

Hwabyung (火病) - An Overview

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Abstract

Studies of Hwabyung have been carried out by many different disciplines in order to clarify the concept, the clinical features and the psychocultural aspects of Hwabyung. Most investigators agree that the Hwabyung patients are older married women with a lower level of education as compared with those who have not been touched by this sickness. Hwabyung group manifested a prominent number of comorbidity of somatization disorder with major depression and generalized anxiety disorder according to DSM IV criteria. 'Lump in throat or chest' was frequently mentioned by the patient. The explanations of people on Hwabyung suggest some influences from the concept of traditional Korean medicine and the primitive way of thinking. Seen from the results obtained from investigations so far Hwabyung seems to be a folk designation to the sufferings which are believed to occur by the accumulation of anger, rage, or grudge. It comprises actually many different mental disorders and various types of syndromes which require treatment appropriate to each condition. The questions whether Hwabyung is specific to the Korean culture and whether it is warranted for recognizing Hwabyung as an unique syndrome are still not yet fully answered. More extensive individual case studies and in-depth discussions also in crosscultural aspects seem to be desirable.

Key Words: Hwabyung, Review, Culture-bound syndrome, Korea

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Hwabyung is known as a folk medical term in Korea, indicating a certain physical and emotional suffering. Hwabyung literally means illness (Byung) of fire or anger (Hwa) which arises when people are restrained from confronting their feelings of anger as a consequence of unjust or unfair circumstances. Hwabyung is usually characterized by feelings of chest discomfort, a sense of choking, an urge (the impulse) to rush out of a room due to such distracted feelings or that something hot is coming up from the abdomen, combined with anxiety, despair, depression and anger.

Origin of Hwabyung and background

The origin of the word "Hwabyung" is still obscure. There are frequent references to the word Hua-tseung, meaning fire symptoms, in the 18th century autobiography of the wife of the then heir to the throne, Hongssi Haegyong Gung (1735-1815) "Han Jung Rok."¹ Here the Chinese word is expressed as "Hwa-tseung. (火症)." In her book, her husband's sickness was described in the following terms: "He is hardly able to allay his feelings when he is swept by anger"; "His Hwa-tseung is so abrupt," "He became sad after he was treated by his father, King Yeong Jo unjustly and it led to pent-up anger," "His Hwa-tseung has become so acute since June that he has begun to kill people." Thus, the word "Hwa" (火) or "Hwa-tseung" was used to denote an anger syndrome or at least some form of morbid condition. Kim Yong Suk, the author of the "Study of Han Jung Rok" affirmed in a reference to the historical documents of the

Jo-Seon (Chosun) Dynasty that there were differing opinions on the nature of the behavior of the ailing prince at the time: the prince himself said he was suffering from Hwabyung; whereas his father, then King Yeong Jo, regarded his condition as 'madness'. The official record described him as losing his genuine nature when the symptoms manifested themselves². Researchers in the field of Korean traditional medicine assumed that there was no clear description of Hwabyung as a separate disease in the Chinese medical literatures³.

There have been different opinions on how to designate Hwabyung, apart from the Chinese character meaning "fire." Some suggested the use of the Chinese character Hwa (禍)

meaning "bad luck", instead of the word Hwa (火), meaning fire. Others insisted on the use of a Korean word without relating it to the Chinese characters. However, the word "fire" seems most appropriate given the fact that it is frequently used to describe anger-induced symptoms in historical records, as well as being used in the Korean dictionary published by the National Academy of the Korean Language³.

Research activities on Hwabyung

Hwabyung was first discussed in 1969 and 1970^{4,5} in connection with psychogenic somatic disorders and its relation to the "Hwa-tseung" of the "Han Jung Rok". Hwabyung was included in a questionnaire-based survey on the concept of mental illness⁷ which was conducted in 1975 in the population of a rural area. A systematic study of Hwabyung was conducted

in 1977, laying the foundation for further studies in the following years⁷. In 1983, a psychiatrist in the U.S. UCLA Medical Center suggested in his study that Hwabyung might be a culture-bound syndrome, after treating three Korean-American women who thought they had Hwabyung⁹. Studies of Hwabyung in the Korean medical sector have since become more frequent. Since 1986, an array of statistical surveys has been conducted, in order to investigate the concept of Hwabyung and define its symptoms and association with various categories of diagnostic classifications in modern psychiatry¹⁰⁻¹⁴. In the meantime, the Korean traditional medicine sector has also attempted to make its mark on the concept and treatment of Hwabyung by initiating their own research^{2,7,19}, and some psychologists^{8,17}, the nursing and feminist sectors are also showing interest in Hwabyung^{19,20,21}.

However, with a few exceptions, the most statistical surveys conducted so far only included those subjects who sought medical attention for their Hwabyung syndromes, rather than involving the general population, thus making these studies less informative and reliable. There have only been a few studies of individual Hwabyung cases that may fill up a gap of the statistical facts, including the case report by Lin⁹ and 1994 ethnologic field study of Hwabyung cases¹², and the case study by Park et al²² in 2001. Therefore, more elaborate studies are needed, in order to clarify the clinical features, course of the illness and the cultural specificity of this disorder.

Characteristics of Hwabyung

Epidemiological view Most investigators agree that those who think they have Hwabyung or who have had Hwabyung are older married women with a lower level of education, as compared with those who have not been touched by this sickness. There was no significant difference between these two groups in terms of economic wealth, although some studies claimed that there was a tendency for Hwabyung to be more prevalent among lower income people¹⁰. In 1985 S.K. Min et al¹³ investigated total 1450 rural population at ages between 18 and 64 in Kanghwa Island Korea in order to elucidate the prevalence rate of Hwabyung and the characteristics of its symptomatology. The percentage of those who diagnosed themselves as Hwabyung at the time of the investigation was 4.20% and this self-diagnosed 'Hwabyung group' was consisted of more old, less educated people compared with the 'non-Hwabyung group'. Hwabyung group demonstrated prominent number of the comorbidity of somatization disorder with depression and generalized anxiety disorder. Y.J.Park et al²¹ investigated total of 2807 Korean women ages 41 to 65 years living in seven metropolitan areas and six provinces in Korea to obtain the 4.95% prevalence rate of Hwabyung. The rates were higher in women of low socioeconomic status, living in rural areas, among the divorced or separated, smokers, and drinkers. As these investigators has admitted, this rate is only the potential number of Hwabyung women measured by an Hwabyung symptoms questionnaire. The need was raised by the same investigators of further elaboration of the measurement which is capable to detect intra and intercultural aspects of Hwabyung behaviors.

Factors inducing Hwabyung In the 1994 Folk Studies, based on face-to-face interviews conducted at Deoksanri, North Gyeongsang province in the southeast of Korea²², psychological conflict and emotional shock were proposed as the major factors inducing Hwabyung. Repeated or sudden exposure to emotional burdens, especially anger in response to unfairness, rage, a feeling of loss, 'han', or holding a grudge are deemed to be the

main triggers of Hwabyung. According to certain subjects, one gets Hwabyung, "when one wasted one's nerve away" (when one's nerves are stretched to the limit), or "When one's 'sok' (inside) is rotten" (when something makes one sick at heart). Other reasons given for developing Hwabyung include "problems between my husband and myself which cannot be expressed." "I was troubled by my grandson" and "my husband's brother died due to my negligence and my husband died thereafter", "my family members died in consecutive accidents", "we were deprived of our wealth in an unjust way", "my husband is having an extramarital affair, wastes money and becomes violent when he is drunk" "became broke after business failed" "my child is dead, or has developed an incurable disease." Thus, Hwabyung seems to develop after experiencing chronic emotional stress or the sudden loss of family members or property. Some Korean Americans⁸ described the cause of their Hwabyung as "I was living with my daughter and son-in-law and they fought fiercely," "my husband wanted a divorce after we fought," "I feel uneasy and tense since I immigrated to the US three months ago, because future here is uncertain." Other questionnaire-based studies have also supported the findings that the leading cause of Hwabyung is a combination of psychological factors.^{24,25} Face-to-face interviews with Hwabyung patients, who did not recognize the existence of these psychological factors, revealed that they harbored a long term repressed negative feeling within the mind⁸. In particular, chronic conflict with the spouse, for mother-in-law, business failure or financial loss resulting from fraud and reported to be the main factors contributing to the development of Hwabyung.

People believe, one suffers from all kind of internal sickness ('sok-byung') when they are not able to resolve Hwa (anger, rage) and Hwa therefore enters into the depth of body⁴. In attempting to deal with these stressful situations by suppressing their feelings, these patients laid themselves open to various anger-induced syndromes. Whereas most people suffering from Hwabyung believe the cause of their ailment to be psychological, some regards it as a physical illness and seek surgical methods to get rid of the mass they sense is present within their body or use medicine^{8,22}. Therefore, the magical healings of fortunetellers are ineffective to Hwabyung. The best way to treat Hwabyung is to take drugs prescribed by the hospital doctors, to help the patients calm down and release the Hwa (anger, rage) within them. But, it seems very difficult to have successful result. In this respect, the medical ethnologic survey conducted in 1994 in the village of Deoksanri, which examined the concept of Hwabyung²² reveals somewhat unique features. One informant explained that: "Hwabyung is caused by worrying about something stressful or unpleasant. As a result, 'hwa' enters into the body causing Hwabyung. This reminds us of the concept of Simsang-tseung (心傷症) (hurt heart syndrome) in Chinese Medicine. Another informant explained that: "Hwabyung arises from the mind ('maum') and it is a state of startling heart. The concept that hwa invades the heart and induces Hwabyung due to its accumulation seems to be related to the pathogenesis of diseases according to Chinese medicine, which explains illness as being the result of the invasion of Hwa-gi (火氣) (fire-energy) into the Sim (心, heart, mind). Many informants agreed that the prognosis of Hwabyung is poor, saying from a failure to control one's mind" or, "Once your heart is affected by Hwa (=anger) it is almost impossible to cure. These pessimistic opinions concerning the outcome of Hwabyung are based on the fact that the central organs, such as the heart, cannot easily be cured when they are hurt by Hwa. However, most of the informants seemed to agree that

Hwabyung is caused by exposure to long term psychological stress or experiencing sudden personal 'loss'.

Symptoms of Hwabyung

Many investigators have tried to ascertain whether there are specific symptoms associated with Hwabyung or whether all kinds of mental or physical consequences resulting from repressed or suppressed anger can be defined as Hwabyung. As a result of these investigations, they found that those with Hwabyung complained of mental symptoms, such as anxiety, rage, depression, and associated physical symptoms, including palpitation, chest tightness, fatigue, dull headache, indigestion, a feeling of weakness and signs of autonomic nerve system dysfunction such as flushing of the face and body^{10,26}. While certain symptoms of Hwabyung are commonly perceived by many people, those who have or have had Hwabyung are able to be more specific and realistic about their symptoms by saying "I feel something pushing up in my chest," "I feel chest discomfort, restless and feel the impulse to rush out of the room. "It's so unfair. I feel rage, a heat and the impulse to commit violent actions." A 68 year old female participant in the 1994 ethnologic surveys said²², "I feel as though my heart is being scratched by a sharp metal instrument. I feel as though something hard like a stone (the size of a fist) is stuck at the bottom of my throat after being pushed up from the lower abdomen. Then, nothing comes into my sight (I lose temporarily my sight) and I am troubled by an unbearable malaise, causing me to toss and turn all night." Thus, the sensation of a mass pushing up from the lower abdomen leading to chest tightness, the impulse to rush out of room and flushing of the face and the inability to stay in a warm room seem to be the most common symptoms complained of by Hwabyung patients. One Korean-American patient⁸ said "it feels as though a lump is coming up from the abdomen and is pressing against my chest, causing dyspnea and palpitation. When the lump goes down, I also have backache as it presses heavily against my lower-back and bladder causing me to urinate frequently." Another patient complained, "I feel as though a lump is pressing against my heart, then I get dyspnea, palpitation and I feel as if hot air is pushing up toward my throat. I become anxious and am afraid that I am going to die." This patient was extremely sensitive to cold weather and she had to wear an unusually thick coat.

The old term, hysteria, is derived from the Greek *hystera* meaning womb. The ancient Greeks thought this disease was caused by a womb which went around a woman's body. The lump in the throat that caused hysterical patient to choke was called "globus hystericus" and regarded as one of the characteristic signs of hysteria. A "lump in the throat" is mentioned in ICD-10 as one of the many symptoms of somatization disorder or dissociative conversion disorder. We now recognize the same symptom in hwabyung. Those with classical hysterical conversion disorders actually take their symptoms less seriously (*la belle indifference*) than they would have us believe, and they demonstrate them outwardly with much exaggeration, whereas those with Hwabyung genuinely suffer from emotional and physical pain and complain vividly and fittingly of their sufferings.

The connection with the diagnostic classification of modern psychiatry

The question remains as to whether Hwabyung can be classified as a separate illness with symptoms and psychological causes specific to this disorder. Furthermore, the questions remain whether the characteristics of Hwabyung can be accommodated for by the existing categories and internationally

used psychiatric classifications, or whether they are culture-specific, thus requiring that Hwabyung be referred to as a culture-bound syndrome. These topics are part of the ongoing research into Hwabyung. In their study, Park et al suggested that Hwabyung patients could be divided into the following diagnostic groups according to DSM-IV when described in the order of severity of their symptoms: somatization disorder, major depression, dysthymic disorder, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder and adjustment disorder²⁶. Most patients with Hwabyung were given more than two diagnoses by the physicians. Somatization disorders accompanied by depression were the most prevalent. Some regarded several somatic symptoms such as: "a sense of something pushing up from the abdomen", "dull headache" and "chest discomfort" as the characteristic features of Hwabyung, which make Hwabyung different from other psychiatric classifications. In addition, some investigators cautiously define Hwabyung as a culture bound syndrome, which is closely related to the concept held in both folk medical culture and Korean traditional medicine. Although most investigators admit that Hwabyung has some features in common with a number of modern psychiatric disorders, they claim that Hwabyung is nevertheless a culture bound or culture related syndrome, because it is associated with certain unique symptoms. However, the Hwabyung syndromes don't seem to be very unique or independent.

Treatment and prognosis In contrast to those who have never experienced Hwabyung, those afflicted with this disorder tend to think that Hwabyung is not easily curable, and they usually rely on various drugs including Chinese-herb medicine. Some of them think there is nothing they can do, as Hwabyung is incurable and, consequently, they just put up with their symptoms. They think of it as a woman's lot and try to endure the suffering without medical treatment²².

However, case studies conducted on two Korean-American patients with Hwabyung³ reported that they recovered completely with the administration of an antidepressant combined with supportive psychotherapy and environmental change. It is possible that many patients think Hwabyung isn't easily curable because they didn't have access to modern psychiatric treatment supervised by a psychiatrist i.e. drug therapy and the various forms of psychotherapy including family therapy. In addition, those subjects with Hwabyung, who also have a histrionic personality, may persist in their symptoms, due to their tendency to seek attention by dramatizing their sufferings.

Current issues and prospects

Hwabyung is listed as a culture-bound syndrome in the supplement of DSM-IV¹. It is not so important whether or not Hwabyung is included in either ICD or DSM as a culture bound syndrome²⁷. The word "Hwabyung" was devised by the folk to express the mental and physical consequences of repressed anger or accumulated rage and sorrow, so Hwabyung can also be called "a culturally determined folk diagnosis or labelling". However, the investigations conducted so far into the uniqueness of Hwabyung are still insufficient to support the definition of Hwabyung as a culture-bound syndrome specific to Korean culture⁴. Therefore, cross-cultural studies of cases of Hwabyung may help to clarify the nature and culture specificity of Hwabyung. Nevertheless, having knowledge about the folk concept of Hwabyung has its merits, as it can help the primary physician and psychiatrist to persuade the patients to take medicine and undergo various forms of psychotherapy, in order

to solve their emotional conflicts and soothe the trauma. In other words, the term Hwabyung can play a mediating role in the communication between the physician and the patient.

Hwabyung is a complex syndrome consisting of various disorders. Based on its characteristics, it can be designated as a dramatic (hysterical) depressive syndrome, a combination of somatoform, depressive and anxious anger syndrome, or an acute and chronic stress reaction. Among the different 'Hwabyung syndromes' we can define various groups: the group in which major depression is dominant; the so-called somatization group and the group in which anxiety and autonomic dysfunction are the main symptoms. These different underlying patterns of symptoms and comorbidities need different treatments, which would demonstrate different results and different prognosis. Those who think that Hwabyung is incurable and that there is nothing to be done but put up with it, considering it to be the lot of women, must be educated to think otherwise. Furthermore, the use of the same type of herb medicine for all patients with Hwabyung should be avoided. To come up with a more effective treatment for Hwabyung, it is essential to conduct a broader range of studies designed to identify the individual subgroups, clinical features and treatment results, in addition to cross cultural, studies of patients with similar symptoms outside of the Korean culture.

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