Chapter 8
Rapid Sociocultural Change, Child-Rearing Crisis, and Children's Mental Health

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Abstract This article presents clinical observations and epidemiological empirical studies on the impacts of rapid sociocultural change on children's mental health in developing Asian countries. In addition, psychopathogenic mechanisms and processes and implications on the mental health of children are formulated and discussed from developmental, psychopathological, ecological, and ethological perspectives. Rapid modernization and "Westernization" have occurred in many Asian societies and brought about many benefits; however, this has been accompanied by large increases of mental health problems. The author suggests that one of the most critical pathogenic factors could be the rapidity and extensiveness of change rather than the change itself. This compressed form of modernization occurred within the span of only 40–50 years in most Asian countries, while it was accomplished gradually over 200–300 years in Western countries. The important mediating pathogenic processes are the breakdown of the traditional value orientation, a marked change of the family system from extended to nuclear, a weakening of major emotional support networks, and serious problems and crises in child-rearing practices. The new tides of globalization and the coexistence of multi-culturalism in most Asian countries will increase these risks. The critical importance of proper early child rearing and the quality of mother–infant attachment are emphasized for the future mental health of children in globalized world. The author advocates the need for new guidelines and paradigms to bring up mentally healthy children in this complex, ever changing world. A solution may be found in integrating the old and the new as well as integrating the East and the West.

Keywords Rapid social changes · Children's mental health · Child-rearing crisis · Developing countries in Asia

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8.1 Introduction

During the latter half of the twentieth century, almost all the countries in Asia went through their own forms of "modernization" in which drastic economic, political, and social changes occurred to various extents and at varying speeds. This modernization involved industrialization, urbanization, family system changes from the extended to the nuclear, and "Westernization" through which a Western ideology and value orientation including democracy, capitalism, individualism, human rights, gender equality, and freedom of choice issues were introduced.

While these changes certainly brought about improvements in many areas of Asian life, such as standards of living, sanitation, nutrition, education, and physical health, they seem to have been accompanied by a disconcerting increase in the number of mental health problems in children and adolescents. These mental health problems include developmental, emotional, and behavioral disorders, child abuse and neglect, school violence, delinquency, suicide, and many other forms of social deviance. This is a paradox. Material wealth does not seem to guarantee psychological well-being.

The author has witnessed dramatic sociocultural changes and their salutary as well as pernicious consequences in South Korea for the past 70 years and has accumulated clinical observations and research data while establishing child psychiatry services in South Korea over the past 40 years. This article is to share the author's worries and concerns about the status of mental health of children in relation to social and family changes in Asian countries. Initially, the author wanted to cover all Asian countries but found it too difficult to gather the necessary information and data from all Asian countries. Therefore, the article focuses mostly on the South Korean case and extends to Japan and China as much as possible. Despite this limitation in scope, the author has found that the more information he assembles, the more convinced he becomes that situations are quite similar in most Asian countries with regards to these matters. The author does not want to claim that this article is rigorously scientific or that it presents a thorough review of the relevant literature. Instead, it is first a presentation of clinical observations and research on children's mental health during the period of compressed modernization in South Korea, and second a plea for the public and professionals of any countries undergoing rapid sociocultural changes to recognize the serious child mental health consequences and the importance of child rearing as a major mediating variable determining the effects of sociocultural changes on mental health.

8.2 Social Changes in South Korea Over the Past 50 Years

Modernization in Korea began 120 years ago during the last period of the Chosun dynasty. However, a truly substantial form of modernization did not begin until the end of World War II in 1945. In 1945, Korea was divided into North and South

Table 8.1 Indices of social changes in Korea

	1960s	2000s
GNI	<$100	$20,000
Urban population	<10 %	>90 %
Women working	25 %	50.6 %
Longevity	52.4 year	80.2 year
Senile population	3.0 %	10.7 %
Birth rate	4.1	1.19
# of children/family	4–5	1–2
Nuclear family	46 %	82 %
Crude divorce rate	0.4	3.4/1000
Suicide rate	<10	31/100,000
Internet user	0	>70 %

Korea. North Korea took a communist route and South Korea began to establish itself as a democratic, capitalistic, industrial country under U.S. influence. The American influence became stronger with the outbreak of the Korean War in 1950. Over the following five decades, South Korean society underwent rapid, massive, dramatic modernization, including industrialization, urbanization, and the introduction of democracy and a capitalistic economic system. Several important indices of social changes associated with these industrial revolutions are presented in Table 8.1. Gross annual income per capita (GDP) in Korea increased from $69 dollars/year right after the Korean War (1955) to about $10,000 in 1997, $20,000 in 2005, and near $30,000 in recent years. Major occupations changed from being agriculture-related (63 %) to being industry-related (33.1 %) and service and sales-related (40.5 %). Females now represent over 50 % of the work force, compared with 25 % in the 1960s. Over 90 % of the total population reside in either metropolitan area or in small- and medium-sized cities and less than 10 % live in rural areas. South Korea started with its manufacturing and petroleum "chimney" industries and it has now become the fifth largest automobile producing and largest ship building country in the world.

South Korea is now one of the leading countries in the IT industry. The changes have been sweeping, massive, drastic, and almost "miraculous," considering that these accomplishments took only 50 years since the 1960s.

The characteristics of Korean modernization are summarized as the following: First, modernization in Korea involved a very abrupt transformation from a closed totalitarian monarchy to a democratic, capitalistic, individualistic Western style. Korea imported not only the technology but also the ideology of the West, including democracy, human rights, freedom of choice, gender equality, and individualism. Therefore, modernization in Korea can almost be equated with Westernization. Second, modernization in Korea has involved rapid and massive industrialization accompanied by urbanization and rushing migration into metropolitan cities, such as Seoul, which has a population over 12 million. This has resulted in a sudden shift in major occupations, from agriculture-related jobs to

either sales/service or industry-related jobs. However, the most important associated change might be the introduction of the nuclear family system as opposed to the extended family system, which constituted the backbone of the agrarian Korean society for 1000 years. Third, a prominent characteristic of Korean modernization is the speed and length of time required to achieve the current state of modernization, which took only 50 years, while modernization in the Western world took approximately 2–300 years. This rapidity and the extensiveness of change seem to be responsible for the confusion and problems in social norms, authority hierarchy, social orders and cultural values, moralities, and interpersonal relationships.

8.3 Family System Changes

The most significant changes associated with the modernization processes in South Korea are the changes of structure, functions, and roles of the family system. According to the 2003 Korean government report, 19.1 % of the Korean families are one generation families, 52 % are two generation families, and 15.5 % are one person families. Three or more generations are living together in only 13.5 %. This indicates that more than 80 % of the families are "nuclear." It appears that indeed Korean families changed sweepingly from the extended to the "nuclear" family. However, there are many types of "nuclear" families, in addition to the typical "nuclear" family consisting of a couple and their children and these include one person family of unmarried persons or aged persons, one-parent family, grandparents–grandchildren family, atypical family of children without adult and the global split family. Thus, it is not a simple nuclear family system; instead, the diversification and coexistence of different family structures characterize the family system in modern Korean society.

8.4 Changes of Sociocultural Values

This "compressed modernization" in South Korea inevitably brought about marked changes in the life goals and cultural values of Korean people. Koreans have made dramatic improvements in their standards of living and they no longer worry about the shortage of food, shelter, or clothing. As they became more profitable in their capitalistic adventures, achievement and competitiveness, material success, and social status have become dominant values in Korea. Unfortunately, the pursuits of certain higher virtues such as integrity of personality, humanism, harmony, good interpersonal skills, and a control of emotions (which was cherished so much in the past) have gone astray, becoming regarded as somewhat unnecessary. Traditional values based on Confucianism, Buddhism, and Taoism have been denied, and they are now considered obsolete (Choi 1988). Christianity

Table 8.2 Comparison of the Eastern and the Western cultures sociocultural values

Eastern/'traditional'	Western/'modern'
Relationship orientation	Achievement orientation
Suppression of emotion	Self-assertiveness
Integrity, holism	Self-actualization
Humanism, inner life	Rationalism, materialism
Collectivism, interdependence	Individualism, independence
Social control of behavior	Self-control of behavior
Harmony	Equality, human right
Authority, seniority	Democracy, freedom of choice
Male dominance	Gender equality
Confucianism, Buddhism	Christianity
"Shame culture"	"Guilt culture"

Coexist with conflicts and confusions in Korea

is now the most popular and active religion (50 %). Because individualism over-shadows collectivism and people invest so much emotional energy into them-selves, there is very little left to spare for child rearing and caring for other people. Koreans today rarely talk in public about Confucian teachings such as filial piety (孝). If they do, they are regarded as obsolete or extremely conservative. People have become preoccupied with importing and emulating the Western way of thinking and behaving. Many Koreans seem to care only for the materialistic and social achievements, and they show very little concern for others and the future. Korean people in general, particularly parents, have decided that the most impor-tant survival tool in this modern society is to invest all their energy into educat-ing their children. A good education, scholastic achievement, and admission to a top-rated college would guarantee the advancement of their social status and lead to material success. Scholastic achievement has emerged as the most important competition method in the newly transformed country (Table 8.2).

Cultural standards are suffering from duality and confusion due to the coexistence of two contrasting value systems: traditional versus modern and Korean versus Western. People recognize the importance of family cohesion, "me as a member of a family," but they cannot help pursuing "me as an individual," "me," and "we" are in conflict, without hope of resolution. The authority of an adult over the next generation has been lost, and seniority is no longer respected. Instead, the younger generation is revered for their aggressiveness, assertiveness, and vitality.

Most South Korean people today may believe that there is nothing wrong with these changes because they are living well, and they do not have to worry about clothes, food, and shelter as they did in the past. Such opinions might be correct if we disregarded the phenomenal increases in the numbers of children's emotional and conduct disorders, violence and sex-related crimes, drug abuse cases, divorce, and broken families.

8.4.1 Children's Mental Health Problems and Issues in Korea

The author's clinical experience with child psychiatry in South Korea has demonstrated the existence of all disorders classified in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) and the International Classification of Diseases-10 (ICD-10). In the early years of child psychiatry development in Korea, several prevalence studies were carried out on several different disorders, with reported prevalence rates of 7.6 % for ADHD, 3.8 % for conduct disorder, 4.2 % for oppositional defiant disorder 4.2 % (Cho and Shin 1994), 9.2/10,000 for autism (Hong 1999), and 2.4 % for dyslexia among third and fourth graders (Lee and Hong 1985). Overall, the prevalence of psychiatric morbidity among Korean school adolescents was 31 % (Kim et al. 1983). Most recently, a school-based epidemiological study in Seoul (Park et al. 2015) demonstrated prevalence of ADHD at 13 %, ODD at 12 %, specific phobia at 15.6 %, anxiety disorder at 8 %, mood disorder at 2 %, and tic disorder at 3.9 %.

What was most notable in clinical child psychiatry practice in Korea was that there were many "reactive," "transient," and "mild" forms of emotional–behavioral–developmental problems which mimic classical psychopathology, but they cannot be definitely diagnosed according to DSM or ICD manuals. For example, transient tic, test anxiety, separation anxiety, and various forms of psychosomatic symptoms are noted very frequently and they seem to be related to many types of stress due to life changes and parental pressure on scholastic achievement. In lay terms, "senior high disease" indicates that senior high students are victims of the endless pressure to study to get high grades in order to enter a top-ranked college. Mild forms of conduct problems and extremely spoiled behaviors are frequently observed in public and school and many children behave like "a little tyrant" as described in China and they tend to have poor social skills and poor peer relationships. This seems to relate to being an only child, parental overprotection, and permissive child-rearing practices.

Another disconcerting problem observed in the early developmental years is a sharp increase in the number of autism-like children referred to child psychiatric clinics for diagnosis. Many meet the diagnostic criteria for reactive attachment disorders or PDD NOS (Hong et al. 1992; Hong and Youn 1996; Shin et al. 1999). There are also sharply increasing incidences of child abuse and neglect. They are related to a variety of adverse environmental factors and a lack of appropriate parental care and stimulations in their development.

The incidence of school bullying, including "wang-ta," which is a kind of rejection and isolation of an individual student by peers (similar to "Ijime" in Japan), is very high (48 %) and the rate of extreme school violence is 3 % (Kim 2001). There are also rapidly growing numbers of school refusal. Another intriguing form of adolescent violence is parent abuse, the prevalence of which is 2.8 % (Lee et al. 1997). Some of these adolescents do not have any other problems except that they are socially isolated, secluded, and withdrawn; a condition similar

to "hikkigomori" in Japan and the violent behaviors are directed only at their own parents.

Most recently, a new form of behavioral addiction has emerged. More than 90 % of South Korean adolescents are using the Internet and the prevalence of internet addiction is reportedly 3.5 % among Internet users (Whang et al. 2003). Internet use seems to serve various functions, such as experimenting with relationships, searching for an identity, providing a sexual outlet, and seeking help for depression and social isolation. Severe forms of game addiction seem to accompany frequently serious comorbidities such as ADHD and depression. Another very serious psychosocial problem among adolescents is the high suicide rate (28/100,000) and 4.4 % of adolescents have a history of attempting suicide (Juon et al. 1994).

8.4.2 Crisis and Problems of Child Rearing in South Korea

Some clinical observations and research data from sociological and education fields suggest a crisis in parenting and child rearing in Korea. These are described and presented as potential causative and mediating factors explaining the relationship between sociocultural changes and increasing children's mental health problems in Korea.

1. Increased unwanted pregnancies and unwanted children: The major causes of unwanted pregnancies are marital conflicts, divorce, economic hardship, both parents working, unwanted sex, and teenage pregnancy which could be considered consequences of modernization. Recently, some married couples have questioned whether they should have a child. They often feel that having a child will disturb their couple-centered life, the advancement of their career, and "self-actualization." Unwanted pregnancies are often terminated by illegal abortions. An informal statistic claims that about 1 million illegal abortions occur each year, which is more than the number of live births (around 600,000 per year).

2. Avoidance and refusal of child rearing and custody: Many parents avoid or refuse their parental roles after their children are born. Each year, 13,000 infants and children are abandoned on the street or in infant care facilities. It is surprising to see that recently older children have been abandoned during divorce processes. Both mother and father refuse to take custody of their children. There has been a sharp increase in the divorce rate during the 1990s in Korea. The crude divorce rate rose from 0.4 in the early 1970s to 3.2 in 2003. This is a drastic change from the past, when a child was treasured and considered an important linkage of family tree. Now children are often regarded as obstacles to remarriages and career advancements after divorce.

3. Confusion and inappropriateness in infant-rearing practice: Many young couples lack sufficient knowledge and skills to raise their children well. They are often confused, frustrated, and filled with misunderstandings about child rearing. Young parents are embarrassed because they do not know how to handle or feed

an infant or how to soothe the infant when cries. Young parents today are unsure about the purposes and proper methods of discipline, and they use corporal punishment more often (even during early infancy) and are more punitive than previous generations. This situation seems to be a cause for the alarming increases in infant–child maltreatment, neglect and abuse (Lee et al. 2000; Ahn and Hong 1987). It has been noted that there are two peaks of prevalence of child abuse: one occurs around one to two years of age and the other at 6–7 years of age. The abuse of one or two year olds seems to be related to the failure of attachment on the mother's part and their lack of sensitivity, empathy, and responsibility toward the infant. The mothers are so self-centered that they feel bothered and irritated by the baby's usual cries or demands. Abuses around the second peak seem to be related to discipline.

Hong et al. (1992), Hong and Youn (1996), and Shin et al. (1999) reported a significant increase in the number of infants and preschoolers with autism-like features, yet different from typical autism. Some of these children could be diagnosed as "PDD NOS," "maternal deprivation," or "reactive attachment disorder." One common feature among these children is adverse environmental factors, either inadequacy or inappropriateness of mothering and child-rearing practices. They were not grossly neglected or abused but were emotionally neglected. Environmental adversity includes the following four factors: (1) mother's post-partum depression, marital conflicts, and conflicts with in-laws; (2) mother's working without provision of appropriate substitute care; (3) a child being born abroad and a mother's inability to care for the baby due to her social isolation, depression, and failure to culturally adapt; and (4) mother's inability to provide sensitive, appropriate emotional care, or the mother's use of grossly inappropriate caring methods, such as letting the baby watch TV or videos all day. Similar clinical syndromes of serious attachment disturbance were reported by Rutter (1999) and Mukkades et al. (2000).

4. Inappropriate or inadequate discipline: Overprotection and over-control.

Many young couples simply have the wrong ideas about discipline and they do not know the real purpose and function of discipline. This is due to mother's self-centeredness, a lack of experience and education, and a lack of empathetic understanding of an infant's behaviors and needs. The drastic decline in the number of children in the family, from 4 or 5 to 1 or 2 per family, has significantly changed the dynamics between the baby and the parents. There is an increased risk of either overprotection or over-control. Overprotection comes from the belief that a baby's demand should be met immediately and generously to increase self-confidence and self-esteem in the child. Often the child is an only child or a sickly child or a "special" child. Many children have the "prince syndrome" or "princess syndrome." These children are spoiled, egocentric, and lacking self-control. They cannot get along with their peers and they have difficulty adjusting to school life. Over-control is motivated by various factors. It can arise from a parental need to possess a child and a parent's projected wish of social achievement. These, "tiger moms," think they can mold the child as they want and "early education" in infancy has been a recent fad in Korea. Many young mothers try hard to stimulate

cognitive development and special talents. They try to make their children smart and competitive, and they often disregard the child's emotional needs.

5. Changes in sexual roles and attitudes, and sex stereotypes: Recently Korea has witnessed a dramatic change in family relationships and sex roles due to the nuclear family system, the women's equal rights movement, and an increase in the number of working mothers. The traditional, dominant-male/submissive-female relationship has been weakened and the roles that were previously clearly pre-scribed as either male or female are no longer taken for granted. This has resulted in an increase in competition and struggle between male and female partners. Being raised in a nuclear family and living in separate dwellings from grandpar-ents has resulted in negligible supervision from elders and an increase in power of the mother within the family. The younger generations tend to have more spousal conflicts and quarrels, and they easily resort to divorce.

6. Prime emphasis and endless pressure on scholastic achievement: Perhaps one of the most serious problems in Korea is that intellectual ability and scholas-tic achievement are regarded as the most important asset parents must cultivate for their children to be successful in this competitive society. Parents encourage competition and push children to reach the highest rank in school, instead of cul-tivating harmony and caring for other people and suppressing emotions, as in the past. A syndrome known as "senior disease" involved a complex combination of anxiety, depression, and stress experienced while preparing the college admission. This test anxiety is now so pervasive and universal that even primary school pupils experience test anxiety. It is shocking to see many parents hiring special tutors to stimulate the intelligence and cognition of their one or two year olds.

8.5 Immediate Causes of Crisis and Problems of Child Rearing

The author suggests the following findings as immediate causes of confusion, problems, and crisis of child rearing in Korea.

1. Predominant nuclear families and reduced number of children in a family: The successful Family Plan Project of the Korean Government, the high economic burden of living and education, and delayed marriage have brought about drastic reductions in the number of children in a family from the previous average 3.6 to the recent 1.1. The birth rate has steadily declined for the last three decades; it hit a low point of 1.17 in the 2010s. A small nuclear family has both pros and cons from a child rearing and child developmental point of view. The advantages are that the parents can provide full attention and adequate care for an individual child and they can foster intellectual development and self-assertiveness in this competi-tive, achievement-oriented society. On the other hand, relationships between the parents and the child may become so intense that a slight trauma or changes in the relationship could result in serious disturbances. The reduced number of children

in a nuclear family also increases parental expectations regarding each child's scholastic and occupational achievements and increases the risks of over-control and overprotection. Moreover, the absence of grandparents deprives the family of constructive supervision for the parents and compensatory care for the child which could alleviate the possible emotional neglect and trauma inflicted by their immediate parents. Children in modern Korea no longer experience their grandparents' overindulgence and unconditional affections. In addition, the reduction or absence of siblings eliminates such valuable experiences as sibling rivalry, competition, and cooperation. This will be a contributing factor to peer relation difficulties later.

2. Rising number of working mothers: Women made up 50 % of the workforce in Korea in the 2000s. The real problem is not the increase in working mothers per se, but rather the lack of appropriate substitute childcare while mothers work. In the past, mothers did most of the child rearing. Women in modern Korea tend to look at full-time housewives as being undesirable; they may shame these women. Who cares for the children while they work? Grandparents are not willing to offer substitute care and there are not enough quality daycare facilities or other infant care facilities. The result is the increased risk that the infant's care will be unsatisfactory. This increases the risk of insecure attachment or other relationship problems between the mother and infant. When the risk becomes a reality, we see many disturbed mother–child relationships, attachment disturbances, child neglect and abuse, and many other early developmental problems.

3. Active women's equal rights movement: The women's equal rights movement and feminist movement have been very active in the past 30 years in Korea. They have challenged traditional gender stereotypes, such as automatic male dominance and female submission, and they have been successful in reducing prejudices against women. They have also improved women's rights and their status in society in general. Husband and wives have become more equal than ever. Many women now have good occupations and have become economically independent. They demand equal rights and self-actualization. These changes have made males unsure of their masculinity and their roles. This has resulted in an increased power struggle between the two sexes. On top of these changes, Korea is in the process of a sexual revolution and women have become more liberal and active in their sexual relationships. These dynamic changes in sexual relationships cannot be dismissed as non-significant cause of the increased divorce rate and problems associated with sex role and sexual identity in Korean adolescents today.

4. Few opportunities to learn how to raise a child and to be a parent.

In contemporary Korean society, it is shocking to find that young parents have very few opportunities to observe, experience, and participate in raising a child while growing up, mainly because they grew up in a nuclear family and they were often only child and did not have more than one sibling. This situation is in a stark contrast to the traditional extended family, in which older siblings can observe and help mother or aunt raise a younger sibling or cousin. They also are deprived of receiving assistance, supervision, and advice from experienced grandparents and other adult relatives.

On top of this lack of informal learning experience, there is no formal course to teach child development and child rearing in secondary schools and college. Both at home and at school, children are busy learning mathematics, science, and English. A short lecture series on "how to raise a child" is offered to parents-to-be during pregnancy but only a few take it.

Young parents are confused about the goals of child rearing and are opinionated regarding certain methods. These confusions and biases come from the coexistence of information on child rearing in the traditional and Western styles. Overall, most young couples are not prepared to provide a good-enough parenting.

5. Confusing and often contradictory advice by "professionals" on child rearing: Besides being uneducated on child rearing and parenting, young parents are often confused and have difficulties choosing what and whose advice to follow. The number of "child specialists" is mushrooming in South Korea. The books that parents resort offer quite varied orientations and emphases, and "experts" on television, radio, and daily newspapers prescribe rules for how to raise children according to their different theoretical orientations. Most child experts are educated abroad, mostly in the United States and some in Europe. They have different educations; therefore, their theoretical backgrounds are quite diverse. Unfortunately, most of them have not paid any attention to traditional child-rearing practices and they lack the knowledge and appreciation of early infancy. Their advice and teachings are often downward extensions of what they know about older children or adults; therefore, they emphasize the intellectual development, learning, scholastic achievement, and peer socialization.

Many books on child rearing and child development are available although they are mostly translations of foreign books. It is a shame that few studies and books are available regarding traditional child-rearing practices in Korea. Further, it is unfortunate that few Korean scholars and professionals have really studied and learned about traditional child-rearing practices; instead, they are busy with deciphering a Western way of child rearing and trying to apply it in Korea. In addition, parents themselves seem to prefer the "new Western style" of child rearing, believing that it will guarantee success in a modern society. Parents tend to think that Western ways are always better and they are always ready to follow the Western-oriented professionals' advice.

The author proposes that the child-rearing and parenting problems described above are the most important intermediating mechanisms explaining how rapid social and family changes bring about mental health problems in children.

8.5.1 Traditional and Modern Child-Rearing Practices in Korea

Many current child-rearing practices in South Korea appear to be imitations of Western style child rearing. However, it is likely that the majority of Korean

Table 8.3 Comparison of the Eastern and the Western culture child-rearing style and attitude

The Eastern	The Western
Interdependence	Independence
Infants sleep with mother	Sleep in separate bed and room
Skinship; extensive, prolonged	Talking, stimulating, minimal contact
Surrounded by many caretakers	Mother, father
Parents make a choice for them	Encourage the child to make a choice
Plays with them	Let them play by themselves
A few toys	A number of toys
Highest motivation to explore when with mother	Highest motivation to explore when allowed to make his own decision
Encourages a concern with others' feeling	Ask questions about objects and supply information about them

mothers might have maintained the essence of traditional child rearing without recognizing it. Thus, it is very difficult to tease out what is Western and what is traditional. It is most likely that both methods coexist (Table 8.3).

One of the most important underlying dynamics of child rearing in traditional Korean culture is that the mother's mode of existence and the meaning of her life were derived through child rearing and child education, and ultimately her offspring becoming successful social members (Kim 1974). In other words, mothers used to achieve self-actualization through their children and their husbands. Therefore, they willingly sacrificed themselves to take care of their children and they attempt to achieve happiness by raising their children well. Koreans believe in fetal education. Pregnant mothers try to keep their minds clean and peaceful during pregnancy, and they are cautious about what they say and what they eat, because they believe that their fetuses can be educated through their appropriate and proper attitudes and minds.

The most salient point in Korean child-rearing practice in the past was that an infant was provided with almost constant physical contact. This contact was mostly with the mother and when she worked, the baby was handed to a grandmother or sometimes to the oldest daughter. Babies slept with the mother and they were breast-fed and carried around on their mothers' back wrapped in "podaegi" (carrying blanket), even when the mothers worked. They were rarely separated from the mother. This plentiful supply of physical contact and affection enable infants to feel content and sensually gratified and to establish a sense of basic security, trust, and belongingness. Some people call Korean society a "Jeong (情) society." Jeong can be defined as the attachment and affection through which a mother's care, contact, comforts, and sense of worthiness can be transmitted, and play an important role in adult interpersonal relationships.

Toilet training was not harsh. It was carried out by a benevolent grandmother who gently pushed the child in a rather loose, permissive way. In contemporary Korea, the majority of Korean children are bottle-fed and the parents are very rigid and harsh about toilet training.

During their preschool years, children experienced diverse relationships with multiple adults in their extended family. There were many children of differing ages in the extended family. They had plenty opportunities to observe different relationships between the two sexes, not only mother and father, but also grandma and grandpa, and uncle and aunt. Therefore, they did not have an intense triangular relationship with only their mother and father. They could diffuse the acuteness of the "Oedipal strivings" with multiple grown-ups in the family.

It appears that most contemporary Koreans prefer child-rearing practices in Western style. However, traditional child rearing might be more suitable to meet the basic instinctual needs of a child, while modern child rearing might be necessary to adapt to modern, individualistic, highly technical society. The coexistence of these two contrasting child-rearing orientations and subsequent confusions and conflicts might be responsible for the increased children's mental health disturbances.

8.6 Relationship Between Modernization and Mental Health—A Selective Literature Review for Discussion

It could be readily accepted that modernization usually promotes physical health, improves standards of living, increases job opportunities, and improves socio-economic status. However, modernization seems to have both positive and negative results in relation to the effects on mental health.

Early studies such as Mussen and Beytagh (1969) and Inkeles and Smith (1970, 1974) did not support the assertion that modernization is regularly associated with increased emotional or behavioral disorders in a developing country.

However, a growing number of empirical studies indicate at least an increased risk of psychopathology in relation to modernization. Almeida-Filho (1998) reviewed literature on social and mental health changes in Latin America and challenged the conclusions of Inkeles and Smith. He suggested that mental health in this region worsened during the 1980s and that urban social mobility, the class formation process, and capitalistic modes of production are the main factors involved in increased emotional disturbances. He claimed that the new type of economy and the phenomenon of "hypertrading" on a global scale has produced social inequalities and has created a new poverty.

Rhaim and Cederblad compared two epidemiological studies of Sudanese children. The original study was done in 1965 (Cederblad 1968) and it was replicated in 1980 (Rahim and Cederblad 1984). During the 15-year interval, significant urbanization occurred in Sudan. Tribal distribution changed from comprising 90 % of nomadic tribes in 1965 to only 38 % in 1980, and the number of fathers holding a job in agriculture reduced from 17 to 4 %. The average overall income increased 2.5-fold, and sanitary conditions improved dramatically. School attendance rose from 30 to 90 %. The most interesting finding was that while older children had

better physical health status in 1980 compared with 1965, younger children were in a significantly worse state of health; only 45 % being healthy in 1980, compared to 62 % in 1965. Regarding mental health, significantly more behavioral symptoms were reported in 1980 than in 1965. The frequency of psychosomatic headaches and stuttering tripled while hyperactivity doubled in children of 7 years of age. The gender differences were very striking; boys had more symptoms in general. They speculated that certain factors in Sudanese culture seem to protect the mental health of Sudanese children in times of rapid social change, such as the tendency of a whole extended family settling in the same area of the city and the low divorce rate, and these factors result in a low crime rate and less problems of disorientation, alienation, broken homes, and alcohol abuse. The urbanization and socio-economic changes did not alter the basic features of community life in this area.

Harpham (1994) strongly suggested that changes in social support and life events due to urbanization and industrialization in developing countries affect mental health, mainly causing depression and anxiety in general populations. Marsella (1992) and Kleinman et al. (1999) proposed that rapid social changes are associated with social problems, such as street violence, alcoholism, illicit drug abuse, domestic abuse, and other mental and behavioral health problems. Conger (1987) commented on a paradox in which the same social changes that promote individual health and achievement work against the maintenance of social support systems and a sense of community. Therefore, it seems that the consequences of modernization can be both pernicious and salutary.

The negative effects of modernization on mental health seem to be mediated by increased acculturation stress, social class changes, and reduced social support, particularly, the breakdown of the family system. Kleinman and Kleinman (1999) suggested that improved material prosperity and worsening mental and social health outcomes can occur together and that they may be produced by social inequality. Minde (1988) reviewed the evidence linking social change to psychological problems in school age children and their families.

The fact that not all individuals suffer from psychological problems when exposed to the same kinds of social change suggests that social change per se is not the cause of social or psychological disorders; instead, the cause is the failure of individuals or groups to adapt to social change which can create symptoms of social and psychological distress. Mediating variables are cultural proximity, gender differences, cognitive factors, contact experiences and social support systems, social economic class, and patterns of upbringing (Marsella 1992). Hong (1995, 2006) asserted that problems of child rearing and parenting associated with social changes are the most important mediating variables. Other important variables are the speed of change, the presence or absence of preceding ideological/philosophical changes, and the role of traditionalism.

We should also consider mental health factors that protect against the negative effects of social changes. These positive factors include regular, stable, formal employment (Rahim and Cederblad 1984); the maintenance of a good relationship with the parents (Brody 1973); the existence of an extended family (Cederblad

1968); and a sense of coherence and preservation of the traditional culture and literacy (Brody 1973).

Western countries do not seem to be immune to these processes and the effects of social change on mental health. Conger (1981) commented on the effects of the social changes in the USA from "freedom to be me, to do one's own thing" in the 1960s to the "me and its new narcissism" decade of the 1970s (Lasch 1979). In the 1980s, preoccupation with oneself and a diminished concern for the needs of others emerged. One of the most important recent social changes is the decline in respect for authority, for authority's sake. There has been a loss of the unquestioning faith in social institutions and an increase in skepticism regarding the infallibility of scientists and health professionals. All these changes of attitudes tend to increase the relative isolation of individuals and families. An atmosphere of shared responsibility has become rare. On a more personal level, Americans have become more interested in their own physical and psychological well-being which has led to a diminished concern for the needs of others. The great preoccupations with self-realization, self-expression, and freedom to be me are associated with a feeling of a diminished ability to establish intimate and lasting relationships with others (Lasch 1979).

8.6.1 Modernization, Mental Health, and Child Rearing

The author proposes that both positive and negative effects of modernization on child development and mental health can be decisively mediated through child-rearing practices, especially in early infancy. Child-rearing practices depend on how adults in a modernizing, developing country view the nature of children. It also depends on what kind of child-rearing knowledge and experience parents have. It has been suggested that all too often, many non-Western developing countries have idealized and emulated the West without realizing how natural and culturally relevant their traditional child-rearing practices are. Many parents in non-Western developing countries are confused by the coexistence of Western and traditional child-rearing methods, and they often do not recognize that differences exist. Child rearing is the most important influential factor through which the processes of modernization exert their deleterious or beneficial effects on child development and its deviations; in the form of various reactive, developmental, emotional, and behavioral disturbances. Notable progresses in developmental psychology and infant psychiatry have repeatedly confirmed the importance of infant development in personality formation and psychopathology (Sameroff and Emde 1989; Bowlby 1969; Rutter 1997). However, child psychiatrists and mental health workers have not paid enough attention to the significance of early child-rearing experiences in their diagnostic formulation and intervention planning (Fig. 8.1).

Major problems in child rearing and parenting in contemporary globalizing world cannot be dismissed as unrelated to psychopathology, simply because associated problems do not meet formal diagnostic criteria. Many developmental and
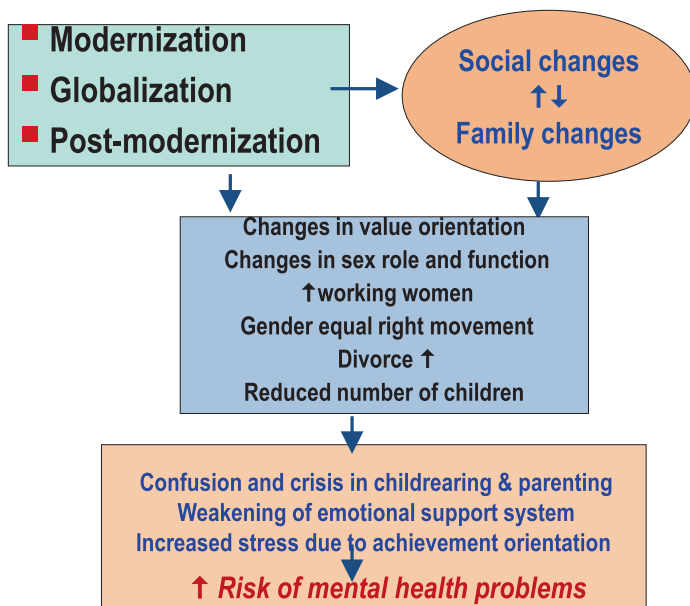
Fig. 8.1 Modernization and mental health

emotional–behavioral problems occur in association with rapid environmental changes and they are often transient, reactive, and temporary. However, they can be forerunners of psychiatric disorders. They also may mimic major psychopathology. These pose significant clinical implications. Certain disorders, such as autistic spectrum disorder (ASD) and ADHD, are mistakenly diagnosed or over-diagnosed if transient and reactive emotional–behavioral problems are not recognized properly. The dramatic increase of child abuse and neglect, ASD, school violence, conduct disorder, ADHD, and Internet addiction cannot be explained as true increases in the incidences of these disorders and a significant portion of them could be the result of including these reactive and transient developmental, emotional, and behavioral problems. Thus, the children's mental health professionals should be aware of this phenomenon in their clinical practice.

8.7 Meaning of Cross-Cultural Differences of Child Rearing

Swanwick (1996) recently reviewed child rearing across cultures and identified three themes as major functions of child rearing in most cultures: survival, family cohesion, and transmission of cultural values. Harkness (1992) commented

that traditional ways of life are being modified by increased interethnic contact and social pressure from peers, family, and, in some instances, health care professionals, and they may disturb the security of early caregiver–infant relationships. Stopes Roe and Cochrane (1989) studied family traditionalism in Asian and British populations and found that the British population was the least traditional in attitude and the Asian population the most traditional. Asians valued conformity more and self-direction less than the British group. Caudhill and Frost (1973) also noted that Japanese mothers spent a long time soothing and lulling their infants rather than stimulating them with active chatting, as American mothers did. Ekblad (1988) studied Chinese primary school children and compared them with Scandinavian children. Chinese mothers seem to be more in control of their children and Ekblad concluded that parents' belief about the basic nature of children and theories of how one molds a child into their ideas makes a cross-cultural difference. Similarly, Weisz et al. (1989) proposed a higher rate of over-control problems for Thai children than American children because Thai adults are unusually intolerant of under-controlled behaviors such as aggression, disobedience, and disrespect. Thais believe children should be peaceful, polite, and deferent and that they should inhibit and control the expression of anger and other strong emotions.

Harkness (1992) saw cultural differences in child rearing resulting from adult beliefs about the nature of children. A mother's innate sensitivity to respond to infant signals for nurturance and the cultural perspective that guides parents are shaped by a culture-specific model of interpersonal relationships; child-rearing practices have evolved based on these two dynamic factors over the past 1000 years. For example, an independence model of child rearing for middle-class Americans is appropriate in individualistic cultures and an interdependence model of child rearing for middle-class Japanese parents is appropriate in collectivistic cultures.

8.8 Child Rearing and Mental Health from an Ecological and Ethological Perspective

Why do non-Western parents seem to engage in more Western child-rearing practices as opposed to traditional ones? While it cannot be denied that many parents in non-Western cultures imitate the Western style vigorously on the surface, the phenomenon is more likely to be the result of dynamic forces in their new modern environments. In other words, it may be an adaptation to a drastically changing ecological niche, created by industrialization, urbanization, improved living conditions, reductions in the number of children, nuclear family systems, and others (Bronfenbrenner 1979).

A broader perspective might be that similar phenomena might have occurred several times during the 100,000 year history of human existence. Homo sapiens evolved over millions of years before they appeared only 100,000 years ago as modern humans. They lived in hunting–gathering society for the first 90 % of

human history. Therefore, the evolutionary adaptiveness of the human being, such as physiological structures and behaviors, was suited to a hunting–gathering society where they had close contact and integration with nature (Swanwick 1996). However, this evolutionary adaptiveness of human beings had to change when societies began to become agrarian around 10,000 years ago. This was followed by yet another major revision of their lives when their societies became industrialized around 200–300 years ago. Now, we are in the midst of another evolutionary adaptation process due to unprecedented advances in the fields of science and technology, Information Technology and Biotechnology. Therefore, we might be near another quantum jump in evolution (Teihard de Chardin 1959).

Newborn infants have to learn more as civilization progresses. Parents have to put force a great deal of energy to raise their children to utilize all the conveniences and benefits of their advanced civilization. However, it has become difficult to meet evolutionary-based social, instinctual and emotional needs, as society progresses further away from nature and becomes more sophisticated and complicated. From the ethological perspective, modern humans in highly technological societies with all the conveniences and benefits of civilization may have no problem in finding food, clothes, or shelter. Questions of self-actualization, the meaning of existence, and other uniquely human achievements may have no direct relevance to mental health. Instead, the basic biological and instinctual behavioral systems, such as attachment, aggression, and sexuality, are problematic in terms of regulation, gratification, and renunciation. Skills to meet and regulate these evolutionary-based instinctual, emotional, and behavioral demands should be established and taught during early infancy through proper child-rearing practices. A lack of appreciation for these basic instincts neglects and inappropriate child rearing might be the most damaging etiological factors causing the psychopathologies of human beings in modern society. Individualism, materialism, hedonism, and achievement orientation, which are the predominant currencies around the world, produce plenty of "marketing personalities" with diminished humanism and humanity, and make it difficult to maintain a sense of belonging and integrity with family and other human beings. The exclusiveness of a couple-oriented life style and a barely sustained nuclear family will produce modern humans who possess much of what they want, yet feel empty inside and pessimistic about their whole lives. Difficulties maintaining the balance between "me as a true autonomous independent self" and "me as a part of family and society" will be a perennial problem for all human beings to overcome.

The young generation spends much of their time with computers. They can chat, play, and have cyber sex with characters in cyberspace. They are trying to meet their emotional needs through cyberspace and they might form a "cyber identities." They spend hours on the computers and becoming addicted to them. They utilize all the conveniences of an advanced, post-industrial society. The critical problem is that they are moving further away from evolutionary adaptiveness as they accommodate new, advanced, technical society. The more they adapt to the new environment, the greater the risk that they will have unmet human emotional and instinctual needs such as attachment, aggression, and sexuality. This is

the very reason why emotional and behavioral problems increase as a civilization progresses further away from the natural environment to which human beings had originally adapted so well.

8.9 Globalization: A New Challenge and a New Demand

The current trends of changes and transformations in social structures, cultural values, and behavioral patterns will continue in the twenty-first century, because the world is compressed in time and space and has become one "nation." People will move around the world, migrate and return, live abroad, and raise children abroad. They are bound to live together with other ethnic and cultural groups and to get in touch with different cultural orientations and values. "Cultural invasions," cultural pluralism, and cultural clashes among people are inevitable. New crises or the intensification of existing child rearing and mental health crises should be expected. In addition, the recent resurgence of religion, anti-Western sentiment, the rediscovery of traditional values and indigenous cultures, the transformation of traditions in global and universal perspectives, and the search for a new world order (Huntington 1993) are bound to bring about conflicts, confusion, and disorientation in the field of child rearing.

Conflicts between cultures and the clashes between civilizations (Lee 1998) may occur not only on an international level but also within a country, even within an individual, because the majority of countries in the world are modernizing and globalizing. During the past era of modernization, Western values, institutions, and culture have dominated the world as the highest, most liberal, most enlightened, most rational, most advanced, and most civilized forms of thinking in humankind. However, Huntington (Lee 1998) predicted that as globalization progresses further, Western influence will decline and other civilizations, such as East Asian civilization, will raise leading to a shift in the direction of influence. Asia might "transmit to the rest of the world their Asian values" and Confucian virtues, such as self-discipline, diligence, family cohesion, and the primacy of the social group's interest over the individual need (Huntington 1993; Lock 1983). Globalizations in economics, politics, and cultures, and the consequential clashes of civilizations demand a global ethics and a new way to coexist.

We are now forced to think of the implications of globalization on mental health and the need to develop effective, preventive, therapeutic interventions on a global scale. Perhaps, international organizations such as International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), World Association of Infant Mental Health (WAIMH), International Society of Adolescent Psychiatry (ISAP), regional organizations such as Asian Society of Child, and Adolescent Psychiatry and Allied Profession (ASCAPAP) should begin to pay attention to these issues and make an appropriate action plan. Minde (1988) has suggested that any preventive interventions to reduce the risk for children and families due to social change should be based on the following three principles:

① maintain traditional family ties and support structures, ② preserve a high level of personal autonomy in the involved population group, and ③ provide support structures for existing cultural practices, instead of replacing them with new ones.

8.10 Conclusions: A Plea for an Integration of the East and the West, the Past and the Present in Child rearing

The author is not simply insisting that we should go back to the "good old days" and resort to traditional child-rearing practices. There is no tradition that does not accommodate new cultural values and new human achievements. Instead, the author strongly suggests that we, particularly non-western people, should study and learn more about traditional ways of child rearing as well as the purposes of and underlying reasons for those old ways. They must have some relevance and applicability in raising the children of today because all human beings have had and will continue to have common, basic, social instincts, such as love, attachment, control and sublimation of aggression, and proper gratification for and renunciation of sexuality. These instinctual needs and other basic human needs will exert their power as long as the human race exists. Basic instincts are the main forces of human existence. We must learn how to fulfill those instincts and how to compromise when they are in conflicts with social restrictions. These biological instinctual behavioral systems will not change even though society and the environment might change a lot. What should be changed is not human needs per se, but rather the ways in which we fulfill the needs. Therefore, the function of child rearing is to promote infants' abilities to regulate and fulfill their needs while meeting societal demands.

This can be achieved only through a satisfactory mother–infant relationship and appropriate child-rearing practices. We want our children to be competent, adaptive, and happy. People say we need a new morality and "global ethics." However, the author proposes that this kind of universal and global ethical standards cannot be established without an appropriate and "good-enough" child rearing. The experiences and skills obtained through "good-enough" child rearing will be the main force in meeting the challenges and solving various emotional–behavioral problems in this ever-growing technological society. We should put our children at the center stage again and provide them with sufficient and good child-rearing experiences through which their basic skills to survive can develop in this rapidly changing world.

At this point, the author suggests that there should be no differences between the East and the West in the purposes of child rearing which helps develop basic survival skills and basic human relationship skills. Differences might exist in external "ways of life" and "ways of thinking" in adults. However, there is no need for any major differences how we raise our children because we all are human and our basic biological and social needs are not different. Therefore, parents in

non-Western countries should not merely imitate the exterior of Western child rearing, but should try to understand the philosophy and functions in their own right; further, they should study and learn traditional and indigenous child-rearing practices in their own right as well. It is the author's contention that parental roles are similar in the East and the West. Even if there are some differences, they might be complementary rather than contradictory.

It is strongly suggested that all children's mental health professionals examine themselves, ask what the main sources of their expertise and theoretical background are, and reflect on whether they are trying to apply what they learned from a different culture, directly to their culture. We, children's mental health professionals, regardless whether we live in the East or the West, must learn the essential functions of child-rearing practices and their implications on children's mental health. As globalization progresses further, the East and the West will continue to meet and clash with each other. We have an obligation to find out what to cherish, what to preserve, what to give up, what to import and export, and how to integrate them into the soundest child-rearing practices for our time. We also have an obligation to carry out cross-cultural examinations on different child-rearing practices and different cultural values from different civilizations, so we can learn from each other and become better parents. We must formulate the best child-rearing methods for our time and the future.

Our forefathers in Korea tried to do this a long time ago. "Cherish the old and appreciate the new (溫故知新)," "Study the old and create the new (法古創新)," and "Integration of the East and the West" (東西統合) were three proverbs from Korean tradition. We have failed in accomplishing these goals, mainly because we have not attempted to put them into practice. Therefore, we should study our old ways of life and dig out hidden jewels which we can pass on to the new generations in the East and the West.

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