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A Review of the Korean Cultural Syndrome Hwa-Byung: Suggestions for Theory and Intervention

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Abstract

The purpose of this paper is to review Hwa-Byung, a cultural syndrome specific to Koreans and Korean immigrants. Hwa-Byung is a unique diagnosis and differs from other *DSM* disorders. However, Hwa-Byung has frequent comorbidity with other *DSM* disorders such as anger disorders, generalized anxiety disorder, and major depressive disorder. There are several risk factors for Hwa-Byung including psychosocial stress caused by marital conflicts and conflicts with their in-laws. Previous interventions of the Hwa-Byung syndrome were based primarily on the medical model. Therefore, based on previous research, we present a new ecological model of Hwa-Byung. We also recommend some areas of future research as well as present some limitations of our ecological model. Finally, we discuss some treatment issues, particularly for Korean women in the United States.

Keywords: Hwa-Byung, Korean women, ecological model of Hwa-Byung, treatment issues

The notion of “cultural syndromes” was introduced by Lewis-Fernandez in the newly published Diagnostic and Statistical Manual of Mental Disorders (5th ed.; *DSM-5*) as one of three concepts that replaces the concept of “culture bound syndromes.” Lewis-Fernandez explained that cultural syndromes are “clusters of symptoms and attributions that tend to co-occur among individuals in specific cultural groups, communities, or contexts” (*DSM-5*, p. 758). These culturally specific symptoms and attributions, which were first identified as a culture-bound syndrome, were not recognized by the American Psychiatric Association until the publication of *DSM-III* (Hughes & Wintrob, 1995) and the inclusion of culture-bound syndromes as disorders did not occur until *DSM-IV*.

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Despite of recent advancement of cultural issues in psychological disorders in *DSM-5*, psychological research and clinical community have been slow to recognize cultural syndromes. However, it is important to study culture syndromes for several reasons. The U.S. population is rapidly becoming culturally diverse. Thus, clinicians are likely to serve an increasingly culturally diverse population (Guarnaccia & Rogler, 1999). In order to deliver culturally competent therapy, clinicians will need to be aware of cultural syndromes. Further, research in cultural syndromes is necessary in order to understand their etiology and develop efficacious culturally competent treatments.

Therefore, the purpose of this paper is to review a cultural syndrome specific to Koreans and Korean immigrants, Hwa-Byung, by discussing the description of the syndrome, the prevalence, and risk factors of Hwa-Byung. Furthermore, this paper presents a new ecological model of Hwa-Byung and discusses important treatment issues for Korean Americans, particularly Korean women in the United States.

Importance of Studying Hwa-Byung

Korean immigration to the United States has sharply increased over time. The national figure is approximately 1.7 million people, making Koreans one of the largest Asian groups in the US (Census Bureau, 2010). The rapid growth of the Korean population in the United States underscores the need to consider their mental health needs and the sociocultural factors that engender them. In spite of the growing mental health needs among this community, Koreans in America (both American-born and immigrants), tend to underutilize mental health services, and particularly those individuals with Hwa-Byung (Kim, Lee, Chu., & Cho, 1989). There are several reasons why Koreans in America who suffer from Hwa-Byung may not utilize mental health services for their benefit. Although Hwa-Byung patients are aware that their illness has psychogenic origins, these patients are unlikely to seek treatment by a psychiatrist or psychologist (Park, Kim, Kang, & Kim, 2001). Hwa-Byung patients are more attuned to their physical symptoms (which are socially acceptable), rather than their psychological symptoms (which are not). Thus, when they suffer from psychological distress, they are more likely to seek help from traditional medicine (herbal medicine) doctors, Chinese medicine doctors (e.g., acupuncturist), and shamans (Park et al, 2001) or rely on various drugs that manage their physical symptoms (Rhi, 2004). Koreans and Korean Americans also attempt to deal with their problems by relying on informal support from their family or close friends rather than seeking professional help from mental health services. Talking to mental health professionals about psychological problems may be viewed by Korean or Korean Americans as bringing disgrace to the family (Park et al., 2001). This cultural belief may lead Koreans or Korean Americans to seek mental health services as their last resort. Lastly, Koreans or Korean Americans underutilize mental health services because they are socialized to internalize stress and repress feelings. In addition, they may be socialized to believe that psychological problems are the result of a character flaw with negative mental associations and a lack of willpower which are shameful; therefore they must resolve the problems on their own (Lee, 1997).

Despite this tendency of individuals with Hwa-Byung to underutilize mental health services, women who experience Hwa-Byung have extremely high levels of distress and more somatic complaints than non-Hwa-

Byung patients (Lin et al, 1992). A number of authors (Min, Namkoong, & Lee 1990; Park, Min, & Lee, 1997) indicate that the Hwa-Byung group had more somatization, generalized anxiety, major depression, panic, or obsessive-compulsive disorders than the non Hwa-Byung group. While it is a unique diagnosis, Hwa-Byung does have frequent comorbidity with anger disorders, generalized anxiety disorders, and major depressive disorders (Min & Suh, 2010). These results underscore the importance for mental and physical health practitioners to understand Hwa-Byung because women with Hwa-Byung are more likely to seek help only for their medical issues and not for their psychological problems. Understanding the symptoms of Hwa-Byung and awareness of the factors affecting this syndrome will assist health care providers in adequately assessing individuals with Hwa-Byung so that they may refer them for psychological treatment to address their psychological distress along with their physical symptoms.

Description and Syndrome

For middle-class, middle-aged Korean women in Korea, the prevalence of comorbid depression, anxiety, and conversion disorder are especially high (Kang, 1982, as cited in Kim, 1987). The high prevalence of these syndromes among Korean women is not surprising, since Koreans are socialized to internalize their emotions.

Table 1
Symptoms of Hwa-Byung

Physical Symptoms	Emotional Symptoms	Behavioral/Social Symptoms
Chest Pains	Anger	Crying
Lumps with gastric, respiratory discomfort	Sense of impending insanity or death	Tearfulness
Anorexia	Fear	Divorce from spouse
Insomnia	Death wish	Run away from home
Various physical diseases, alone or combined (diabetes, heart diseases, hypertension, facial paralysis, arthritis)	Feelings of hopelessness, helplessness	
Breathing difficulty, with suffocation feelings	Feelings of emptiness, meaninglessness	
Fear that nerves will go bad, followed possibly by insomnia	Feelings of betrayal, rejection	
	Lack of energy	
	Loneliness	
	Deep disappointments	
	Dependency	
	Resentment, grudges	

Therefore, they often express their psychological distress in a unique set of somatic and anxiety-based complaints, labeled as Hwa-Byung (American Psychiatric Association, 1994). Lin et al. (1992, p. 386) stated that “the Hwa-Byung syndrome is a Korean folk illness” commonly seen in patients suffering from numerous forms of somatic and other psychological symptoms. According to Rhi (2004), symptoms of Hwa-Byung include both physical factors (e.g., heart palpitation, chest tightness, fatigue, dull headache, indigestion, a feeling of weakness and flushing of the face and the body) and emotional factors (e.g., anxiety, anger, and depression). Table 1 provides an example of Hwa-Byung symptoms (Pang, 1990).

Prevalence of Syndrome

Park, Kim, Suzie, Schwartz, and Kim (2002) found Hwa-Byung had an average prevalence rate of 4.95% among middle-aged women across seven metropolitan areas and six rural areas in South Korea. However, Hwa-Byung appears to have a higher prevalence rate among older women living in rural areas. For instance, Kim and Park (2004) reported 13.3%, and Lee and Lee (2008) 5.4% prevalence rate of Hwa-Byung among older rural women. Lee and Lee (2008) further reported there were significant differences in the prevalence rates between men and women. In their study, the prevalence rates of Hwa-Byung were 1.5% among men in their 40s, 3.2% among men in their 50s, and 2.5% among men in their 60s. In contrast, the prevalence rates of Hwa-Byung were 7.4% among women in their 40s, 5.5% among women in their 50s, and 8.7% among women in their 60s. The prevalence of Hwa-Byung among Korean Americans in the U.S. is unclear because the prevalence rate has not been investigated in a nationally representative sample. However, Lin et al. (1992) found that approximately 12% of a random community sample of Korean Americans suffered from Hwa-Byung symptoms.

Risk Factors for Hwa-Byung

There are several risk factors contributing to the development of Hwa-Byung. Kim and Park (2004) suggested that psychosocial stress caused by marital conflicts (e.g., husband’s infidelity), family conflicts (e.g., relationship with mothers-in-law), financial loss, or poverty can lead Korean women to develop the symptoms of Hwa-Byung. Other researchers have found that some personality characteristics might also contribute to the development of Hwa-Byung, which have been self-described by patients as being “hasty, impatient, fire-like, quick-tempered, or convulsive” (Moon, Kim, & Whang, 1988). Lastly, Min (1989) reported that Hwa-Byung syndrome might be related to another culturally-related disorder called *Hahn*. *Hahn* is a unique depression-like affective state shown in the Korean people. *Hahn* results from chronic suppression of anger or frustration.

Theoretical Models of Hwa-Byung

There are a number of theoretical models of Hwa-Byung (Kim & Whang, 1994; Lin, 1990; Pang, 1990; Park et al., 2002). All these models focus on individual factors including physical or psychological factors that can

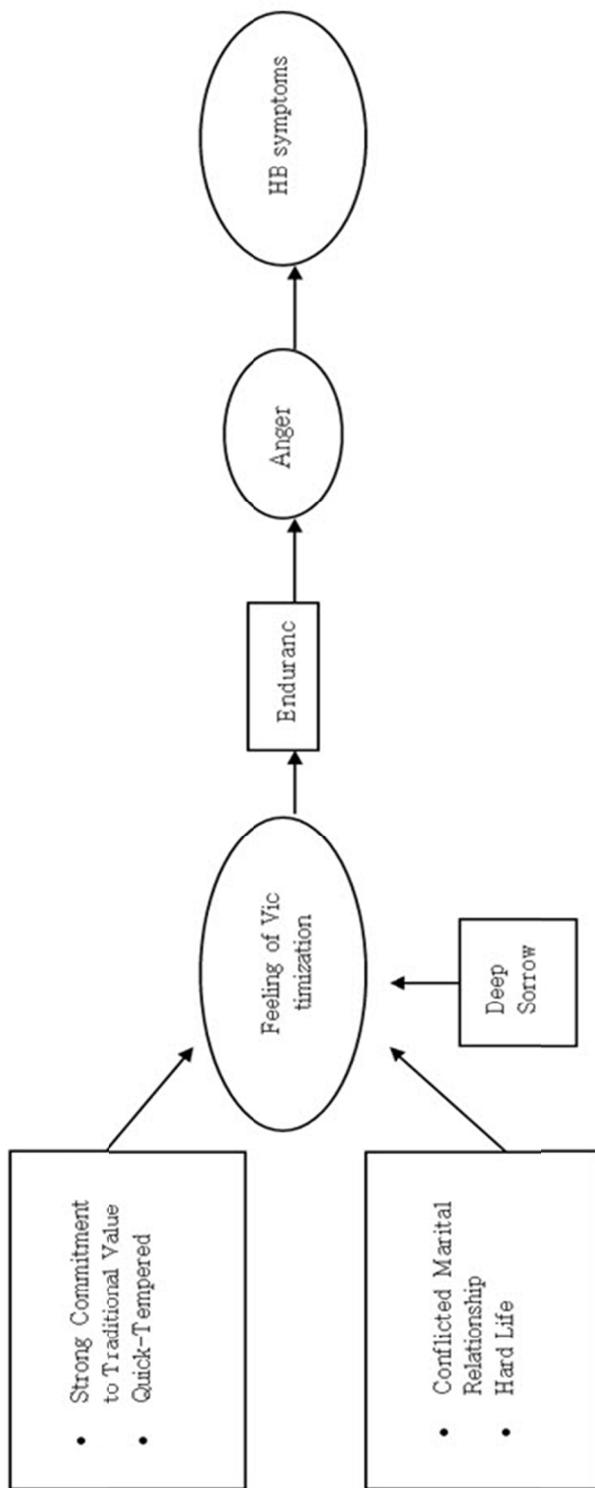


Figure 1. Park et al.'s Explanatory Model of Hwa-Byung

be attributed to the development of Hwa-Byung. However, these models differ based on the perspective on what is central for the treatment of Hwa-Byung.

First, there are medical models of Hwa-Byung. The biomedical (often termed “western medical”) model identifies Hwa-Byung as a chronic psychosomatic illness caused by the incomplete suppression of negative emotions such as anger or the projection of anger into the body (Min & Kim, 1986). The Oriental medicine model views Hwa-Byung as a state of disharmony between *yin* (negative force) and *yang* (positive force). This disturbance in the balance between *yin* and *yang* causes a sense of heat in the body (fire) (Kim & Whang, 1994).

Another category includes psychosocial models. Park et al. (2002) present an explanatory model of Hwa-Byung (see Figure 1). According to Park et al.’s model, certain characteristics of women (e.g., quick-tempered and strongly committed to traditional values) and their life circumstances (e.g., a conflicted marital relationship and a life filled with hardships) lead them to feel victimized with deep sorrow. Enduring feelings of victimization eventually lead to the development of suppressed anger, which consequently causes a variety of somatic and psychological symptoms. Lin (1990) stated that aversive emotions like prolonged anger,

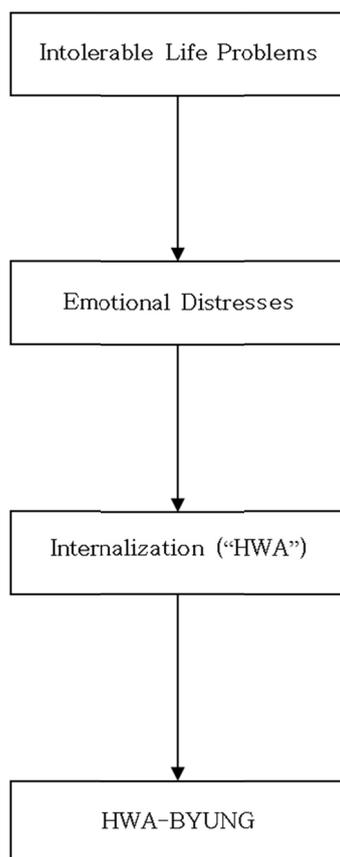


Figure 2. Pang's Model

disappointment, sadness, and misery are not expressed openly, but occasionally they reach a threshold limit and can no longer be suppressed. Because of the prohibitions against expression of one's hostility and other forms of open conflict, Koreans often present their psychological symptoms in the form of Hwa-Byung or as some other somatic complaint. Pang (1990) presents a similar model that explains the psychosocial origins of Hwa-Byung (see Figure 2). According to Pang, when Korean women experience tragic or traumatic life events (intolerable life problems), they tend to experience high levels of emotional distress. Instead of processing those emotions properly, however, they force themselves to suppress negative emotional reactions such as anger, hatred, frustration (internalization), which subsequently contribute to the development of Hwa-Byung symptoms.

Previous Interventions

Previous interventions of Hwa-Byung syndrome were based primarily on medical models (Lin, 1983; Lin et al, 1992; Pang, 1990; Park, Kim, Schwartz-Barcott, & Kim, 2002). Thus, conventional interventions in the past have included traditional medicine, acupuncture, and Western biomedicine to treat physical symptoms of interest, or psychotropic medications to alleviate depression or anxiety symptoms.

More recently, a number of psychosocial interventions such as psychodynamically-oriented supportive therapy, anger management, and cognitive therapy have been recommended for Hwa-Byung patients to address their psychological problems (Min, 2004). However, only a few case studies (Cho, Kim, & Song, 2013; Kim & Choi, 2011; Park, Kim, Cho, & Moon, 2004; Song, Cho, Kim., & Kim, 2012) have attempted to assess the efficacy of psychosocial interventions for Hwa-Byung. For instance, Cho et al. (2013) and Song et al. (2012) found that loving kindness meditation and mindfulness-based stress reduction programs decreased Hwa-Byung symptoms.

Park et al. (2004) identified that a comprehensive Hwa-Byung treatment program that included three components—cognitive (e.g., cognitive restructuring), social (e.g., increasing supportive social networks), and physiological (e.g. inducing mind-body relaxation)—successfully reduced Hwa-Byung symptoms. However, these studies were conducted with a small sample size (N= 9 to 16) so additional research is needed to further investigate the efficacy, cultural sensitivity, and appropriate modality of psychosocial treatments of Hwa-Byung. Although the above-mentioned interventions resulted in positive symptom reduction for Hwa-Byung patients, those treatment modalities are solely limited to addressing individual factors with the primary goal of symptom reduction, rather than taking into account potential causal factors in the environment.

The Ecological Model of the Current Study

Although these models provide useful frameworks for understanding Hwa-Byung, they focus only on individual factors. Hwa-Byung is a complex phenomenon influenced by multiple factors such as Korean culture, socioeconomic environment, religious community and family dynamics at different ecological levels. Furthermore, previous models have focused on some individual variables (see Figures 1 and 2), but these

models have failed to include other variables that are core to the experiences of Korean immigrants such as acculturation stress and ethnic identity. The previous models that do not consider the important roles of these variables in Hwa-Byung lack relevance and generalizability to the experiences of Korean American women. Thus, we propose an ecological model, the Multi-Systemic Model of Hwa-Byung (MSMH), which incorporates individual factors from previous individual factor models (e.g., Pang, 1990; Park et al., 2002) along with other levels in an ecological system that Koreans and Korean Americans belong to. The Multi-Systemic Model of Hwa-Byung (MSMH) is a modification of Bronfenbrenner's ecological framework. Using nested concentric circles, Bronfenbrenner (1979) showed different levels of influence that affect individuals. For instance, individuals are embedded in multiple systems (e.g., schools, communities, etc.) and engage in these larger systems directly (e.g., family, close friends) and indirectly (e.g., school, workplace, community, governmental institutions).

The MSMH includes four levels — society, community, interpersonal, and individual (see Figure 3). The

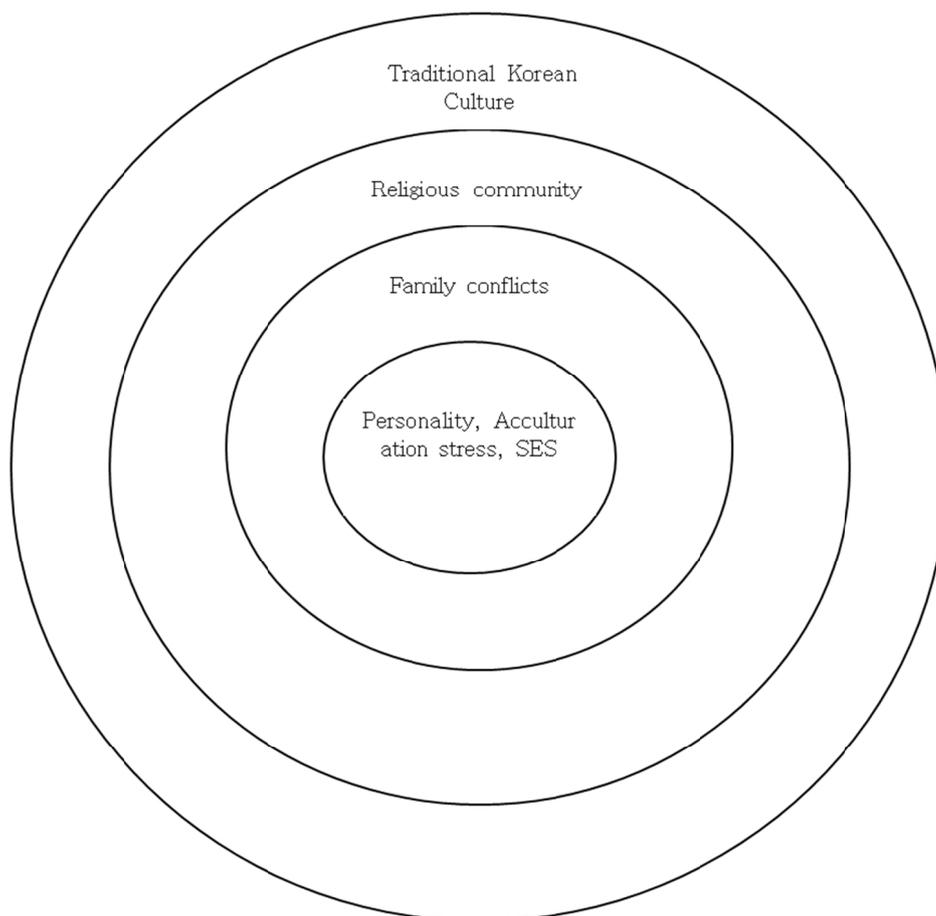


Figure 3. The Multi-Systemic Model of Hwa-Byung (MSMH)

outer circle of the MSMH model represents traditional Korean culture. Traditional Korean culture is largely influenced by Confucianism. East Asian Confucian values create several societal norms that may contribute to the etiology of Hwa-Byung, such as those regarding the expression of emotions (e.g., open expressions of distress are discouraged), female gender roles (e.g., submissive), family roles (e.g., filial piety), and the stigma of mental illness (e.g., expression of psychological distress is socially unacceptable).

Embedded within traditional Korean culture is the religious community. Belonging to a religious community can contribute to the development of Hwa-Byung as well as serve as a protective factor. An individual may experience stress due to the responsibilities placed on her by the religious community. When an individual cannot complete these duties (e.g., worship of ancestors), she may experience emotional distress (e.g., guilt). Conversely, belonging to a religious community may serve as a protective factor. Individuals may use their religious community in order to cope with problems. In Korean culture, it is more socially acceptable to share hardships with other women in an individual's religious community. Thus, women may use their religious community to disclose emotional distress in a socially acceptable manner (e.g., only with other women in the same religious community). This is particularly true for Korean American women as a religious community such as the church is not only a place where they can practice their religious beliefs but also a place where they can receive emotional and instrumental support from other Korean Americans.

The interpersonal level is embedded in the religious community as well as Korean traditional culture. Several empirical studies (see risk factor section) find that women suffering from Hwa-Byung experience significant levels of family conflict. For example, these women are likely to have problems either with their spouse, children, or extended family (e.g., especially their mother-in-law). Due to societal norms, it is disrespectful to express their distress toward their husband or in-laws. While these traditional values still govern the behavior of women in South Korea, the majority of women in South Korea have been exposed (i.e., through overseas educational pursuits, business and other forms of foreign travel, and mass media from other nations) to Western ideas of equality between sexes (Kim, 1987; Kim, 1996). The conflicts between emerging Western values and those traditionally held in traditional Korean society can result in marital conflicts between some women and their more traditional spouses. These conflicts are relatively common in male/female relationships, and they often engender psychological distress for Korean women (Kim, 1996). For example, marital conflicts often emerge from the tension between men's adherence to traditional Korean values that stress male superiority and their spouses' desire to adopt Western beliefs and behaviors that espouse gender equality (Kim, 1987). This marital conflict can contribute to Korean women's psychological dissonance and distress. Further, Korean American women are even more likely to be influenced by these Western beliefs and may find themselves unable to practice these newly learned values in their home environment due to their male spouses' resistance to change. Thus, conflicts that stem from differences between traditional Korean gender roles and westernized gender roles are likely to be accentuated for Korean American women.

The innermost circle represents individual factors that may contribute to the etiology of Hwa-Byung (Ketterer, Han, & Weed, 2010). There are several individual variables that may contribute to the development of Hwa-Byung including age (more prevalent in middle-aged or elderly women), lower SES, lower educational background, personality (e.g., quick-tempered, impatient), level of commitment to traditional Korean values,

cognitive variables (e.g., perceiving self as victimized), and acculturation stress (Lee et al., 2012; Moon, Kim, & Whang, 1988; Rhi, 2004). Several empirical studies support the addition of acculturation stress to the individual level of the MSMH. Shin (1994) found that Korean immigrants experience depressive symptoms as a result of relocation, value conflicts between old and new cultures, identity confusion, language problems, and experiences of discrimination. Korean women, compared to Korean men, are more likely to experience depressive symptoms due to such problems. However, Korean women rarely complain of depression because mental illness is stigmatizing. Thus, most Korean women experiencing depressive symptoms will express these symptoms in the form of somatic complaints.

Strengths and Limitations of the Current Model

This MSMH provides an improvement over previous models in two ways. First, the model considers multiple factors at all ecological levels and is comprehensive. Second, the model takes into account factors that influence Koreans as well as Korean Americans. Previous models fail to consider factors that may contribute to the development of Hwa-Byung in Korean Americans (e.g., acculturation stress). Thus, the MSMH has strengths over previous models of Hwa-Byung. Compared to previous models, the MSMH is more complex, yet flexible at the same time. However, the model is still in its infancy and may need revision in the future. The model is based on a limited amount of empirical and qualitative research, and the MSMH has not been empirically tested. Further, the model loosely specifies the relationships between variables. For example, the model does not specify which variables are necessary and sufficient order to develop Hwa-Byung (e.g., is family conflict necessary in order for Hwa-Byung to develop?). In order for the MSMH to become better specified, the model needs to be empirically tested and refined.

Another limitation of the MSMH is the blind application of such a model to all Koreans and Korean Americans. There exists a great amount of heterogeneity within these groups. Thus, the theory may not be applicable to all Koreans and Korean Americans. The MSMH is flexible in order to allow for such individual differences. However, the MSMH could be used inadvertently and may reinforce some stereotypes of Koreans and Korean Americans. The model explains the role of traditional Korean values in the development of Hwa-Byung. However, not all Koreans and Korean Americans hold these traditional values.

Suggestions for Future Research

Guarnaccia and Rogler (1999) proposed a series of questions in order to develop a comprehensive research program on cultural syndromes. These scholars suggested four different areas of study: nature of the phenomenon, location of the syndrome in the social context, relationship to the psychiatric disorder, and the social/psychiatric history of the syndrome. More research devoted to Hwa-Byung is needed in all four of these areas.

This paper presented the available research on the first area, the nature of the phenomenon. However, more research is needed on the nature of the phenomenon in Korean Americans or recent Korean immigrants.

Previous research has focused on the nature of Hwa-Byung in Korean immigrants.

The second area of research involves investigating the location of the cultural syndrome within the social context. This involves asking questions — who are the people who experience Hwa-Byung? What situational factors contribute to Hwa-Byung? Although several situational factors that contribute to Hwa-Byung have been identified, there is still more work needed in this area.

Very little empirical research has focused on the relationship of Hwa-Byung to DSM diagnoses. Guarnaccia and Rogler (1999) suggest that this is important because cultural syndromes often coexist with a range of DSM psychiatric disorders. Studying the relationship of Hwa-Byung to psychiatric disorders is more fruitful than trying to subsume the syndrome into one or more DSM categories.

And fourth, more research is needed on the social and psychiatric history of Hwa-Byung. It is important to identify the sequence of the onset of Hwa-Byung and other DSM psychiatric disorders. For example, previous research of other cultural syndromes (e.g., *ataques de nervios*) indicates that the co-occurrence of the cultural syndrome and a DSM psychiatric disorder signifies greater severity of both disorders. It is also important to understand the contribution of important life events to the development of Hwa-Byung (e.g., divorce, death, etc.). Previous research indicates that important life events precede the development of other culture-bound syndromes; in turn, these culture-bound syndromes precede the onset of other psychiatric disorders. Research elucidating the relationship between Hwa-Byung, important life events, and DSM psychiatric disorders would be a fruitful area of research.

Treatment Issues for Korean American Women

Several studies have suggested that Asian Americans underutilize mental health services and tend to terminate prematurely (Atkinson & Matsushita, 1991). An increase in culturally competent services may help lower dropout rates for Asian Americans. In order to provide competent treatment for women suffering from Hwa-Byung, a therapist must be aware of several treatment issues.

The characteristics and concerns of Korean American women have implications related to mental health services. First, reports of somatic and physical discomfort among Korean Americans, particularly women, are frequently expressions of psychological distress caused by interpersonal disturbances. Thus, clinicians who treat Korean or Korean American women should assess the presence and magnitude of interpersonal conflicts, especially between family members and their contributions to psychopathology (e.g., Hwa-Byung syndrome). Also, understanding Korean customs and sociocultural effects on symptomatology can lead to a more appropriate assessment and culturally sensitive interventions for women of Korean descent in the United States.

Second, understanding the roles of women within the Korean traditional family is important when treating Korean or Korean American women. Confucianism largely influences the family roles of Korean Americans. Within the traditional Korean family, acknowledged hierarchy of status or power is important. For instance, the husband stands as a head of the household who makes all the important family decisions. The wife is expected to obey her husband, serve him and his family, and take care of their children. However, immigration to the US has led to many changes in the roles of family members for Korean Americans. For instance, Korean women

may allow themselves to acculturate to mainstream society faster whereas Korean men tend to hold onto traditional customs and values longer when migrating into a new culture. Therefore, Korean women who are acculturated to American society may demand more power in their relationship with their husbands. Their demand for gender equality and their husbands' adherence to traditional patriarchal values can cause marital and family conflicts. These ongoing conflicts may engender psychological distress in Korean or Korean American women in the form of Hwa-Byung or other mental disorders (e.g., depression, anxiety disorder). Thus, a clinician should be mindful of the role of acculturation levels in affecting the traditional marital role differentiation in Korean and Korean American families. This insight will be particularly important in treating Korean American women in the US. who are suffering from psychological distress, particularly Hwa-Byung.

Hwa-Byung is the syndrome that is fundamentally associated with the Korean traditional male dominant culture and the patriarchal social system. Two psychotherapy treatments (i.e., Relational-Cultural Therapy, or RCT, and feminist therapy) that were developed in the U.S. over the past few decades may have significant relevance to the treatment of a Hwa-Byung patient. RCT and feminist therapy are based on feminist principles that assist individuals who have been oppressed to help them recognize forms of discrimination and to empower themselves. The main therapy focus explores the maladaptive relational images that affect individuals' interpersonal expectations and interpersonal relations in RCT (Jordan, 2001). In feminist therapy, the main focus is to increase awareness of the process of gender role socialization and improve self-esteem (Draganovic, 2011). There has been no study to examine the benefits of RCT or feminist psychotherapy treatments for Korean Hwa-Byung patients; however, given the proposed etiology of Hwa-Byung, these psychotherapy approaches may be the next logical step to study in the treatment of this disorder. These feminist-related therapy approaches, in the context of Hwa-Byung, may be effective in addressing women's feelings of resentment and anger toward treatment from their husband and/or in-laws that is perceived to be unfair. However, it should be noted that these therapeutic approaches should be used with careful consideration to the possibility that Korean women's worldviews and cultural beliefs may clash with feminist principles.

Third, the therapist needs to understand the Korean American client's expectations of the therapist when attempting to form a therapeutic alliance (Chang & Myers, 1997). For instance, a therapist who does not take a directive stance at the beginning of therapy could be viewed as incompetent by Korean Americans. In addition, non-directive and reflective therapeutic styles of counseling may increase Korean American clients' anxiety. Thus, therapists treating Korean Americans should be mindful of this issue and must be willing to have role flexibility (e.g., teacher-expert vs. therapist vs. clients).

Taken together, the issues discussed above should be taken into account in developing culturally sensitive treatments for Korean women in the United States. In the next section, we will discuss different treatment options for Hwa-Byung.

Treatment Suggestions for Hwa-Byung

We have presented a model that may be helpful in developing a program of research for studying Hwa-Byung. The development of culturally competent psychosocial treatments for Hwa-Byung is clearly necessary.

Several types of interventions based on the multi-systemic model of Hwa-Byung (MSMH) could prove fruitful. First, a faith-based intervention on the community level of MSMH may be a socially acceptable way for Korean women to receive treatment. Min et al. (1987) indicates that religion, especially shamanism or Christianity, can become a source of social support and comfort for Hwa-Byung patients. This tendency is more apparent for Korean immigrant women as they often feel isolated from the mainstream community due to language difficulties and cultural differences when they immigrate to the U.S. As a result, most Korean women who are immigrated to the U.S. tend to seek out emotional and instrumental support from religious institutions such as their church or temple. Therefore, interventions at religious institutions including pastoral counseling or support groups for women may be effective for such Korean American women who suffer from Hwa-Byung. For example, the group facilitator could be a member of the congregation, and these facilitators potentially could be trained to deliver basic supportive psychosocial interventions.

The possible intervention for interpersonal level of the MSMH could involve family or marital therapy. The success of such system-oriented treatments may depend on many different factors. Korean families may embrace family therapy because this modality focuses on the collective good of the family. Conversely, family therapy may be rejected by family members because the woman may be viewed as the problem, and the family members may view themselves as already behaving appropriately (e.g., behaving in ways that promote the good of the family). In the beginning stages of family therapy, Korean women might feel uncomfortable verbalizing their distress and directly confronting her husband and children. While these activities are common in US-based family therapy, they are not socially acceptable in Korean culture.

Still, family therapy may be a useful treatment for Hwa-Byung. However, when using family therapy as an intervention for Hwa-Byung, several issues need consideration. When a family therapist notices any sign of discomfort or tensions among family members, particularly Korean women, the family therapist may need to incorporate individual sessions into the treatment. For example, the therapist may need to see the wife individually in order to assess the family functioning in a confidential manner. During the conjoint family sessions, therapists should teach concrete skills and avoid direct discussion of the wives' concerns. The therapist may need to teach communication skills (e.g., teaching family members to communicate their values and expectations more effectively) and empathy building skills (e.g., teach family members to be more sensitive to others' psychological, emotional, and physical needs). Although the most common source of stress related to the development of Hwa-Byung was chronic family conflicts, other social issues such as discrimination, poverty, or betrayal can be other sources of stress among individuals with Hwa-Byung (Min, 2009). For those individuals, family therapy may not be an appropriate intervention approach; however, teaching communication skills and empathy building skills can help those individuals to cope with their interpersonal stress more effectively and enhance their interpersonal relations.

A recent study (Lee et al., 2012) indicated that Korean women with Hwa-Byung tend to experience higher levels of worry and anxiety as they anticipate negative consequences of their behaviors driven by their suppressed anger and hostility. Thus, in order to address issues on the individual level of MSMH, individual psychotherapy treatment such as cognitive behavioral therapy could be useful for women with Hwa-Byung in order to manage their anger and anxiety more effectively. A number of researchers (Cho et al., 2013; Min,

2004; Park et al., 2004; Song et al., 2012) also recommended relaxation techniques, meditation, mindfulness and social skills development training as potentially useful individual psychotherapy interventions for Hwa-Byung patients.

Lastly, the setting and provider of treatment may affect the efficacy of treatment for Hwa-Byung. Since the syndrome is most likely to be expressed as physical symptoms rather than psychological symptoms, psychologists in integrated primary care settings, at least in the U.S., may be in the best position to provide the necessary psychological care in a medical setting. Alternatively, in areas where this option is not available, other medical providers may be trained to provide psychosocial interventions. As an example, Park et al., (2001) suggested that nurses could intervene by teaching basic coping strategies, encouraging increased self-awareness of triggers, and promoting healthy lifestyle changes. Moreover, Korean women may feel more comfortable participating in an intervention in a medical setting because it is less stigmatizing.

In summary, we have reviewed the importance of studying Hwa-Byung and the symptoms of this cultural syndrome. Several risk factors and situational factors contribute to the development of Hwa-Byung. Based on this limited knowledge base, we presented an ecological model of Hwa-Byung—the MSMH. Although the MSMH has some limitations, this model represents an improvement over previous models, which focused exclusively on individual factors. It is our hope that this review will stimulate empirical research devoted to the understanding and amelioration of Hwa-Byung.

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