Expected Promising Future of Psychoanalysis in Korea

Jaehak Yu and Jee Hyun Ha
Department of Psychiatry, School of Medicine, Konkuk University, Konkuk University Medical Center, Seoul, Korea

The authors considered current status of the Korean psychoanalytic movement as the beginning of enormous future developments. Then the authors briefly reviewed how the current state of development had taken place in Korea. Also, the authors tried to find important reasons why the rapid growth of the practice of psychoanalysis in Korea happened. One of the reasons was thought to be due to the supply of object constancy through psychoanalysis for identity confusion induced by the lack of consistency from rapidly changing economic and societal conditions of Korea since 1960’s. The authors also suggested many methods for psychiatrists, psychiatric residents, medical students, psychiatric patients, and the general population respectively to maintain and uphold the trend of development of Korean psychoanalytic movement.

KEY WORDS: Korean psychoanalysis · The Korean Psychoanalytic Study Group · Object constancy · Education.

Introduction

Most medical fields in Korea have been developed through introduction, learning, and practice of western medicine for Korean people since the late 19th century. The subjects of psychiatry and psychoanalysis as a part of western medicine are not the exception in the above context. Furthermore, the introduction of psychoanalysis in Korea was in line with the introduction of psychiatry in Korea in 1960’s after the Korean War.

Psychoanalysis as a study subject and a treatment method started in Europe especially in Austria from late 19th century. Therefore, it is thought to be a young study subject comparatively speaking. People’s interest in psychoanalysis as a study subject has continued until now. However, many westerners tended to think that the practice of psychoanalysis, which is psychoanalysis as a treatment method, is fading out for many reasons. But the practice of psychoanalysis is in the early stage of strong development in Korea. In other words, it is very fortunate and promising that the practice of psychoanalysis in Korea has developed steadily and gradually since 1980’s.

I tried to figure out the reasons why the practice of psychoanalysis in Korea is in the early stage of strong development which is currently quite different from the western world such as in America and in Europe. With the hope that this trend of development of the practice of psychoanalysis in Korea continues, I tried to figure out the ways to strengthen this trend of development of practice of psychoanalysis in Korea. Especially, I tried to consider many ways to develop the practice of psychoanalysis for psychiatrists, psychiatric residents, medical students, and the general population respectively.

Brief History of Development of Psychoanalysis in Korea

First of all, I shall introduce the current state of Korean psychoanalysis and the process of its development since 1980’s. This process is thought to be more difficult and longer compared to those of western countries. However, it is also true that the International Psychoanalytical Association considers the development of psychoanalysis in Korea as a worldwide model case. In this discussion, I will omit Koreans’ interest in psychoanalysis as a study subject not only because this interest had been very temporary in 1960’s after the Korean War, but also because Koreans’ interest in psychoanalysis as a study subject will interfere the true understanding of Korean’s interest in development of practice of psychoanalysis.

In May 1980, five psychiatrists including Professor Cho made a group named the Seoul Psychoanalytic Study Group for psychoanalytic study. It was the beginning of psychoana-
lytic thinking as a group in Korea (Jeong 2011). But only a few psychiatrists saw patients with psychoanalytic orientation at that time.

Since then, for almost 30 years, the Korean Group has held regular meetings for psychoanalytic studies domestically and has invited over 60 foreign psychoanalysts not only for teaching psychoanalytic concepts but also for case seminars on psychoanalytically treated patients. These psychoanalysts from abroad have been a huge influence on individuals who had interests in getting psychoanalytic training abroad. With the help from these foreign psychoanalysts, some Korean psychiatrists went to the United States for psychoanalytic training. Also, these 60 foreign psychoanalysts had given more accurate psychoanalytic orientations, so that more psychiatrists in Korea came to see patients with greater psychoanalytic orientation. As a result of this atmosphere of belief in psychoanalytic orientation, the Group (the Korean Association of Psycho-analysis, or KAPA) opened the Advanced Psychoanalytic Psychotherapy Course in 2000.

In 2008, the International Psychoanalytical Association (IPA) approved the Korean Psychoanalytic Study Group and the Allied Center. And finally in September 2009, the Korean group established its psychoanalytic training program with five IPA recognized analysts who were partly and fully trained in psychoanalysis in the United States.

As of July 2015, the Korean Psychoanalytic Study Group has ten IPA recognized analysts, five training and supervising analysts, and 25 candidates from two groups. We are going to recruit the third candidate group for psychoanalytic training in this November. In the near future, we are going to apply for a Provisional Society of the IPA. In addition to the Study Group, we have almost 430 additional friends for the Study Group. That is 200 members in the Allied Center and another 230 members who completed the Psychotherapy Course.

The most important thing, I think, in the development of psychoanalysis in Korea as well as in other area of the world, was the establishment of a psychoanalytic training program. With the start of the training program, and with the requirement to see patients in analysis for graduation of candidates, psychoanalytic practice began to expand in Korea. Through the expansion of analysts’ and candidates’ clinical experience in analyses, we came to recognize that psychoanalytic thinking is adequate not only for academic studies but also for clinical practice for patients who suffered from various kinds of neurosis and personality disorders.

**The Relationship between Korean Social Culture and Psychoanalysis**

I tried to think about the Korean society and culture as factors which influence the development of the practice of psychoanalysis in Korea. In fact, it is extremely difficult to gauge to what extent the traditional Korean culture could accept orientations of psychoanalysis. It is definitely true, however, for people of any culture and society to have psychoanalytic unconscious mind and the Korean culture is not an exception. I also think it is possible to explain some Korean cultural and social phenomena from psychoanalytic point of view. But I don’t think this is true of every Korean cultural and social phenomenon. This is because psychoanalysis is basically the theory of the human mind, in other words, how mind of a human is working.

**Difficulty in expressing emotions**

According to Kim (2000) who paid attention to the unique Korean culture from the psychoanalytic frame of reference, analysis and analytic psychotherapy are suitable for more westernized and psychologically minded people in Korea. But only a few people fit those criteria. Kim (2000) said that they frequently confronted substantial difficulty in doing psychoanalytic psychotherapy for Korean patients, especially those who were entrenched in Korean traditional values. He listed the following as some traditional values which may run contrast to psychoanalytic orientation in Korea: lack of individualism, projection toward the outer world instead of introspection of one’s mind, somatization, tendency to express emotions without any insight, and overvaluation of harmony with the outer world instead of finding conflict in the inner mind. All these characteristics of Korean traditional values are not specific of Koreans, but of people of other East Asian cultures. For example, in Japanese traditional culture, people do not express their emotions well especially when the emotions are negative ones. In conclusion, difficulty in expressing emotions verbally seems to be a big obstacle in doing psychoanalysis in Korea.

What I am trying to say about the Korean traditional culture, especially in difficulty in expressing emotions verbally, is as follows: Koreans do not seem to be unknown about their emotions. But they seem to express their emotions before they think about their emotions. Due to this tendency, Koreans often do not have a chance to control their emotions as traditional psychoanalytic concept has emphasized. As you know, in analysis, it is thought that people could control their behaviors by recognizing their emotions and scrutinizing the causes of these emotions. It could be said that Koreans do not seem to want to know the causes of their emotions. I am sure, however, that Koreans are expressing their emotions even though they tend to express them nonverbally.

Furthermore, the more recent tendency of emphasis on individualism, narcissism, and break-up of the traditional ex-
tended family system in Korea might place Korean people in need of more analytically oriented therapies. From my own experience with patients, I could tell you that more Korean people would be willing to have analytically oriented therapies once they recognize the importance of childhood emotional experiences and of their need to talk to someone about themselves because they seem to have few opportunities to express their emotions properly due to lack of extended family members who could listen to them.

**Syncretism as resistance**

I think that there are people who think that the theory of psychoanalysis came from western culture therefore the theory of psychoanalysis could not be applied to the eastern world because western and eastern cultures are quite different from each other. I also think that there are people who think that it would be much better for us as people from the eastern world to accept the theory of psychoanalysis through modification in our own culture rather than accept the theory of psychoanalysis at face value because the theory of psychoanalysis came from western culture. This tendency to accept new theories after modification to the taste of the importing culture is one of the defining characteristics of Japanese culture, sometimes referred to as syncretism.

Through the process of syncretism, the Japanese created Japanese alphabets out of Chinese characters more than thirteen hundred years ago, employed foreign teachers at the time of Meiji Restoration a hundred years ago in order to cope with the technological gap brought on by the long seclusion policy, and managed to assimilate western scientific concepts by translating technical terms into Japanese (Fukumoto 2015a).

As far as I understand, a Japanese analyst, Heisaku Kosawa, the founder of psychoanalysis in Japan, learned psychoanalysis in Vienna in 1930’s. But for some unknown reason he was deeply involved in Buddhism and modified the theory of psychoanalysis using Buddhist concepts rather than accept the theory of psychoanalysis at face value (Fukumoto 2015b).

Another example is the Ajase complex. The Ajase complex, in which a boy loves his mother but finally the boy destroys his mother, could be thought to be very similar to the Oedipus complex of Freud. But the Ajase complex is also thought to be different from the Oedipus complex because the Ajase complex includes repent, which is expressed through the boy’s destruction of his mother, which is thought to have Buddhist origins (Okonogi 1999).

However, I think this syncretism or a tendency to accept psychoanalytic theory after significant cultural modification through mixing psychoanalysis from western culture and Buddhist religion from eastern culture is one of the human conditions. That means this syncretism could be thought as a kind of resistance, in which the disequilibrium state induced by psychoanalysis is thought to be a threat to the equilibrium. A theory of analysis is thought to be a threatening force because it is new to eastern culture. Therefore, people of eastern culture could try to lessen this threatening force which induced disequilibrium by mixing a strange theory of analysis and a familiar religion. Religion is definitely a mixture of cultural and social aspects, but I do think it must be distinguished from the theory of psychoanalysis, which is the study of how a human mind is working.

I wonder in the future whether there would be a syncretism-like movement in psychoanalytic practice in Korea. However, as far as I know, there is no such movement of syncretism currently. This is despite the fact that there is so-called Tao therapy in Korea which seems to be the mixture of traditional Korean philosophy and psychotherapy but not practiced by psychoanalysis. The beginning of developments in the practice of psychoanalysis could be thought as a ‘honeymoon’ period in which there is no specific resistance noticed.

**Identity confusion from rapidly growing society**

I will shift gears, and talk about the influence of the rapid growth in Korean society since 1960’s, especially in economics, on the practice of psychoanalysis.

The fast-paced changes that Korean society experienced, such as the rapid rate of economic growth since 1960’s, made it difficult to choose problem-solving methods which require a lot of time. Generally speaking, Koreans want very quick solutions. However, analysis most definitely is not a solution that can be reached quickly. My question is whether or not analysis is suitable for rapidly changing societies such as Korea. Koreans may think that they do not have enough time to reflect on their past. They might think that they are busy enough already dealing with their current problems. They might think that what they need is a strong strategy for the future.

As a matter of fact, whenever I visited American cities such as New York and Cleveland where I received psychiatric and psychoanalytic training, I was impressed by ‘unchanging’ landscapes of the cities over 10 years. I saw the same buildings and streets that I had seen 10 years ago. That was quite impressive compared to the constantly changing landscape of Seoul. Seoul is a very dynamic city, and every year, it seems to undergo dramatic changes. The largely consistent sceneries of the American cities that I visited made it easy for me to reflect on the past experiences that I had 10 years ago. The consistent atmosphere in which seemingly nothing changed for a long time could be a good atmosphere for psychoanalysis.

When I visited Vienna and the Freud Museum there, I became surer of this belief. I was struck by the vividness of 16th or 19th century paintings in Viennese museums, especially be-
cause the people in the paintings did not seem different from the people out on the streets. It was in spite of the fact that people on the streets did not wear 16th or 19th century clothes. I thought that in this consistent atmosphere, in which the past is not very different from the present, where the past and the present coexist, Freud thought that the past was as important as the present and the future. In other words, consistent atmosphere of Vienna must have influenced Freud. That might explain one of the reasons why Freud began to think about his past and came to found genetic interpretations of patients’ thoughts, feelings and behaviors.

On the other hand, rapid changes in society could have had many adverse effects especially the people’s identity confusion. In the era of confusion, they may need more accurate knowledge about themselves. This could be achieved by psychoanalysis and analytic oriented psychotherapy, which could give people object constancy, a backbone of psychoanalytic theory. What I am trying to say is that analysis could give more stability for people of a society that went through dramatic changes and caused confusion in terms of both the physical environment and the inner mind.

Another thing that I would like to mention is that with the rapid economic development, there has been a decrease in cases of adequate child-rearing and more childhood abuse and neglect in Korean society. That means there are an increasing number of severe personality disorder patients in our society now. And I think the most important and most efficient way in dealing with these personality disorder patients will be the methods of psychoanalysis and analytic psychotherapy.

### Methods for solid development of psychoanalysis in Korea in the future

There must be many reasons for the unprecedented development of psychoanalytic practice in Korea since 1980’s even though it is in the very early stage. It is our task to review the factors of the early success of psychoanalytic practice in Korea and to nurture encouraging developments for further advancement of psychoanalytic practice in Korea in the future.

In addition, I personally think that one of the most important things to improve and develop psychoanalytic practice is education for psychiatrists, psychiatric residents, medical students, and the general population. I remember that one of many pieces of advice that my teachers in psychoanalysis gave me when I left for Korea after completing my psychoanalytic training in the United States was to stress on the education about theories of psychoanalysis. They told me that there would be no practice of psychoanalysis if there were no students for psychoanalysis, even if psychoanalysis were to become an interesting subject such as anthropology and archeology. In other words, losing students or losing teaching jobs for theories of psychoanalysis was one of the reasons why the practice of psychoanalysis has faded out since 1970’s and 1980’s in America. Therefore, it is very important for us to have more people who will become involved in the teaching of theories of psychoanalysis for the further development of psychoanalytic practice in Korea.

### For psychiatrists

It is important for us to provide psychiatrists opportunities to learn psychoanalytic theories continuously and chances to practice psychoanalytic psychotherapy at the least. The two-year course called the ‘advanced psychoanalytic psychotherapy training program,’ run by the Korean Association of Psycho-analysis (KAPA), is one such opportunity.

It is true that there are increasing numbers of biology-oriented psychiatrists in Korea as well as in other countries. However, a very interesting phenomenon is that the percentage of psychiatrists who wanted to take this two-year course in psychoanalytic psychotherapy in our group is gradually increasing. For example, the number of applicants for the course for this year was 34, which means that over 20% of newly appointed psychiatrists in Korea wanted to get training in psychoanalytic oriented psychotherapy. It was quite a bit of progress compared to early 2000’s, when less than 20 out of 120 (less than 15%) newly appointed psychiatrists wanted to take the psychotherapy course. Compared to the numbers in 1992, the increase is more striking. At that time, I had applied to become a member of the KAPA. The number of such applicants for my class was 3 out of 100 (less than 5%). In conclusion, I think more and more psychiatrists are recognizing the suitability of psychoanalysis and analytic oriented psychotherapy for psychiatric patients in Korea.

How we could better explain the increasing number of psychiatrists who want to learn the practice of psychoanalysis in Korea? Unfortunately, the number of analysis-oriented faculty members in medical schools and university hospitals has decreased relative to that of biology-oriented faculty members. This might explain one of the reasons why so many newly appointed psychiatrists wanted to take the psychotherapy course. It seems to me that they want more knowledge about psychoanalysis and analytic psychotherapy because they did not have enough of such training when they were psychiatric residents. At the beginning of their psychiatry residency training, they might have had more enthusiasm for psychoanalysis. However, I also think that the new psychiatrist might have noticed that pharmacotherapy for psychiatric patients would not be exclusively limited to psychiatrists in the future. That is, psychiatrists might have noticed that they must learn other ways of treating psychiatric patients besides medications,
which could be provided by other physicians such as internists or family physicians.

For psychiatric residents

I think we have to pay the most attention to psychiatric residents for more solid development of psychoanalytic practice in Korea in the future.

In Korea, one part of the psychiatric board examination is the evaluation of a doctor’s ability to do analytic psychotherapy. This practice has been a tradition since the early 1980’s. This tradition was a very natural phenomenon when many faculty members who were interested in psychotherapy still remained in university hospitals. But these faculty members did not seem to pay attention to psychoanalytic psychotherapy. They seem to have paid attention to counselling or supportive psychotherapy most of the time. Nowadays, we don’t have faculty members who are interested in psychotherapy in university hospitals. As a result, opportunities for new psychiatric residents to learn psychotherapy during their psychiatric residency programs became less and less. I think one of the most important things for us to do is to show the psychiatric residents that in the examination for the psychiatric board, the evaluations of the examinees’ ability to do psychoanalytic psychotherapy should be accurate, fair, and rational despite the fact that examiners could judge the abilities of examinees subjectively.

The other important thing is to give psychiatric residents opportunities to learn more theories of psychoanalysis. In this sense, I think it is important for us to make some kind of manual for psychiatric residents to use in doing psychoanalytic psychotherapy. It is despite the fact that I know that there is no established manual in doing psychoanalysis compared to the resources available for cognitive psychotherapy or behavioral therapy. However, I think it is important for us to inform psychiatric residents of the basic knowledge that they must know as a psychiatric resident in doing psychoanalytic psychotherapy.

For example, regarding transference, we can describe in the manual the following: What is transference? How we could recognize the development of transference during psychoanalytic psychotherapy? How we could deal with transference? Do we have to connect the emotions toward past important persons and the emotions of the patient to his or her own therapist, or do we teach the resident that it would be much better for the patient to talk about his or her emotions toward the therapist? And so on.

Schafer (1979), an American psychoanalyst, mentioned the ways to learn psychoanalysis. The five most frequent ways of learning psychoanalysis that he mentioned are as follows sequentially: First, reading famous and important psychoanalytic papers. Second, listening to lectures from experts of psychoanalysis. Third, participating in group supervision to listen to others’ psychotherapy practices. Fourth, doing psychotherapy by himself with supervision. Fifth, experiencing by getting psychotherapy or psychoanalysis by himself. He also mentioned, however, that the most efficient way of learning psychoanalysis is exactly the reverse sequence of what has been mentioned above.

However, it is not easy for a psychiatric resident to get a psychoanalysis or psychotherapy because of many limitations, including economic and time factors. I also think that residents need time to learn about himself by getting psychoanalysis or psychoanalytic psychotherapy. Therefore, I usually do not recommend psychiatric residents to get psychoanalysis or psychotherapy unless they have serious problems in doing their job as psychiatric residents. Therefore, one of the most important ways of giving psychoanalytic orientation to psychiatric residents is to provide proper supervision if they do psychoanalytic psychotherapy during their psychiatric residency training.

To provide individual and group supervision for psychiatric residents more efficiently, first of all, we could lower the individual supervision fee for psychiatric residents. Practically, I think we have to count psychiatric residents as trainees for psychoanalysis for the future and we should not count them as clients who pay us. Second, we could make a homogeneous group among psychiatric residents if we do group supervision. I think we have to understand the difficulties of free conversation due to differences in post graduate year (PGY) levels among group members. In other words, it is very difficult for a PGY-2 psychiatric resident and a PGY-5 psychiatric resident to have frank and genuine conversation in group supervision for psychoanalytic cases because such instances sometimes become teacher-student relationships in many Korean psychiatric resident programs. Therefore, it is important for the KAPA to provide a setting where more homogeneous group of psychiatric residents, such as the same PGYs, group supervision.

For medical students

I think it is also important to inform medical students about psychiatry and psychoanalysis. It is because we need more talented medical students to enrich psychoanalytic theories and practice. When I was a psychiatric resident in America, it was very impressive for me to observe all psychiatric faculty members’ and residents’ efforts to give proper information about psychiatry and psychoanalysis to medical students, so that they may choose psychiatry and psychoanalysis as their future career.

Teaching psychoanalysis to medical students is more difficult because they do not have basic information about psychoanalysis. I found that it was more efficient for them to find...
out “what the unconscious mind is” than for them to listen to lectures about the ‘unconscious mind’. Because the students are not yet familiar with the concept of the unconscious part of the human mind, it is difficult to teach them even if proper information with proper examples of the unconscious mind is provided to them.

For psychiatric patients and general population

Volition through analytic methods, adequate psychological mindedness, and intact reality testing are the three most important indications of psychoanalysis and analytic psychotherapy for patients. I think it is more important for us to find patients who already have high volition and adequate psychological mindedness rather than to train patients to attain higher volition and adequate psychological mindedness. Therefore, I usually ask two basic questions to the patients for which we could guess these important three factors. One is how the patient himself understands the causes of his current problems and the other is what kind of treatment methods the patient thought of to overcome his problems.

I would like to talk about the necessity of analysis or analytic oriented psychotherapy which could bring permanent structural change of the ego rather than supportive psychotherapy or cognitive behavioral therapy which could induce temporary relief of patients’ symptoms. As you know, the aim of psychoanalysis or psychotherapy is a permanent change of the patients’ psychic structures through working through of the patients’ insight, which is induced by analysis or analytic psychotherapy.

I would like to tell you that only analysis could help the patient permanently by giving you an example of one analytic case.

Clinical vignette

The patient is a woman who is in her 40’s. She has been successful in business, making clothes and accessories since she was in her 20’s. Even though she was very successful in her business, she was less successful with her marriage and her family life. She had a very anxious son who made her decide to participate in an education program for parents run by a psychologist. It was because she thought that the program would be helping her son to become more stable. The psychologist saw her in the education program and wanted her to receive personal psychotherapy from him (the psychologist) because of her insatiable need for love from others. One of the main problems that the patient had was spending extravagantly to treat everyone that she knew and to make every effort to get attention and love from them. Actually, one of the reasons why the patient accepted the proposal of her psychotherapy was to get the therapist’s attention, the patient mentioned later.

The psychologist filled the sessions with many pieces of advice to improve patient’s life instead of understanding how the patient came to have narcissistic status in which she needed everyone’s attention and love. Unfortunately, the therapist’s advice included some inappropriate aggressive components, the therapist’s aggression regarding her own mother. For example, the therapist sometimes shared her own stories with the patient and said that she also did not get attention from her own mother and that could explain how she became a teacher in an education program for parents.

With time, the patient became increasingly dependent on the therapist until the patient began to regress. Apparently, the patient tried to follow her therapist’s advice and wanted more and more advice. But at the same time, the patient did not follow what the therapist wanted her to do passively. It was perhaps due to an unnoticeable transference-countertransference interaction. Finally, the therapist dramatically and painfully decided not to treat the patient, because the therapist thought that the patient showed a very passive aggressive attitude toward the therapist. Then, the therapist referred the patient to me for medication to calm the patient’s aggression. In this process of the therapist’s rejection, the patient almost became psychotic perhaps with the reactivation of rejection of patient’s own parents’ rejection of the patient in the past.

After a couple of weeks of inpatient treatment, I made a proposal to the patient to start psychotherapy for the patient, and the patient eagerly accepted my proposal. At first, in the treatment, she became very anxious because she found that I did not give her any proper advice that she had wanted. However, she was able to stay in the treatment with some feelings of relief. Later, the patient told me that the feeling of relief came to her because I seemed to give her time to tell me about herself and to try to understand what she had told me during the sessions.

Later, I recommended psychoanalysis and now, the patient is in her 4th year of treatment with me. One thing that the patient mentioned about her previous therapist was that the patient had received a great deal of attention and love from her, but she was unable to become satisfied with the therapist’s love and attention. It was because the patient wanted the therapist to give her more and more attention and love. She also told me that she noticed that my treatment style was quite different from that of her previous therapist, but recognized that she came to know about herself little by little even though it was sometimes not a pleasant process. She also told me that with knowledge about herself, she came to understand others around her, who was very similar to her in terms of their characters. Surprisingly, she also told me that she used this kind of ‘insight’ to control others as she had tried to control others.
previously by spending money and striving for their love and attention. She also mentioned her wish to get my attention and love, including sexual love, but she realized she would not get help from me in understanding herself if she wants to get attention and love, especially sexual love, from me.

Writing books about psychoanalysis, introducing psychoanalytic concepts in broadcasts for the general population and possible patients for psychoanalysis are also important for further development of psychoanalytic practice. Some patients may try to find out psychoanalysts after reading books about psychoanalysis or after watching a program about psychoanalysis. However, they might wrongly think that their problems could be solved or resolved within a few hours, days, or weeks like magic after reading books about psychoanalysis, and especially after watching a TV program about psychoanalysis. Unreasonable expectations of quick resolution or solution could mislead people to choose analysis as their way of handling their problems. As you know, it takes a few years at least for a person to change his or her mind.

Lectures about psychoanalysis might be dangerous because some of the audience could get an impression that very quick solutions are available, which are close to impossible. In case of a refinement class, there would be also difficulties for audience to understand psychoanalysis because people might think of the sufferings of patients as materials for their interest.

**Conclusions**

Even though the history of Korean psychoanalysis is short, the current state of psychoanalytic practice is thought to be the beginning of what could become an enormous development since 1980’s in Korea. The key issue of this article is that we have to try to find the reasons that caused this trend in psychoanalytic practice in Korea. We may be able to continue this development in the practice of psychoanalysis by learning the reasons of early success.

Personally, I don’t agree with the opinion that the traditional Korean culture does not fit well with the western theory of psychoanalysis. This emphasis on mismatch between the Korean culture and the theory of psychoanalysis is thought to be a phenomenon of psychoanalytic ‘resistance’ when one does not want to be in a disequilibrium state which could be induced by accepting the theory of psychoanalysis. Therefore, the early success of psychoanalytic practice in Korea is also thought to be due to a ‘honeymoon’ period between the Korean culture and the theory of psychoanalysis, in which there is no resistance yet. The other reason for early success in the psychoanalytic practice in Korea is thought to be the provision of psychoanalytic object constancy in doing psychoanalytic practice. In other words, object constancy is thought to play a very important role in an ‘identity confusion’ society such as Korea, which had been subject to very rapid cultural changes and economic developments since 1960’s. In such times of confusion, people may need more accurate knowledge about themselves. This could be achieved by psychoanalysis and analytic oriented psychotherapy. Analysis could provide more stability for people of a society that went through dramatic changes in terms of both physical environment and inner mind.

In addition, with rapid economic development, the number of children who are adequately taken care of is decreasing and cases of childhood abuse and neglect are increasing in Korean society. Consequently, there are an increasing number of severe personality disorder patients in our society now, and I think the most important and most efficient way in dealing with these personality disorder patients is the use of psychoanalysis and analytic psychotherapy.

Lastly, I personally think that the most important thing for the further development in the practice of psychoanalysis in Korea is to find and to continuously educate psychiatrists, psychiatric residents, medical students, and the general population, including patients who need psychoanalytic help. Particularly, the education of the theory of psychoanalysis for psychiatric residents is very important because part of their vision of an ideal psychiatrist is thought to include functioning as a psychotherapist who practices psychoanalysis or analytic psychotherapy for patients. It is also important that the examination system for testing the ability of doctors to do analytic psychotherapy for admission to psychiatric board has to be continued accurately and fairly to facilitate further developments in psychoanalytic practice in Korea.

**Conflicts of Interest**

The authors have no financial conflicts of interest.

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