence which exists has brought to life a topic that was previously hidden away in the historiography of Korea and the historiography of madness.

Notes

[1] Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India, 1800-1858* (London: Routledge, 1991); Waltraud Ernst, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925-1940* (London: Anthem Press, 2013); Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007); Catharine Coleborne, *Insanity, Identity and Empire: Insanity and Institutional Confinement in Australia and New Zealand, 1873-1910* (Manchester: Manchester University Press, 2015).

[2] H.C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford, California: Stanford University Press, 1999), pp. 277-321.