

The Differing Attitudes Towards Mental Health in the United States and South Korea

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Abstract

This thesis project explored the differing attitudes towards mental health in Eastern and Western countries, with a narrowed-down focus on the United States and South Korea. This thesis aimed to find out if there is a significant cultural difference between attitudes about mental health in the U.S. and South Korea by examining several different forms of media, such as books, television shows, and movies. The benefits of this project include providing a more in-depth understanding of cultural differences in mental health, and will help mental health professionals as well as others to understand these differences and accommodate for them in their practices and daily lives.

Introduction

There are many ways in which the societal attitudes towards mental health in South Korea and the United States differ from one another. This thesis aims to examine current research, various forms of media, and several mental illnesses to obtain a better idea of not only what these differing attitudes are, but also why these attitudes exist. By examining these differences through research, media, and other methods, a clearer picture of these differences will be revealed, and may be able to be accounted for in future research and mental health practices.

An Analysis of Current Research Surrounding Mental Health in South Korea and America

Current research in the field tends to examine attitudes towards mental health in South Korea and America separately, and it is incredibly rare for a study to be conducted that analyzes just South Korea and America. There are a vast array of differences between mental health in South Korea and in America that can be examined by looking at rates of utilization of mental health services, cultural differences, and overall general societal attitudes.

Mental health in South Korea is largely a topic of scrutiny in society. The majority of the research regarding mental health in South Korea has to do with rates of utilization of mental health services (Hyo et. al., 2017). These reports tend to show that although lifetime prevalence of psychiatric disorders is increasing, attitudes towards mental health tend to not be improving, and remain mostly unchanged (Hyo et. al., 2017). The lifetime prevalence of mood disorders has increased from 4.6% in 2001 to 7.5% in 2011 (Ministry of Health and Welfare, 2011). Additionally, South Korea has experienced an unprecedented increase in suicide rates as of 2011, as well as consistently ranking as one of the highest countries in the world for suicide mortality

since 2003 (Jang et.al., 2014; Han et al., 2016). The current research tends to show that although these increases in reported mental health problems are continuously on the rise, only a small percentage of these affected individuals are seeking treatment.

In America, this view is quite different. Over 44 million American adults have a mental health condition (“The State of Mental Health in America”, 2018). In response to this increase from previous years, more Americans are insured and accessing mental health care. Additionally, although views on mental health are not as good as they could be in America, they are continuing to grow more and more positive as time progresses. The literature shows that out of all the peer-reviewed publications on mental health in the world in the time between January 2005 to December 2014, that America ranked fourth with 20.9% of all publications, while the entirety of Asia only accounted for 10.6%, with South Korea making an incredibly small contribution of less than ten articles (Angermeyer & Schomerus, 2017).

There has also been research on a significant cultural difference between America and South Korea, and how this affects each respective society’s views towards mental health. The Korean Mental Health Law states that all responsibility for accessing mental health care goes to the family (Bola et. al., 2011). In Korea, it is traditional that the family provides care to each of its individuals in every way possible before going to outside sources for help. It is also ultimately up to the head of the family to make decisions about mental health care for the rest of the family members. These cultural differences help to explain why 91% of hospital admissions in Korea are involuntary, as of 2006 (Bola et. al., 2011). Interestingly, when examining the Korean Mental Health Law, it becomes eye-opening to note that nothing comparable to that law exists in American society.

The current research in the field demonstrates a gap in knowledge. These differences in attitudes towards mental health in America and South Korea obviously exist, but the reasons *why* are uncertain. This thesis aims to compare and contrast the societal, cultural, and other differences between attitudes towards mental health in America and South Korea, with the hopes of opening the door for future research to examine the causes of these differences even further.

Culture

Culture in South Korea

Culture plays an incredibly significant role in attitudes towards mental health. This relationship can be especially prevalent in collectivist societies such as South Korea. The relationship between culture and mental health has been of long-term interest in fields such as sociology, anthropology, and psychiatry (Cuellar & Paniagua, 2000). Culture has been found to have a substantial influence on how illnesses are defined, as well as the manifestations, prevalence, and treatments of illnesses - particularly those surrounding mental health. Additionally, cultures are nearly always changing. They do so at various ecological levels; such as the macrosystem, exosystem, mesosystem, and microsystem. Changes in these systems can lead to changes in social, cultural, architectural, political, economic, and cognitive changes in wide-scale society (Cuellar & Paniagua, 2000).

Culture can also impact the way in which individuals react to stressors that may lead to adjustment disorders. For example, adjustment disorders such as generalized anxiety and panic disorder are much more frequently seen in America than in South Korea (Cuellar & Paniagua, 2000). On the other hand, social phobias, specifically persistent and excessive fear of offending others in social situations, are much more common in South Korea. However, eating disorders,

which are commonly more prevalent in industrialized societies, are prevalent in both South Korea and America at relatively similar rates, but for somewhat differing reasons. Depression is also seen relatively equally among these populations (Cuellar & Paniagua, 2000). The different etiologies of these mental health conditions are reflected differently in the cultural aspects of these societies.

Cuellar and Paniagua (2000) discuss several ways in which disorders differ in Asian countries as compared to Western countries . For example, sleep disorders in South Korea are commonly viewed as less stigmatizing, as individuals are more likely to seek help for disorders such as insomnia or hypersomnia, rather than for disorders such as depression or anxiety (Cuellar & Paniagua, 2000). The societal stigma surrounding mental illness in South Korea is more lenient for some disorders compared to others.

Cultural expressions of mental health within South Korean researchers have also evolved. Asian American researchers have worked to make the prevalence of mental health issues in South Korea known, rather than allowing society to believe that those issues do not exist within their society as research had shown in years previous (Cuellar & Paniagua, 2000). Researchers have found that not only do Asian Americans tend to underutilize outpatient mental health services (S. Sue, Fujino, Hu, Takeuchi, & Zane, 1991), but they also underutilize inpatient services as well (Snowden & Cheung, 1990). Current researchers have worked to help reinterpret this phenomenon that Asian Americans do not need help for these issues by showing that lack of seeking these services is a reflection of cultural and institutional barriers within their societies (Cuellar & Paniagua, 2000).

Culture can also be a stressor within populations. For example, culture has been shown to be a critical stressor in Korean populations (Eshun & Gurung, 2009). In a study that aimed to compare differences in psychological distress, social stress, and social resources in a culturally diverse group of adolescents, Korean populations reported the highest levels of social stress and psychological distress, as well as having lower scores on resources such as family, coping, self-esteem, and socioeconomic status than did their American counterparts (Choi, Meininger, & Roberts, 2006).

Another facet of culture that may affect coping is that of collectivist and individualistic societies. South Korea is commonly described as a collectivist society, while America is defined as an individualistic society. Collectivist societies emphasize interdependence on others for roles and functions, while individualistic societies emphasize independence and reliance on the self (Markus & Kitayama, 1991; Oyserman, Coon, & Kemmelmeier, 2002). Whether a country is collectivist or individualistic may influence how individuals within the culture cope with and experience stress (Chun, Moos, & Cronkite, 2006). Chun, Moos, & Cronkite (2006) found that specific coping methods within collectivist societies, such as South Korea, included individualistic coping (coping alone, or in private participation in solitary activities), seeking social support from groups such as their families, ethnic groups, or those who had gone through a similar loss, forbearance (emotion-based coping) as well as turning more towards religion and traditional healing practices to help individuals deal with the stressor. For individualistic societies, coping methods usually tend to include those that are approach-based, while avoidance-based coping strategies tend to be more commonly associated with collectivist societies (Chun, Moos, & Cronkite, 2006).

Culture in America

The attitudes towards mental health in America differ starkly to those in South Korea. A 2019 survey by the American Psychological Association (APA) aimed to question whether Americans were becoming more open about mental health. The survey revealed that most Americans harbored positive views about mental health disorders and their treatments. In total, 87% of American adults responded on the survey that having a mental illness is nothing to be ashamed of, and 86% indicated that they believed those with a mental illness capable of getting better. Overall, these results indicate a willingness to be more open about mental health, as well as showing that having a mental health problem is nothing to be ashamed of (APA, 2019).

However, despite the encouraging results of this survey, stigma surrounding mental health in America still remains. In other questions, 33% of overall respondents reported agreeing with the statement “people with mental health disorders scare me,” and 39% reported that they would view someone differently if they learned that the person had a mental health disorder (APA, 2019). Interestingly, familiarity seemed to influence the results of the survey. Of people who had never had a mental health disorder and did not know anyone who had, 42% reported that people with mental health problems scared them. When examining the opposite - people who had been diagnosed with a mental health problem or who knew someone who had, 27% and 28% respectively, indicated the same (APA, 2019).

These attitudes seem to change when looking at young people, those of which also report the poorest mental health of those surveyed (APA, 2019). While 95% of those 65 and older, and 89% between 35-64 agreed that having a mental health disorder is nothing to be ashamed of, only 78% of the youngest adults surveyed said the same. Being able to provide help to the young

adult population reporting the lowest levels of mental health is why implementation of counseling services and access to resources in high schools and colleges is so important (APA, 2019).

Overall, many cultural factors influence the attitudes of society towards mental health in South Korea and America. These factors include societal attitudes and values, whether a society is collectivist or individualistic, and types of coping skills utilized. While South Korea tends to have more universally negative attitudes towards mental health and America has attitudes that are slowly becoming more positive and supportive, both countries have a long way to go in the development and implementation of programs to support individuals suffering from mental illness, as well as changing the attitudes of those holding stigma within their societies.

Suicide in South Korea and America

Suicide in South Korea

South Korea continues to have one of the highest rates of suicide among developed nations (Miller, 2018). In recent years, findings from the Organization for Economic Cooperation and Development (OECD) listed South Korea as the second highest in total number of suicides among member nations. South Korea has been ranked number two every year since 2007, with the exception of when the country ranked number one in 2010 and 2011. Experts have speculated that this increase has been a result of several factors, including the Asian financial crisis in 1997, the high unemployment rates among young people, and increasing reports of self-harm behavior in school-aged adolescents (Miller, 2018).

A report by the OECD found that 25.8 out of 100,000 South Koreans committed suicide in 2016. Despite the overall suicide numbers of other OECD member countries dropping since

1985, South Korea's rate did not experience a drop until 2010, when rates dropped from an all-time high of 33.8 per 100,000 in 2009 (Miller, 2018). Societal attitudes are likely coming into play when examining these numbers. The article mentions that South Koreans tend to view suicide as a problem with the individual, rather than a problem with society and its pressures. The rates of suicide are likely attributable to environmental, social, and economic reasons, not just with problems within the individual (Miller, 2018).

In response to these continuously high rates of suicide within their society, the South Korean National Suicide Prevention Plan was launched in early 2018 (Miller, 2018). The plan aimed to utilize data from local government officials, experts, and to evaluate information from international cases. Using this data, the South Korean government aims to form a network for high-risk groups by building a local welfare and support system. The government also plans to take steps to support those hospitalized after attempting to take their own lives. Importantly, South Korea also aims to tailor their mental health care initiatives based on the age, sex, and socioeconomic status of those that are in need of assistance (Miller, 2018).

Suicide in America

According to the National Institute of Mental Health, suicide is a major public health concern and a leading cause of death in the United States (2019). While America ranks lower than countries such as South Korea, Japan, and Russia at 14 suicides per 100,000 people compared to 25.8, 18.8, and 35 per 100,000 respectively, this is still an alarming number (American Psychological Association, 2019). Although attitudes towards seeking help in westernized, individualistic societies such as America are much more lenient than those seen in

collectivist South Korea, there are still social factors at play within this relationship (APA, 2019).

People who are struggling with mental health issues in America often fail to receive the interventions that could save their lives, due to a lack of accessible, affordable, and effective mental health care (APA, 2019). As seen with South Korea's National Suicide Prevention Plan, America launched a similar plan in 2001. However, the United States has been slow to develop an effective national strategy to decrease suicide rates. It wasn't until 2010 that the National Action Alliance for Suicide Prevention was launched with the intention of being an improvement upon the National Strategy for Suicide Prevention was implemented in 2001. The strategy outlines the goals and objectives for reducing the number of deaths by suicide, however there has been a noticeable lag in moving from collecting research to the action component of the National Strategy objectives. Despite recognizing the health-care practices that could potentially aid in suicide prevention, little is being done to actively implement these practices into real-life situations of individuals at risk for suicide (APA, 2019).

As an example, researchers at the University of Massachusetts Medical School aimed to examine suicide screening in several different hospital emergency departments (Miller, Camargo, & Arias, 2017). Participants that were identified as being at risk for suicide received an intervention consisting of an assessment, brief intervention, as well as discharge resources and follow-up phone calls to check in with them. The patients that received this intervention had 30% fewer total suicide attempts as compared to their counterparts that received the normal hospital treatment (Miller, Camargo, & Arias, 2017). This study serves to outline how simply

these practices could be implemented into normal hospital practices, despite not being a currently common occurrence.

Despite more research being completed on potential interventions for suicide prevention, the United States is not taking as many steps as it could be to prevent loss of life (APA, 2019). Compared to South Korea, the U.S. has implemented far more initiatives to reduce suicide, but both countries still have quite a ways to go. The South Korean National Suicide Prevention Plan and the American National Strategy for Suicide Prevention are comparable in the sense that they both indicate a societal understanding of the need for suicide prevention, however they differ by the means in which they are going about seeking the decrease in suicide rates in their respective countries.

Eating Disorders and Body Image in America and South Korea

Eating Disorders and Body Image in South Korea

Eating disorders, plastic surgery, and other methods of altering one's appearance are very common in South Korea. In fact, South Korea is currently the world's plastic surgery capital, accounting for more procedures per capita than many other countries, including America (Matsumoto, 2014). The most commonly performed procedure in South Korea is double eyelid surgery (a procedure to add a crease in the eyelid to make the eyes appear larger and rounder; essentially, "more Western"), and is even seen in children as young as 10 years of age. Plastic surgery in South Korea is not largely stigmatized - rather, individuals are commonly praised by family and friends for obtaining plastic surgery (Matsumoto, 2014).

Eating disorder culture has been largely influenced by the Korean pop music (K-pop) industry. Members of girl groups or boy groups (commonly referred to as idols) are nearly all

stick thin, and many artists have reported resorting to unhealthy diets consisting of eating very few calories, paired with excessive amounts of working out through methods such as practicing their choreographies (Matsumoto, 2014). This has had an influence on many young people in South Korea, as they have reported wanting to look like their favorite K-pop idols, and many of them have utilized unhealthy diets to attempt to do so (Matsumoto, 2014).

An article discussing the rise of eating disorders in Asia points out that it is important to note that South Korea's increasing eating disorder trends do not necessarily mimic the West; rather, they are unique to their own geographic area ("The Rise of Eating Disorders in Asia, 2015). These trends develop independently of the West and are a direct result of the countries in which they are found (Nozari, 2016). The article notes that while eating disorder development may share some similarities with western countries, body dissatisfaction and internalization of the "thin ideal" may be more widespread in Korea than in America ("The Rise of Eating Disorders in Asia, 2015). Societal attitudes in Korea due to the country's Confucian foundation help to explain why eating disorders in South Korea are simultaneously enforced and ignored (Nozari, 2016). The traditional Confucian values include women's subordination to their male counterparts, and the collectivist society component emphasizes obligation to the family as well as social harmony. Interestingly, in South Korea, appearance is considered to be more important than skill, ability, or talent in determining how successful a woman can be in her marriage or career (Nozari, 2016).

In Korean society, it is also not uncommon for individuals to bully one another about their body weight, body shape, and other aspects of their physical appearances (Matsumoto, 2014). Individuals may even be blamed for their own "lacking" appearances, or be accused of

“letting themselves go” in cases of weight gain or unkempt appearance (Nozari, 2016). In South Korea, there is an incredibly large and harmful stigma surrounding physical appearance, which has led many individuals to seek plastic surgery and harmful diets to avoid being shunned by other members of their society.

Eating Disorders and Body Image in America

In America, the statistics surrounding eating disorders and body image issues are quite alarming. According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD), at least 30 million people of all ages and genders suffer from an eating disorder (2016). As eating disorders have the highest rate of mortality among mental illnesses, this is an incredibly large amount of people at risk of losing their lives to their illnesses (ANAD, 2016). Additionally, plastic surgery is nowhere near as common in America as it is in South Korea, and there is much more of a stigma surrounding altering one’s appearance through medical interventions in America. However, plastic surgery is continuously on the uprise in the United States. The American Society of Plastic Surgeons reported that Americans spent more than \$16 billion on plastic surgery in 2016, which happens to be the most spent on plastic surgeries ever reported in America (Rossman, 2017). Unlike South Korea, the most commonly performed plastic surgery in America are not on eyelids or noses, rather it is breast augmentation surgeries, or breast implants in particular (Rossman, 2017). While both America and South Korea experience high reports of plastic surgeries and eating disorders, the societal components within the countries make the reasonings for seeking such procedures different from one another.

An Analysis of Mental Health Attitudes in Korean and American Media

The next section of this thesis will discuss mental health attitudes as seen in *The Good Doctor*, a television show with both an American and a Korean adaptation with different directors and cast, as well as the Korean film *I Am Happy*, which takes place in an inpatient mental health facility in South Korea (Kim and Kim, 2013; Shore & French, 2017; Yoon & Park, 2009). These media sources will be analyzed by examining the societal and cultural influences within them, and the differences between attitudes towards mental health in South Korea and America will be further explored.

Mental Health as Seen in *The Good Doctor*

The Good Doctor is a television show with both a Korean and an American version, which makes it an incredibly interesting example to look at when it comes to the ways in which mental health is viewed in these two countries. The original Korean version, first aired in 2013, depicts a young man with autism with the dream to become a surgeon at Sungwon University Hospital. He faces many obstacles - the most prominent of which being his disability, as well as doubtful and arrogant coworkers itching to see him fail or make a mistake big enough to get him fired. The American version, which is a direct re-make of the Korean original (depicting the same character stories and beginning scenes) follows a young man with autism as he tries to obtain a position as a surgeon at San Jose St. Bonaventure Hospital. Both Shion Park and Shaun Murphy have the same mental difficulties, but the ways in which they are treated by their peers in their respective countries differ dramatically. Despite being based on the same show and depicting many of the same events, the Korean and American versions of *The Good Doctor* vary in several cultural aspects.

Korean Version of *The Good Doctor*

In the Korean version of *The Good Doctor*, Shion Park's autism is viewed as an unbreachable barrier to his success in the medical profession. Despite being uniquely qualified to be a surgeon, the board that was reviewing him for hire at Sungwon University Hospital was incredibly hesitant to allow him to be hired due to his difficulties with communication. The board members directed much scorn and hesitance at Park, and were reluctant to even allow him to be considered for the opportunity to become a surgeon. The discussion that the board engages in revealed that Shion had been automatically failed, despite his off-the-charts scores on his medical tests, due to him disclosing his mental disability. The only reason Park is given a chance is due to the President of the board standing behind Park and promising to step down if he makes any mistakes during his residency.

Another character to be discussed is Chaewon Moon. Moon is important to examine because although she is not a psychologist, she still frequently brings up psychological matters when she interacts with the other doctors she works with at Sungwon University Hospital. Moon brings up topics such as the importance of patients holding positive mindsets and being mentally and emotionally prepared for surgery when it comes to having a shorter and more successful recovery. She mentions how there is research to support this - but is quickly brushed off and laughed away by her coworkers. This is a theme seen throughout the series. Despite frequently backing up her claims about mental health, Moon is brushed off and a more "professional" and "science-based" approach is repeatedly favored by the other doctors she works with.

An analysis of the sociocultural beliefs and attitudes surrounding autism in South Korea revealed several trends (Yoon & Yoon, 2015). The lack of information, statistics, and overall awareness of autism in South Korea is reflected when examining the under-diagnosis of autism,

but also when looking at the limited treatment resources available (Yoon & Yoon, 2015). As autism spectrum disorders (ASD) affect an estimated 2.64% of the population of school-aged children in South Korea (approximately 1 in 38 children), it is important that these children are able to obtain adequate educational opportunities (Peart, 2011). The study the two researchers conducted revealed that there is a lack of awareness and understanding of autism within the general population (Yoon & Yoon, 2015). Parents may intentionally choose to avoid diagnosing their children with autism, and in the case of a diagnosis, often times refuse to accept the result due to the harsh stigma surrounding autism within their society. Due to this stigma, many children are not able to participate in special education programs in their school if they are available, and they are often prevented from receiving appropriate care. This lack of treatment and teaching may lead to further problems with communication, both verbal and nonverbal down the line for these children (Yoon & Yoon, 2015). Due to the traditional values that perpetuate feelings of shame and guilt within “imperfect” families, more must be done to standardize diagnostic processes, as well as implementing an improved special education curriculum to help autistic children in South Korea succeed in schools (Yoon & Yoon, 2015).

The Korean version of *The Good Doctor* does an excellent job of painting the picture of what attitudes towards autism look like in South Korean society. It is important to note that while the American version of the show that is next to be discussed is a direct re-make of the Korean original, the two differ drastically from one another in the ways autism is viewed in their societies. While a stigma surrounds autism in both countries, it tends to be much more prominent in South Korea.

American Version of *The Good Doctor*

In the American version of *The Good Doctor*, Shaun Murphy's autism is also seen as an insurmountable barrier. Murphy's autism helped him to be able to accurately recount information that could be life-saving, and despite earning off-the-charts scores on his medical examinations, the American board reviewing Murphy was still hesitant to hire him. Murphy faces many of the same obstacles as Shion Park - the board is hesitant to hire him due to his communication barriers caused by his autism, and although he is not automatically failed on his exams, he is flagged as a potential "risky hire". The board is seen discussing his communication barriers and how they could be detrimental while interacting with patients, as well as when interacting with his team. However, it is important to note that despite still being hesitant, several of the board members were willing to give Murphy a shot before the President of the board offered to vouch for him and step down if Murphy failed in his residency.

The second character to be examined is Chaewon Moon's American counterpart, Claire Browne. Browne also brings up many psychological arguments, such as allotting patients time to talk with a therapist before going in for major surgeries to help mentally prepare them for the stressful experience. Browne mentions to her coworkers how important the conversation between patient and therapist can be for positive surgery outcomes and shorter recovery periods, and despite them not necessarily holding it to the same importance, they still allow her to conduct these interviews and make sure her patients are prepared mentally and emotionally for surgery. This is an interesting contrast to Moon in the Korean version, who was brushed off by her coworkers and had her requests blatantly ignored by them. This works to show a difference in how mental health is regarded in both of these countries.

An article by Steve Silberman (2016) discusses attitudes towards autism in the United States . Silberman notes that societal attitudes towards autism are undergoing a rapid change - from autism being blamed on vaccinations, to now being viewed as a naturally occurring chronic disability deserving of support throughout the entire lifespan (Silberman, 2016). Organizations such as Autism Speaks that did damage in the past by portraying autism in a negative and destructive light have changed their attitudes in recent years. Instead of promoting the stigma surrounding autism, the organization now focuses on reducing it. Many other organizations, political initiatives, and individual speakers and researchers have been a crucial component in re-working the pre-existing attitudes towards autism into something more supportive, encouraging, and understanding of those suffering from cognitive disabilities such as autism (Silberman, 2016).

When comparing these changes in the way autism is viewed within American society, it becomes clearer how much more development South Korea must undergo to be able to support the members of its society suffering from autism. With time, hopefully societal attitudes towards mental disabilities will come to be viewed in a more positive light within South Korea. This will likely take time, policy changes, and program implementations to help those with autism succeed.

Mental Health as Seen in “I Am Happy”

I Am Happy follows a young man, Mansu, who has been admitted to a psychiatric hospital due to a recent episode. Mansu has to come to terms with losing his brother, a gambling addict that was abusive towards him and his mother, to suicide, as well as taking care of his mother suffering from dementia. Through a series of events, many triggers in Mansu’s life come

together at the same time and lead him to have a mental breakdown, during which he becomes delusional and inconsolable - he does not remember his mother, and his brain has fabricated an entire new life to help him cope with his losses. During his stay in the psychiatric ward, Mansu meets nurse Sukyung, who is dealing with the deteriorating health of her father. The experiences of the two reflect one another throughout the course of the film. Mansu feels just as lost and angry as Sukyung, who feels just as much anger at the world as does Mansu. The two lead characters find little to no comfort within the hospital walls, which serve as a prison reflecting the oppressive society that lies outside waiting for them.

Throughout the course of the film, practices such as forcing medication, electroconvulsive therapy, forced interactions, psychological bullying, and skeptical family members serve as motivators for Mansu to “snap out of it” so he can leave the confines of the hospital. The collectivist society of South Korea shines through during moments in which Mansu is seen taking care of his ailing mother suffering from delusions in which she believes Mansu is out to hurt her, steal from her, and is just waiting for her to die so he can leave her. The nurses and doctors in the psychiatric hospital do not tell Mansu that he should get better for the sake of his own well-being, rather that he needs to get better so that he can leave the hospital to continue supporting his mother and running the family business. The lead doctor in charge of Mansu’s case resorts to electroconvulsive therapy to “snap” Mansu out of his delusions that were attempting to protect his fragile mental state from total chaos. The doctor continuously stresses the importance of Mansu needing to pull himself together to be there for his family. Not once does the film show a scene where Mansu is in any type of cognitive or behavioral therapy sessions, or participating in any sort of healing activities such as group therapy.

Unfortunately, instances such as those presented in *I Am Happy* are common in actual inpatient psychiatric facilities in South Korea. An article by Agnus Kim aimed to examine why psychiatric patients in South Korea stay longer in the hospital than most other developed countries (2017). Interestingly, South Korea is the only developed country that experienced an increase both in length of stay and number of beds in psychiatric facilities (Kim, 2017). As deinstitutionalization has been a fundamental component in policy direction, many countries have reduced the number of beds in inpatient facilities, opting to favor both outpatient and community care. However, in South Korea, admission into psychiatric hospitals continues to be the most common treatment option for mental illnesses. In eleven other developed countries such as the U.S. and Canada, the number of beds in psychiatric hospitals per 100,000 population size decreased by 20% on average over the past decade, while South Korea showed a 340% increase within the same time period. The average length of stay within these facilities in South Korea was also the longest among the countries examined, coming in at about four times the average of the other countries (Kim, 2017).

The Korean Mental Health Act, established in 1995, comes into play when discussing the reasoning behind these increases in number of beds and length of hospital stays in South Korea. Involuntary admissions account for 80% of all psychiatric admissions in South Korea - notably higher than that of other countries (Kim, 2017). According to Kim's analysis, the Mental Health Act states that the director of a mental health institution may involuntarily hospitalize a mentally ill person in cases of which it is deemed necessary; however, the consent of two persons responsible for providing care (a parent, spouse, etc.) must be obtained (2017). The Act runs the risk of being abused fairly easily, as it specifies no explicit legal or medical grounds for the

judgement of the psychiatrist, leading to involuntary admissions that may not have been made on medically or lawfully justified grounds (Kim, 2017).

Additionally, there is little to no way for a person to be released from an inpatient facility without consent from the two care-holders, as well as the director of the institution. Chronic patients are highly likely to continuously be readmitted and to have their stays extended at their mandatory evaluations every six months (Kim, 2017). Involuntary admissions that are medically unjustifiable have been frequently reported in South Korea. According to Kim, as of 2008, only 4.8% of patients who raised claims for discharge orders actually obtain them (2017).

The harsh practices present in the film *I Am Happy* are also seen in actual psychiatric hospitals in South Korea. As noted on a report from the National Human Rights Commission of Korea, 45% of psychiatric patients reported being subjected to seclusion or restraints, 9.3% reported violence from their nurses, doctors, and other hospital personnel, and 10.5% reported violence from other patients (2009). This is alarming, as most of these methods are not effective for rehabilitation and healing from mental distress, and these types of methods are also not as commonly seen in western countries, such as America (Kim, 2017).

As Korea is the only developed country that is actively going against the trend of deinstitutionalization and continues to use harmful practices in their psychiatric hospitals, it will be interesting to see the ways in which this situation evolves over time (Kim, 2017). As a collectivist society, South Korea tends to place more emphasis on society as a whole, as well as the family, which has likely been a contributing factor as to why their rates of involuntary hospitalizations are so high. It will be interesting to see how this relationship changes in the years to come.

Conclusion

Many different factors influence the ways mental health is viewed within South Korea and America. Despite sharing many similarities to one another, America tends to be more forgiving and accepting of mental illness, while South Korea is still harshly stigmatizing and shunning of those struggling with their mental health. While both countries have come a long way in terms of policy and program development, as well as actively working to change attitudes towards mental health within members of their respective societies, each country still has a long way to go to ensure that individuals suffering from mental health problems have access to the care and resources that they require.

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