CULTURE, MENTAL HEALTH AND THEOLOGY:

A CRITICAL EVALUATION OF *HWA-BYUNG* IN THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDER (4TH EDITION) AND A PASTORAL THEOLOGICAL REVISIONING

Dal Seok Yoo

2016

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M.Div., Chongshin Presbyterian Theological Semianry, 1999

M.A., Southern Baptist Theological Seminary, 2006

Thesis Committee Chair: Emmanuel Y. Lartey, Ph.D

A Thesis submitted to the Faculty of the
Candler School of Theology, Emory University
in partial fulfillment of the requirement of the degree of
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ABSTRACT

This thesis examines the Western definition of mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) from an intercultural perspective, which emphasizes multiple social, cultural, political, and historical analyses necessary for an understanding of human suffering. Clinical case studies of *hwa-byung* patients provide data for the analysis upon which this study is based. Within this framework, *hwa-byung* is re-defined not as individual, static, or universal, but as a relational, multiple, and dynamic trauma-related anger disorder. Drawing from cultural and historical phenomena of Korea, this study proposes that it is important to recognize several heterogeneous conditions and qualitative changes in explorations of human suffering. By integrating both emic and etic perspectives, it is proposed that mental health care providers should realize the importance of engaging beyond one's own cultural experience and working through cultural diversity as a source of accurate diagnosis and successful healing. This work explores *sak-yim* and *pu-ri,* Korean traditional coping methods for *hwa-byung* which are complementary. It is argued that in order to cope with the physical pains as well as the emotional and spiritual distresses that result from *hwa-byung,* it is more effective to combine *sak-yim* and *pu-ri.* Through the process of *sak-yim* (decomposition or fermentation), *hwa-byung* sufferers can acknowledge the hidden power of emotions, unfold the multiple layers of their issues, restore the relational network with others, and believe in the invisible presence of the Spirit in the intersection of death and life. *Pu-ri* refers to eventful action for liberation and restoration of wounded body, mind and spirit. In the process of *pu-ri, hwa-byung* patients may be released from frozen emotions, fragmented trauma memories, unknown fear, internalized false beliefs, and their wounded identity. Utilizing the processes of *sak-yim* and *pu-ri,* a new imaginative pastoral approach, which purposes to create a relational and sacred space for healing, and establishes multiple access points to the dynamic work of spiritual presence, is proposed.

To My Parents

ACKNOWLEDGEMENT

First and foremost, I am grateful to almighty God for setting on this long journey of searching myself and finding meaning in the losses, tragedies, and traumatic experiences of my father's death. For many years, I thought I have suffered these tears and torments alone. However, God has been there for me all along. This dissertation is a way giving thanks to God and to those whom I love. This dissertation would not have been possible without their supports and encouragements shown in so many ways.

I would like to express my deepest gratitude to my advisor, Dr. Emmanuel Y. Lartey, for his full support, expert guidance, understanding, and encouragement throughout my study and research. He has shown me how to connect the knowledge of the head to heart knowledge, to love and care for people. I would also like to thank Drs. Bill Harkins and Gregory Ellison for serving on my committee. I have greatly valued their thoughtful questions and comments.

A special word of gratitude is due to Dr. Joshua Kim, who has read and commented on my theological reflection on *hwa-byung* and guide me in developing a new, imaginative pastoral approach on the basis of Luke's view of God’s salvation. Additionally, a note of thanks to Dr. Kwan-Jik Lee, who introduced me to pastoral care and counseling.

I would like to acknowledge with gratitude, the support and love of my father, Ki-Young Yoo, who greatly influenced me through his dedicated love and care. I am sure from his place in heaven he is proud of me and my achievement. Although he has not been physically present for some time, I sense he has been with me every moment of my daily life.

I would like to express my appreciation to my mother, Gil-Rye Song, who is my source of courage, inspiration, and hope. My mother has overcome pain and suffering like no one else I know. I admire her for her love, sacrifice, and endurance for my family. She has allowed me to use her tears and pains to understand other sufferers. She has taken every single step of my studies with me. She has provided invaluable support for me through her earnest prayers and wise advice throughout my studies and clinical journey.

Finally, I cannot forget to acknowledge the support and love of my family, Ji-In, Young-Seok, Young-Mook, Jeong-Young, Han-Hee, Eun-Chae, and Han-Joo. My sister, Ji-In, has been a good caregiver for my parents while I have been away from my family. My brother, Young-Seok, gave up his dream to study abroad and encouraged me to accomplish my dream. I would not have been able to complete this dissertation without their continuous love and encouragement.

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Introduction

Western-oriented concepts of mental illness point to inequities of power in approaches to mental illness. This issue can be found in the notion of Culture-bound syndrome (CBS) in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) [1]. The concept of CBS basically reveals the complex reality of power in that psychopathologies in the West are seen as neutral and classifiable as emotional disorders, whereas CBSs are treated as exotic and unclassifiable. In fact, there is no professional term to define the symptoms, the diagnostic criteria and/or the therapeutic methods of CBSs. As a result of the lack of understanding in cultural diversity, the current DSM-IV seems to fail to diagnose patients with these CBSs and to provide an effective treatment for them. In this dissertation, we ask, *"Is the concept of Culture-bound syndrome in DSM-IV adequate to diagnose mental disorders in multi-cultural contexts?"* To answer this question, I will adopt 'an intercultural perspective'[2] to examine the definition and the diagnostic criteria of *Hwa-byung* as one of the CBSs in DSM-IV. In this study, I will propose that mental illness should be considered not as universal or static, but as multi-dimensional, relational, and becoming in relation to its history, culture and power. Also, I propose to re-conceptualize the role of pastoral caregiver to intervene on varied issues of

[1] The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) is the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). The *DSM-IV* has been designed for use across clinical settings (inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care), with community populations (http://www.psychiatry.org/practice/dsm).

[2] In '*In Living Color,'* Emmanuel Y. Lartey uses the term 'intercultural' to explain the complex nature of the interaction between people who have been influenced by different cultures, social contexts and origins. Lartey adopts Kluckholn and Murray's (1948) phrase '*Every human person is in some respects (a) like all others (b) like some others (c) like no other'* in order to explore three spheres of influence; the universal, the cultural, and the personal, which are simultaneously interacted in human experiences. p.34.

human body, mind, and spirit.

Mental illness should be seen not as universal or general but as culturally-shaped and socially-allowed ways to explore human distresses. However, cross-cultural variations and generational changes in emotional expressions and realities of mental illnesses are not precisely studied or understood in Western psychiatry. Instead of accepting cultural variations as part of all diagnostic categories, as an example, DSM-IV classifies the culturally determined and/or expressed behavioral and/or symptomatic patterns into the disjunctive category of CBS. CBS is generally limited to specific societies and/or cultural areas. The specifics are localized, folk, and diagnostic categories, which frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations.[3] The concept of CBS in the DSM-IV basically reveals the complex reality and the inequity of power in approaches to mental illness. Korean's *hwa-byung*, as one CBS, is exemplified in proving the Western unbalanced and limited view of human sufferings and trauma impacts.

Although *hwa-byung* has been well-known in the Korean community, academic and clinical studies of *hwa-byung* have not been quite processed until Keh-Ming Lin introduced *hwa-byung* to Western psychiatry in 1983. Afterwards, many Korean researchers and psychiatrists began putting tremendous effort into understanding Koreans' *hwa-byung* by defining the term *hwa-byung* with its unique symptoms,[4]

[3] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders : DSM-IV*, 4th ed. (Washington D.C.: American Psychiatric Association., 1994).

[4] Sung-Kil Min, "A study of the concept of Hwa-byung," *Journal of Korean Neuropsychiatry Association,* 28 (4), (1989): 604-616; Sung-Kil Min, Eun-Hee Soh, &Yong-Wook Pyohn, "The concept of Hwa-byung of Korean Psychiatrists and herb physicians," *Journal of the Korean Neuropsychiatric Association, 28*, (1989):146-154; Sung-Kil Min, & Kyung-Hee Kim, "Symptoms of Hwabyung." *Journal of the Korean Neuropsychiatric Association, 37*, (1998):1138-1145; Sang-Joon Son, *A study of the*

clarifying the etiological factors,[5] creating diagnostic criteria,[6] and developing the diagnostic scale of measurement.[7] From a cross-cultural perspective, some scholars and clinicians also study about *hwa-byung* in the Korean American immigrant populations in the United States, comparing the cultural differences and similarities of symptoms and manifestations with *hwa-byung* patients in Korea.[8]

However, their definitions of *hwa-byung* are not fully developed. Rather than focusing on multiple layers of causation, most studies emphasized the symptoms of *hwa-byung* and described it as anger-disorder. Even though some researchers mentioned about causes, they failed to connect multi-layers of cause together and limited them to the individual level of sufferings and/or negative life experiences, not communal and systemic level. Identifying historical and systemic trauma experience as preceding factors and stressors of *hwa-byung* is vital in order to have accurate diagnosis and intervention

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Diagnosis of Hwabyung: Discrimination of Distinctive symptoms for Hwabyung. Master thesis. 2006, Yonsei University, Seoul, South Korea.

[5] Hae-Sook Shin & Dong-Soo Shin, "Korean women's causal perceptions of *hwa-byung*," *Korean Journal of Women Health Nurse, 10* (4), (2004): 283-290.

[6] Ji-Hwan Park, Sung-Kil Min, & Man-Hong Lee, "A study of the diagnosis of *hwa-byung*," *Journal of Korean Neuropsychiatry Association, 36,* (1997): 496-502; Sung-Kil Min,& Hyn-Joo Hong, "Prognosis of hwabyung," *Behavioral Science in Medicine, 5*, (2006): 93-99; Sung-Kil Min, Si-Young Suh & Ki-Joon Song, "Symptoms to be used for the diagnostic criteria of Hwa-byung, an anger syndrome. *Psychiatry Investigation, 6*, (2009): 7-12.

[7] Jong-Woo Kim, Jung-Hae Kwon, Min-Soo Lee, & Dong-Gun Park, "Development of Hwa-Byung diagnostic interview schedule (HBDIS) and its validity test," *The Korean Journal of Health Psychology, 9,* (2004): 321-331; Jung-Hae Kwon, Jong-Woo Kim, Dong-Gun Park, Min-Soo Lee, Sung-Kil Min, & Ho-In Kwon, "Development and validation of the Hwa-Byung scale. *The Korean Journal of Clinical Psychology, 27,* (2008); 237-252; Sung-Kil Min, Si-Young Suh, Cho, & Ki-Joon Song, "Development of the *Hwa-byung* scale and the research diagnostic criteria of *Hwa-byung*,"*Journal of Korean Neuropsychiatric Association, 48,* (2009): 77-85; M.E. Roberts, Han, K., & Weed, N. C., "Development of a scale to assess Hwa-Byung, a Korean cultural-bound syndrome, using the Korean MMPI-2," *Transcultural Psychiatry, 43* (3), (2006): 383-400, doi:10.1177/1363461506067715

[8] Chong-sŏn Kim, "Trauma and Marginality : A Conceptual Model for Pastoral Care and Counseling in the Korean American Context Utilizing Feminist Trauma Theory" (Emory University, 2000); Jee Hyang Lee, "A Cross-Cultural Study of Hwa-Byung with Middle-Aged Women between Native Koreans in South Korea and Korean Immigrants in the United States" (University of Iowa, 2014).

for *hwa-byung*.

Moreover, most critical results of studies in *hwa-byung* have not been applied thoroughly to define *hwa-byung* and, subsequently, create a diagnostic system for it in the field of Western psychiatry. Therefore, Western psychiatrists and mental health care providers attempt to approach their patients without understanding the historical and cultural embeddedness of *hwa-byung* in Koreans. Introducing the concept of *hwa-byung* as one CBS, I propose to examine the importance of acknowledging cultural variations of human emotions or emotional expressions in mental illnesses, as well as finding the religious dimension in them. To examine *hwa-byung* from an intercultural approach, I raise three principal questions.

1. What is hwa-byung and its relationship with Korean culture and history?

Under the overarching theme of this dissertation, I investigate how the cultural and historical contexts of Korean community contribute to symptoms and manifestations of *hwa-byung*, which are deeply rooted in Korean folk culture. According to the DSM-IV, *hwa-byung,* which is known as an anger disorder in Western psychiatry, is one CBS. In fact, *hwa-byung* has been considered to be Koreans' intrapsychic struggles relating to their value, identity, or self-hood under the community-centered and patriarchal cultures influenced by Confucianism. However, this dissertation argues that *hwa-byung* also reveals the environmental and systemaic stressors related to social violence, injustice, and historical/cultural trauma occurring during the long history of colonization and the Korean War, as well as the division of Korea. All mentioned historical, political, and socio-cultural traumas have been torturing Koreans in many ways, leaving them with the unresolved emotional mass known to Koreans as *hwa, haan, uk-wool,* or *boon*. Hence,

the development of *hwa-byung* is interrelated with Koreans' socio-cultural and historical traumatic experiences and their responses against these stressors both of the individual and communal level.

In modern society, trauma experiences are considered as a part of the life cycle. Trauma is not something special or exceptional occurring for certain people. This indicates the universal or general aspects of trauma and trauma reactions. DSM-IV introduces the causes and the results of post- traumatic stress disorder (PTSD). Both PTSD and *hwa-byung* have external etiological issues, as well as physical, mental, and socio-cultural/ historical traumatic issues. The issues become internalized, and impact an individual's holistic dimension of health. Compared with *hwa-byung*, however the Western concept of PTSD focuses too much on an individuals' psychological dimension of its causes and symptoms. An individual's response to trauma is not only based on the tragic event itself, but also on the interaction with his/her personal or communal history and socio-cultural environments. The etiological factors and symptoms of *hwa-byung* can be understood better in Koreans' historical and cultural traumas, and their transgenerational impacts. Therefore I propose to rethink *hwa-byung* not as an individual psychological dimension, but as multi-layers of individual and/or communal trauma experience and that of Korean culture.

2. *What are the particular types of expressions or behaviors in hwa-byung patients, and how do they relate to an individual's historical and socio-cultural environments?*

Many Korean women wrestle with various symptoms of *hwa-byung,* including a loss of meaning in their lives and loss of physical arousal, as well as somatic and mental disturbances. The symptoms usually are associated with personal or communal

experiences of traumatic events involved in abuse, loss, conflict, violence, injustice, and war. Many trauma survivors try to avoid or forget personal trauma experiences of the past. However, the past still lives in them as a memory and impacts the person's present and future. Western psychologists believe trauma victims used to live with the fixation of the past experience. But the trauma survivors are not fixed in a memory of past experience, but live in their present reality of traumas as they remember. In particular, the somatic symptoms of trauma so impact their bodily memories as to be vivid and real. Therefore, I propose to rethink *hwa-byung* not as something to overcome from the fixation of the past traumatic experience, but as something to release from the subjective feelings and reactions toward their traumas.

Traumatic experiences can also be explored for physical, psychological, and spiritual symptoms, as well as strange behaviors. Therefore, it is significant to acknowledge how *hwa-byung* patients communicate and explore their pains through certain behavioral patterns. In the aftermath of a series of traumatic experiences, *hwa-byung* patients face an issue of trust on the basis of their ontological anxiety resulting from relationships with Western practitioners. Most *hwa-byung* patients have an experience of being rejected or misdiagnosed by Western practitioners. *Hwa-byung* patients stated that terrible experiences with Western practitioners continued to bother them provoking their fear and anxiety about receiving care and counseling from them. Therefore, it is necessary for Western practitioners to build up the trustful relationship with *hwa-byung* patients in order to make them feel safe enough to disclose themselves.

The common behavior of *hwa-byung* patients is to talk about the narrative of their painful life (*ha-so-yeon*), which seems repetitive and endless. In spite of the depressed

mood, which involves tears and a nihilistic attitude, *hwa-byung* patients are very talkative. While listening to *hwa-byung* patients, I realized their strong desire to acknowledge, as well as restore their power and courage to break the vicious cycle of trauma resulting in being rid of various trauma impacts. In this process, *hwa-byung* patients need someone who can tolerate their self-centered communication and behaviors, and assist in surviving the rough treatment. The experience assists *hwa-byung* patients in realizing the presence of others and allows them to enter into a transitional space, which Winnicott's theory names a holding environment. [9] In a safe space, *hwa-byung* patients are able to freely explore the unsayable pains and overwhelming emotions, as well as finally sense the presence of other people, especially other trauma victims. In that safe space they are also able to acknowledge God. Such a long and aching process finally assists *hwa-byung* patients to restore their ability to trust others, enjoy communal life, and evacuate the space which had been filled with traumatic memories.

3. *What would be the pastoral approach to the somatic symptoms of hwa-byung and its interconnection with their emotional and/or spiritual woundedness?*

In Western psychiatry, the dualistic idea that human body and mind are considered or treated as separate entities is pervasive. This is not only true of Western psychiatry, but also can be said of the current approach of pastoral care and counseling that does seem to divide up the person, directing mind to psychologists, and body to the medical doctors. Influenced by Western dualism, pastoral counselors usually distinguish spirit as an immaterial, invisible reality from the body, and focus on the psychological

[9] Donald W. Winnicott, *The Maturational Processes and the Facilitating Environment : Studies in the Theory of Emotional Development*, International Psycho-Analytical Library (Madison: International University Press, Inc., 1988), 34.

and the spiritual dimension of mental illness, not the physical pain or reduction of physical functions. In approaching mental illness from both a psychological and a theological perspective, I have realized that the interconnection of human body, mind, and spirit needs to be thoroughly studied to examine the role that pastoral caregivers play.

According to Oriental medicine, the human body, mind, and spirit are not separated, but connected to each other. The Korean notion of *hwa-byung* begins with emotional or relational difficulties caused by traumatic experiences, and results in damaging functions of the body, mind, and spirit. This basic notion of the holistic tradition alerts to the Westerners' dualistic approach to human problems, and shows the necessity of pastoral intervention in human sufferings. Examining symptoms and etiological factors of *hwa-byung* also reveals the construction of emotional and cultural values, which influence physical, emotional, and spiritual conditions of the patient with *hwa-byung*.

Somatic symptoms of *hwa-byung* can be understood as "the screaming of the body." *Hwa-byung* patients' bodies have been tolerating subjugation, abuse, violence, and victimization. Now they are screaming to regain their own power in order to survive from various devastations of life. Thus, the image of "the screaming of the body" can be understood as the exportation of psychological and spiritual sufferings through the body. In this sense, "the screaming of the body" and "the screaming of the soul" are not separated, but the same reality. Therefore, pastoral caregivers and other mental healthcare providers must listen to the "the screaming of the body" to provide an accurate diagnosis and proper treatment for patients.

The image of "the screaming of the body" is also connected to *hwa-byung*

patients' identity as the powerless and helpless. When trauma happened, *hwa-byung* sufferers explained that they were not in control but overpowered by traumatic events. In the middle of external and internal traumatic experiences, Korean *hwa-byung* patients have set up a wounded identity which reflects their distorted worldview and understanding of self in community. Korean Christians are searching for God to be healed as they "sit in darkness and shadow of death" (Luke 1:79). In this sense, their wounded identity is deeply connected to God. Relying on the intercultural perspective, therefore pastoral counselors and/or caregivers should learn how to understand the spiritual and/or religious dimensions of human distress in relation to their own cultures. Furthermore, pastoral care givers should investigate culturally and therapeutically appropriate ways to approach patients with mental illnesses by examining their own traditional and indigenous treatments.

In light of Emmanuel Y. Lartey's post-colonial works, this dissertation proposes to find the "culturally recognizable symbolic forms of interaction"[10] with *hwa-byung* patients in a pastoral encounter. Further, research revealed Koreans' indigenous coping methods of *hwa-byung, sak-yim,* and *pu-ri.* These culturally related concepts are interconnected with the soteriological understanding of human sufferings and healing in the relational network of the self, others, and God. The traditional coping methods of *hwa-byung* reveal the possibility of interaction among culture, mental health, and theology. They also point to the need to modify Western-oriented psychological and theological concepts by exploring indigenous cultural understandings of human nature, suffering, and healing. In this process of healing, the somatic symptoms and bodily

[10] Emmanuel Y. Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 2nd edition. ed. (London ; New York Jessica Kingsley Publishers 2003), 34.

memories of *hwa-byung* patients can be a pathfinder to lead us to acknowledge emotional and spiritual woundedness.

Purposes of Research

This dissertation contains three critical themes of discussion: the critical evaluation of the DSM-IV, an in-depth study of *hwa-byung*, and theological reflections. This dissertation has many aspects in common with the intercultural understanding of mental illness and the post-colonializing activities.[11]

First, this dissertation seeks to analyze the hegemonic power of Western psychiatry, which impacts the definition and diagnostic criteria of mental disorders in the DSM-IV. Using the concept of culture-bound syndrome (CBS) in the DSM-IV, this study reveals the inequity of power in dealing with human sufferings in Western psychiatry and the re-victimization of others to keep one's own privileges.

Second, this dissertation examines cultural factors and implications of *hwa-byung* in relation to traumatic experience, which is not only individual, but also communal, national, and transgenerational. This study also purposes to recognize the socio-cultural, political and historical impacts on the definition and diagnostic criteria of mental disorders, especially *hwa-byung*.

Third purpose of this study is to provide a theological reflection on suffering in relation to human nature, symbolic expression of pains, and hermeneutic ways of communication to self, others and God in the face of trauma. In approaching the

[11] Emmanuel Y. Lartey describes the seven features of post-colonializing activities: 1) coutner-hegemonic, 2) Strategic, 3) hybrid, 4) interactional, and intersubjective, 5) dynamic, 6) polyvocal, and 7) creative, in *Postcolonializing God: An African Practical Theology*. (London: SCM Press, 2013), xvi-xviii.

embodiment and somatization of pains, this dissertation demonstrates the need to reconsider the role of pastoral caregiver and to develop caregivers who can mediate human body, mind, and spirit. Finally, this dissertation demands culturally related religious rituals or indigenous healing methods, which can be a critical avenue for *hwa-byung* patients who still live in the shadow of traumatic events.

Methodology

To accomplish the purpose of this study, I adopted Lartey's pedagogical cycle for liberative pastoral praxis.[12] That praxis is conceptualized on the basis of the intercultural understanding of the self, others, and God. The cycle challenges Western's individual focused approach of pastoral care to human suffering in many ways.

First stage is "concrete experience." Pastoral counselors need to discover concrete experiences of *hwa-byung* patients by collecting the information and listening to their narratives. Many *hwa-byung* patients, unconsciously or consciously, attempt to move away from their memory of traumatic experiences and stories due to fear and pain. The bodily memory or emotional sensitivity of *hwa-byung* patients can be a key to acknowledging the concrete experience, and finally helping them recover from their experiences.

Second stage in the pedagogical cycle is "situational analysis." In this stage, pastoral caregivers need to have a critical social awareness of human sufferings, and develop a form of analysis that is multi-perspectival rather than interdisciplinary. According to liberation theologians, human suffering is connected with the hegemonic

[12] Ibid. 34.

power and/or systemic structure, which is hierarchical and oppressive. In this stage, thus pastoral counselors need to focus on situational analysis, including historical and socio-cultural traumatic events resulting in symptoms of *hwa-byung*.

Third stage is “Theological analysis” in which one’s faith perspective is allowed to question both concrete experience and situational analysis. Lartey points out the significance of hermeneutical analysis in liberation theology. In this stage, a pastoral counselor needs to bring critical consciousness to examine the spiritual dimensions of *hwa-byung,* and develop their own methodologies. Applying Andrew D. Lester’s concept of anger[13] to Koreans’ *hwa* and *haan* is important in learning to recognize and express anger before God and others.

Fourth stage in the cycle is “situational analysis of theology.” Here pastoral counselors need to allow the posing of all questions relating to the tradition of faith. This elucidates symbolic expression of human sufferings, and its relationship with religious rituals or spiritual intervention. In this stage, pastoral caregivers need to communicate with public insights to understand human struggles,

“Response” is the fifth stage. In this stage, pastoral counselors provide a tentative treatment plan based on analysis, and encourage a client to practice it. Respecting the client’s own cultural and traditional way of healing, pastoral counselors should comfort a client, and provide a safe space to find and/or disclose what he/she discovers about self. In this stage, the imaginative religious rituals can be a good method of providing meaning for one’s journey of sufferings.

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[13] Andrew D. Lester emphasizes that “*anger orginates in creation, not in the Fall*.” He then provides a new insightful interpretation of some biblical verses and ask Christians to re-think the origin and role of anger through the Bible. He suggest that anger is rooted in our basic humanness rather than our sinfulness in *Coping with Your Anger: A Christian Guide*, (Philadelphia: Westminster Press, 1983), 15.

Plan of Dissertation

Following Lartey's pedagogical cycle for liberative pastoral praxis, my dissertation has six chapters. Chapter 1 provides four clinical case studies of *hwa-byung* patients in Korean-American groups of people living in the United States. By exploring the clinical cases, I will demonstrate *hwa-byung* patients' traumatic experiences and culture-related expressions of pain and sufferings in the face of traumatic events. The clinical cases will assist in recognizing the limits of the Western diagnostic approach to *hwa-byung* patients and other trauma-survivors.

The purpose of Chapter 2 is to offer a critical evaluation of the DSM-IV. Culturally unbalanced perspectives of the DSM-IV resulted in the development of a glossary of CBSs in the DSM-IV, which leaves a great possibility of misdiagnosing mental problems. This chapter identifies the inadequate definitions and diagnostic shortcomings of *hwa-byung* as one of CBSs to support a critical assessment of the DSM-IV. The chapter also examines the differences and similarities between *hwa-byung* and the Western concept of trauma such as PTSD and PTED.

Chapter 3 explores the historical and cultural embeddedness of *hwa-byung* in Koreans' collective consciousness of health and mental disorder, as well as the hermeneutic/interpretive aspects of *hwa-byung*. Drawing from cultural and historical phenomena of Korea, the chapter examines why it is important to recognize a group of heterogeneous conditions and variables in explorations of human suffering. There will be a discussion of the culturalization of Koreans' pains and sufferings in trauma.

Chapter 4 discusses the psychological and experiential understanding of *hwa-byung* in terms of the cultural differences in expression of emotions toward traumatic

events. The understanding demonstrates an issue of human subjectivity and subjective expression of traumatic experiences across cultures. The chapter also seeks to construct the intersubjective understanding of mental disorders to fill the gap between the subjective expression of traumatic events and cultural differences.

Chapter 5 explores theological reflections of human sufferings in connection with the culture-related emotion called *hwa,* such as anger toward traumatic events. The chapter examines human nature as physical, spiritual, and relational, as well as its relation to various reactions to human sufferings. Utilizing the insights of Andrew D. Lester and Kathleen J. Greider[14], I attempt to demonstrate the importance of understanding anger as vital, passive, and violent in the face of evil and injustice. I will reassess pastoral approaches to anger as a trauma reactive emotion, as well as its relationship to physical or somatic issues and traumatic memories. The chapter also constructs a theology of trauma in relation to embodiment and symbolization of pains and traumatic memories.

Chapter six examines Korean traditional coping mechanisms of *hwa-byung*, called *sak-yim* and *pu-ri.* This chapter introduces the linguistic meaning of *sak-yim* and *pu-ri* in relation to Korean culture and history, and provides both clinical and theological reflection on those constructs. In contrast to the Westerners' process toward trauma victims, Koreans have developed a traditional concept of *sak-yim* and *pu-ri* as a culturally shaped coping method of *hwa-byung*. Based on ancestral wisdom evident in these coping methods, an attempt is made in this chapter to demonstrate the significance of using traditional approaches, along with religious rituals, in a therapeutic setting.

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[14] Andrew D. Lester, *Coping with Your Anger: A Christian Guide*, 1st ed. (Philadelphia Westminster Press, 1983); Kathleen J. Greider, *Reckoning with Aggression : Theology, Violence, and Vitality*, 1st edition. ed. (Louisville: Westminster John Knox Press 1997).

Chapter 1

Clinical Case Studies

This chapter presents four clinical cases of *hwa-byung* patients with in-depth analysis based on an interdisciplinary approach mingled with historical, cultural, psychological, and theological perspectives. The case analysis focuses more on examining etiological facts, and unique manifestations of *hwa-byung* as universal, cultural, and personal. The case gives a voice to *hwa-byung* patients who have been misdiagnosed or mistreated, along with the appropriate care and support needed. The case also leads to re-thinking the existing definition and diagnostic system of mental disorders, especially Culture-Bound Syndrome (CBS) in the DSM-IV, which is utilized in Western psychiatry.

Case 1

Demographic Information and Main Symptoms

> Lee is a twenty-five year old female who was taking one year off from college due to physical, emotional, and spiritual distresses. Lee was born in Korea and came to the United States at age thirteen. She identifies herself as 1.5 generation Korean American, who had been exposed to both Korean and American cultures. In spite of speaking both Korean and English, she prefers to use English as her primary language. In Korea, Lee lived in a place for United States military families, where it was easy to get American products and receive education utilizing American curriculum. After immigrating to the United States, Lee lived with her family–both parents, older sister, and younger brother. The family's income level placed them in the lower economic class. Due to physical and emotional instability, Lee economically depended on her parents, which produced too much stress on Lee. She felt she was a burden to other family members, especially her parents.
>
> Lee's first complaints during the interview were chronic fatigue, a strong sense of depression, and suicidal ideation. She also complained of insomnia, indigestion,

weight loss, palpitations, a sensation of having a physical mass in her throat, as well as a sense of helplessness and hopelessness. She said that the symptoms began when she suffered painful relationships with friends in school in Texas, and got worse with time. She had been wrestling with the multiple symptoms for almost two years. She often got up with a feeling of *uk-wool* and *boon*. Lee said she still did not understand the way she was treated by people who gave too much *jeong,* even in a faith community.

Hwa-Inducing Events

In 2011, Lee moved to Texas to attend college. She had already changed colleges twice, so she hoped the move to Texas would be the last one. In the beginning of school, Lee was looking for a peer group or a small group of which she would feel a part. She met a group of Korean students who she wanted to be close to and build relationships with. Interestingly, most of the group members belonged to a small Korean church, which was very fundamentalist and charismatic. Emphasizing spirituality, the pastor prophesized the church members' future, and gave them a strong direction regarding their life path. The members followed the directions offered by the pastor, as if they were obeying the word of God. While wrestling with choosing a major at school, Lee was directed to change her desire to major in fashion design and switch to graphic design, which she had not really pursued. When Lee listened to the pastor, she felt like she was standing in the corner and being asked to say "yes" to her parents. Lee finally changed her major to graphic design, which resulted in too much stress due to the new area of study, as well as her communal life in school.

At the beginning of her church affiliation, Lee was satisfied to have a faith community in which she was able to talk about her emotional and spiritual struggles. However, the more Lee was involved in the church the more the pastor required. Lee felt overwhelmed by going to church and remaining in a relationship with the pastor, who was controlling and hierarchical. However, she was not able to leave the relationship because of her fear of being judged and rejected by people from the church. Lee stayed in the church for almost one more year without much involvement. Subsequently, the pastor denounced Lee for her lack of faith and devoted life style. The pastor challenged her in public in many ways. Lee's friends also criticized whatever she was doing, and socially ostracized her both at church and school. Lee said she felt like she was standing in a desert by herself. As a result, Lee was not able to trust anyone or openly share her troubles. Further, she had strong feelings of *uk-wool* and *boon*, which were caused by the injustice and inequity of power in the system, as well as strained relationships in the church.

Trauma and Body

> Lee had been wrestling with the chronic symptoms of major depression, which was diagnosed by a Western doctor at her school. Subsequently, she finally stopped going to church and withdrew herself from social relationships. When Lee met church members, she would have a strong physical reaction such as shaking hands or shortness of breath. She did not understand the bodily reactions. However, she later found they were psycho-neurotic symptoms of trauma. Additionally, Lee was struggling with early morning awakening, excessive tiredness, loss of appetite, and severe weight loss. She felt pains all over her body. Lee's physical and emotional conditions did not allow her to focus on her studies or otherwise function normally. She was referred to the clinic, but repeated medical examinations did not reveal a specific cause of her physical symptoms. Consequently, she asked for a leave of absence from school in order to stay away from the church, as well as lessen all other stresses on herself.
>
> After returning home, Lee began to experience pent-up anger associated with self-harm and self-hatred behaviors. In contrast to depression, she had experienced traumatic event-related aggression with the varied somatic symptoms, as well as pain. When Lee's life in Texas and memories were recalled, she reacted to them with strange behaviors or emotional outbursts such as screaming, hitting herself, and banging her head on a wall or a desk. As a result of the fierce behaviors, Lee came to have some noticeable physical and psychological manifestations of *hwa* (or anger). Lee had been struggling with a sudden muscle spasm in her neck, as well as some other parts of her body. When she became too stressed or felt overwhelmed, she developed a jaw problem which resulted in not being able to speak appropriately or deliver a message to anyone. She also had suicide ideation, especially in a car accident and drug overdose. However, Lee's family had never recognized the intensity of her struggles and self-harm behaviors because she did not express her anger in the presence of people, including her family. Instead, when in trouble, Lee had the tendency of going-out and searching for a relationship with others. According to Lee, staying home made her feel as if she were dying or breathless with anger.
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> In social relationships, Lee seemed to function quite differently from her behavior at home. She presented herself as very gentle, sociable, and caring toward others. Thus, many people wanted to be close to her. However, the reality was that Lee had a high level of fear and uneasiness in social relationships, especially with men. If a man tried to be close to her, Lee would run away from him and avoid him until he gave up pursuing her. Since her childhood, she did not feel comfortable enough to interact with men, including her father and younger brother. She described both her father and younger brother as too "manly" and aggressive to interact and communicate with. When asked for her definition of "manly," Lee was not able to give an exact answer. Instead, she explained that her

father had an issue of anger management, and that he had received individual counseling for two years. Lee felt uncomfortable dealing with some aspects of her father's behaviors, which were connected with anger.

Lee tried to understand that her father's anger was rooted in bitterness and pain resulting from a broken family. Lee's father was born in Seoul, Korea, and moved to the United States in his childhood. She heard her father's family of origin was terribly poor and not harmonized, so he did not like to remember his childhood experiences. Lee's father had experienced a sudden loss of parents, physical abuse, violence, and other traumatic events in his childhood. Also, there was a history of depression and suicide ideation running through the father's family of origin. In his youth, Lee's father attempted suicide by a drug overdose, and his sister recently died by suicide. While living in a chaotic family, the father always questioned what life was about, and how to get over the erratic and unfortunate family life experiences he had endured. Still Lee claimed the life difficulties made her father a precocious child and prepared him for the future.

After graduating from high school, Lee's father decided to give up pursuing college. He enlisted in the United States Army to make a living. Lee's father was trained in California, and sent to a United States military camp in Korea, along with his family. In Korea, Lee's family had many advantages as a United States military family. For example, Lee went to an international school, to which many Korean parents wanted to send their kids, despite the expensive tuition and highly competitive admissions process. All classes were taught in English at the international school, and followed the academic schedule of schools in the United States. As a result, Lee was not able to have enough time to learn and/or experience Korean culture and language. Thus, she could fluently speak neither Korean nor English. This made her feel alienated and unfit in both Korean and American cultures, which became deeply connected to an issue of identity. The struggle of identity appears to be transferred from Lee's father to Lee.

Trauma and Memory

Like her father, Lee has been searching for her secure person and space to be who she is and perform as she wants. Unlike most Korean women, Lee developed a strong bond with her father rather than with her mother. Lee's mother had been struggling with major depression. When Lee was three years old, her father became disabled as a result of a car accident. He was not able to serve as a soldier any longer. However, he was allowed to work as a general driver and an officer in the United States military camp. During that time he often exhibited his anger and complained about the situation to his family. One day he made a sudden decision to retire from the United States Army and return to the United States. Lee and her younger brother headed first to the United States and stayed in a relative's house

until their parents returned to the United States. During that time, Lee's family faced many obstacles adjusting to a new life in the United States. Due to the financial and emotional distress, Lee's father often expressed his anger by yelling at family members, hitting the children, and breaking household items. There was no one to stop the behavior or stand up to him, so all family members were terrified by Lee's father's anger. They had to wait until his anger subsided and regained a calm temper. For all the family members, it was the most troubling time to overcome.

Lee also experienced numbness all over her body, a sense of tightness in her stomach, and a mass in her lower chest. In fact, Lee did not have a clear memory of all of the incidences at home, but rather ambiguous sensory images such as screaming or darkness. During the interview when Lee attempted to remember past experiences, she looked so anxious that her body reacted to the memories. In particular, Lee's body seemed to be truly sensitive toward the feelings and images developed from the traumatic experiences.

Moreover, Lee's father and mother were unhappy with each other. Their marital relationship had not been close and their communication had been limited to certain topics. Lee said her father usually became involved in arguments with her mother and ended up going outside. After several years of the constant fighting, Lee's mother was wrestling with various symptoms of depression and serious physical issues, of which Lee was not aware. Lee's mother stayed at home almost all day long without any interactions with others. Lee thought that her mother showed lack of strength to sustain her life and find meaning in it. Lee's mother often became aggressive and violent. Lee seemed to be able to reduce the tension between her parents. Lee's father asked her to move to Los Angeles with him instead of her mother.

Lee has been struggling with the issue of suicide since her childhood. She said, "I just do not want to live. I can't help it. I do not know why. But, I know that this theme rules over my family. Both paternal and maternal families have incidences of suicide and depression." Lee seemed to accept her suicide attempts as a terrible fate she could not avoid. When Lee's father's sister committed suicide, Lee felt jealous of her because her aunt became free from the shackles of this life, and there was no more pain and no more suffering. According to Lee, her daily life had been like a death, which meant to be left alone in darkness and silence. Despite her lack of trusting others, Lee kept searching for others with whom she felt a connection and sense of belonging. This drained Lee of much energy and left her with a sense of emptiness and bitterness.

Lee believed no one could understand her. The belief initially resulted in a hurtful experience with her mother in middle school. In her youth, Lee shared a strong desire or ideation of suicide and asked for help from her mother. Undoubtedly, Lee expected her mother would show love and care, and encourage Lee to resist

> the suicide ideations. But Lee's mother responded to the plea for help by slapping Lee in the face and yelling, "Do not say it again to me!" Her mother's unexpected reaction shocked young Lee, and caused Lee to close her mind to the world. Lee said she had spent quite a bit of time trying to understand her mother, and her genuine intentions. However Lee's mother's behavior was still strange and frightening to Lee. Her mother had never explained the hidden reason for or intention of her behavior. Subsequently, Lee never opened herself to or shared her inner most struggles with others. Lee did not feel she had anyone with whom to share experiences, not even her parents. Lee said it was not bad, but she often experienced a strong fear that drove her into uncontrollable anger, or *hwa*. Lee finally concluded, "Stand firmly and do not trust or rely on anyone, not even family members." She said her life was a journey in search of an oasis in a wild desert. Since the time of early adolescence, Lee has not been able to communicate or interact with women, particularly women older than her.

Case Analysis

Lee's case reveals *hwa-byung* has multi-faceted causes and results, which are strongly intertwined with emotional issues and socio-cultural impacts. Her case also offers two significant messages for Western medical doctors, as well as mental health care providers who have been using the description of *hwa-byung* in the DSM-IV to assess patients with *hwa-byung*.

First, it will not be possible to obtain an accurate assessment of *hwa-byung* patients relying only on Western-oriented diagnostic methods such as scientific tests or Western psychological theories. *Hwa-byung* and its causes cannot be simplified and reduced to one or two factors. *Hwa-byung* is caused by accumulated and complex feelings. It is very complicated to assess its symptoms and distinguish it from other mental illnesses. In Lee's case, I saw three *hwa-byung* patients—Lee and both her parents. Lee was diagnosed with major depression, which included self-destructive behaviors. Lee's mother appeared to experience recurring, major depression, along with

multiple somatic symptoms of *hwa-byung*. Lee's father had received counseling for issues of depression and anger management. Based on DSM-IV, they were diagnosed with the same mental illness depression, but each of them exhibited totally different symptoms. I will analyze Lee's condition and symptoms of *hwa-byung*, subsequently comparing them with her parents' cases. (The limitation here is that I only rely on Lee's narrative.)

Lee was diagnosed with major depression by a Western psychiatrist. She had been taking a prescribed anti-depression medicine for two years. However, the doctor was not able to explain why Lee had various physiological symptoms, including the severe pain in her body, and an excessively low level of energy. Even after running various medical tests, the doctor was not able to find any cause of the somatic symptoms. This had the result of making Lee more depressive and anxious. However, Lee was not struggling with major depression, but rather from *hwa-byung*. In the assessment process, I thought the Western doctor did not understand or acknowledge the multiple layers of complicated emotions, and their unique manifestations in Lee.

Most of Lee's symptoms appear to be usual for patients with either depression or adjustment disorder based on Western standards. Unlike a patient with major depression, Lee was very talkative and actively involved in the counseling process, despite her lack of energy. While sharing her narratives of her time in Texas, I also noticed that Lee's cognition did not function correctly with the arousal of fueled anger in her. She seemed to react to people from her Texas experience that mistreated her and made her *uk-wool* and *boon*. In Lee, those emotions (*hwa, wool, uk-wool* and *boon*) were mixed with each other and explored together. Hence, the clinical manifestation of one emotion did not appear to

be singled out, but rather impacted by other emotions. Finally, there were unique physical and emotional reactions, which are often accepted in Korean culture as a common result of *hwa-byung*. In short, Lee's talkativeness, high level of anger, and various somatic symptoms were clues for me, someone who knows about *hwa-byung* and Korean culture, to consider a mental illness called *hwa-byung* instead of depression or anger disorder. Using *hwa-byung* diagnostic criteria suggests Lee employed suppression of anger, somatization, active forgetting, and impulsive acting-out as coping methods to deal with traumatic experiences.

The traditional model of *hwa-byung* reveals Lee has a short period of repression, and further adopts more destructive ways to explore *hwa.* Regarding the concept of repression, Lee showed a passive behavioral and emotional status, such as social withdrawal, along with depression. The painful relationships she experienced in Texas exacerbated Lee's existing issues of identity and self-esteem. Thus, Lee tried to pacify her emotions by avoiding the stimulus and isolating herself from all social relationships. According to the diagnostic criteria of *hwa-byung*, Lee also identified herself with a nihilistic idea of self-pity, fatalism, and self-criticism. She especially showed a strong tendency of self-pity and a chronic feeling of standing behind all people. These reactions are not immediate or natural, but more adaptive and internalized because they are also shown in her parents' thinking and relational process.

Considering the familial history of Lee's parents, the etiological causes of *hwa-byung* in Lee should also be considered, not only individually, but also as historical and transgenerational. In this vein, Lee's deepest fear that she may stay in this emotional condition throughout her life, and suffer like her mother, is more understandable. Lee's

memory of trauma is apparent in the present situation, and it impacts her thinking about the future.

Regarding the coping mechanism, Lee actively explored her anger with self-harm and self-destructive behaviors. With a self-critical attitude and a sense of fatalism, Lee had been displaying accumulated emotions, including *hwa, uk-wool, boon,* and *haan*. Considering the etiological factors, there are three main emotional reactions from Lee regarding the issues she had been facing, namely depression, anxiety, and anger. To defend against the emotional reactions, Lee displayed an immediate anger response, especially toward herself and her family. The result is acting-out, and reacting in an aggressive way toward a sense of embitterment. To the contrary, Lee showed a patterned reactive behavior or emotional expression, which can be interpreted, in Western terms, as avoidance or denial. In the Korean context, this type of coping mechanism has been understood as a way of *sak-yim* to deal with *hwa* and the memories of traumatic experiences from the past.

In short, Lee's case reveals there are two faces of *hwa-byung* in relation to its symptoms. There is exploration, as well as repression of complex emotions, especially *hwa*. Most *hwa-byung* patients appear to be depressed, emotionally disconnected, and socially withdrawn. In any interpersonal relationship, the patient usually exhibits passive and negative patterns when interacting with people. Often the patient is diagnosed, Western standard, as depressed. However, if one carefully observes and listens to the patients, one will find they have hidden *hwa* inside. As a consequence of internalizing *hwa,* Lee first showed self-destructive and self-harmful behaviors. However the behaviors were finally transformed into more passive and pathological ways of exploring

hwa. The subsequent result of exploration revealed somatic symptoms and distortion of recollection.

Lee's mother appeared to live a *haan*-ridden life. The mother wrestled with her husband who had shown explosive anger which caused difficulty in communicating with one another. Lee's mother might have been traumatized by relational hardships in a series of negative life events, such as immigration to the United States. The mother chose to act-in instead of acting out. She seemed to numb herself from any emotions regarding people and events. Therefore, there could have been difficulty, especially with the husband, to interact with others and develop intimate relationships. Influenced by her mother, Lee was acting-in by isolating herself from a community. As a result of acting in, both Lee and her mother wrestled with various somatic symptoms. Although both Lee and her mother struggled with *hwa-byung*, the symptomatic behaviors and relational patterns can be different in gender. Lee's father exhibited a high level of anger and anxiety, while Lee and her mother remained in a depressed mood with multiple somatic symptoms.

Lee had been exposed to a series of negative life events, such as the emigration of Lee's family to Korea, the return to the United States, along with associated relational difficulties. Moreover, the triggering event causing anger happened while Lee was in Texas. As a result of that event, Lee had a sense of embitterment, and exhibited self-damaging behaviors. Instead of utilizing others, Lee should have motivated herself to cope with challenges and stresses caused by the negative events.

Lee had feelings of being insulted, lost, and revengeful. She realized powerlessness and helplessness. Michael Linden, along with other researchers, notes,

“Embitterment is a distinctive state of mood. It differs from depression, hopelessness, and anger, though it can share common emotional features, or exist in parallel with each of these other emotions.”[15] In this view, embitterment like *hwa* or *hwa*-related emotions is understood as a complex mass of accumulated emotions resulting from a reaction toward negative life events. *Hwa* directly is linked to a concept of *hwa-byung* and its emotional symptoms. The essential emotions of *hwa-byung* correspond to a notion of embitterment as a main characteristic of post-traumatic embitterment disorder (PTED).[16]

There are many similarities between PTSD and Lee’s *hwa-byung*. Lee had been diagnosed with depression, which was just a part of her symptoms. The diagnosis indicates that Western doctors did not emphasize the causes of Lee’s struggle, but rather focused on the results and symptoms. Also, the doctors could rule out PTSD due to the nature of the etiological factors, which were not related to war, natural disaster, or other life threatening issues. However, Lee interpreted her experience as a traumatic life crisis, which caused her emotional and somatic symptoms. The symptoms were a holistic reaction toward the traumatic experience. In particular, Lee exemplified a typical Korean American immigrant traumatized by countless losses, hardships, and various differences.

Furthermore, immigrants are challenged to overcome trauma in order to survive in their ordinary, daily lives. The result is not only the case for Lee, but for many other immigrants who are also isolated from people in the dominant culture, and whose exploration of emotions can be misunderstood or ignored by others. By using Korean

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[15] Michael Linden, Andreas Maercker, and etl., *Embitterment: Societal, Psychological, and Clinical Perspectives* (New York: Springer, 2011), 22.

[16] Ibid. Embitterment is a distinctive state of mood. It differs from depression, hopelessness, and also anger as such, although it can share common emotional features or exist in parallel with each of these other emotions. In contrast to anger, it has the additional quality of self-blame and a feeling of injustice.

emotional concepts, the immigrants can be classified as living *haan*-ridden lives resulting in many *hwa*-inducing life events. From this perspective, the explosion of anger and self-destructive behaviors in Lee should have received more attention in order to understand the consequences of different kinds of traumatic experiences, as well as her own interpretation of the experiences.

To understand Lee's symptoms, two conflicted features of Western theoretical concepts need to be explored with *hwa-byung*. First, narcissistic self and PTED should be contrasted with *hwa-byung* to understand differing emotions and symptoms. The contrast reveals that the Western concepts of mental disorder are limited and narrow in explaining the holistic impacts of mental illness in *hwa-byung*. Adopting the concept of PTED, repeated traumatic life events cause multiple symptoms of *hwa-byung* resulting in a person's emotional vulnerability. Thus, Lee struggled with a strong sense of embitterment and self-destructive behaviors resulting in an impact on the external locus of control and pessimism.

PTED also reveals that symptoms and expressions of *hwa-byung* have changed. Comparing the traditional model of *hwa-byung*, younger Korean generations exhibit more aggressive and destructive ways to express their emotions, especially *hwa*, *uk-wool,* and *boon*. The model also reveals mental disorders such as *hwa-byung* are not static or linear, but more dynamic and relational in the development process. Finally, Lee had been misdiagnosed, and left alone without proper treatment for her trauma and her continuing struggles.

Case 2

Demographic Information and Major Symptoms

Choi is a fifty year-old female who had been married for twenty-five years. She had lived in United States for over ten years, and began experiencing menopause two years ago. Choi has great fear of meeting Americans and participating in American culture. She now lives with her husband, who works as a truck driver, and her twenty-three year-old daughter who works as an intern at a law firm. Both Choi and her husband graduated from a college in Seoul, Korea. They got married despite firm opposition of Choi's family. Choi's husband grew up in a very poor and dysfunctional family, so he did not like to talk about his family members. All members of Choi's family of origin were highly educated. Based on the income of each member, the economic status of Choi's family of origin was between middle and upper class.

Choi's first symptoms were pent-up anger and irritability toward her father. Choi had been having abnormal physical symptoms such as hot flashes, high blood pressure, and shortness of breath, palpitations, and insomnia, with many intrusive thoughts. Choi also sensed unknown fear and a high level of anxiety, particularly in interpersonal relationships. She wanted to know what caused all these symptoms and learn a method for overcoming them. While listening to Choi, I found that she had an issue of memory and concentration.

Hwa-Inducing Events

Choi's parents recently visited her from Korea, and stayed with her almost a month. During her parents' visit, Choi's pent-up anger was provoked by seeing her mother's submissive behaviors toward her father who had verbally and emotionally abused his wife. Choi did not understand the inequity of power in her parents' marital relationship. Choi said that her father was so authoritarian and self-centered. He demanded strict compliance from his wife, and treated her like a maid. She did not understand why her mother felt she had to receive permission from her husband for every single thing. Choi said she could not tolerate the anger she was experiencing toward her father, which was increasing internally. She became excessively wild and aggressive toward her father in order to protect her mother. Talking about her anger toward her father led Choi to recall her forgotten memories of being physically and emotionally abused by two male figures—father and husband.

Choi has a history of chronic depression. She said she overcame the depression with faith in God. Her husband struggled with an issue of anger management. In particular, he could not tolerate feelings of unfairness—*uk-wool* and *boon*. So, when he felt mistreated or rejected by someone, he would react to the person in a very aggressive or violent way. No one could stop him. Thus, with her husband, Choi often felt threatened or overwhelmed by being controlled and/or manipulated by him. However, she did not know how to react to everything he demanded.

Choi is smart enough to recognize the abusive relationship she was in, but seemed to be stuck in the middle of traumatic events. Further, her husband kept saying he would commit suicide if Choi left him or died before he did. According to Choi, her husband wanted her to be with him all day long. He had to know whatever she was involved in or whomever she met. Choi said that she felt like she had no voice as a result of being required to obey her husband. She had not disagreed with him, and always sought his opinion. Once she became a Christian, her husband was always sarcastic regarding her faith.

Trauma and Memory

Choi struggles with an issue of memory and poor concentration in relationships. Even during the interview, she lost her focus on the subject and easily forgot the content of the discussion. Choi said that she had been struggling with limited memory for a long time, and her husband always complained about it. Thus, she always felt anxious and worried if she needed to remember something. However, she could not determine exactly the impacted her memory ability, and the level of concentration. Therefore, she wondered whether her limited memory was related to symptoms of dementia as an effect of aging. Ironically, she oftentimes showed ability to remember something in detail, especially at her work and church. Thus, her daughter said that Choi remembers only something important to her.

While talking about an issue of memory, Choi recalled a memory of a painful childhood experience. The first image that Choi remembered was an image of a little girl who stood alone in darkness. While overcoming great fear and struggling to remember, she felt a vague uneasiness in her body and mind. The more she tried to remember, the more pain and fear she experienced. Fighting with the strong fear, Choi finally recovered the memory of her father repeatedly physically abusing her when she was four and five years old. He also threatened that he would retaliate against her if she told her mother or others about the abuse. Because of the great fear, Choi tried hard to repress all these memories and remove them. As Choi talked, her memory became clearer. As she remembered all the painful events, Choi broke down and cried like a baby.

Choi's birth was not planned. Her mother learned she was pregnant before her husband left to enlist in the army. Choi's father asked her mother to have an abortion because he did not want a baby. After a long discussion, they decided to keep the baby. However, Choi's mother was asked to take all responsibilities for raising the baby by herself while her husband was gone. Thus, Choi's mother delivered and raised Choi without any support from Choi's father. When Choi's father was released from the army, he struggled to get a job. Choi's mother was earning a living for the family by sewing. Choi understood her father was drinking heavily in order to forget the difficulties and frustrations he faced at that time. She assumed the drinking was a cause for the domestic violence the father perpetrated, including child abuse, wife battering, and emotional threats toward family members.

When Choi was four or five years old, she was summoned by her father and told to stand in a corner of the room. Without any reason, her father commanded Choi not to make any sound and started beating Choi. At that time, her mother was working in another room and did not realize what was happening to Choi. Choi's father usually hit her in the face and/ or on the head. Choi lived in fear and pain from the constant beatings. If she cried out or made any sound, her father's beating became much stronger and longer. Her father frequently beat her, and the physical abuse lasted until he got a job. Choi was not able to tell her mother what happened to her. Since childhood, Choi became sensitive to darkness and being confined, alone, in a small room alone. She often wondered why she experienced those sensitivities.

Out of anger, Choi's father had been battering his wife and breaking the furniture for years. He also terrorized the family by stabbing a knife in the dining table. The event shocked the whole family. However, he never explained the reason for his behavior. Family members were always afraid of the father, never knowing what kind of mood he would be in or what behavior they would encounter. No one was able to stand against him or stop him. Until talking with me, Choi had completely removed all painful memories of the domestic violence and repressed the related emotions that included anger, sadness, and fear toward her father. This experience led Choi to recover the ability to find a missing part of her memory. She was also able to remember critical issues of painful memories relating to her own marriage.

Choi's parents did not approve of her marriage to her current spouse. They were not satisfied with his educational level or the social status of his family. So, Choi deceived her father by not telling him the truth, and ran away in order to marry her husband. Then, she cut off the relationship with her parents and family for a while. However, her marriage was not as happy as she had expected. After the marriage, Choi's husband began to exhibit hidden aggressive behaviors and abused Choi. In the meantime, Choi thought that there was no one she could trust

or with whom she could share her situation. So, she got through all the violence and abuse in her marriage with patience.

Shortly after her marriage, Choi became pregnant. As indicated earlier, Choi's husband did not want a baby at that time. Considering her marital relationship and financial situation, Choi's mother suggested Choi have an abortion, even though she was totally opposed to that choice. Despite many difficulties with her husband, Choi decided to remain in her marriage for the baby's sake. As a result of the decision, she raised her daughter without any support from her husband or from her mother. Choi said her husband had not been a loving and caring father to her daughter at all.

Trauma and Body

Choi's husband had been battering her for years. One day, Choi and her husband had an argument about an issue, and suddenly the argument turned into physical abuse. In the middle of the argument, Choi's husband forcefully pushed her into the corner of the room and began beating her on her head. When Choi fell down on the floor, her husband started kicking her. While being beaten, Choi decided that if she wanted to live, she should stop her husband. So, she ran into the kitchen, found a knife, and threatened him. Even after seeing the knife, the husband continued to hit Choi while using abusive words. Choi carried out her desire to stop her husband. She stabbed him with a knife. The wound was not serious enough to kill him. However, it stopped him from hitting her. Unfortunately, their three-year-old daughter witnessed all that happened between her parents. At the time, she did not appear shocked. However, she later described the fighting in detail to her grandmother.

Choi wishes that her daughter would forget what happened between her parents. Even after the incident, Choi's husband tortured her with various types of abusive words and behaviors. Choi viewed her family situation as traumatic and violent, not normal or casual like that of others. Choi is now struggling with multiple somatic pains and emotional instability.

Trauma and Relationship

Choi's husband was socially isolated and disconnected from his family of origin. He cut off ties with his family, and expressed great anger toward his parents. He said he had never felt loved by his parents in childhood. For him, Choi and his daughter were everything and all he cared about. Thus he said that if Choi died or left him, he would commit suicide since there would be no more meaning left in

the world when Choi was not a part of his life. When her husband stayed at home, Choi was not able to meet friends in church, or spend time outside the home. For Choi, social relationships are the only opportunities for her to live as who she is and do what she wants. However, her husband did not like Choi being away from home. He asked her not to trust anybody or talk too much about family to others. Choi said she would feel a sense of freedom if her husband affirmed whatever she did, or even smiled at her.

In a sense, Choi's husband appeared to be jealous of Choi's relationship with her parents. Once, while Choi's parents visited, her husband did not treat them well. Choi was upset with him. Choi's mother also was angry with Choi's husband, whom she actually did not like. However, Choi's mother controlled her anger well, and only expressed it in a passive way. When Choi and her husband had an argument, Choi's mother left the room, and never said anything to her daughter. Choi's mother cooked Choi's favorite food the next day. Choi saw her mother's face and eyes were swollen and wet. So, Choi assumed her mother might not have slept well the previous night, crying for Choi. The situation made Choi feel sorry for her mother whose life pattern was now being lived by her daughter. Choi had followed in her mother's footsteps.

Now Choi's daughter literally complains about her parents' inability to survive in the United States, and feeling burdened by caring of her parents living overseas. The daughter believed that Choi did not love her enough to remember people, objects, and events, which are specially connected to the daughter. Neither Choi's husband nor daughter try to find what caused the issue of memory and how it impacts on her. Choi felt nothing for anyone in her family. This left Choi in a depressive mood and resulted in emotional fragility. Her daughter recently had a big fight with the father and decided to move out. However, the father was involved in a car accident and was seriously injured. Choi said that he was unconscious and remained in the intensive care unit. Choi's daughter was in shock and cried hard with regret. However, Choi felt no emotion and cried no tears. Still she had many intrusive thoughts with sighs, so she asked me why she could not feel anything.

Case Analysis

Choi utilized several methods to combat *hwa-byung,* such as oral consumption, pseudo-altruism, self-pity, and perseverance. Oral-consumption can be understood in Korean culture as a pleading, talking, or *ha-so-yeon*. Due to the lack of power and authority, *hwa-byung*patients use "talking" as a way to explore their emotions and find a

solution for their issues. The talking can best be explained by using the Korean word *pu-ri*, which means to solve a problem or gain release from the entanglement of difficulty.

Hwa-byung can be caused by prolonged and accumulated emotions, which have not been explored or minimized. Instead of repressing or avoiding these emotions, Koreans usually adopt *pu-ri* to create indigenous coping mechanisms. The mechanisms of *haan-pu-ri, sal-pu-ri,* and *hwa-pu-ri* serve to untie or unthread emotional entanglements. In Choi's case, she had a strong desire to have a community in which she could feel connected or understood, and receive support for her struggles. Choi had been doing *hwa-pu-ri* and *haan-pu-ri* by talking in order to free herself from stresses and burdens. For Choi, talking was a way of emotional and spiritual help-seeking. Her talking pattern indicated she desires to avoid stimulus of *hwa* and pursue emotional pacification. Her lack of memory or concentration is a result of having interrupted thoughts and images caused by continuous traumatic and abusive relationships.

At the surface, Choi appears not to be self-assertive or opinionated in any relationship with others. She usually listens to others and accepts what others like or desire, especially in a decision-making process. Choi's friends believe she is altruistic and, by nature, cares for others. However, in order to exhibit such behaviors, Choi ignores her inmost desires to be loved and cared by others. The result is that Choi really feels disconnected from others and struggles with a sense of being rejected. In fact, Choi likes to talk more than listen. So she uses pseudo-altruism as a defense mechanism of *hwa-byung* to avoid the stimulus of *hwa,* as well as pursuing emotional pacification.

Listening to Choi, it is obvious she relies on fatalism to deal with *hwa-byung* and its main emotion, *hwa*. The sense of fatalism is related to a sense of self-pity, which is

more passive and indirect in dealing with issues or problems. Choi's talking is frequently not related to the theme or topic of discussion, but rather to her own interests or struggles. She is not fully engaged in the communication and is interested in interacting with others, even in person. Therefore, Choi does not fully recognize another's presence while she is experiencing stress or overwhelming feelings. Choi unconsciously attempts to utilize others as objects to fulfill her own needs to reduce the emotional stresses. In short, Choi's strong yearning to be loved and heard by others is revealed by her irrelevant talking and passive relational pattern.

Regarding Choi's talking pattern, it is important to recognize her struggles with a lack of memory as a result of traumatic experiences. As a defensive mechanism of *hwa-byung*, Choi has used suppression and active forgetting to deal with distresses caused by childhood trauma experiences. In Choi's case, the inveterate active forgetting produced a negative impact, which caused long-term loss of the ability to remember and focus on one subject to discuss. Choi's talking becomes more irrelevant while discussing an intensive subject such as trauma. She does not appear to be aware of how much others feel interrupted or discomforted by her irrelevant talking. The situation could be one of the reasons Choi's husband and daughter did not like her social relationships. There is also an indication that both Choi and her family do not understand the hardships caused by traumatic experiences, which are severe enough to affect Choi's daily life and proper functioning.

From a psychoanalytic point of view, I believe *hwa-byung* and its symptoms should be understood in relation to issues of self and the self-developmental process. Human beings' self-development process is usually completed between the ages of one

and three years of age. During those years of her life, Choi did not have a father, and a mother who were ready for a baby. Choi identified herself as a “not-wanted child.” Choi stated her mother was “frustrated by Choi’s life,” and became depressed when she was pregnant. After giving birth, Choi’s mother was busy with supporting the family members and completing all the household chores. Thus, it is possible Choi did not have had a good sense of receiving physical and emotional care from her parents, which resulted in a weak sense of attachment for Choi. Choi may have experienced a sense of rejection or frustration in her relationship with her primary caregiver, which might have interrupted her self-development process and damaged her self-image. The result of such an experience is lack of confidence and self-actualization.

Finally, Koreans’ *hwa-byung* reveals the relationship with self and various discrepancies in the relationship between true self and false self. *Hwa-byung* patients who develop a false self to comply with external impingements often become disconnected with true self, and find it difficult to be fully present in relationships. When confronted with intrapsychic struggles or emotional issues, Choi was slow to answer, and required pausing for a while before she spoke again. I believed the situation to be vulnerable for Choi when disclosing herself and revealing unsolved issues. Choi chose to defend herself in silence with me, one who represented authority.

Utilizing Winnicott’s theory, people usually display a certain degree of split between true self and false self, and each degree brings a different level of symptoms such as *hwa-byung*. In therapy, I noticed Choi exhibited very defensive attitudes and displayed a low level of split between true self and false self. Due to the effects of child abuse, Choi was unable to fully engage in a discussion, and managed emotional distresses

without a good memory. She unconsciously separated herself from the situation and numbed herself in order to survive the memories of a traumatic experience. The issues of identity and self-confidence are also revealed in *hwa-byung* patients.

Choi's false self revealed a narcissistic tendency in a passive-aggressive way. Choi seemed to be stuck in a certain developmental stage with unsolved issues of anger. Unconsciously, Choi still dwelled in the painful memory of being abused by her father, and those painful memories impacted her marriage. Even her husband reminds Choi of her father, who abused his power and authority with the family and ignored the children's emotional need for love and care. Choi desired to seek revenge on both her father and her husband who had abused and mistreated her. Choi's feeling of rage, anger, or *hwa* can be understood as a defense against feelings of disgrace. The inadequate parental mirroring and idealizing caused Choi's narcissistic tendencies, which was a defect in the structure of the self. Therefore, Choi's false self has narcissistic tendencies that need to be confirmed and re-established through mirroring transference in a supportive environment.

In Choi's narrative, there are three triangles existing in her immediate family and her family of origin. The triangles reveal a repeated pattern of trauma in relation to strong gender differences still remaining in the Korean family system. The first subsystem, or triangle, consists of Choi, her father, and her mother. In that subsystem, Choi developed an unhealthy emotional bond with her father. Choi considered her mother to be a victim of her father's abusive words and behaviors.

The second triangle consists of Choi, her husband, and Choi's mother. In the second triangle, Choi's mother views Choi as a victim of her husband's aggressive attitudes toward others. Interestingly, the two women do not acknowledge their own

suffering, but rather only that of the other. They are mirroring each other, and project their own emotions of anger and sadness.

The third triangle includes Choi, her husband, and Choi's daughter. Choi's daughter behaves like a son in the third subsystem (triangle). Instead of building an emotional bond with Choi, her daughter established a bond with her father, and together they criticized her mother. Lisa (Choi's daughter) increasingly felt more isolated and oppressed in the family system.

In all the three triangles, Choi was not in a powerful position. Rather, she was abused or victimized within a power dynamic. Both Choi's immediate family and family of origin portray a traditional Korean family system in which men have power over other family members, and woman are asked to silently obey and remain silent. According to Korean pastoral theologian Suk-Hwan Jeong, the Confucian family systems present in Korea are typically characterized by dominance of the patrilineal or the father-son dyad.[17] He provides the diagram to describe the distinctive dynamic in Korean family system.

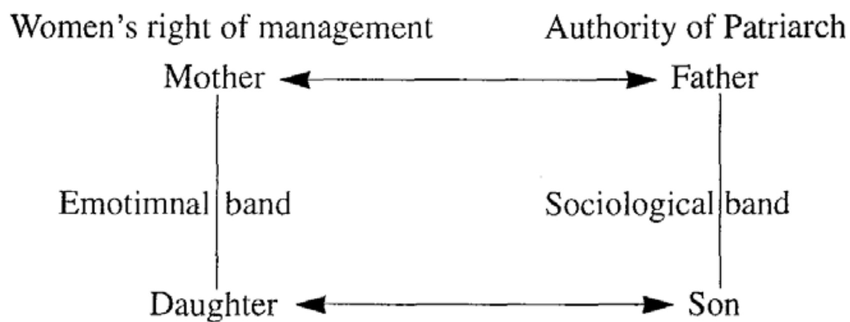

Figure 1 Korean Family Dynamics Based on the Role of Gender[18]

[17] Suk-Hwan Jeong, "Korean Pastoral Theology Based on Korean Culture," *Yonsei Journal of Theologies* 5 (2000): 144.

[18] Ibid.

Choi's case regarding the mother and daughter relationship should be considered to be an affectionate relationship displayed, according to Jeong's family diagram In reality, Korean mothers can be easily isolated and depressed in their marital relationship. Often the mother seeks support from one of her children, creating a triangle among father, mother, and daughter. The mother usually chooses a daughter because of the strong emotional bond. In such a triangle, both mother and daughter, who do not have power over the system, feel powerless and hopeless. Thus, Korean women learn to accept their powerless or helpless status in the family, and usually pass on their feelings generation after generation. For example, Choi's experience mirrored her mother's suffering in a dysfunctional family system where there is no value for a woman's healthy identity as a person. The unhealthy identity is a major factor explaining Choi's life filled with pain and suffering. Choi's *hwa-byung* was caused not only by personal, but also by socio-cultural impacts on herself and families.

An interesting point in the case is that Choi's daughter did not take her mother's side, but rather that of her father. In Korean family systems, a relationship between Choi and her mother should be close and mutually supportive. However, Choi was rather alienated from both her husband and daughter. To gain power, the daughter as only child seemed to take a role of son who have more affectionate relationship with her father, and show more explosive *hwa* or anger than *haan*. This implies that a traditional Korean family dynamic becomes changed and it impacts on the way Korean women struggle with *hwa-byung*. It is true that *hwa-byung* has been known as a mental illness for Korean women due to the maltreatment for women in the Confucian family system. Here we should remember that socio-cultural systems and structures are not fixed but changed.

Case 3

Demographic Information and Main Symptoms

Kim is a fifty-seven-year-old female whose issue was depression associated with feelings of disconnection from both her husband and son. She questioned what was wrong with her. Kim married an African American male who is four years older than herself. Kim graduated from college, and received professional training to work as an advanced level worker in Korea. Despite poverty, Kim's parents sacrifice much to provide education for their children, and taught them about Confucian virtues and cultural values in family. Kim's husband completed the minimum level of education and received a military training.

Kim started to struggle with severe symptoms of depression—serious body aches, low appetite, loss of weight, poor sleep, tearfulness, a sense of helplessness and hopelessness caused by excessive stress in the marital relationship. She also complained about a boiling anger inside of her and intrusive thoughts. During a period of great anger, she recently experienced tightening in her chest, an epigastric mass, respiratory stuffiness, heat sensation, shortness of breath, and dry mouth.

Hwa-Inducing Events

Kim's son joined the United States Air Force and attended training camp in May, 2009. After her son left for basic training in the air force, Kim realized the distance between herself and her husband. Although living together, they did not talk much and slept separately. She said there was nothing left between them. She began to consider divorce or legal separation. After six weeks of basic training, Kim's son came home to visit. However he appeared indifferent toward both Kim and her husband, and spent much time with his friends. After the son's visit, Kim's depression became worse. She began having suicidal ideations, which occurred in August, 2009.

Trauma and Memory

Kim does not have much memory about her childhood and life in her family of origin. She remembers both parents worked hard, but always struggled with financial difficulties. While her mother and father were at work, from the age of nine years, Kim, as the second child was responsible for taking care of her

younger siblings and all household chores. Kim said that her parents had not appreciated her work, or asked her older sister to help out. Because of her serving the family, Kim was not able to play with her friends or allowed to sleepover at her friends' houses. However, she never complained about it or felt *uk-wool* or *boon*.

When Kim was twenty years old her family was in the process of immigrating to the United States. Kim's parents were busy completing their work in Korea, and Kim began to learn English. At that time, her best friend, who was fluent in English, introduced Kim and her future husband, David. David came to Korea for his military work, and desired to find a friend in Korea. However, in Korea it was taboo for Korean women to date foreigners because Korea is a homogeneous country. Therefore, Kim kept her dating with David a secret. Even after David proposed to her, she did not say anything about him to her family.

One day, after she returned home from a date with David, Kim's father seriously beat her because she did not take care of her siblings and the household chores. She said that was the only time she did not tend to her family responsibilities. In great anger, Kim then argued with her father asking, "Why cannot I even take a break? How about my older sister? She has not done anything for the family, and you never scold her for not taking care of the family. Why me? I am tired of taking care of house chores and younger siblings. I am tired of being responsible for everything." Kim's father, who was already angry with her, eventually beat Kim mercilessly, and there was no one who could stop him.

After a few days, Kim ran away from her father, and disconnected from all her family members and all others, except her best friend. This friend notified David of Kim's situation and told David where Kim was staying. David met Kim and found out what happened to her. They decided to live together before getting married. Without giving any notice to her family, she signed a marriage certificate, and began the process of coming to the United States. After Kim decided to marry David, her family found out Kim lived with David, and asked them to visit the family before they left Korea. Kim and David went to her parents' house and met Kim's family. Kim stated that her parents were not quite welcoming. However, they tried to accept the situation. After the family meeting, David was asked to go back to the United States for his work, and Kim followed him a few months later. All of Kim's family members eventually immigrated to the United States and settled in California.

Kim stated her depression began right after moving to the United States. The first reason for her depression was the racism in the United States and the tension between black and white people. Kim was especially aware that the majority of African Americans had low socio-economic-political status in American society. It was a shock to her. The second reason for her depression was that Kim sensed people stigmatized and stereotyped her as a military wife who had little education,

poor family history, and who married an American for financial reasons. She argued against the prejudice that she was a street woman. She wanted people to understand that she was different from other military wives. In fact, she was an intelligent and well-educated woman in Korea. The situation caused Kim to regret her decision to get married to David and move to the United States without acknowledging the reality that confronted her.

As a result of the environmental changes and culture shock, Kim began to experience several symptoms of depression, along with severe physical pains. Kim felt incredible stress and pressure to deal with others, and David strongly pushed her to belong to the community and become part of social groups. After any situation involving interactions with others, Kim complained of stomach pains, as well as a sense of an epigastric mass. She isolated herself from any social relationships with others, Koreans and Americans alike. She also refused to have a baby because she did not want her baby to go through her same struggles.

When Kim left her family and married David, she expected a better environment for herself and her children. However, she did not want to continue to live in an environment filled with social prejudice, racism, and discrimination against immigrants. Still, David kept challenging Kim to get a job outside the home, not only for money, but also for social activity. For Kim, it was too much to confront her new world, and overcome multi-layers of hardships, particularly language and cultural barriers. She felt she was being forced to earn money by her husband, and left alone in a desert. Kim knew that there was no place to where she could flee and escape her situation. Because of the psychological and emotional distress, Kim suffered intolerable physical pains throughout her entire body. Despite many difficulties, Kim became employed in a government related job, and gradually adapted to new situations.

Trauma and Body

Kim has a thirty-plus-year history of major depression. However, she had never seen any Western doctor or counselor due to the traumatic experience of being mistreated by a doctor in an emergency room. In 2008, Kim began experiencing menopause, along with significant pain. One day, Kim felt her heart beating too fast to tolerate and went to the emergency room with her husband. After conducting medical tests, the doctor said Kim was fine, even though she was in pain. At that time, Kim's husband trusted the doctor, and became angry with Kim. He then left her alone in the hospital. She felt like she had been thrown in the street. n spite of struggling with great pain, Kim discharged herself and went directly to see an Oriental doctor. Without doubt, the Oriental doctor diagnosed her with *hwa-byung,* and prescribed herbal medicine. As a result of the experience at the hospital, Kim believed Western doctors only treat external symptoms of

human illness and suffering. In the emergency room, Kim said that she felt disrespected and humiliated by the Western doctor. The feelings left Kim in a major depression, and feeling abandoned.

Due to David's job, Kim and her family moved to various locations—Atlanta, Germany, Texas, and back to Atlanta. As Kim adjusted to a new environment, she struggled with multiple symptoms of depression and somatic pains such as heart and body ache, shortness of breath, and an epigastric mass. In Germany, however, Kim found a Korean church in which she experienced a conversion, and became a born again Christian. In the church community, Kim experienced a sense of belonging, for which she had hungered for a long time. Kim said that she experienced spiritual freedom and peace in herself, and enjoyed being a part of the church. Kim quit her job in order to know more about God. David became extremely angry because she did not discuss her decision to quit her job with him. In spite of facing many difficulties with David, Kim became more involved in church activities, and built good relationships with other church members. Kim said David did not understand what the church community meant to her, and how much it changed her in so many positive ways. After a while, Kim came to believe that children are gifts from God, and should not be refused for any reason. She decided to have a baby with David. She gave birth to a son in the United States.

The birth of her son greatly influenced Kim's marital relationship. Kim and David had different perspectives on being a parent. On one hand, Kim said she was a strong, busy, working mother taking on many responsibilities by herself. Her husband did not help or support her at all. For unknown reasons, David was not willing to help her, or spend time with the family, not even his son. Kim was a working mother, and asked David to play with their son once a week. However, David was not around his on at all. There were many arguments between Kim and David regarding the matter of raising their son. When one started to disagree with the other, the situation usually became extreme, and chaotic fighting and verbal abuse resulted. Kim felt David was too careless and self-centered, and he did not want to be bothered with family business. Kim gradually gave up her expectations toward David, and decided to raise their son by herself. According to Kim, she placed all her hope in her son, and did her best to raise him. As a young man, the son made a decision by himself to join the United States Air Force. Kim felt frustrated by her son's decision, but accepted the fact there was nothing more she could do for him. Subsequently, she questioned if she really wanted to remain in the United States, living a lonely, unfair, and meaningless life. After Kim's son left for air force training, Kim struggled with severe symptoms of depression, again, and her physical pains returned.

In the meantime, David was experiencing a difficult time with his boss at work. He decided to retire from the military without discussing the decision with his wife. Kim was very upset. She believed if David had talked with her about the

situation at work, she would have been able to find a way, other than David's retiring, to solve the problem. After retiring, David ran his own business for seven years. However, the business was never adequately profitable to support the family. David started to trade in the stock market, but Kim found no hope in that and challenged David to seek other employment. David strongly resisted Kim's urgings, saying he did not want to work for others anymore. Kim noticed that he seemed not to be in touch with reality, and became more stubborn in his opinions. Kim opened up a financial account separate from David, and began to manage money by herself. Kim said that David was upset about this, but she was tired supporting him and overwhelmed by the relationship.

In addition to the poor marital relationship, Kim was struggling with a job situation. After voluntarily transferring into new work, Kim began to struggle with one of her colleagues with whom she did not like to work. Further, Kim's supervisor was so straightforward and strict with Kim that the process of adjusting to her new work became very difficult. Kim wanted to return to her previous job or seek a new job, so she applied to many job openings. As a result of the process, Kim received a job offer in California, which is where her family of origin lived. For many reasons, she had mixed emotions about whether or not to make the move. Her main concern was how to manage her marital relationship with David.

Case Analysis

Kim appears to be in the third stage of *hwa-byung*, which involves both expressing emotions and evidencing symptoms of somatization. The immigration process involved many losses from which Kim experienced a great deal of shock and trauma. Although Kim did not experience life threatening issues, there were many negative life events which provoked in her a sense of embitterment, along with anger-related emotions. In a series of negative normal life events, Kim experienced discrimination based on her ethnicity. In spite of feeling anger and resentment, she was not fully aware of what she was going through, or why. Sadly, there was no one who understood Kim and her struggles. Even David, as a second-class American citizen did not fully understand what a minority Korean woman goes through in the United States. The

situation resulted for Kim in a sense of powerless with considerable embitterment, and caused various psychological and psychosomatic problems.

It is interesting to note that Kim depended neither on fatalism, which most patients who exhibit *hwa-byung* symptoms do, nor on self-pity. Instead, Kim had a strong will to live and overcome the hardships. Kim's subjective expression of traumatic experience is based on her strong feeling of *hwa, uk-wool* and *boon* as a desire to seek revenge. Throughout her life, Kim claimed there existed an inequity of distribution of power and responsibility in both her family of origin and her marital relationship. Kim had the capacity to change the power dynamic in her marriage, and that helped her move forward in pursuing her own life. However, the unresolved issue of grief often hindered Kim and triggered her fear of abandonment, as well as an anxiety of separation. Also, Korean cultural values and man-centered family system impacted Kim's reaction toward the traumatic events.

Jeong's diagram[19] shows the father-son patriarchal power relationship in a traditional Korean family system. If a father is alive after a son grows up, the son cannot be independent, and must still obey father's rule. Though there may be little emotional bond, a deep sociological bond develops between father and son. In a Confucian family, a woman is taught to obey three male figures throughout her life—her father at home, her husband after marriage, and her son after being widowed. There is nothing mentioned about a Korean woman's healthy identity as a person, but only as a woman.

The experience of Kim being a Korean immigrant in the United States resulted in a lost identity for Kim as she assimilated into a new culture and community. Although

[19] Ibid. Jeong's diagram is titled as Korean family dynamics based on the role of gender, which is introduced in the chapter one of this paper (p.36)

she had lived in the United States for thirty years, she was still stuck in an oppressed woman's position, and sought to find her identity through attaching to male figures in her life. She never differentiated herself from her parents, especially her father. Interestingly, Kim never mentioned her relationship with her mother or siblings. In other words, the abusive relationship with her father impacted her relationship with others, especially her husband. Kim said she did not love husband. However, he was good enough to marry, and helped her to distance herself from her family of origin. Kim placed her hope in David and considered him to give meaning in her life.

Ultimately the abuse she suffered from her father impacted Kim's relationship with her son. After failing relationships, Kim said she did not know what to do, and expressed psychological distress with multiple somatic symptoms. In the clinical interview, Kim was yearning to find another purpose or meaning for her life that would motivate her to live and move forward. From a theological perspective, Kim said that she had been searching for the presence of God in the middle of her sufferings, seeking healing of body, mind, and spirit. However, I think that Kim was searching to find a reason for survival and another person who she wanted to rely on.

Kim's *haan*[20] and *haan* -ridden life can be divided into two different dimensions of suffering in relation to loss she experienced. The first dimension of Kim's suffering was the loss of her childhood. Kim's parents were trauma survivors of the Korean War. They were desperate to survive and care for children. At the same time, much energy was

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[20] Koreans' concept of *Haan* (한, 限) means resentment or unresolved suffering, has been used in minjung theology to identify a personal intra-psychical, psychological, or affective phenomenon. *Han* (한 韓), however, has been used in philosophy as a metaphysical and ontological term. *Han* has over twenty meanings among which are "oneness," "great," "same," "whole," "middle." In the historical context, Koreans have used *han* for expressing national identity. Cited from "A Comparative Study of the Korean Terms "*Haan*" and "*Han*", by Chang-Hee Son." Boston University, 1997.)

needed as the entire nation attempted to reconstruct the country. Thus, Kim's parents were not able to provide enough care and love for the children. In a traditional Korean family, parents do not directly express their love and care toward children. The physical expression of care, such as hugging or kissing, is not usual in Korean families. Therefore, Kim might have experienced the lack of her parents' love and an intimate relationship as a result of environmental restrictions. Rather, she was asked to take care of all household chores and was not allowed to play with her childhood friends. Kim stated she could not remember any happy moment of her childhood. The reality is that Kim felt traumatized and unconsciously suppressed emotional pains or distress. She explained about her father's physical abuse. During the time of her father's abuse, Kim realized there was no one who could help her and save her from the abusive and violent relationship. Kim's strong reaction toward her father's abuse is not common in Korean families. Such experiences indicate that physical abuse and/or domestic violence continually happens, and results in the accumulation of *hwa, uk-wool,* and *boon* as a desire for revenge.

Kim's case substantiates Chung's argument that *hwa-byung* develops as a result of *jeong*-violation.[21] The violation of *jeong*-based relationships can cause psychological trauma of *haan* and result in the development of *hwa-byung*. Kim said she had struggled with a feeling of "being abandoned" and "not belonging" in American culture and society. The result was that Kim felt guilty about leaving her family. That feeling is intermingled with a strong desire to be loved and belong. Kim avoided confronting her

[21] Christopher K. Chung and Samson J. Cho. "Conceptualiation of *Jeong* and Dynamics of *Hwa-Byung*." *Psychiatr Investigation* 3, no. 1 (2006): 9. In this article, the authors see *hwa-byung* as the result of *jeong* violation. Koreans possess *jeong*-driven and *jeong*-based cultural values that demand unquestioning loyalty in a community or other social relationships. Thus, the *jeong*-based relationship are failed, it can be traumatic and overwhelmeding experience, which can bring various conseqeunces in to human body, mind, and spirit. The further information of Koreans' *jeong* and its relationship with Korean history and culture will be investigated in chapter 3 and 4 in this paper.

father, and utilized a passive-aggressive means to expressing her anger toward her father and family who were the cause of her feelings of betrayal and abandonment. In a sense, Kim decided to abandon her family and marry David, using the marriage as a means to run away from her difficult family situation. While struggling to survive in the United States, Kim placed all hopes and dreams in a son. When her son left home, Kim experienced not only a loss of a loved one, but also the loss of herself. In a sense, Kim felt abandoned and betrayed by her son. The continuous failure of *jeong*-based relationship is called *jeong* violation. As a result of *jeong* violation, *hwa-byung* developed and Kim suffered from various symptoms of *hwa-byung*.

A second dimension of Kim's suffering was the loss of safe space. Kim exemplifies Korean immigrants' difficult lives in search for a community in a foreign country. Regarding the issue of identity, Kim also sought an answer for these questions: Who am I? What do want? Where do I belong? Due to the nature of her husband's work, Kim had to make many moves to different cities, states, and countries. She had been exposed to many losses and separations and was able to complete the grieving process for each loss. As a result of many losses, Kim seemed desperate, and struggled with a sense of emptiness and meaninglessness in her life. Kim said she really wanted to have a stable life environment, and community where she felt she belonged, and a place where she was safe enough to be who she was and do what she wanted to do. Her desire is a result of *jeong* violation, which provokes anxiety and fear in trusting or interacting with others. Therefore, the presence of others, especially her husband, in her space bothered Kim, and blocked Kim's subjective sense of freedom. There was no physical space that made Kim feel secure enough to disclose herself, and relate with others as she desired to do.

However, Kim did not mean only a physical space, but also an emotional and spiritual space that is invisible and imaginative so she was able to encounter with her wounded self and God who could heal her wounds.

In light of Shelly Rambo's work, I realize that there are many commonalities between *hwa-byung* patients and trauma survivors, who experience multiple distortions and brokenness of the self and others. In particular, Rambo points out that trauma survivors live in an intermediate place where there is a presence of death and life.[22] While interviewing Kim, I realized her strong desire to be stabilized in that intermediate place where the loss and separation were still present. Kim had never completed the grieving process for her losses. Without acknowledging the losses, she wanted to move on and find a reason to survive. This describes many Korean immigrants' fear to confront with what they lost and how rough their lives are in a strange country.

Finally, Kim's son functioned as a safe space that she could develop dreams and hope even in the midst of pains and sufferings. When the son left home, Kim seemed to feel the loss of safe space for her. As a result of the critical loss, Kim seemed to repress her *haan* and fear internally, and utilized anger or anger-related emotions to motivate herself to live on. Moreover, Kim's body rebelled against her due to the prolonged and accumulated *haan*, which resulted in multiple somatic symptoms of *hwa-byung*.

[22] Shelly Rambo, *Spirit and Trauma: A Theology of Remaining*, 1st edition. ed. (Louisville: Westminster John Knox Press 2010), 35.

Case 4

Demographic Information and Main Symptoms

Mrs. Park is a seventy-nine-year-old widow with two sons and one daughter. Park had grown up in a middle class family of mother, father, two girls and two boys. In her family of origin, Park was the second child and received much attention, love, and care. However, Park's peaceful life turned into a real tragedy when she married. Park married a man who was the first son of six children. Culturally, Park's husband, as a first-born child, was to accept the responsibility of taking care of his parents, as well as his unmarried siblings. This presented many difficulties for Park. The most fearful and painful aspect of the arrangement for Park was living and working with a mother-in-law who placed all her hopes on Park's husband.

Park had immigrated with her husband to the United States in 1990. After the immigration, she experienced many losses in her family, including her husband, younger sister, and daughter. Her daughter died of cancer two years ago. During the grieving process, Park did not speak much with others about the loss and fell into deep thoughts. Park became sad and was depressed on most of her daughter's special days, such as her birthday and the anniversary of death. Ironically, Park explained that she likes her sons more than the daughter who died and who never relied on her. Since her daughter's death, Park had been experiencing suicide ideation and struggled with various symptoms of *hwa-byung*. Park is now living alone in a seniors' apartment complex.

Hwa-Inducing Events

Park's daughter was married to a man who was born into a rich family, and was fully loved and cared others. It was love at first sight for Park's son-in-law. However, Park's daughter did not accept his love. He attempted suicide by an overdose of pills. When Park heard the news, she went to the hospital and encouraged him to move away from his sadness. Following the attempted suicide, the man's parents visited Park's daughter and asked her to marry him in order to save his life. Park's daughter felt pity for the man and ended up marrying him, though she was not in love with him.

In the beginning of the marriage, they loved and cared for one another. However, the husband gradually exhibited abusive attitudes and violent behaviors, which his father had inflicted upon his family. The man held a family belief that women are nothing and useless except to exist for pregnancy. He started to act like the king

of the family and treated his wife like a maid. Even though Park's daughter wanted to divorce him, Park asked her to remain in the marriage and tolerate the abusive relationship. Park worried about the socio-cultural taboo and stigma regarding a divorced woman.

Once Park's daughter was diagnosed with liver cancer, the husband took good and loving care of his wife for almost two years. She believed he regretted what he had done to her, and was transformed. However, the behavior was not genuine, and was all about money. The husband discovered the wife had three insurance policies totaling one million dollars. She had named her husband as beneficiary on two of the policies. She believed the husband would use the money to educate and support their children. She chose her mother as beneficiary of the third policy. The husband became aware of the third policy and requested to have his name placed on the policy. In order to pacify emotions, Park relented and requested her daughter change the beneficiary of the third policy. At the time, the husband promised he would give half the amount of money he received to Park who raised the children, and worked for his family for twenty years. However, the husband did not follow through on his promise.

After the daughter died, the husband kept all the money without giving any portion of it to Park, or to the support his own children. The children experienced difficulties surviving in college without any financial support from their father. One of the children finally quit school and found a job earning enough money to continue his education. Due to a tight budget, Park was not able to help her grandchildren, and experienced great anger toward her son-in-law. Further, while Park's daughter was suffering from cancer, the husband became involved in an extra-marital relationship. He immediately remarried after Park's daughter died. Park said that if possible she wanted to end her life after killing him.

Trauma and Body

While living with her daughter, Park often went to the emergency room for chronic pain. She also experienced periods of unconsciousness. She did not receive proper medical treatment for her pain due to the doctor's inability to diagnose the cause of her suffering with the symptoms she exhibited. The doctors usually dismissed Park from the hospital though she was still in pain. Park's son-in-law did not trust her, and exploded with anger at his wife saying, "I am sick and tired of taking your mom into the hospital for nothing." He did not exhibit a compassionate heart toward Park, not even in front of Park's family.

Currently, Park is living alone in a senior apartment complex, and often visits her second son's house to spend time with his family. Park enjoys staying at home alone and growing plants in her apartment. Thus, her apartment looks like a

jungle where there are many plants, flowers, and trees. In spite of having many close friends, Park spends most of her time taking care of the plants. Often, Park feels high levels of emotional distress, such as *uk-wool* and *boon*, which is directly connected to her physical pains. However, she does not know how to express her emotions, especially anger, in a healthy way. Park avoids fully accepting or recognizing her emotional and physical distress. When Park felt a strong *hwa*, she would watch a Korean television video and laugh insanely, although the program was not funny at all. Upon viewing the video she returned to normal behavior indicating she was fine. Family members described her as Dr. Jekyll and Mr. Hyde, posessing two different selves.

After her daughter died of cancer, Park went through many physical crises including shoulder and leg surgery, high blood pressure, body aches, shortness of breath, and other issues. During that time of physical crises for Park, many sudden deaths occurred in the apartment complex where she lived. One of the deaths was Park's best friend. The shock for Park caused by the losses resulted in insomnia, lack of appetite, low energy, and a strong fear of being left alone. Due to the fear of death, Park asked her second son to pick her up so she could stay with his family. The daughter-in-law said that Park was often sitting on the street, simply staring at cars with a blank look on her face. In order to deal with explosive *hwa*, Park would stand in a corner of the room for a period of time. The daughter-in-law said that the odd behaviors began right after Park's daughter died two years ago.

Trauma and Memory

While remembering experiences during her marriage, Park repeatedly explained how fearful it was to live with her mother-in law. The relationship was not equal or mutual. Treated like a maid, Park was asked to work throughout the day without taking a break, and was never able to satisfy her mother-in law. At one point, Park thought, "I might be worked to death unless I run away from this marriage." Additionally, Park's mother-in law wanted to manage the household budget, and receive an entire monthly salary from her son. When Park delivered her salary to her mother-in law, she became furious, and became extremely angry toward Park. Without doing anything wrong, Park always felt targeted and hurt by her mother-in law on many occasions. Park said she still felt *uk-wool* and *boon* toward her mother-in law. However, Park believed she should not divorce her husband due to social prejudice directed toward divorced women, which is deeply rooted in the Korean culture and society. Park did not want to perpetuate a prejudiced perspective to the next generation.

Park and her husband raised five siblings as their own children until the children completed their education and got married. Subsequently, Park's husband

changed his job with a business partner, and started a new business selling fabrics. Before opening his business, the partner embezzled all business funds they had accumulated and disappeared. At the time, the husband's siblings turned their backs on him, and refused to help him in crisis. Both Park and her husband were in shock and overwhelmed by a sense of betrayal. Park and her husband decided to sever ties to his family, and immigrate to the United States where Park's younger sister lived. At the time, Park's sister ran two restaurants that were extremely popular in Atlanta. She asked Park and her husband to manage one of the restaurants. They worked hard, and did a good job of running the restaurant. While working in the restaurant, Park's husband cut his fingertip and contracted hepatitis. Unfortunately, his condition rapidly deteriorated, and he died. Exhibiting deep sorrow for Park, the younger sister offered the restaurant for sale with Park receiving enough money from the sale of the restaurant to support her. A few years later, a robber in the store murdered Park's younger sister. There was nothing left for Park and her children other than ashes.

After Park's husband died, Park moved into her daughter's house and lived with her family for twenty years. Park's son-in-law continued to remain unemployed. Park's daughter was the one working and supporting the family and their two children. There had to be help since the husband had no desire or will to take care of his own children. The daughter asked Park to move into her house in order to help. Park took care of her daughter's two children and completed all house chores while her daughter was working. Park said, "It was hard, but I was happy to help my daughter. However, it was painful observing what my daughter had gone through in her home. My daughter, who was innocent, was physically and verbally abused by her husband."

The husband grew up in an abusive family. He developed relational problems with others, including members of his family. He was good looking, had good social skills, and a high level of education. He was very popular in the community and had a good reputation. At home, however, he became very authoritative, self-centered, and abusive. The husband had never developed an intimate relationship with his wife and children. He also interfered with his wife's relationships, and tried to keep her away from family and friends. According to Park, her daughter was completely isolated from people in the community. On Sundays, Park's daughter was not able to join the fellowship meeting because the husband was waiting for her right after the service. The unhealthy relationship between Park's daughter and son-in-law resulted in an increasing closeness in the relationship between her daughter and Park, whom the husband disliked. Under the darkness of domestic violence, Park and her daughter that died of cancer had depended on one another, and became each other's meaning for life.

Living with her daughter, Park observed all the abusive and destructive behaviors the husband inflicted upon her daughter. He often threw small pieces of furniture such as a vases, lamps, and chairs. He physically threatened his wife by choking,

> kicking, or punching her. The son-in-law never stopped his abusive behaviors, whether people were present or not. At one time, Park's daughter was hospitalized due to the husband's physical abuse. Park's younger sister observed the husband pushing his daughter, causing her to fall down on the floor, at which point he stepped on her back. The daughter was screaming due to the pain. However, the husband did not stop. The girl was taken to the hospital for emergency medical treatment to reduce the pain, and was hospitalized with a bone fracture. The daughter did not explain how she received the fracture.
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> Sadly, Park did not have the physical power to stop her husband, or save her daughter from the abuse. No one knew of the domestic violence in the family. Park and her daughter never explained what happened at home, nor asked for help from others. The Korean concept of *jip-an-il* is apparent in the situation in which family is considered as a separate entity from society, prohibiting people from the outside from interfering in anything happening in the family. As a result, many Koreans struggle with domestic violence and abuse in intimate relationships. One of those struggles was why the daughter tried hard to keep the marriage intact rather than initiating a divorce. Another struggle was the fear of dying from the physical abuse. Park said, "If I or my daughter reacted to him, he might kill us . . . mo, he would kill us." They chose to suffer rather than to die from the abuse. Park regretted she did not encourage the daughter to divorce him and live by herself.

Case Analysis

Park's life can be divided into two different agonizing narratives before, as well as following, immigration to the United States. The first part of Park's life story concerns the relationship with her family of origin before marriage. During Park's childhood, Korea became colonized by Japan, and there were many transitions the little girl faced and accepted. Ironically, Park did not want to explain what happened with her siblings under the power of colonization. Park only described she was always happy in the love and care of her family members before she married. In fact, she did not remember experiences in her childhood, or who was with her in her suffering. Park employed a strong defensive mechanism to protect her from the painful and traumatic memories of

her childhood. Over time, Park's traumatic experiences were absolutely affiliated with Korean national and historical events, and reflect the collective identity of "we," not "I." People were unable to reflect, and understand the situations they experienced, or why they faced hardships.

Park experienced the period of Japanese colonization in her childhood. When she turned ten, Korea was colonized by the Japanese government, and all Koreans were exposed to the dreadful and dehumanizing experiences. At that time, Koreans were prohibited from speaking Korean or using their Korean names with the Japanese government. Park was educated in Japanese, and was able to communicate in Japanese. English became the third language for her to learn. In the interview, Park emphasized that Korean was her best language. From her comments, I felt the deep pain of ultimately losing her mother language in her childhood experiences. She remembers the Japanese teacher's strict ways of instructing children. In particular, if anyone spoke Korean, all classmates received a punishment. At that time, it was believed the Japanese government deceived and forced Korean young ladies to work as sex slaves for Japanese soldiers. Therefore, Park was not allowed to go outside. Park was excluded from being involved in the terrible event in history due to the intensive care and protection of her family. As a girl, Park attempted to imagine love, care, and a peaceful time with her family in order to overcome the abysmal fear, potential threats, and harms from the Japanese colonizers.

Park experienced the Korean War in 1950. She was fifteen. The major part of her story begins with marriage, especially in the relationship with her mother-in-law. To understand the unfair relationship, it is extremely helpful in examining the Korean national situation, which might impact the relationship, and become an etiological factor

of Park's *hwa* and *haan*. Pak did not explain about war-related struggles in the Korean War from 1950-1953. Her rough marriage came after the Korean War when all war-related veterans were returning home and suffering both visible and invisible wounds. Park's husband was one of the Korean War veterans who needed to support a widowed mother and five younger siblings. During the Korean War, Park's father-in-law died, and her mother-in-law had to take care of five children by herself. After the War, she entirely depended emotionally and financially on her first son, who was Park's husband. The mother-in-law initiated an abusive and unfair relationship with Park, creating a wide gap between two generations. Park's mother-in-law was a trauma survivor, and exhibited symptoms of *hwa* and *boon* following the sudden death of her husband and subsequent life hardships. The symptoms were internalized and projected toward Park. Therefore, Park was used as a target of the mother in law's *hwa-pu-ri*. There was no one who protected Park, and no one in the family sided with her. So she learned to numb herself and tried to forget pains and emotions, especially a sense of unfairness, called *uk-wool* and *boon*. As a result of her effort, Park unconsciously removed the painful memories, and displaced them in an area of unconsciousness. From a psychoanalytic point of view, Park was being split into two or more characters in order to deal with the overwhelming traumatic memories. The split indicates Park did not act-out, but rather acted-in related to traumatic experiences. Park acted-in with a great deal of anger, *hwa*, *uk-wool* or *boon,* which triggered a desire to seek revenge on the abusers. Not only Park, but also her family members—even all Koreans—could suffer, and be diagnosed as trauma survivors struggling with multiple symptoms of PTSD and passive-aggressive behaviors. However, Park's symptoms are not compatible with the diagnostic criteria of general

PTSD, but rather related more to the prolonged and complex PTSD due to the duration and repetition of traumatic events.

The second chapter of Park's life began when she immigrated to the United States. After a failing business in Korea, Park and her husband were betrayed by the younger siblings they had raised. They decided to leave Korea. It was not war-related or life threatening issues that led them to leave. Rather the betrayal by those they had cared for was so significant as to deconstruct the core value in Park and her husband and make them feel traumatized.

According to the DSM-IV, Park and her husband can be diagnosed with PTED. The learned helplessness also placed another burden on their shoulders. To come to the United States, Park received much help from a younger sister, who was married to an American serviceman and followed her husband to America after the Korean War. In Korea, military brides were socially stigmatized, and portrayed as prostitutes. Many of them immigrated to the United States, and severed ties with their family of origin in Korea. For Park to ask for help from her sister explains how desperate Park's family crisis was after the husband's business failed. Because of feeling discomfort and shame, Park noticed her husband avoided communicating or interacting with her sister, even though she assisted them in adjusting to a new life in America. Park explained how rough and dangerous it is to live as an immigrant in the United States. Finally, Park lost both her husband and her sister within two years. The sudden losses led to the development of *hwa-byung* with multiple somatic symptoms in Park.

Park regretted disagreeing with her daughter's divorce. Park's daughter was a victim of domestic violence, which had been socially ignored, and considered to be

normal family affairs in Korea. Both Park and her daughter suffered in silence without any help. Park's son-in-law appeared to be narcissistic, and exhibited manipulative behaviors. Park's daughter and her husband developed a co-dependent relationship between them. In order for healing, Park's daughter needed to be taken out of the abusive relationship and the dysfunctional family system. Professional help was also needed in order to recognize what Park had gone through. Living with the daughter's family was a sort of torture, which worsened the manifestation of *hwa-byung* in Park. Park portrayed the traditional model of *hwa-byung* in its symptoms and manifestations.

Park's *hwa-byung* can be understood in the unbearable pain and overwhelming emotional reaction toward her personal traumatic experiences. Park struggled with various symptoms—a sense of *uk-wool, boon* and *haan,* heat sensation, heaviness in the chest, dry mouth, sighing, and respiratory stuffiness. Further, Park's *hwa-byung* resulted in significant impairments in her social and occupational functioning. Many *hwa-byung* patients, such as Park, develop a strong fatalistic perspective, nihilistic ideas of self-pity, self-criticism, and perseverance. In order to achieve emotional peace, Park was controlling her emotions, and avoiding stimulus. Instead of seeking help or support from outside sources, Park had a tendency to tolerate pain and suppress reactive emotions, such as anger. To forget the past and forgive the abusers, Park said she relied only on her faith in God.

Park's *hwa-byung* has many culturally related features. Park is experiencing the last stage of *hwa-byung*, in which suppressed emotions cause somatic symptoms, and behavioral anger expressions such as impulsive acting-out. Park's *hwa-byung* is similar to another Korean culture-related syndrome called *gahsum-ari*, which is a result of the

impact of patriarchal Korean culture. In the Korean culture, the word *gahsum* means "chest." The word *ari* means "illness" or "pain." Therefore, it is reasonable to understand *gahsum-ari* as "chest pain" or "heartaches." Bom Sang Lee states that compared with *hwa-byung*, "*gahsum-ari* is a unique, typical folk syndrome primarily found in Korean women. The syndrome affects particularly married or widowed women older than 30 years, and is seldom manifested among very young women."[23]

There are many commonalities between *hwa-byung* and *gahsum-ari* in terms of causes and symptoms, especially in heart. In the clinical interview with Kim, she also explained her experience of having cronic pain in her chest without any result of medical tests. Thus, both *hwa-byung* and *gahsum-ari* result in somatic symptoms, as well as the consequences of prolonged and accumulated emotions, particularly anger and/or *hwa*. Hence, Koreans' *hwa-byung* shares many aspects of *gahsum-ari* due to the length and depth of the accumulated emotions and pains. In Park's case, neither is caused by the sufferer's personal characteristics. Rather, they are influenced by familiar and socio-cultural systems.

Park's *hwa-byung* can be viewed as a general or universal reaction of trauma-related anger disorder. Park witnessed the traumatic events in Korean modern history—Japanese colonization, the Korean War, and rapid westernization of Korea. Trauma was also experienced in the immigration process, which was undertaken in order to survive. In the clinical interview, Park briefly mentioned her exposure to national tragedies and historical events. Nonetheless, she had not seriously examined how the events impacted her and her welling-being. *Hwa-byung* patients' personal stories and particular symptoms

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[23] Bom-Sang Lee, "Is Hwa-Byung Really Gahsum-Ari, and Is It Culture-Bound?," *American Journal of Psychiatry* 140, no. 9 (1983): 1268.

cannot be separated from national and historical sufferings of Korea. Further, the examination of Koreans' *hwa-byung* as a trauma-related anger disorder reveals the universal features of human suffering. Consequently, Koreans' *hwa-byung* should not only be considered personal or cultural, but also universal.

Chapter 2

Critical Evaluation of the DSM-IV in Definition and Assessment of *Hwa-Byung*

This chapter proposes to offer a critical evaluation of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), particularly focusing on conceptual deficiencies in relation to a glossary of CultureBound Syndrome (CBS). A culturally unbalanced perspective of the DSM-IV results in a development of a glossary of CBSs in the DSM-IV, which leaves the possibility of misdiagnosis of mental problems. In this regard, it is essential to evaluate the contributions and limitations of the DSM-IV, as well as articulate the inadequate definition and diagnostic shortcomings of *hwa-byung*. The shortcomings will be revealed in *hwa-byung* as a CBS to support the critical assessment of the DSM-IV.

Critical Evaluation of the DSM-IV

History of the DSMs

The DSM is the official diagnostic system of the American Psychiatric Association (APA), which guides many clinicians and mental health professionals in the diagnosis of clients in the United States. The DSM, as a classification of mental disorders, has updated the definitions, diagnostic tools, and treatments for various mental illnesses since 1952, when the first edition of the DSM (DSM-I) was published. DSM-I is the first official manual of mental disorders containing a glossary of descriptions of thediagnostic categories. DSM-II continued to conceptualize psychopathology from a

psychodynamic perspective.

The most popular and effective edition of the DSM is the DSM-III, which was published in 1980.[24] That version constituted a significant shift from earlier versions of the DSM with regard to approaching mental disorders. DSM-III discarded the psychodynamic view of psychopathology and introduced the descriptive, symptom-based or phenomenological approach to mental disorders. The DSM-III also provided a number of new diagnostic methodologies, including explicit diagnostic criteria, and a multi-axial system for assessing all aspects of a patient's mental and emotional health. However, the DSM-III has been criticized regarding the inconsistency of concepts and diagnostic systems. Therefore, the version was revised to DSM-III-R.

Among the multiple editions, the DSM-IV focuses more on the provision of a comprehensive diagnostic system along with the inclusion of cultural issues. The DSM-IV was developed by the widest pool of Task Force Work Groups, receiving strong support of the United States National Institute of Mental Health (NIMH). Almost one hundred clinicians and social scientists worked diligently to incorporate cultural factors into the text, and use them for modifications of categories and criteria inthe DSM-IV. The efforts of the Task Force Work Groups led to increase the cross-cultural applicability of the DSM-IV with sensitivity to personal and cultural variations of mental disorders. The DSM-IV included new culture-related features such as the provision of Cultural Formulation (CF) and the inclusion of a glossary of CBSs.

To formulate the culturally informed assessment, the DSM-IV developed the multi-axial diagnostic system and an outline for cultural formation. At first, the DSM-IV

[24] Laurence J. Kirmayer, "The Fate of Culture in DSM-IV," *Transcult Psychiatry* 35, no. 3 (1998): 339.

continued to use and specify the multi-axial system, which was already introduced in the DSM-III. According to the multi-axial system, mental health practitioners should recognize a patient's various mental disorders and general medical conditions, psychosocial and environmental problems, and level of functioning in a diagnostic process.[25] The DSM-IV classifies mental disorders into sixteen major diagnostic classes, including mood disorders, anxiety disorders, and substance-related disorders. The DSM-IV offers Cultural Formulation for a culturally-informed diagnosis of the variety of disorders. The diagnostic methodologies revealed that the DSM-IV strongly attempted to be designed for use across cultures.

Paradoxically, the DSM-IV was criticized for containing a limited view of culture and its impacts on mental health. The DSM-IV, TR was published as the fourth edition, and the revision of the manual added the outline for Cultural Formulation in Appendix I to support the multi-axial diagnostic system. The diagnostic guidelines of Cultural Formulation are also helpful to discover the effect of culture on a patient's symptoms, explanatory models of illness, and help-seeking preferences. The outline is especially vital when the patient has two different cultural backgrounds. By adding the outline of clinical diagnosis, the DSM-IV, TR aimed to evaluate individuals'mental health beyond the presenting problems, and include environmental and cultural considerations. Therefore, the diagnostic methodologies of the DSM-IV were not applicable to assess patients with CBSs, and to provide an effective treatment for them. This leads me to revision the cultural issues in the DSM-IV and investigate its crosscultural applicability in this chapter.

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[25] American Psychiatric Association, *DSM-IV*, 27-31.

Cultural Issues in the DSM-IV

In Western psychiatry, cross-cultural variations in emotional expressions or complex realities of mental illnesses are not precisely studied or understood. Many mainstream psychologies often stereotype human emotions, and focus on psychologizing the experience and the emotional states of patients. The various psychological approaches pay little attention to the culturally specific reactions or expressions of a patient toward emotional distresses, which are required in the field of intercultural psychotherapy. In particular, Western-oriented definitions and classifications of mental illness in the DSM reveal the conceptual and diagnostic deficiencies in accepting a variety of cultural and personal variations. One of the deficiencies is reflected in a definition of mental disorder in the DSM-IV. The DSM-IV defines mental disorder as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom), disability (i.e., impairment in one or more important areas of functioning), or with a significantly increased risk of suffering death, pain, disability, or an important loss offreedom."[26] The definition can be summarized as follows:

- Mental disorder is situated within an individual.
- Mental disorder is understood as an individual's behavioral or psychological symptoms or dysfunctional patterns.
- Mental disorder is associated with an individual's emotional and psychological distress or functional impairments.

As a result of Western culture, the DSM-IV places human problems within the brain, and views them as a result of an individual's psychologizing reaction to human distress. The

[26] Ibid., xxxi.

concept is the opposite of a holistic approach to human health and wellness, which is embedded in Eastern culture. In fact, the DSM-IV applies Western social or cultural standards to categorize mental disorders, as well as certain phenomena across cultures.

Regeser-Lopez and Guarnaccia, as well as Michael E. Illovsky, point out there are three significant contributions of the DSM-IV many ethnic studies value.[27] First is the importance of cultural factors in the expression, assessment, and prevalence of mentalhealth problems. Second is an outline of clinical diagnosis to complement the multi-axialformat. Finally, there is a glossary containing some culture-bound syndromes. Regeser-Lopez and Guarnaccia also explain the DSM-IV contributes to the acknowledgement of cultural factors in mental disorders and applies them to a diagnostic system. The DSM-IV separates certain syndromes from other mental disorders due to cultural factors and places them in a different category within a glossary of CBSs. Thus, the DSM-IV classifies mental disorders by using Western culture and its concept of mental disorder as a standard, and CBS is the result of it. The classifications are contradictory to the DSM-IV's own emphasis on the formation of culturally-informed diagnosis. Therefore, it is perfectly legitimate to question the cross-cultural ability to assess mental disorders in other cultures. In my view, the CBS glossary should be considered not as a contribution, but rather as a limitation for investigating cultural aspects of mental disorders in the DSM-IV.

In its introduction, the DSM-IV reveals limitations of the categorical approach, and the need for reorganizing the categorical classification system. There are also many other issues involved in the diagnostic system of the DSM-IV, not only in the diagnostic

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[27] Michael E. Illovsky, *Mental Health Professionals, Minorities, and the Poor* (New York Brunner-Routledge 2003), 67.

framework. In the DSM-IV, the multi-axial diagnostic system adopts diagnostic codes for medical record keeping, as well as a referral of prescriptions and medicines. Coding clearly relates to the systemic and financial power in deciding who will benefit. If a person suffers from any mental disorder that is not in the major diagnostic category located in CBSs, he/she will not receive financial support from an insurance company.

Some patients are aware that their illness is one of the CBSs, and would like to receive a diagnosis from among the sixteen major categories in order to utilize their insurance. Thus, one could receive treatment and reduce his/her pain or distress. Otherwise, the sufferer bears another burden—financial difficulty. Kirmayer concludes the DSM-IV is a productof systemic rejection stemming from political power in dynamic and pragmatic issues.[28] Therefore, the DSM-IV fails to constitute a proper definition and diagnostic system of mental disorders that avoids generalizing a certain perspective or value, and respects otherness in relation to culture and history.

Cultural issues and cross-cultural applicability of the DSM as an official manual of mental disorders has been discussed resulting in certain agreements or conclusions. The definition of mental disorder in the DSM-IV directly reveals three important conceptual limits for defining and assessing mental disorders:

- DSM-IV does not clearly define normality and distinguish it from abnormality
- DSM-IV does not provide cultural variations as part of all diagnostic categories
- DSM-IV does not emphasize the causation of mental illness, but rather the consequences

The limits reveal the DSM-IV's classification of mental disorders by universalizing Western empirical, rational-centered, individualistic, and cultural perspectives. Despite

[28] Kirmayer, "The Fate of Culture in DSM-IV," 339.

the great emphasis on cultural issues, the DSM-IV failed to move beyond a Western understanding of mental disorders and embrace cultural differences in exploring emotions and psychological distresses. In other words, the DSM-IV defines and classifies mental disorders based on Western culture and philosophy. The result is conceptual limitations of accepting personal or cultural particularities of mental disorders as a part of diagnostic sources. Also, a disjunctive category of mental disorders develops within CBSs.

Critical Evaluation of Culture Bound Syndromes in the DSM-IV

Culture Bound Syndrome in the DSM-IV

In the DSM-IV, there are two different categories: a diagnostic category and a glossary of CBS. Contrasting the major categories, the DSM-IV relegates 25 culture-specific clinical entities as an expression of a particular culture, or limited to specific societies within the glossary of CBS. The result is mental disorders associated with the sixteen major categories are considered as universal and classifiable, but not CBSs. It is noteworthy to examine terms explaining cultural aspects of mental disorders such as culture bound, culture-specific and culture-related. The term "culture-specific" is usually compared with culture-general aspects of mental disorders.

To provide a more accurate meaning of culture-bound syndromes, Wen-Shing Tseng claims there is the need for re-naming them as "culture-related specific syndromes"[29]. According to Tseng, the term culture-bound syndrome has been used by Western psychiatrists "to refer to the psychiatric syndromes that are closely related

[29] Wen-ShingTseng, *Handbook of Cultural Psychiatry,* (San Diego: Academic Press, 2001), 257.

toculture or ‘bound’ to a particular cultural group or setting, such as *amok* among Malaypeople, *koro* among the Southern Chinese, and *dhat* syndrome among people in India.”[30] Tseng also emphasizes that some CBSs such as *koro* or *hwa-byung* should be officially recognized, and included in the classification system of the American Psychiatric Association, such as the DSM or International Classification of Diseases (ICD). Officially recognized and included indicates CBSs such as *koro* or *hwa-byung* could be viewed as closely related to their own cultures in relation to symptoms and clinical manifestations, but not bounded or limited to certain cultures, societies, or local areas. Relying on Tseng’s insight, the present concept of CBS can be categorized into subgroups based on culture-general or universal aspects. The result leads to the fundamental question of whether or not any mental disorder can be separately understood from cultural and environmental aspects.

The emphasis of the DSM-IV on cultural variations and cross-cultural applicability is not congruent with the concept of CBS. In this respect, there are many critics of the DSM-IV’s approach to cultural issues, especially related to the glossary of CBS. Ronald Littlewood describes CBSs being perceived “not as real existing entities but as local erroneous conceptualizations which shaped certain universal reactions.”[31] Michael E. Illovsky states the DSM-IV is not an objective or universal manual of mental disorder across cultures because there are many definitions and concepts of mental disorders in other cultures, which are excluded in the main categories of the DSM-IV. He also comments all mental disorders in the DSM-IV have their own “culture-bound values,

[30] Ibid.

[31] Ronald Littlewood, “Russian Dolls and Chinese Boxes: An Anthropological Approach to the Implicit Models of Comparative Psychiatry,” In *Transcultural Psychiatry*, ed. J. L. Cox, (London: Croom Helm, 1986), 37-58.

perceptions, definitions, and syndromes."[32] Suman Frenando describes that, "CBS has a distinct racist connotation."[33] Many mental health professionals comment the DSM-IV simplifies the definitions of CBS, and minimizes the cultural and individual variations of them.[34]

Critical Evaluation of Culture Bound Syndrome in the DSM-IV

To provide a critical evaluation of CBS in the DSM-IV, it is necessary to examine the three shortcomings of the DSM-IV (previously suggested) by articulating the CBS definitions and diagnostic systems included in the DSM-IV. The basic concept of CBS in the DSM-IV is here examined to determine how Western standards impact the lack of understanding of CBSs. The first shortcoming of the DSM-IV is that "normality" is not clearly defined, and is not distinguished from abnormality. The DSM-IV defines CBS as "recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or maynot be linked to a particular DSM-IV diagnostic category."[35] Examining the term"aberrant" in that definition is critical in order to disclose the Western-oriented concept of mental illness in the DSM-IV. The Oxford dictionary defines aberrant as "departing from an accepted standard." The term "aberrant" is also used to illustrate a condition "diverging from the normal type, mainly found in biology." The term indicates CBSs have been considered "not accepted or not acceptable" and "not normal."

What is "normal" and what constitutes "normality"? Martin Katz conducted

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[32] Illovsky, *Mental Health Professionals, Minorities, and the Poor*, 67.

[33] Suman Fernando, *Mental Health, Race and Culture*, 3rd ed. (New York: Palgrave Macmillan, 2010).

[34] Illovsky, *Mental Health Professionals, Minorities, and the Poor*, 67.

[35] American Psychiatric Association, *DSM-IV,* 844.

empirical studies regarding the nature of normality and abnormality across cultures. The results of Katz's study indicate that people's standard for normality and abnormality can be different, even in the same geographical area. There needs to be a certain standard, and a specific content, in order to define normal. As a result of empirical study, Marsellaand Tanaka-Matsum comment, "Normality and abnormality must be considered within acultural context."[36] Normality depends on culture or culture construct patterns. Linton Ralph states that"culture consists of ideas, values, patterns of behaviors and conditioned emotional response, which are shared by the members of a society."[37] By sharing the elements of culture, a group of people is enabled to organize and function as a society. Each society exhibits its own culturally based patterns of subjective experience, culture-related idioms of distress, and cultural norms. Thus, culture and society are interconnected with one another, with culture strongly influencing the formation of normality, which is shared by the members of society. Therefore, individuals' responses to stressors can be assessed as normal or not based on the expectations of their culture and society.

Mental disorders should be understood through the lenses of patient's own culture. As previously mentioned, human behaviors, emotions, and other responses are constructed by one's own culture and expressed in culturally-informed ways. As a result, there are obvious variations of individual responses across cultures and societies with regard to the nature, value, meaning, and previous experience of the stressors. However, the DSM-IV attempts to identify CBS within a Western culture and standard. Utilizing a

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[36] Anthony J. Marsella, "Culture and Mental Health: An Overview," in *Cultural Conceptions of Mental Health and Therapy*, ed. Anthony J. Marsella and Geoffre M White (Dordrecht: D. Reidel Publishing Co., 1982), 364.

[37] Ralph Linton, *Culture and Mental Disorders* (New York: Springfield, 1965), 7.

Western standard, CBSs, which are usually developed in ethnic cultures of color and indigenous cultures, are defined as "not normal." In contrast, some disorders, such as anorexia nervosa and chronic fatigue which have been shaped by Euro-American cultures and seen as aberrant or not neutral, are not included in the glossary of CBS.

According to critics of the DSM-IV, the term CBS has a racist connotation resulting from a Western-centered cultural bias toward mental disorders contrasted with non-Western cultures. The prevailing perspective is that the DSM-IV has been criticized for its impact on the inequity of power to define and categorize mental disorders and certain phenomena across cultures. Therefore, in approaching CBS, the DSM-IV uses an arbitrary standard of "normality" and "abnormality" solely grounded in Western culture. The implication is that many mental health care professionals who use the DSM-IV do not have adequate understanding of CBSs, nor effective diagnostic tools for identifying them. Further, there is a need to provide an intercultural approach to understanding human struggles as universal, cultural, and personal, as well as for determining the normality in relation to social expectations, cultural values, and meanings.

The second shortcoming of the DSM-IV is its failure to provide cultural variations as part of all diagnostic categories. Understanding mental disorders across cultures can be very complicated due to the increased variables generated by differences in language, cultures, and worldviews. Despite its emphasizing cultural formation, the DSM-IV universalizes a Western understanding of mental disorders and excludes culture in the definition and diagnostic system of mental disorders. Kirmayer comments, "Throughout (the DSM-IV), culture was presented as a series of 'caveats' about the dangers of misdiagnosis more often than as a substantive issue pertinent to thinking

clearly about the relevance of categories and criteria."[38] The indication is, the DSM-IV is deeply rooted in Western culture and, therefore, inadequate for providing culturally relevant health care to a diverse group of people. As a result of portraying a culturally unbalanced view, the DSM-IV classifies certain syndromes into the disjunctive category of CBS and rejects examining cultural meanings or values embedded in all mental disorders.

Based on a Western standard, the DSM-IV defines CBS as particular behavioral expressions or symptomatic patterns of specific societies or cultures. The definition results in significant cultural issues within the DSM-IV. The category of CBS itself reveals the rejection of various cultural expressions of mental disorders in the DSM-IV. All mental disorders are culturally formed and interrelated with the cultural contexts in which they occur. Culture can impact both the cause and the symptoms of mental illness. Therefore, not only the glossary of CBS, but the entire DSM-IV should be considered as "a heavily loaded glossary of culture-bound values, perceptions, definitions, and syndromes"[39]. This raises the question of whether the concept of mental health or the diagnostic criteria of the DSM-IV is adequate for dealing with human sufferings in a global and intercultural era.

Cultural values and beliefs can influence thoughts and behaviors, as well as symptoms of mental disorders. For example, one CBS identified as *koro* is referred to as castration anxiety, which describes withdrawal of the penis into the abdomen. The anxiety is related to the Chinese cultural belief that total castration results in death.

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[38] Kirmayer, "The Fate of Culture in DSM-IV," 339.

[39] Illovsky, *Mental Health Professionals, Minorities, and the Poor*, 67.

Cultural beliefs and values are deeply ingrained in the concept of CBS and its symptoms. In the diagnostic process, it is vital for mental health professionals to understand cultural and historical aspects of symptoms, diagnostic criteria, and the therapeutic methods for CBSs. The outline of CF in the DSM-IV, TR suggests a culturally informed assessment should include: 1) the individual's ethnocultural, linguistic, and religious identity, 2) culturally based explanations of illness and healing, 3) cultural aspects of the psychosocial environment and level of functioning, and 4) the relationship between individual and clinician.[40] Beyond these elements, the diagnostic assessment of CBS should include a patient's cultural beliefs, culture-related idiomatic expressions, and other ethnocultural issues relevant to the presenting problems. However, the DSM-IV does not include cross-cultural sensitivity in defining CBSs. Neither does it accept culturally specific symptoms and modes of expressing distress in CBS. Without considering historical and /or cultural distinctions, the limited view of culture in the DSM-IV can lead to misdiagnosis of CBSs.

Moreover, the DSM-IV does not include appropriate terms to describe cultural and/or historical aspects of the symptoms, diagnostic criteria, and/or the therapeutic methods of CBSs. In the DSM-IV, all CBSs are identified without utilizing indigenous cultural terms. Language serves as a tool of communication to exchange or deliver individuals' meaning and value constructed by culture. Thus, mental health professionals should be sensitive to the nuances of language, and even to non-verbal expressions of pain and suffering exhibited by the patient. The DSM-IV does not sensitively choose terms or descriptions to define CBSs. This is not a matter of translation, but rather

[40] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders : DSM-IV-TR*, Fourth Edition ed. (Washington D.C.: American Psychiatric Association., 2000), 897-98.

interpretation, and the invalidation of non-Western cultures or cultural expressions. The DSM-IV does not accept cultural differences in defining and assessing mental health, or examining cultural variations utilizing CBSs. The lack of cultural descriptions in CBSs may promote the suppression of cultural or personal variations of mental disorder across cultures.

A third shortcoming of the DSM-IV is its failure to emphasize the causation of mental illness. Rather, it emphasizes the consequences of illnesses and places too much focus on the results and symptoms of mental disorders. The DSM-IV defines mental disorders as a manifestation of behavioral, psychological, or biological dysfunction associated with personal emotional and physiological distress. The definition reveals subjectivity of both patient and therapist involved in the diagnostic process of the DSM-IV. A patient has subjective feelings and symptomatic patterns of mental illness. A patient's mental status is examined based on the subjective judgment and knowledge of a mental health care practitioner. Therefore, the diagnostic process is not objective, but rather is subjective. In Western medicine, only a therapist's subjective judgment is used as an effective diagnostic method for examining symptoms of a patient's mental illness. In thepatient-practitioner relationship, a patient is objectified, and his/her subjective feelings are not taken into account as a diagnostic source. By using subjective judgment, mental health care professionals discern whether the patient's feelings are normal or not. The result is an inequity of power in the encounter, and an increase in the possibility of misdiagnosing a patient with mental disorders.

To reduce the opportunity for misdiagnosis, it is crucial to increase cultural sensitivity, which involves knowledge of a patient's culture and history, as well as

attention to the etiology of mental disorders and their symptoms. Whereas Western psychiatry focuses on symptomatic results of mental illnesses, it is more helpful for a therapist to examine various etiological and environmental factors by listening to a client. In the clinical interviews conducted for this study, all four *hwa-byung* patients complained about the way Western doctors treated them. Kim, one of the *hwa-byung* patients, stated her Western doctor continued to inquire about her symptoms and check her body without listening to her story.

Although she complained about physical pains in her body, the doctor dismissed her because there was no evidence of physical symptoms or internal organ changes. She felt as if she were being treated as an object in a laboratory. According to Korean traditional medicine, Kim's subjective feelings should be considered as the etiological factors of *hwa-byung,* as well as the symptomatic results. The factors indicate the depth and complexity of culture and cultural manifestations that should be examined or studied from a perspective of both insiders and outsiders. Therefore, a patient's subjectivity or subjective expression of distress should not be ignored or measured by a scientific medical test, especially in an intercultural encounter.

In Western psychiatry, nosology has developed based on Western cultural values and normality. In considering diagnoses, Marsella argues mental health has been considered in relation to psychological and behavioral symptoms with a dualistic approach to the human person rather than a holistic understanding of somatic and psychological functioning.[41] The argument indicates social context and etiological factors

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[41] Antony J. Marsella and Geoffrey M. White, "Introduction: Cultural Conceptions in Mental Health Research and Practice," in *Cultural Conceptions of Mental Health and Therapy*, ed. Antony J. Marsella and Geoffrey M. White (Dordrecht: D. Reidel Publishing Co., 1984), 1-38.

of mental illness were overlooked in Western psychiatry. Regarding the diagnostic system of the DMS, Fernando describes the practice of Western psychiatry as influenced by the ideology of the Western culture and social ethos. DSM-IV, as an official manual of mental disorders, is also influenced by the Western culture of psychiatry.[42] Thus, if someone uses the DSM-IV developed in the Western culture as a diagnostic system, the emphasis will be strictly given to the symptoms of mental disorders and emotional disturbances derived from the psychological process of human distress. The DSM-IV's approach is strongly influenced by empirical study, and focuses on the symptomatic and medical changes following mental disorders.

The description of CBSs also stresses existing physical and emotional symptoms, but not spiritual causes or results. In *The Spirit Catches You and You Fall Down,* Anne Fadiman portrays Lia Lee, a Hmong child who struggles with *qaug dab peg* (the spirit catches you and you fall down.) *Quag dab peg* is known in the West as epilepsy. While highly competent doctors considered the best treatment to be a dizzying array of pills, Lee's parents preferred a combination of Western medicine and folk remedies designed to coax her wandering soul back to her body. Without specific empirical data or results of medical tests, the Hmongs believe Lee's condition has strong spiritual aspects intertwined with folk culture. There is a similar Korean folk disease, which is categorized as a CBS in the DSM-IV, called *shin-byung* (신병, 神病).

The DSM-IV describes *shin-byung* (신병, 神病) as "a Korean folk label for a syndrome in which initial phases are characterized by anxiety and somatic complaints (general weakness, dizziness, fear, anorexia, insomnia, gastrointestinal problems) with

[42] Fernando, *Mental Health, Race and Culture*, 79.

subsequent dissociation and possession by ancestral spirits."[43] Beyond these symptoms, *shin-byung* is influenced by the Korean cultural and religious context. In particular, Koreans' shamanistic belief in supernatural entities and Confucian respect for ancestors are blended to conceptualize *shin-byung*. A patient with *shin-byung* struggles with not only insomnia, but also spiritual beings who appear to them in their dreams, and suggest they are going into the patient's body. The patient becomes a shaman.

To help the patient, it is more significant to understand the etiology of *shin-byung* and the culturally based patterns of subjective experiences as relevant to the presenting symptoms. In the Korean culture, dissociation of the patients with *shin-byung* is understood to be a reaction to the entity of spirits, not the change of personalities. Thus, *shin-byung* patients usually believe their destiny is to be a shaman, which is unavoidable and results in a strengthened sense of helplessness and powerlessness. Therefore, mental health practitioners should pay close attention not only to the symptoms, but also to the causations and cultural distinctions of mental illness, which cannot be separated from culture and historical contexts.

The problem caused by *shin-byung* is sufficiently severe to require independent clinical attention. However, *shin-byung* is classified as a CBS without acknowledging religious or spiritual aspects of the illness, and deemed to be in noncompliance with treatment. The question for this author is in regard to spirituality or the religious issue defined by the DSM-IV. The cultural concept of *shin-byung* identifies individuals' traumatic experience as related to spirituality or other-related spiritual issues. In particular, Korean traditional and non-traditional religions are deeply embedded in the

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[43] American Psychiatric Association, *DSM-IV*, 848.

Korean culture, and are a part of understanding mental illness. Like anger, the subject of spirituality appears to be a matter modern psychiatry tends to gloss over. The DSM-IV also overlooks the results of scientific tests or empirical data regarding the power of spirituality involved treating/coping with mental health issues. In contrast, non-Western cultures such as Asian or African cultures continue to respect spiritual meanings and values in order to assess a patient's mental health. Therefore, culture, religion, and mental health cannot be separated from one another.

The DSM-IV acknowledges the role culture plays in mental health while maintaining a psychological and medical model of a diagnostic system grounded in Western dualism, empiricism, and individualism. In order to improve cross-cultural applicability, mental health care professionals using the DSM-IV as a manual of mental disorders should develop sensitivity toward cultural variables, and recognize their impact on how one perceives, conceptualizes, and expresses his/her emotions. Furthermore, both client and therapist should recognize the unbalanced power dynamic in the therapeutic relationship, and reconfigure it through mutual awareness of otherness. Additionally, the therapist and the client should be conscious and responsible for systemic, socio-cultural, and political power, which influences the therapeutic encounter. Consequently, there is a great need to re-evaluate CBSs and include these manifestations in the mainstream diagnostic categories in the upcoming revisions of the diagnositic manual for the accurate diagnosis and proper treatment for sufferers with CBSs.

Critical Evaluation of Cross-Cultural Ability in Post-Traumatic Disorders from the DSM-IV

In the twenty-first century, trauma studies have gained in popularity, and have received much social and professional attention due to the increase in traumatic events. Today, even traumatic experiences are regarded as a part of normal life. However, the current concept of trauma and diagnostic criteria for post-traumatic syndromes reveal conceptual shortcomings. Thus, it is vital to provide a critical evaluation of Post-traumatic Stress Disorder (PTSD) in the DSM-IV to understand *hwa-byung* as a trauma-related anger disorder. This chatper emphasizes the heterogenous types of trauma and muti-layers of traumatic impacts in *hwa-byung* patients.

History of Post-Traumatic Stress Disorder in the DSM

The concept of PTSD was developed in the nineteenth century, and interest in the disorder has increased since World War I. The DSM-I classifies the symptoms of traumatic stress as traumatic neurosis and gross stress reaction. In the DSM-II, post-traumatic stress is identified as transient situational disturbances. Subsequently, the stress was linked with the difficulties associated with an unwanted pregnancy, and was classified as Ganser Syndrome. The ambiguous definition of PTSD became more specific in the DSM-III published in 1980. During the 1960s and 1970s, the understanding of PTSD was illuminated by research generated by the United States Veterans Administration in an attempt to assist in the readjustment of millions of United States Vietnam war veterans. As a result of traumatic war experiences, the United States Vietnam war veterans began to struggle with various symptoms of PTSD, and required

special treatment. The increase in PTSD drew tremendous social attention, and increased the ability of mental health care providers to recognize the effects of traumatic experiences associated with the symptoms present in PTSD.

Based on much research data, PTSD was included in the anxiety disorders category in the DSM-III. DSM-III indicates PTSD is caused by a specific stressor evoking significant symptoms of distress and anxiety. The symptoms are the pre-eminent psychological symptoms, along with other traumatic responses. However, the categorization of PTSD in the DSM-III resulted in serious discussion due to the identified symptomatic components of depression and dissociation. DSM-III-R added thesymptom of "concentration impairment" to the diagnostic criteria of PTSD. The added symptom suggests severe stressors lead to PTSD occurring even in an event outside of normal human experience. Subsequently, the DSM-IV includes individuals' subjective experiences of traumatic events.

Critical Evaluation of Post-Traumatic Stress Disorder in DSM-IV

Definition of Trauma

The diagnostic name Post-Traumatic Stress Disorder (PTSD) reveals a limited understanding of trauma in Western psychiatry. Compared with other mental disorders, the diagnostic name PTSD is an exception with an etiology that was included in the definition by naming specific triggering events. However, the concept of PTSD limits the nature of traumatic events to those "that involved actual or threatened death or serious

injury, or a threat to thephysical integrity of self or others."[44] The meaning of PTSD shifted toinclude war-related traumatic experiences and symptoms of United States war veterans. Interest in PTSD increased due to United States Vietnam War veterans exhibiting strange behavioral and psychological symptoms. At the time, Western mental health care professionals, especially those in America, paid excessive attention to defining post-traumaticstresses, as well as developing the diagnostic criteria. The criteria were to be utilized toassess various symptoms based on empirical data collected from United States Vietnam War veteranswho were victims of war experiences.[45] At issue is the fact that there is no method of examinationfor prior experiences of traumatic events in diagnostic criteria. Therefore, the concept of PTSD assumes a single exposure to traumatic events. Intensity, as well as repetition of traumatic experiences, is significant in order to measure or assess the condition of trauma survivors. Subsequently, the concept of PTSD had to be expanded to include multiple exposures to trauma, the varied nature of trauma, and to examine cultural variations for dealing with more complicated consequences of traumatic experience.

Many clinicians and researchers criticize the current diagnostic criteria for PTSD for not including more complex forms of traumatic experiences.[46] The diagnostic system, as well as the definition of trauma, was not broad enough to include multiple symptoms

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[44] American Psychiatric Association, *DSM-IV*. 463.

[45] Fernando, *Mental Health, Race and Culture*, 79.

[46] Mardi J. Horowitz, "Stress-Response Syndromes: A Review of Posttraumatic Stress and Adjustment Disorders." In *International Handbook of Traumatic Stress Syndromes*, edited by John P. Wilson and Beverley Raphael, 49-60. (New York: Plenum Press, 1993); Brett, Elizabeth A. "Classification of Posttraumatic Stress Disorder in DSM-IV: Anxiety Disorder, Dissociative Disorder, or Stress Disorder?" In *Posttraumatic Stress Disorder: DSM-IV and Beyond*, edited by Jonathan R. T. Davidson and Edna B. Foa, 191-204. (Washington D.C.: American Psychiatric Press, 1993); Gabbard, Glen O. *Psychodynamic Psychiatry in Clinical Practice: The DSM-IV*. (Washington D.C.: American Psychiatric Press, Inc., 1994.)

of pain and suffering caused by overwhelming life experiences. Therefore, a new diagnostic category was recommended that includes distinct subtypes of PTSD. In the DSM-IV, there is a distinct subtype of traumatic stress response called Post-Traumatic Embitterment Disorder (PTED).[47]

The concept of PTED was conceptualized in Germany, and categorized in the DSM-IV. Introducing the concept of PTED, Michael Linden emphasizes people can feel traumatized not only in war-related or life threatening experiences, but also in casual negative life events. According to Linden, when individuals' core beliefs or values are rejected, they can feel traumatizedand embittered. He also states, "Embitterment can be described as a complex emotion with a blendofseveral contradictory and mutually inhibiting emotions, which can be understood as theresult of a stepwise appraisal process and development."[48] Therefore, embitterment is asummary of a group of diverse emotions including feelings of frustration, disappointment, anger, aggression, shame, humiliation, despair, hopelessness, and revenge, which are triggered by an individual's negative life experiences. Thus, PTED contributes to filling the gap between an individual's subjective feelings of trauma and a normal life event. The innovative concept of PTED raises the existential question about normality: What is a normal or abnormal reaction in relation to trauma? The concept of PTED proves that trauma impacts are associated with not only war-related or life-threatening events, but also multi-layers of

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[47] Michael Linden. "Posttraumatic Embitterment Disorder." *Psychother Psychosom* 72, no. 4 (2003): 195 Recited in *Posttraumatic Embitterment Disorder: Definition, Evidence, Diagnosis, Treatment*. edited by Linden, Michael, Max Rotter, Kai Baumann, and Barbara Lieberiei. (Cambridge: Hogrefe, 2007), 17-18.

[48] Michael Linden, "Embitterment in a Cultural Context " in *Cultural Variations in Emotion Regulation and Treatment of Psychiatric Patients and Posttraumatic Embitterment Disorder*, ed. Michael Linden and Max Rotter (Cambridge, MA: Hogrefe Publishers, 2013).

traumatic events. The limit is that both PTSD and PTED in the DSM-IV still characterize the path to perceive and express human distress as a psychologizing process.

From a feminist critique of PTSD, the current concept of trauma and its diagnostic criteria for PTSD do not fully reflect the heterogeneous conditions, types of trauma, and its multi-dimensional trauma impact. In particular, Maria P. P. Root and Laura S. Brown suggest the current concept of PTSD is not adequate in assessing traumatic experiences of children and women.[49] Thus, there is a request to revise or re-conceptualize the notion of PTSD from a feminist perspective. Therefore, DSM-IV's categorization of human distress associated with trauma needs to be reconsidered in order to delve further into more complex forms of trauma reactions.

Assessment of Trauma

In the history of diagnosing PTSD, the DSM illustrates there are many on-going discussions about diagnostic criteria of PTSD, as well as its etiological events. According to the DSM-IV, PTSD develops when

> a person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. the person must have responded with feelings of fear, helplessness, or horror. the person must re-experience the event through continual, intrusive thoughts or dreams the person must relieve the event through illusions, hallucinations, and dissociative flashbacks, the person must also react with distress from internal or external caues, and responds with physiological symptoms.[50]

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[49] Maria P.P.Root, "Reconstructing the Impact of Trauma on Personality." In *Personality and Psychopathology*, edited by Laura S. Brown and Mary Ballou. (New York: The Guilford Press, 1992); Laura S. Brown, "A Feminist Critique of the Personality Disorders." In *Personality and Psychopathology: Feministy Reappraisals*, edited by Laura S. Brown and Mary Ballou. (New York: The Guilford Press, 1992).

[50] American Psychiatric Association, *DSM-IV,* 463-468.

According to the current diagnostic criteria for PTSD in the DSM-IV, symptoms must include two or more signs such as outbursts of anger, difficulty sleeping or concentrating, hyper-vigilance, or an exaggerated startle response. Further, the person must persistently avoid all stressors or stimuli in connection with the traumatic event.[51] However, PTSD is often misdiagnosed due to cultural variants and complexity of its symptoms. Jonathan R. T. Davidson and Edna B. Foa says that,

> "PTSD rarely exists as an isolated disorder once it has become chronic. Several issues can be brought to bear on the matter of comorbidity, and these include the way in which some of the PTSD symptoms are defined and operationalized and the inclusion of nonspecific symptoms (e.g., loss of interest, sense of foreshortened future, and insomnia) as being diagnostic of PTSD. The comorbidity findings may be interpreted in many ways."[52]

Therefore, it is important to articulate the etiological factors of PTSD, and rule out all other possible disorders such as a mood disorder or Acute Stress Disorder (ASD) before diagnosing a client with PTSD. To examine symptoms of PTSD listed in the DSM-IV then brings us back to the discussion of normality and abnormality in Western psychiatry.

What is a normal reaction of a person who experiences life-threatening experiences? Tanaka-Matsumi and Darguns claim it would be possible to define normal or abnormal behaviors within a context.[53] Normality or abnormality should not be determined without considering cultural and historical contexts. Regarding cultural

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[51] Ibid. This is indicated by three or more of the following: an effort to avoid thoughts, feelings, or conversations associated with the trauma; an effort to avoid activities, places, or people that arouse the trauma;aninabilitytocallbackaspectsofthetrauma;diminishedinterestinsignificantactivities;feeling detachedfromothers;restrictedrangeofaffect;andnotlookingtowardfuturegoalsoraspirations.

[52] Jonathan R. T. Davidson and Edna B. Foa. "Diagnostic Issues in Posttraumatic Stress Disorder: Considerations for the DSM-IV." *Journal of Abnormal Psychology* 100, no. 3 (1991): 353.

[53] Tanaka-Matsumi, J., and J. G. Draguns. "Culture and Psychopathology. In *Handbook of Cross-Cultural Psychology*, edited by J. W. Berry, M. H. Segall and C. Kagitcibasi, (Needham Heights, MA: Allyn & Bacon, 1997), 449.

impacts on trauma response, Boris Drozdek states, “Trauma and culture are intertwined because traumatic experiences are part of the life cycle, universal in manifestation and occurrence, and typically demand a response from culture in terms of healing, treatment, and interventions.”[54] In order to discern the normality of individuals’ responses to traumatic events, therefore it is essential to evaluate the whole spectrum of post-traumatic damage, and not ignore the impacts of historical and cultural contexts of trauma.

Not only cultural impacts, but also the historical roots of traumatic experiences are evident in the multigenerational transmission of trauma. Nevertheless, Judith L. Herman challenges the validity of the current concept of PTSD. She argues that the current diagnostic criteria for PTSD cannot cover the complex form of trauma reactions resulting from prolongedandrepeated trauma such as somatization, dissociation, and re-victimization.[55] In the *International Handbook of Multigenerational Legacies of Trauma*, Yael Danieli argues the regarding multigenerational impacts of traumatic experiences “through oral history, literature and drama, history and politics, religious ritual and writings, cultural traditions and study thereof, such as anthropology, biology, and genetics.”[56] He emphasizes that trauma impacts can be transmitted from generation to generation in a variety of means within the culture. So, attention to the predisposition

[54] Boris Drožđek, "The Rebirth of Contextual Thinking in Psychotraumtology," in *Voices of Trauma: Treating Psychological Trauma across Cultures*, ed. Boris Drožđek and John P. Wilson (New York: Springer, 2007), 8.

[55] Judith L. Herman, "Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma " in *Psychotraumatology: Key Papers and Core Concepts in Post-Traumatic Stress*, ed. Jr. George S. Everly and Jeffrey M. Lating, The Plenum Series on Stress and Coping (New York: Plenum Press, 1996). See also Jung Sun Kim, “Trauma and Marginality” Unpublished Th.D Dissertation, (Emory University, 2000), 107. Kim says that Herman’s concept of complex PTSD seems to be more proper diagnostic category than simple PTSD for the minorities and the different ethinocultural group of people.

[56] Yael Danieli, "Introduction: History of Conceptual Formation " in *International Handbook of Multigenerational Legacies of Trauma*, ed. Yael Danieli (New York: Plenum Press, 1998), 10.

and the intergenerational transmission of trauma and trauma impact is needed in order to help or understand trauma survivors.

Moreover, most current treatments for PTSD overly focus on the reduction or elimination of individuals' symptoms. Korean shamanistic culture understands trauma as a communal and relational issue, and attempts to resolve it at a communal level. To assist trauma survivors, however David Becker argues it is essential for mental health professionals to acknwoelge and to evaluate social processes, or other systemic issues which provoke traumatization instead of diagnosing individual illnesses and specific symptoms.[57] Therefore, the Western standard of normality in the DSM-IV results in the misdiagnosis of trauma victims' conditions and the overpathologization of the reactive symptoms resulting from traumatic experiences.[58]

In short, the current definition and diagnostic criteria of PTSD in the DSM-IV is not adequate to cover a wide range of traumatic events, multiplicity of symptoms, and the cultural and historical embeddedness of trauma impacts. In a similar view, the current diagnostic manual DSM-V has expanded the conceptual boundary of trauma from one of PTSD in the DSM-IV and create a new diagnostic category of 'trauma-related disorder.' This proves my argument of the limited understanding of trauma and trauma impacts in the DSM-IV. To have a balanced view of trauma-related disorder, therefore it is essential to acknowledge the relational aspects of trauma and the cultural and historical embeddedness in its definition and clinical manifestation.

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[57] David Becker, "The Deficiecy of the Concnept of Postraumatice Stress Disorder When Dealiing with Victims of Human Rights Violations," in *Beyond Trauma: Cultural and Societal Dynamics*, ed. Rolf J. Kleber, Charles R. Figley, and Berthold P. R. Gersons, The Plenum Series on Stress and Coping (New York: Plenum Press, 1995), 107.

[58] Ibid., 104.

Critical Evaluation of *Hwa-Byung* in the DSM-IV

History of Studies in *Hwa-byung* in the DSM

In Western psychiatry, *hwa-byung* was introduced in 1983 when Kei-Ming Lin reported the case of a *hwa-byung* patient. Later in 1994, the DSM-IV became the first official manual for mental health disorders to include *hwa-byung* in the glossary of CBS. *Hwa-byung* conditions reveal tremendous cultural impact, and unique cultural interpretations of emotion and emotional explorations. However, the general aspects of *hwa-byung* generate much discussion and debate. Christopher K. Chung states that there was no specifc evidence to determine whether *hwa-byung* should be classified as one of CBS.[59] There is suspicion surrounding how the DSM-IV classifies *hwa-byung* as culture-bound, rather than as universal or normal.

Subsequently, other studies were completed. However, a limiting factor in those studies was the reliance on the self-diagnosis or self-labeling of *hwa-byung* patients. Even though there are many *hwa-byung* sufferers in Korea, the academic and clinical studies have been insufficient to examine the peculiarity and complexity of *hwa-byung*. Thus, Korean psychiatrists and acupuncturists have conducted the in-depth studies on *hwa-byung,* and have attempted to develop an objective diagnostic method to assess *hwa-byung*. As a result of their efforts, "the diagnostic criteria of *hwa-byung* and the *Hwa-byung* Scale were proposed."[60] This is not to claim the more recent diagnostic

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[59] Sandra L. Somers, "Examining Anger in Culture Bound Syndromes ". *Psychiatric Times* 15, no. 1 (January 1, 1998 1998): 1.

[60] Kim, Kown Lee & Park, "Development of Hwa-Byung Diagnostic Interview Schedule (HBDIS) and its Validity Test," 321-331; Kwon, Kim, Park, Lee, Min, & Kwon, "Development and Validation of the Hwa-Byung Scale," 237-252.

models are perfect in assessing *hwa-byung* patients. However, there is definitely more information available than that provided by the DSM-IV, including cultural understandings of *hwa-byung*. As a result, there is a risk for mental care providers who entirely rely on the DSM-IV and other DSM editions to misdiagnose *hwa-byung* patients. Therefore, the importance of examining potential diagnostic issues regarding the definition and assessment of *hwa-byung* cannot be overlooked.

Critical Evaluation of *Hwa-Byung* in the DSM-IV

Definition of Hwa-Byung

The DSM definition does not examine the cultural meaning or worldview embedded in the concept of *hwa-byung*. From the beginning, the DSM-IV classified *hwa-byung* in the category of CBS. DSM-IV defined *hwa-byung* as "A Korean folk syndrome literally translated into English as 'anger syndrome,' and attributed to the suppression of anger. The symptoms include insomnia, fatigue, panic, fear of impending death, dysphoric affect, indigestion, anorexia, dyspnea, palpitations, generalized aches and pains, and a feeling of a mass in the epigastrium."[61] In the definition, the descriptions and symptoms reported in *hwa-byung* are translated by using Western concepts of anger and suppression of anger. The implication is that *hwa-byung* has been interpreted as an anger syndrome based on a Western understanding of emotions and emotional expressions, especially in relation to anger. Thus, the Western concept of anger, and its social stigma have been applied in the diagnosis of *hwa-byung* in order to understand the

[61] American Psychiatric Association, *DSM-IV,* 846.

causes and symptoms.

Anger has been socially stigmatized and ostracized in Western society due to its potentially destructive power. Anger has been also overlooked as one of the basic human emotions, and its expression has been disguised as other forms, such as somatic symptoms or neurotic issues. The implication here is that there are pre-existing thoughts, or socio-cultural assumptions in the understanding of anger in Western society, which may impact the diagnosis of *hwa-byung* as an anger disorder. For a better understanding of *hwa-byung*, it is necessary to accept anger as one of the natural human emotions both in Western and Eastern society. Further, the commonalities and differences between anger disorder and *hwa-byung* must be examined. In this regard, Sung Kil Min makes a significant contribution in conceptualizing a new anger disorder by studying *hwa-byung* and anger problems in various cultures. Min claims anger and anger-related issues are universal aspects of *hwa-byung*. Depending on cultural variables, the definition and manifestation of anger disorders can be diverse.[62] However, its etiology is commonly anger. Min's particular contribution is the call for examining other CBSs resulting from anger, and uncovering commonalities between them. He demonstrates that these anger-related CBSs are not only present in a limited, local, or folk community. They also have universal elements.

The issue is language, culture, and worldview, which formulate the cultural view of mental disorders. Koreans' cultural perceptions of mental disorder and human emotions are rooted in the concept of *hwa-byung*. *Hwa-byung* has been known as a self-diagnosed disorder. Most studies and clinical data of *hwa-byung* have been collected

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[62] Sung-Kil Min. "Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder." *Psychiatry Investigation* 5, no. 3 (Sep 2008): 134.

by self-reports, or from interviews with *hwa-byung* sufferers. The data reveal the culturally constituted modes of perceiving and interpreting *hwa-byung* along with associated symptoms. Understanding not only the amount of information, but also the cultural knowledge presented in *hwa-byung* sufferers is crucial to formulate an accurate diagnostic tool for *hwa-byun*g. Thus, the argument can be made that *hwa-byung* should be considered, not just as an anger disorder as suggested by DSM-IV, but also as a trauma-related disorder in terms of its causation, symptoms, and clinical manifestations. Furthermore, it can be argued that *hwa-byung* has many common elements with PTSD. In particular, the historical and situational etiological factors of *hwa-byung* appear to be deeply related in an individual's traumatic experience. However, there are many conceptual difficulties in identifying *hwa-byung* as a trauma-related disorder.

First, the concept of PTSD in the DSM-IV does not investigate various cultural impacts on mental disorders. Post-traumatic reactions can be considered the result of interaction between trauma and culture. In the DSM-IV, the socio-cultural and historical context of *hwa-byung* has not been fully studied or evaluated. Rather, the DSM-IV defines *hwa-byung* as an anger disorder or and anger-related disorder solely on the basis of understanding one of the symptoms. There are more psychological symptoms, such as sadness and a sense of powerlessness as reactions to a series of losses. Thus, the DSM-IV fails to embrace the particular characteristics of *hwa-byung* as part of cultural exploration, as well as of individual differences.

Despite manifesting different etiological factors, most all *hwa-byung* patients interviewed in clinical settings reported being exposed to traumatic experiences. This being the case, the patients had attempted to explain their experiences to Western doctors

who did not listen carefully to their explanations of their experiences. As a result, the medical care for *hwa-byung* patients is in adequate, which impacts the family that cares for them. This is clearly apparent in the case of Park, who was exposed to a series of tragic losses through her life.[63]

While living with her daughter, Park often went to an emergency room for chronic pain and fainting. However, she never received proper medical treatment for her pain due to the doctor's inability to diagnose the cause of her suffering, and recognize its relationship to her symptoms. Doctors usually dismissed Park from the hospital the following day, even though she was still in pain. Park's son-in-law did not trust his mother-in-law, and exploded in anger at his wife, saying, "I am sick and tired of taking your mom into the hospital for nothing." He did not have a compassionate heart toward Park anymore, not even in front of Park's immediate family.

There is a need for more accurate tools to identify *hwa-byung,* as well as for increasing peoples' awareness of *hwa-byung*, particularly among mental health professionals. Many *hwa-byung* patients are left alone without proper medical treatment, or are dismissed by their families due to a lack of culturally accepted ways for reacting to traumatic experiences. The situation may be worse in migrant families, for those living with parents, and for second generation Korean American children who do not fully understand *hwa-byung* and its specific symptoms and manifestation.

The concept of PTSD in the DSM-IV is too limited for understanding *hwa-byung*. The etiology of *hwa-byung* appears much broader than the concept of trauma in PTSD as listed in the DSM-IV. Individuals can be traumatized by not only major life-threatening

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[63] Park, interview with the author, Duluth, GA, June 2012. If you need further information, go to chapter one in this dissertation.

issues such as war-related events or crimes, but also by minor, negative life experiences such as interpersonal conflicts and betrayal. With this in mind, PTED was added in the DSM-IV. Despite not being listed as a main diagnostic category, PTED compliments the conceptual limit of PTSD in the DSM-IV. Yet, the existing concept of PTSD still needs to consider the various contexts in which trauma occurs, as well as the multiple aspects of post-traumatic reactions in terms of causes, symptoms, and clinical manifestation.

Drozdek makes this same claim, noting “the PTSD concept should be broadened, and has to address a broader spectrum of posttraumatic damage, as well as incorporate contextual issues including the ethno-cultural andsocietal aspects.”[64] Among the clinical cases in this study, Lee demonstrates unique causes and symptoms of *hwa-byung*. Compared with the traditional model of *hwa-byung*, Lee has a short period of repression and adopts more destructive ways to explore *hwa.* Although her anger inducing event was not a major traumatic experience related to war or a life-threatening event, Lee reacted toward it with a sense of embitterment in an aggressive way. Not only personal differences, but also cultural and contextual factors should be considered. Lee’s case shows that individuals’ reactions to traumatic experiences can be changed or adapted to a new life in social or cultural contexts.

In summary the diagnostic definition of trauma in the DSM-IV is too narrow to cover *hwa-byung* as a post-traumatic reaction, which demonstrates a strong connection among trauma, culture, and mental health. Interestingly, most CBSs, including *hwa-byung,* are considered cultural expressions of PTSD. Laura S. Brown states, “Patterns of distress labeled culture-bound syndrome in the DSM-IV are most commonly

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[64] Drožđek, "The Rebirth of Contextual Thinking in Psychotraumtology," 11.

culturally informed expressions of post-traumatic distress viewed through the lens of a culture in which distress unashamedly takes somatic forms."[65]

Individuals' traumatic experiences may impact a trauma victim's body, mind, and spirit. As such, the way to explore the pains and sufferings of trauma victims can differ based on their own culture and history. Individuals' traumatic experiences can result in the provision of "culture-related" physical and emotional symptoms of mental disorders. Brown's comment also support my argument that the DSM-IV focuses too much on symptoms of a mental disorder rather than on its etiological factors. This argument also leads to the claim that mental health care providers should be open to listening carefully to the victim's stories and examining *hwa*-inducing events. There are obviously many common etiological elements between CBS and PTSD. However the DSM-IV does not explain how to distinguish the different types of trauma and its relationship with symptoms embedded in the sufferer's own culture and history.

Assessment of Hwa-Byung

Clinical interviews of *hwa-byung* patients reveal three critical mistakes apparent in the DSM-VI in approaching certain mental disorders in relation to Western culture. The shortcomings reveal the current DSM-IV is deeply oriented in Western cultural views and values, and is limited in detecting ethnic and cultural variations of CBSs such as *hwa-byung*. Therefore, the description of *hwa-byung* in the DSM-IV should be challenged, and corrected in three important components in order to give an accurate diagnosis for *hwa-byung* patients. The DSM-IV contains no specific description of

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[65] Laura S. Brown, *Cultural Competence in Trauma Therapy: Beyonbd the Flashback*, 1st ed. (Washington D.C.: American Psychological Association, 2008), 163.

subjective feelings such as *hwa* (火) or *haan* (恨) ,which are the main causes of *hwa-byung*. Anger should not be considered the main cause of *hwa-byung.* Rather, the subjective and accumulated emotions, such as *hwa* and *haan,* must be examined.

According to the definition of *hwa-byung* in the DSM-IV, anger can be considered as the main emotional causation of *hwa-byung.* However, there are more emotions, which are deeply embedded in Korean history and culture. Korean psychiatrist Sung-Kil Min states, "*Hwa-byung* seems to begin with anger, and develops into a syndrome that is complicated in its suppression, accumulation, partial behavioral expression, and somatization."[66] The research diagnostic criteria of *hwa-byung*, which were developed by Korean psychiatrists, also suggest that a patient with *hwa-byung* should suffer not only from anger, but from at least five symptoms among nine. The nine symptoms are a feeling of injustice, unfairness (*ukwool/ boon*), expressed anger, *hwa, haan*, hate, hostility, sadness, and fear. These subjective emotions should be considered as both causes and asymptoms of *hwa-byung.* Anger is just one of the subjective emotions. Thus, the main causes of *hwa-byung* should be understood as *hwa* or *haan* instead of simply one emotion, such as anger.

Koreans' culture-related emotions such as *jeong, hwa,* and *haan* manifest traumatic qualities of accumulated and repressed feelings. Masud R. Khan conceptualizes cumulative trauma, which develops based on a series of individual, non-traumatic experiences, especially the infantile relationship with the primary caregiver, within an interactional framework. Khan states that the experiences may have traumatic qualities

[66] Sung-Kil Min, "Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder," *Psychiatry Investigation* 5, no. 3 (2008): 129. Min is one of the most well-known specialists of Hwa-byung. Since the 1980s, Min has published dozens of articles and a book about *Hwa-byung*, calling for Korean psychiatrists' attention to this seemingly indigenous illness.

when they are continually failed and accumulated.[67] I believe Khan's concept of cumulative trauma explains the development of *hwa-byung,* especially relating to the concept of *jeong* as one of Koreans' unique emotional expressions. Koreans' *jeong* usually develops within individuals' casual and interpersonal relationships. Therefore, it is deeply related to an issue of attachment, and often results in traumatic experiences. Koreans' *hwa* and *haan* can also develop based on normal life events, and still retain traumatic qualities as they are accumulated and repressed. Therefore, the unique emotional etiological causes, such as *jeong, hwa,* and *haan,* are not simple emotions, but rather cumulative emotional masses, which can be expressed in individuals' subjective and culture-informed ways of exploring *hwa-byung.*

Based on clinical interviews for this study and the literature review, the claim can be made that Western practitioners rely heavily on the description of *hwa-byung* in the DSM-IV, which excludes the historical and cultural meanings and impacts on its symptoms. There are cultural differences in emotions, and the result depends on the context for interpreting emotional experiences. Therefore, it is meaningful to criticize the DSM-IV, which does not recognize the specific context of mental illnesses such as *hwa-byung,* and the way of conceptualizing the illness based on its cultural roots. To understand *hwa-byung*, it is critical to understand Koreans' conceptualization of emotions, and the consequences of emotional disturbances such as *hwa* and *haan*.

Before defining *hwa-byung* as an anger disorder, it is necessary to discover what causes *hwa* like fire in *hwa-byung* patients, and how Koreans interpret having *hwa* or fire

[67] Masud R. Khan, "Ego Distortion, Cumulative Trauma, and the Role of Reconstruction in the Analytic Situation," *International Journal of PsychoAnalysis* 45 (1964): 272-74. Masud R. Kahn, "The Concept of Cumulative Trauma." *Psychoanaltic Study of Child* 18 (1963): 294.

in them. Furthermore, as individuals engage with the cultural model of mental illness, the process of interpreting and releasing their emotions can be different from one another.[68] Therefore, it is critical to approach cultural aspects of mental illnesses, and respect their personal differences in terms of symptoms and clinical manifestations.

Regarding the symptoms of *hwa-byung*, Western practitioners previously complained about the difficulties in relating somatic symptoms of *hwa-byung* with etiological factors. The complaints basically relate to the Western understanding of human distress as psychological in nature. In many other cultures, however, the cause and symptoms of mental disorders, especially those caused by traumatic experiences, are not viewed as psychological, but rather as physical and/or spiritual. Somatic symptoms of *hwa-byung* should also be considered as a primary exploration of a person's subjective feelings toward traumatic experiences in connection with culture and history.

The lack of cultural descriptions of *hwa-byung* in the DSM-IV indicates a lack of sensitivity to and recognition of cultural impacts on mental disorders. In order to reduce misdiagnosis, mental health care professionals should be sensitive to language as atool by which to exchange or deliver meaning. By correctly using language, individual's subjective emotions, thoughts, and beliefs become communicable and more meaningful. Therefore, the DSM-IV needs to include a specific description of subjective feelings, such as *hwa* (火) or *haan*, as the causes of *hwa-byung*. Even the various symptoms of *hwa-byung* in the DSM-IV should be revised or updated with a description of cultural meanings. Understanding the in-depth meaning of cultural terms will result in better recognition of *hwa-byung,* and the provision of proper treatment for it.

[68] Batja Mesquita and Robert Walker, "Cultural Differences in Emotions: A Context for Interpreting Emotional Experiences," *Behaviour Research and Therapy* 41 (2003): 779.

There is no clear distinction between essential features of *hwa-byung* and its common or related ones. The DSM-IV does not provide a detailed description of *hwa-byung,* and simplifies its symptoms. To provide an accurate diagnose of *hwa-byung* as a trauma-related or post-traumatic disorder, it is necessary to distinguish the essential features of *hwa-byung* from the individual ones. Min suggeststhat "when diagnoses were made according to the criteria of the DSM-III-R or DSM-IV in patients with self-labeled *hwa-byung*, many of them were diagnosed with major depressive disorder (MDD), generalized anxiety disorder, anatypical somatization disorder, or their comorbid state."[69] Due to the lack of attention toward *hwa-byung* patients' emotional states, there is a great possibility to overpathologize or misdiagnose the condition of sufferers.

To assist in identifying *hwa-byung* patients, therefore I suggest two clinical diagnostic criteria of *hwa-byung* developed by Koreans. The models reveal a failed understanding in the DSM-IV for *hwa-byung*. One diagnostic criterion of *hwa-byung* was developed by Korean acupuncturist Jong-Woo Kim. Regarding the diagnostic model, Kim notes there are four essential elements of *hwa-byung*—repeated experiences of unfair experiences and social injustice, feeling of helplessness and powerlessness to fight against unfair events, chronic physical and emotional symptoms caused by unfair events, and the strong need of another's love and care to overcome *hwa-byung*. Kim's diagnostic model uniquely pays attention to emotional sources as an essential diagnostic element of *hwa-byung*. Another diagnostic model has been developed by Korean psychiatrist Sung-Kil Min (*see* Table 2).

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[69] Sung-Kil Min, "Culture and Somatic Symptoms: Hwa-Byung, a Culturerelated Anger Syndrome," in *Somatization and Psychosomatic Symptoms*, ed. Kyung B. Koh (New York: Springer, 2013), 51.

Table 1. Research Diagnostic Criteria for *Hwa-byung*[70]

The person has been exposed to anger-inducing events, in which anger may have been suppressed or partially expressed ass/ he finds it difficult to control anger.

Presence of *Hwa-Byung*-specific and related somatic or behavioral symptoms. Three or more of the following six *Hwa-Byung*-specific symptoms:

Subjectiveanger
"Ukwool and boon"*(feeling of unfairness)
Expressedanger
Heatsensation
Hostility
"Haan"*

Four or more of the following eight *Hwa-Byung*-related somatic or behavioral symptoms:

Pushing-up in thechest
Epigastricmass
Respiratory stuffiness
Palpitation
Drymouth
Sigh
Manythoughts
Muchpleading

Anger and related symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition and is not better accounted for by another mental disorder.

*These two words are frequently used together, and refer to an individual's perception when their desires are blocked by unfair and wrong social powers.

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[70] Sung-Kil Min, Sin-Young Suh, & Ki-Joon Song "Development of Hwa-Byung Scale and Research Criteria of Hwa-Byung," *Journal of Korean Neuropsychiatric Association* 48, (2009): 82.

Min's diagnostic model provides fourteen essential features of *hwa-byung*, which include six *hwa-byung*-specific symptoms, and related somatic or behavioral symptoms. Apparent in Min's model is how *hwa-byung*-specific symptoms relate to Koreans' unique and subjective emotions. The symptoms can be both causes, as well as results of traumatic experiences. *Hwa-byung* specific symptoms as an essential feature of diagnosis can be described as a trauma survivor's psychological reactions towards traumatic experiences including subjective anger, *uk-wool* and *boon,* heat sensation, and *haan*.

Uk-wool is a feeling of anger expressed by a victim. In a Korean-English dictionary, the term is translated as vexed, mortified, regrettable, victimized, suffer unfairness, falsely accused, or mistreated. *Boon* is a feeling of anger arising from failure due to indefensible external reasons, misfortune, or a slight lack of ability to achieve final success. *Boon* is translated as resent, exasperate, indignant, mortified, vexed, chagrin, or sorry. In this paper, the term will be expressed as "a feeling of unfairness." The mood described by *haan* is complex, and may have some negative components, a mixed feeling of missing someone, sorrow, regret, sadness and depression, along with some feelings of hatred and revenge. In the Korean English dictionary, *haan* is translated into English as grudge, rancor, spite, regret, lamentation, grief, hate, or everlasting woe.

Min's diagnostic model proposes eight related (or common symptoms), and emotional results of *hwa-byung*, including impulsive going out of close, stuffy, and/or warm spaces, insomnia, headache/pain, anorexia, enhanced startledness, sadness, anxiety with agitation, and guilt feelings. Min also emphasizes fourteen essential symptoms of *hwa-byun*g in the diagnostic method. He distinguishes somatic and behavioral symptoms from non-somatic symptoms in which psychological and emotional results of *hwa-byung*

include anger, or anger-related disorder. The diagnostic models of *hwa-byung* have been developed by Koreans and may provide hope to *hwa-byung* sufferers for receiving an accurate diagnosis, as well proper treatment. Among the four clinical cases presented in this dissertation, Lee's case portrayed the need to distinguish the essential diagnostic features of *hwa-byung* from general features. Lee was diagnosed by a Western psychiatrist as having Major Depressive Disorder (MDD), and was taking a prescribed anti-depression medication for two years. Most of Lee's symptoms appear to be usual for patients with either depression or adjustment disorder.

However, Lee often exhibited some peculiar emotional features and somatic symptoms, which do not match with a diagnostic category of MDD. Instead, Lee displayed more than six essential diagnostic elements of *hwa-byung* from both diagnostic models. Lee also displayed a high level of subjective anger and a feeling of unfairness called *uk-wool/boon*, which leads to the development of multiple somatic symptoms. The Western psychiatrist was not able to explain the matches with both essential features of *hwa-byung*. Thus, despite the strong cultural interpretation and impacts of *hwa-byung*, I believe it is still necessary to examine universal or general aspects of *hwa-byung* as a human reaction toward trauma stimuli.

To support the diagnostic criteria, Min also suggests three questions be asked to determine the etiology of *hwa-byung* related to its psychological origin and life-span developmental process.[71] Those questions are:

- What kinds of persons develop *hwa-byung*? (persons characterized by oral consumption, pseudo-altruism, omnipotence, self-pity, fatalism, fantasy,

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[71] Sung-Kil Min. "Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder." *Psychiatry Investigation* 5, no. 3 (Sep, 2008): 129.

self-criticism and perseverance)

- How do they develop *hwa-byung*? (bysuppression-inhibition-withdrawal, accommodation, somatization, projection, active forgetting, impulsive acting-out)
- Why do they develop *hwa-byung*? (avoidance of stimulus, help-seeking, emotional pacification)

These three questions allow room to describe general features of *hwa-byung,* and distinguish them from essential features. Among the essential elements of each question, *hwa-byung* patients choose their own ways of defense toward stressors or the stimuli of *hwa*, and the impact of those defenses on the development of various somatic and behavioral symptoms of *hwa-byung*. Accordingly, I suggest the notion of *hwa-byung* should be viewed as a response to Korean culture and history. However, there also are a number of personal causes and symptoms, which occur inpatients.

Each story of *hwa-byung* patients describes various etiological and developmental issues he/she deals with. Those cases underscore the importance of listening to *hwa-byung* patients and empowering them to confront in their own ways whatever it is they are facing, especially during the assessment process. One clinical interviewee, Choi, complained about a lack of physical and emotional energy, as well as experiencing a depressive mood over a long time period of time. Unlike a patient with MDD, Choi was very talkative, and actively involved in the counseling session. In terms of Min's model, Choi employed oral-consumption, pseudo-altruism, self-pity, and perseverance to fight against *hwa-byung*. The oral-consumption can be understood as much pleading and talking (*ha-so-yeon* in Korean culture).

Due to the lack of power and authority, *hwa-byung* patients use talking as a way of exploring their emotions in order to discover a solution for their issues. Choi's

oral-consumption, or much pleading, is not considered as an essential element of *hwa-byung*. However, it directs a feeling of unfairness called *uk-wool* and *boon*, and often results in the arousal of fueled anger. An accurate diagnosis of *hwa-byung* for Choi would be helpful. *Hwa-byung* patients' talkativeness and active involvement in the counseling process is clearly counter to accepted behavior in the Korean cultural, which prohibits the verbalization of pains and sufferings in the presence of others. In Korea, it has been normalized to repress and internalize one's traumatic and/or tragic experiences. *Ha-so-yeon* is an exploration of the repressed and hidden emotional pains, which is hard to control and/or stop. *Hwa-byung* sufferers are also affected with *ha-so-yeon*.

The Korean diagnostic methods differ from the DSM-IV in that they allow the methods to guide an understanding of the etiological factors and symptoms of *hwa-byung* more accurately, thus avoiding misdiagnosis. The development of Korean diagnostic methods indicates the DSM-IV is not sufficient for assessing different kinds of traumatic events, including the condition, length, intensity, and repetition of trauma as related to Koreans' own cultural and historical context. Further, the DSM-IV does not have diagnostic criteria for measuring the continuous and prolonged traumatic impacts on trauma survivors, such as *hwa-byung* patients. From an intercultural perspective, mental illness should be considered as having personal, cultural, and universal dimensions in relation to the patient's history, culture and power. Accordingly, the diagnostic methods should be designed to measure both culture-general, and culture-related specific symptoms of *hwa-byung*.

Finally, it is necessary to acknowledge how the cultural and historical contexts of the Korean community contribute to an individual's unique symptoms of *hwa-byung*.

There is no effort to acknowledge different types and various elements of transition in the cause or symptoms of *hwa-byung*. Mental disorders, including *hwa-byung,* are not static. Rather, they are dynamic and progressive, changing over time depending on various factors. In other words, the intergenerational and multigenerational effects of trauma are still influenced by "the heterogenisity of the phenomenon" and "the the variability of the findings in the field." Richard J. Castillo contends that individuals' emotional distress caused by traumatic events can be transmitted generation by generation through the lenses of cultural meaning or value system.[72]

There exists a generational difference of *hwa-byung* in its causes and symptoms. Learning from Korean traditional culture, the older generations, which were exposed to critical traumatic experiences such as Japanese colonization and the Korean War, display a high level of tolerance. Those generations employed indirect and mild ways of exploring *hwa* and *hwa-byung*. For example, clinical interview Park, age seventy-nine, is a Korean *hwa-byung* patient who experienced historically violent and traumatic national events, along with a series of losses and separations in her life. At the beginning of her interview, Park tried not to open her invisible wounds and pains by not verbalizing them. Non-verbalization is related the impact of Confucianism, which encourages people to tolerate pains, and values internal strengths for dealing with life's hardships.

When Park felt a strong *hwa*, she watched a Korean television video, and laughed insanely although the program is not funny at all. Afterwards, she leaves the room with a composed face, indicating she is fine. Family members describe her as Dr. Jekyll and Mr.

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[72] Richard J. Castillo, *Culture and Mental Illness: A Client-Centered Approach*, (Pacific Grove: Brooks/Cole, 1997) recited in *Cultural Competence in Trauma Therapy beyond Flashback*, ed. LauraS. Brown, 163.

Hyde — two different selves in one person.[73] Due to the heaviness of traumatic experiences and memories, Park tried to dissociate or remove herself from real situations. Clinical interviewee Lee, a Korean from the younger generation who has not been exposed to war-related or any major cultural or historical trauma also struggles with *hwa-byung*. However, her symptoms and clinical manifestations are different from those of Park. Even though both Lee and Park are Korean and live in the Korean culture, their different histories and nature of experienced traumatic events have led to the development completely different results. Thus, Western doctors, who have never experienced these culture-related types of trauma, should be more careful in approaching patients with *hwa-byung,* and need to be sensitive to their pain and sufferings.

After returning home, Lee began experiencing pent-up anger that resulted in self-harm and self-hatred behaviors. When Lee was reminded of her life in Texas, she reacted with emotional outbursts such as screaming, hitting herself, and banging her head on a wall or a desk.[74] Lee tried to explore her emotions immediately in a very direct and destructive way. Lee's tolerance level for the pain of her suffering was much lower than Park's. However her symptomatic results of *hwa-byung,* such as fire, were similar to those of Park. Regarding the somatic symptoms, both Park and Lee showed *gi* (기, 氣)[75] of *hwa*, which is translated as the internal energy of anger like fire, also called *hwa-gi* in

[73] Park, interview with the author, Duluth, GA, June 2012.

[74] Lee, interview with the author, Duluth, GA, June 2012.

[75] The Chinese character '氣' is pronounced /tʃiː/ in English and [tɕʰî] in Standard Chinese; Korean: *gi*; Japanese: *ki*; Vietnamese: *khí*, pronounced [xǐ]) http://en.wikipedia.org/wiki/Qi Anselm K. Min says that, "Koreans use various cognates of (Chirense concept of) *qi* (氣) such as 기세(氣勢), 의기 (意氣), 기백 (氣魄), 기운(氣運), 기질 (氣質) in refer to power of self-assertion, vitality, and self-fulfillment." In these cases, Korean pronounciation of 氣 is *gi* (기). (Anselm. K. Min, "The Trinity of Aquinas and the Triad Tof Zhu Xi: Some Comparative Refelctions." In *Word and Spirit: Renewing Christology and Pneumatology in a Globalizing World*, edited by Anselm. P. Min and Christoph Schwobel, (New York: De Gruyter, 2014), 163.

Korean. Park's *hwa-gi* was more manageable than was Lee's.

These two cases, which share many commonalities but are different, as well, teach that *hwa-byung* can have different symptoms and clinical manifestations. Although both Park and Lee identified themselves as a *hwa-byung* patient, their physiological and behavioral patterns were completely different from one another. Therefore, the claim can be made that *hwa-byung* is not fixed or static. Rather, it is changeable or progressive through systems or generations. Individuals' *hwa* can also be transmitted to younger generations. However, the etiological factors and symptoms will differ from those of the older generation. Danieli explains there is a multigenerational transmission of trauma, and that its consequences may be diverse.[76] Lee's family is a good example of multi-generational transmission of *hwa*. In Lee's case, I discovered three *hwa-byung* patients—Lee and both her parents. Lee was diagnosed with major depression associated with self-destructive behaviors. Lee's mother appeared to suffer a reoccurring MDD with multiple somatic symptoms of *hwa-byung*. Lee's father had received counseling for issues of depression and anger management.

Lee's father was born in Korea but raised in the American culture. The strong impact of two different, opposing cultures caused great difficulty for Lee's father to recognize his *hwa* as a result of traumatic experiences and identify himself as a *hwa-byung* patient. Rather, he was diagnosed as having depression with anger issues. I believe Lee's father is a prime example of Korean Americans who suffer from *hwa-byung* but receive an inaccurate diagnosis for their symptoms. Lee's parents appear to be depressed, emotionally disconnected, and socially withdrawn, which led to a

[76] Danieli, "Introduction: History of Conceptual Formation " 1-2.

diagnosis of depression utilizing Western standards. When one carefully observes and listens to the parents, there is repressed and hidden *hwa* that directly influenced Lee and her symptoms. Therefore, Lee and her parents struggle with *hwa-byung*. Lee's mother particularly reveals the traditional *hwa-byung* model, which states that most *hwa-byung* patients are Korean women who have a low level of education, as well as who have been suffering for a length time. As a result, multiple emotional, somatic, and spiritual issues are manifested. Lee's mother appeared to live a *haan*-ridden life with a high level of *hwa,* as well as a feeling of unfairness. On the other hand, Lee's father expressed his feelings in reaction to traumatic experiences, especially his accumulated and repressed anger.

Lee's father's reactions drove him to concentrate on other things, such as work and alcohol. Both Lee's parents' *hwa* appeared to be transmitted to Lee, and resulted in the development of *hwa-byung* in Lee. Lee's symptomatic behaviors and relational patterns are similar to her father's. Further, Lee's psychological and somatic symptoms are matched with those of her mother. As a result of the multi-generational transmission of *hwa*, Lee exhibited very aggressive and destructive ways of exploring *hwa*, which included chronological somatic symptoms. An analysis of Lee's case leads to my argument that Koreans' *hwa-byung* is adaptive to the socio-cultural environment, and transmittable through generations.

The multi-generational impacts of *hwa-byung* can also be found in the Post-traumatic Slave Syndrome (PTSS)[77], which is rooted in the strong historical etiological factors and still impacts on the personal and/or collective identity of African Americans.

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[77] Joy DeGruy, *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. (Milwaukie: Uptone Press, 2005); Sekou Mims and Larry Higginbottom, *Post Traumatic Slavery Disorder: Definition, Diagnosis and Treatment*. (Charlotte: Conquering Books, 2005).

Individuals with both *hwa-byung* and PTSS also display subjective feelings, as well as unexpected symptoms and manifestations toward certain traumatic experiences. Further studies are needed in order to find the commonalties between PTSS and Koreans' *hwa-byung*. To do this, *hwa-byung* and other culture-reative mental disorders should be evaluated in relation to their cultural, dynamic or progressive dimensions. The evaluation should consider the history and the nature of the etiological factors as well as traumatic experiences. In this sense, Western practitioners should be more sensitive and flexible with regard to such symptoms and the clinical manifestation of *hwa-byung*. Finally, it is important to examine the nature and impact of traumatic stressors by utilizing four levels of influence—biological, psychological, socio-interpersonal, and spiritual.

To conclude, Korean's *hwa-byung* as a CBS exemplifies and proves an unbalanced and limited view of human sufferings and trauma impacts from a Western perspective. Multi-dimensional causes of *hwa-byung,* and its physiological or somatic symptoms, are not fully explained in the DSM-IV. Neither does the DSM-IV provide cultural terms or culture-related idioms describing the connection between trauma and anger, or anger-related emotions. The terms *hwa, haan, uk-wool*, and *boon* can be both causes and symptoms of *hwa-byung*. Therefore, the DSM-IV does not provide an accurate definition and diagnostic method for *hwa-byung* by simplifying its symptoms and manifestation.

Summary

Taking an intercultural approach, this chapter asserts mental illness should be considered as having universal, cultural, and personal dimensions in relation to its

history, culture, and power. The main criticism of the DSM-IV is it fails to recognize different kinds of human sufferings, along with providing inadequate attention to the social, cultural, or historical context of mental disorders, which is not familiar to Westerners in terms of causes and symptoms. Although it is significant to assess an individual's condition by having an objective standard, the person's subjective feelings and culturally developed emotional expressions should not be rejected or diminished. Utilizing both assessments strengthens the importance of recognizing individuals' different kinds and qualities of sufferings, as well as varying levels of pain. Therefore, an examination of Koreans' *hwa-byung* in relation to socio-cultural and historical traumas is provided in Chapter 3.

Chapter 3

Cultural Factors and Implications for Diagnosis of *Hwa-byung*

The purpose of this chapter is to explore Korean cultural factors and their implications for *hwa-byung*. The focus is on the historical and cultural embeddedness of *hwa-byung* in Koreans' collective consciousness of health and mental disorder, as well as the hermeneutic or interpretive aspects of *hwa-byung.* Drawing from cultural and historical phenomena of Korea, this chapter also examines why it is important to recognize a group of heterogeneous conditions and variables in the exploration of human suffering. This will lead to a discussion of the culturalization of Koreans' psychological and emotional suffering and its relationship with the somatization of emotionality for Koreans.

Korean Cultural Understanding of *Hwa-Byung*

In *The Interpretation of Cultures*, Clifford Geertz describes culture as "webs of significance man [or woman] himself [or herself] has spun."[78] Geertz emphasizes the importance of the symbolic of systems of meaning as it relates to culture, cultural change, and the study of culture. Language is the most common meaning system, which contains or symbolizes the in-depth meanings and values embedded in its culture. Koreans seem to place substantial meaning and understanding of health and mental illness in their own language, especially with the term *hwa-byung*. It is important to understand the definition of *hwa-byun*g as it translates into English. But it is also important to examine the cultural

[78] Clifford Geertz, *The Interpretation of Cultures: Selected Essays* (New Yrok Basic Books, 1973), 5.

terms to clarify what *hwa-byung* means and its socio-cultural implications. Thus my claim that *hwa-byung* must be re-defined as trauma-related anger disorder on the basis of culture and history.

Definition of *Hwa-Byung*

Hwa-byung is a Korean pronunciation of two Chinese characters, '*hwa* [hŏa]' and '*byung* [pyəŋ].' This simple term, *hwa-byung,* contains more complicated meanings, values, and interpretations of traumatic cultural and historical phenomena in Koreans. Thus, the term *hwa-byung* already explains why it is essential to recognize a system of symbols such as words or behaviors and their relationship with culture and history.

Korean Folk Understanding of Hwa-Byung

Anger Disorder or Fire Illness

Korean psychiatrist Si-hyung Lee defines *hwa-byung* as "anger syndrome," which is deeply related to Korean culture.[79] To articulate the nature of *hwa-byung* as anger syndrome, Byung-soo Koo and Jong-hyung Lee use two Chinese characters, *hwa* (화, 火) meaning fire and *byung* (병, 病) meaning disease or disorder in Korean folk culture.[80] In the Korean community, the image of fire is usually associated with anger and/or the expression of anger. In spite of using Chinese characters, *hwa-byung* (화병, 火病)

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[79] Si-Hyung Lee, "A Study on the Hwa-Byung (Anger Syndrome)." *Journal of Koryo General Hospital* 1, no. 2 (1977): 7. Lee was the firstpsychiatrist to posit Korean culture as a key factor in determining the etiology of *hwa-byung*. He has played a role in popularizing *hwa-byung* since the 1970s.

[80] Byung-Soo Koo and Jong-Hyung Lee. "Exploring the Literature of Hwa-Byung." *Dong-yi Neuro-psychiatric Hakhoe Chi* 4, no. 1 (1993): 18. There is no similar term or concept like *hwa-byung* (火病) in the Chinese language.

is an original Korean term to describe an anger disorder or “fire disease” in relation to Korean culture. Most symptoms of *hwa-byung* seem to be related to anger or anger-related emotions.

Hwa-byung (화병, 火病) is an abbreviation of *wool-hwa-byung* (울화병, 鬱火病). Thus, *hwa* can be replaced with a word *wool-hwa* (울화, 鬱火) to illustrate a person’s emotional condition mixed with depression, dense anger, and somatic symptoms. If a person’s emotions or emotional reactions are not completely suppressed, the emotions will be accumulated and become dense, creating a condition of *wool* (울, 鬱) and *wool-hwa.* Koreans believe that an individual’s *hwa* or *wool-hwa* is usually released into the epigastrium and transformed as various symptoms of *hwa-byung*. This implies that *hwa-byung* can be caused by both incomplete suppression of emotions and partial release of them. Moreover, both *hwa* and *wool* are not simple emotions. Rather, they are accumulated emotional masses stemming from unfair, negative, and traumatic life events. Thus, Koreans view the development of *hwa-byung* as subjective and situational, and focus on its etiological factors instead of its symptoms. Further, as a diagnostic term, *hwa-byung* reveals Koreans’ special way of seeing emotional constructions and mental difficulties.

Following Western standards, *hwa-byung* or *wool-hwa-byung* has considerable overlaps with major depressive disorder in terms of symptom manifestation and clinical course. Western practitioners oftentimes confuse *hwa-byung* with depressive disorders. But there are many physiological and psychological symptoms of *hwa-byung* that do not match the Western psychiatry diagnostic category of depressive disorders. In particular, *hwa-byung* patients’ anger and the explosiveness of anger like fire or flame create quite

different physiological and behavioral symptoms than do depressive disorders. Finally, *hwa-byung* should be considered as anger or anger-related disorder which is associated with Koreans' unique understanding of anger and the exploration of *hwa* or *wool-hwa*.

Trauma-Related Disorder or Post-traumatic Illness

To understand the Western concept of trauma as a major root of Koreans' *hwa-byung,* it is crucial to recognize the system of symbols, words, and behaviors, and their relationship with culture and history. Therefore, while studying *hwa-byung* as anger disorder, we must explore what causes *hwa* like fire in *hwa-byung* patients, how Koreans interpret having fire in them, and how it impacts their body, mind, and spirit. Koreans' *hwa-byung* was conceptualized in the folk community before being documented using Chinese characters. Thus, there has been disagreement regarding the use of two different Chinese characters which have the same pronunciationof *hwa* but different meanings. One character is "火" (화, *hwa*), meaning fire. The other is "禍" (화, *hwa*), meaning disaster, tragedy, misfortune, or calamity.

When the concept of *hwa-byung*was initially studied, Si-Hyung Lee used the second character 禍 (화, *hwa*) was used to illustrate the etiological cause of *hwa-byung* instead of its results.[81] These two Chinese characters for *hwa*, 火 and 禍 should be united to explain the cause and the nature of *hwa-byung.* This suggests that *hwa-byung* develops due to the repression of the emotions *hwa* and anger in reaction to traumatic experiences. In this regard, Si-Hyung Lee and Sung-Kil Min illustrate *hwa-byung* as a "reactive anger disorder" or "anger syndrome" resulting from being a victim of an unfair situation, social

[81] Si-Hyung Lee, "A Study on the Hwa-Byung (Anger Syndrome)": 7.

aggression, or other traumatic events.[82] Therefore, I argue that *hwa-byung* should be viewed as trauma-related anger disorder.

Understanding *hwa-byung* as a trauma-related anger disorder leads to the examination of the development of somatic and behavioral symptoms of *hwa-byung*. In clinical interviews, I found that *hwa-byung* patients' symptoms, especially somatic symptoms, were oftentimes used as metaphorical expressions of pain and sufferings. In Korean culture, the symptomatic behaviors or attitudes are easily accepted as a way of help-seeking or striving for relationships. Thus, the Western, individual-focused view of mental disorder cannot capture the etiology and manifestation of *hwa-byung* as a trauma related disorder. There are many social, political, and systemic issues related to the development of *hwa-byung*. To find the etiology of *hwa-byung,* I will examine Koreans' emotions or emotional expressions to find the relationship between Koreans' cultural and historical traumatic experience and *hwa-byung*.

Reviewing the academic literature, one finds that the long period of tragic and violent history of Korea is usually explained by the concept of *haan*. Thus, Korean culture has been considered a "*haan* culture." Therefore, Koreans' *hwa-byung* can be regarded as a consequence of accumulated *haan* or the coping strategy of *haan*.[83] However, the concept of *hwa-byung* reveals that Koreans react to traumatic events not only with *haan*, but also with complicated and subjective anger or anger-related emotions that can be more aggressive and violent toward external threats. In particular, Koreans'

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[82] Si-Hyung Lee, "A Study on the Hwa-Byung (Anger Syndrome)." *Journal of Koryo General Hospital* 1, no. 2 (1977); Sung-Kil Min & Jin-Hak Kim, "A Study on Hwa-Byung in Bogil Island." *Journal of Korean Neuropsychiatry Association* 25, no. 3 (1986): 8; Sung-Kil Min, Jong-Sup Lee, & Jung-Ok Han, "A Psychiatric Study of Hahn." *Journal of Korean Neuropsychiatry Association* 36, no. 4 (1997).

[83] Sung-Kil Min, "Hwa-Byung in Korea: Culture and Dynamic Analysis," *World Cultural Psychiatry Research Review* 4, no. 1 (2009): 15.

indigenous concept of *hwa* as an inner fire reveals the explosiveness of anger and its manifestation, both literal and metaphorical. The belief is also held that Koreans' *haan* is transmitted from generation to generation. Further, Koreans' *hwa* has a transgenerational impact and manifests as a desire for revenge against the abusers or colonizers. Kathleen Greider holds that view, noting, "Aggression is a form of power and, like power, carries the potential of both positive and negative effects."[84] Thus, anger, or Koreans' *hwa*, can be seen as another form of power of the oppressed or victims. Using the concept of aggression, Greider also raises an important question: "Why is aggression generally characterized as undesirable and widely denied to subjugated classes, but its energies and powers often enjoyed and abused by dominant classes?"[85] The question indicates that there is a strong relationship between the power dynamic in the system and anger or the expression of anger. Therefore, in studying *hwa-byung* in detail, it is meaningful to focus on the emotional cause of *hwa-byung* and examine its relationship to various symptoms of *hwa-byung* as a reaction toward dominant social forces such as a patriarchal value system and hierarchical social structures.

Korean Traditional Medicine and Hwa-Byung

In Korean traditional medicine there are many cultural conceptual elements that are quite different from Western medicine. It is reasonable to suggest that, compared with Western medicine, Oriental medicine understands *hwa-byung* in relation to a holistic view of health that encompasses physical, emotional, and spiritual dimensions. In fact,

[84] Greider, *Reckoning with Aggression : Theology, Violence, and Vitality*, 8.

[85] Ibid., 5.

the holistic understanding of health and body is eminent in Oriental medicine, and Korean traditional medicine shares medical theories and concepts with the other Asian countries such as China and Japan.

Differing from the Western dualistic perspective, Koreans believe that the human body, mind, and spirit are interconnected and influence one another. In this view, *hwa-byung* patients' somatic symptoms are easily accepted as symbolic expressions of human emotions. Korean traditional medicine suggests that individuals' excessive emotions and emotional reactions may damage the normal balance of the body and result in various reactive symptoms. But despite having several clinical commonalities, I distinguish Oriental medicine from Korean traditional medicine, which has been greatly influenced by Korean folk culture and cultural wisdom in relation to *hwa-byung*. *Hwa-byung* has been conceptualized in Korean folk communities and known as a folk disease. This means that the concept of *hwa-byung* had been re-formed on the basis of Korean folk culture, not on theories. In particular, Koreans' indigenous concept of *hwa*, like the inner fire, has been embedded in the term *hwa-byung*, and depicts the symptomatic results of *hwa-byung* as an anger disorder. Thus, the term *hwa-byung* reflects Koreans' indigenous understanding of the human body and the role of emotions, which play a part in human health and pathology. Hence, the Korean folk understanding of health and mental disorders became a conceptual foundation of *hwa-byung* and the way in which Korean traditional medicine later conceptualized it.

The description of *hwa-byung* is found in ancient literature called *Cho-Sun Wang-Cho Shil-Lok* (조선왕조실록, 朝鮮王祖實錄), the official daily record of the *Cho-sun* (조선, 朝鮮) Dynasty in 1603. In *Cho-Sun Wang-Cho Shil-Lok*, *hwa-byung* is described as "a disorder

of mind" or "a psychogenic disorder."*Cho-Sun Wang-Cho Shil-Lok* has been used to record the kings' symptoms, manifestations, and treatments of *hwa-byung.* Also, *Cho-Sun Wang-Cho Shil-Lok* is like a collection of case studies and contains a description of historical events caused by an individual's *hwa-byung*.[86] Thus, it is helpful to recognize the historical and external causes of *hwa-byung*. Most *hwa-byung* suffers, as a victim of socio-political-cultural tragedy, struggled with uncontrollable fear and anxiety in their heart. Based on these causes and symptoms, *Cho-Sun Wang-Cho Shil-Lok* describes *hwa-byung* as "a fire illness" or "an illness with *hwa-gi* (화기, 火氣) in heart," which can be translated as "the power or energy of fire like anger."[87] Here *hwa-gi* (화기, 火氣) should be perceived both as individual/personal and collective/ethnic. Therefore, in relation to the concept of *hwa-byung*, it is significant to understand three thematic terms — *hwa*, *hwa-gi,* and heart.

A review of *Cho-Sun Wang-Cho Shil-Lok* helps us recognize Koreans' *hwa* as a personal reactive emotional cause of *hwa-byung*. According to Korean traditional medicine, an individual reacts to the external forces and stimuli with emotions called *hwa*. In Korean traditional medicine, *hwa-byung* has been regarded in relation to the loss of organ-*gi* and the imbalance of *yin* and *yang* caused by the accumulated anger Korean culture terms *hwa* or *wool-hwa*. Koreans understand that *hwa* (화, 火) can burn organs and leave a burn mark on the inside of human body so as to disturb the circulation of *gi*.

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[86] Jong-Woo Kim, Kyung-Chul Hyun, and Eui-Wan Hwang, Byung SooKoo, and Jong hyung Lee. "Exploring the Literature of Hwa-Byung-Focusing on *Cho-Sun Wang-Cho Shil-Lok*." *Dong-yi Neuro-psychiatric Hakhoe Chi* 10, no. 1 (1999): 205-216; Sung-Kil Min. *Study of Hwa-Byung,* (Seoul: LM Communication, 2009), 19-20.

[87] "The Origin of *Qi Gong*," http://www.literati-tradition.com/qi_gong_origins.html (accessed October 10, 2015).The concept of *qi* (氣) is the primal energy underlying all matter, molded as cloud vapor and breath. It gives life to living beings. *Qi* gives us vitality, and the vital energy of the heart/mind, which controls our thoughts and emotions, and moral sensibilities and our body and physical activities.

Koreans' view of *hwa* also has many conceptual elements of *yang*. When the harmonious interaction between *yin* and *yang* is broken and makes a man prone to have anger like inner fire, *hwa* develops in order to block the violence. In ancient texts of Chinese medicine, Chi-Po writes, "*Yin* stores up essence and prepares it to be used. *Yang* serves as protector against external danger and must therefore be strong."[88] This idea was adapted to Korean traditional medicine. Hence, Koreans' cultural emotion *hwa* can be triggered by external danger, violence, or traumatic experience, creating physical and emotional disturbance of *gi* or the flow of energy in the human body.

Korean traditional medicine recognizes that Koreans' *hwa* becomes transferred into an energy called *hwa-gi* as they react to external forces. When confronted with a life-threatening or traumatic event, human beings come to have immediate emotional and physiological reactions with a certain energy, which can be translated in Korean as the *gi* (기, 氣) of *hwa* or *hwa-gi* (화기, 火氣). Korean cultural has idiomatic expressions that compare to the Western concept of being traumatized. Those expressions are "기겁 (*gi-gup*, 氣怯) 하다"and "기 (*gi*, 氣)가 막히다," which mean *gi* is blocked or stuck somewhere in the body, and illustrates the deep connection between *hwa* (화, 火) and *gi* (기, 氣). The Korean cultural expression "막히다," which is translates "being stuck or blocked," is usually employed to describe a person's unhealthy condition or illness. It also implies that emotions and emotional reactions are strongly related to the circulation of *gi* (기, 氣). Here the concept of a "burn mark" or 'clog" is a key concept that reflects Koreans' *hwa-byung*.

As a result of traumatic events, Koreans believe that individuals come to have

[88] Beitrage von Ilza Veith, "Treaties on the Communication of the Force of Life with Heaven," in *Psychotherapy and Emotion in Chinese Medicine: Cultural Conceptions of Mental Health and Therapy*, eds. Anthony J. Marsella and Geoffrey M. White (Boston, MA: D. Reidel Publishing, Company, 1972), 286.

overwhelming emotions such as *hwa* or *haan*, which can stop or disturb the circulation of energy in the body and damage organs and their functioning. This illustrates the developmental process of *hwa-byung* in which the energy called *hwa-gi* is triggered by various pent-up feelings, such as *hwa, uk-wool/boon*, and *haan* in response to traumatic events. *Hwa-gi* first disrupts the flow of energy called *gi*, develops a fire of heart (심화[sim-hwa], 心火), and finally produces the multiple symptoms of *hwa-byung*.

In Western research, there are innovative studies in trauma that accept the biological energy provoked by traumatic experiences. The idea of the invisible but powerful energy usually occurs to the prey when it faces a predator. Instead of using the term *gi* or *hwa-gi*, Western researchers describe the aggressive energy associated with trauma that is bound to immobility, fear, and anxiety. There are many commonalities between the Korean traditional medicine concept of *hwa-gi* as an internal energy and the trauma-related energy identified in the new clinical research on trauma. It shows that Korean's concept of *hwa-byung* is culture-related, but it still has universal aspects.

Korean traditional medicine shares with the Korean folk community some of the same understandings concerning mental health, including *hwa-byung* and its impact on a person's body, mind, and spirit. In the field of Western psychiatry, human subjective emotions are usually explained in relation to the function of the human brain. However, Oriental medicines, like Chinese medicine, see the strong connection between human emotions and the function of organs. Distinguished from Chinese medicine, Korean traditional medicine suggests that excessive *hwa* may influence the function of organs, including the heart, liver, and stomach. In particular, Koreans believe that there is a strong relationship between *hwa* and the heart (심[sim], 心). Here "heart" can be translated

into epigastrium, or *gahsum* in the Korean cultural expression, and reveals the Korean folk cultural impact on the concept of *hwa-byung*. In the *gahsum,* Koreans believe that a trauma victim's emotional distresses are turned into *wool-hwa* or *haan.* They are a wound of the heart, with the result of developing somatic symptoms of *hwa-byung.*

Using this cultural consideration, there is a similar folk disease called *gahsum-ari* (가슴앓이), which is similar to *hwa-byung* in its causes and symptoms. A patient with *gahsum-ari* usually feels the physical pain in the heart such that he/she used complains of chest pain by tapping *gahsum* and giving a deep sigh. The patient feels like something is blocked in his/her heart. This is not an objective feeling, but subjective and a culturally developed emotional expression of *hwa-byung*, which has been conceptualized in similar terms from Korean folk culture and its cultural understanding of health and mental problems.

In Korean traditional medicine, therefore, *hwa-byung* should be considered a mental disorder having characteristics of *hwa*and *hwa-gi.* Thus, *hwa-byung* can be described as a disorder of *hwa* caused by the accumulated emotions resulting from violence, injustice, and/or traumatic experiences. Further, it impacts on a person's physical, emotional, and spiritual health. Interestingly, the external etiological causes create emotional energy, which is dynamic and progressive, and influences people and environments. Unless the traumatic energy called *hwa-gi* is discharged or released, it will have negative impacts on the human body, mind, and spirit. In particular, the Korean folk belief regarding the relationship between *hwa* and the function of heart has contributed to the concept of *hwa-byung* in Korean traditional medicine.

Korean Culture-Related Emotions and *Hwa-Byung*

Mental disorders are deeply related to human emotions and emotional expressions, which are socially and culturally formed. To understand *hwa-byung* as a culture-related mental illness, it is necessary to learn about the construction of Koreans' emotionality and their unique cultural expressions as an internal etiological factor. Thus, this section offers an explanation of Korean term for emotions essential to understanding *hwa-byung— hwa, uk-wool/boon,* and *haan.* These emotions can be considered both as main causes and as symptoms of *hwa-byung*. This means that *hwa-byung* can be seen as a socially and culturally allowed way to release emotions and react to stressors.

Hwa (화, 火)

Hwa-byung develops as a result of accumulated emotions including *hwa, haan,* anger, a feeling of unfairness, anxiety, depressive mood, anger, nervousness, helplessness, fright, suspicion, hardship, shame, and guilt feeling.[89] These feelings reveal the complex nature of *hwa-byung.* Among these emotions, *hwa* can be regarded as the most important etiological factor of *hwa-byung*. However, it is important to remember that *hwa* is not identical with *hwa-byung.* Like anger in Western psychiatry, Koreans' concept of *hwa* has been socially stigmatized so that people usually repress or hide *hwa* instead of searching for a proper way to explore it. The reality is that the socio-cultural reaction toward *hwa* leads to the development of *hwa-byung* as a more pathological way of seeking help in the absence of right treatment. Thus, it is significant to understand the meaning of *hwa* in relation to Korean culture and history.

[89] Sung-Kil Min, *Study of Hwa-Byung* (Seoul: LM Communication, 2009), 1.

In Korean culture, *hwa* is a basic energy and power for surviving. Yol-Kyu Kim says that Koreans are "people of fire," which is translated as *hwa-in* (화인, 火人) in Korean.[90] In Korean culture, the term *hwa* (화, 火) represents two words: fire and anger. Using an image of fire, an appropriate *hwa* is necessary to keep one's body temperature at the right point in order to survive. Further, the Korean culture describes human life as "a fire of spirit"(혼불[hon-bul], 魂火), which can be compared with a biblical description of "a breath of spirit" (Genesis 2:7). Thus, Koreans believe that if an individual's fire of spirit goes out, he/she becomes lifeless and dead. This implies that there is a strong conceptual connection between fire and life, and that the connection is deeply rooted in the Korean culture. Thus, *hwa* itself is not negative. Rather, it is life-giving or life-sustaining energy. By using the term vitality, Koreans' *hwa* is seen as a vital emotional energy to provide the essential feelings of aliveness and life-affirmation.

Hwa is also Koreans' unique emotion or emotional status that is mainly related to subjective and intensified anger. In the Korean dictionary, there are three specific words to describe *hwa*: *hwa* (화, 火), *sim-hwa* (심화, 心火) and *hwa-gi* (화기, 火氣). By studying these words, it is obvious that *hwa* is complicated to define in just a few words because of its deep, complex meaning. In Western psychiatry, however, *hwa-byung* has been simply defined as anger disorder and in the category of CBS in the DSM-IV. This means that in Western psychiatry, *hwa* is simply considered as anger so *hwa-byung* was translated into anger disorder. However, Koreans' concept of *hwa* is much broader and more complex than that of a solid emotion like anger or anxiety.

Following the clinical guidelines for *hwa-byung* in Korean traditional medicine,

[90] Yol-Kyu Kim, "Won-Han and Scar of Hwa,"in *Formation and Creation 2-1: Koreans' Hwa-byung-the Psycho-cultural Assessment and Treatment,* (Seoul: Korean Psycho-cultural Center, 1997): 4-5

the complexity of *hwa* causes various somatic symptoms and develops the dual cyclic repetition, such as an emotional period and a withdrawal period.[91] In the emotional period, *hwa-byung* patients will show the hyperactive *hwa*, which is similar to the Western concept of anger and aggression. In the withdrawal period, *hwa-byung* sufferers may experience a sense of helplessness and depression in relation to the condition of *wool*. Thus, *hwa* is Koreans' unique emotional expression, which is not static, but dynamic and progressive.

Hwa is a subjective feeling toward a traumatic experience, which greatly impacts on form of trauma reactions. In most cases of *hwa-byung* patients, there are specific *hwa*-inducing events, and the patients repeatedly explain them in terms of a victim of the event. Kim illustrates *hwa* as a neurotic fire or anger, which is developed due to the suppression of complex emotions in reaction to suffering injustice.[92] Not only social injustice but also significant losses and other normal, negative life events trigger individuals' *hwa.* If a person continues to suppress *hwa,* the power or energy of *hwa* becomes uncontrollable and results in the development of *hwa-byung* as a disorder. In the Korean community, it is a virtue to suppress or hide emotions, especially *hwa* seen as anger in social relationships. This means that Korean *hwa-byung* patients do not choose to suppress but give up the acknowledgement and resistance due to the socio-cultural impacts. But, if the suppression of *hwa* is completely successful, the pent-up anger will be intensified, oftentimes developing into a condition of *wool-hwa* with various somatic

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[91] Jong-Woo Kim, "Development of Clinical Guideline for Hwa-Byung," (Seoul: Kyunghee University Kangdong Oriental Hospital, 2011), 3.

[92] Si-Hyng Lee, "Psychological Apporach to Hwa-Byung," *Formation and Creation 2-1: Koreans' Hwa-Byung—The Psychocultural Assessment and Treatment*, 66-69.

symptoms. Therefore, Koreans' *hwa* should not be seen only as an emotional cause, but also as a total reaction encompassing a person's physical, emotional, and spiritual dimensions. Like fire or flame, *hwa* can be a very unpredictable and explosive response to a variety of traumatic experiences and negative life events.[93]

The suppressed and accumulated *hwa* induces the development of *hwa-byung* with multiple symptoms. However, *hwa-byung* develops not only as the result of one traumatic experience, but also because of prolonged and repeated traumatic events. In the diagnostic process, it is significant for a therapist to check the predisposing factors for *hwa-byung*, such as negative childhood experiences and trauma. Regarding the length and repetition of *hwa-byung*, Min notes that "patients with *hwa-byung* explain the pathogenesis of their disorder as a result of the long-term accumulation of anger-fire caused by repeated unfair social trauma."[94] *Hwa-byung* patients in the case studies reported in this paper have been exposed to a series of significant losses, unfair treatment or social injustice in their lives. However, they did not explore *hwa* because they had never learned how to appropriately explore *hwa* in the presence of other people. As a result of the sequence of traumatic experiences, *hwa* turns into *hwa-byung*, which makes people suffer.

Koreans' *hwa-byung* or *hwa* does not only happen to Korean women, but also to Korean men with a different type of expression. It has been said that *hwa-byung* can be easily found in Korean middle-aged or older women who have low level of education and

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[93] Yol-Kyu Kim, "Hwa-byung and Culture of Han," in *Formation and Creation 2-1: Koreans' Hwa-Byung—The Psychocultural Assessment and Treatment*, 9.

[94] Sung-Kil Min and Shin-Young Suh, "The Anger Syndrome Hwa-Byung and Its Comorbidity," *Journal of Affective Disorder* 124, no. 1 (2010): 211.

low socio economic status. Min reports that "*hwa-byung* is found in 4.1 percent of the general Korean population and is more frequent in middle-aged or older women of lower socio-economic status."[95] Considering *hwa-byung* is self-reported or a self-diagnosed illness, it can be interpreted that this demographical fact is a result of social and cultural allowance. Korean men are not excluded from suffering as a natural human reaction toward traumatic experiences. However, in the male-dominated and face-valued Korean culture, Korean men have not been allowed to freely disclose their emotions, particularly sadness or fear. Thus, Korean men can feel *hwa* but are required to hide or explore it in a way that Korean society and culture allow.

There is a cultural term to describe the way Korean men take for the exploration of their *hwa*. It is *hwa-sul*, which means drinking alcohol or alcohol consumption to solve anger caused by unfair treatment in relationships or social aggressions. According to a recent epidemiological study, there is a remarkable difference in the rate of alcoholism in South Korea among males and females, with the incidence of alcoholism among males being twenty to thirty times higher than among females.[96] Without losing face, Korean men typically internalize and ameliorate pains and sufferings by drinking alcohol. The study also finds that,

> the percentage of alcohol abuse and alcohol dependence among psychiatric inpatients is gradually increasing, from 1.74 percent in 1980 to 6.62 percent in 1989. Among alcoholics, 28.4 percent are primary alcoholics, whereas 71.6 percent are complicated alcoholics, mainly with affective disorders (52.8

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[95] Sung-Kil Min, Ki Namkoong, Ho-Young Lee, "An Epidemiological Study of *Hwa-Byung," Journal of Korean Neuropsychiatric Association* 29, (1990):867–874, recited in Ibid., 128.

[96] Sang-Chul Park, Se-In Oh, and Mee-Sook Lee, "Korean Status of Alcoholicsn and Alcohol-Related Health Problems, *Alcoholsim: Clinical and Experiemental Research* 22, Suppliment no 3 (1998); World Health Organization, "Who Global Status Report on Alcohol 2004." (Geneva, Switzerland: World Health Organization, 2004): 6. http://www.who.int/substance_abuse/publications/en/republic_of_korea.pdf

percent).[97]

The findings indicate that Korean men try to deal with emotional distresses such as *hwa* and anger by alcohol consumption called *hwa-sul*. Thus, Koreans' *hwa-sul* is for the numbing effects of pains and struggles that they have. This means that Korean men also struggle with *hwa-byung* and find a socially-adapted way to cope with it. Hence, Korean men attempt to resolve or control the internal *hwa* by drinking alcohol. However, Min and his colleagues note that there is no sufficient research data or clinical studies on the relationship between anger or *hwa* and alcoholism. Further studies are needed to determine if such a relationship exists.

Koreans' notion of *hwa* shows the mutually constituting nature of biological, psycho-somatic, and socio-cultural responses toward anger-provoking and/or traumatic events in Korean culture and community. Koreans' *hwa* can be expressed in various ways, including somatic symptoms and emotional instability. The concept of *hwa* shows that culture is necessarily involved in the constant interaction between the inner and external experience of people, and between individuals and collective representations. Further, there is a gender difference regarding the expression of *hwa* and *hwa-byung*, and it is consistent with traditional gender roles and cultural expectations. This indicates that Korean men have not been acknowledged as victims of socio-cultural and political conflicts and have been deprived of proper care and treatment for their *hwa* like anger. Thus, the significance of accepting the gender differences regarding the condition, type, and level of human sufferings as an etiological factor of *hwa* should be emphasized. However, before using scientific or medical tests to assess *hwa-byung* patients, it is

[97] Ibid.

important to first listen to the agony the victims carry. Otherwise, countless people outside the age and gender parameters, already hurt will be eliminated from care and left to suffer alone. This is especially important as most *hwa-byung* patients hide their aggression or hatred toward their abusers and keep peace with them. The prolonged and accumulated emotions caused by traumatic experience leads the sufferers to have a strong desire for revenge or to do harm.

Uk-Wool and *Boon*

A feeling of unfairness, which can be expressed as *uk-wool* (억울, 抑鬱) and *boon* (분, 憤), is at the base of one type of *hwa*. Unlike general *hwa*, *uk-wool* and *boon* directly indicate an individual's perceptional and emotional reaction toward unfair and indefensible external circumstances. Thus, *uk-wool* and *boon* refer not only to emotional status but also to the specific nature of the emotional responses of anger-inducing or trauma-related events. In a Korean-English dictionary, *uk-wool* is translated as "vexed," "mortified," "regrettable," "victimized," "suffer unfairness," "falsely accused," or "mistreated." *Boon* (분, 憤) is translated as "resent," "exasperate," "indignant," "mortified," "vexed," "chagrin," or "sorry".[98] The Korean emotions described by the words *uk-wool* and *boon* can be considered as the result of personal or collective injustice, failure, discrimination, and unsatisfied desires. Min describes *uk-wool* as a feeling of anger or rage in a victim, and *boon* as a feeling of anger due to a failure. What are the etiological events? How do they impact an individual's emotive status, especially feelings of anger or anger-related emotions?

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[98] Min, "Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder," 127.

Both *uk-wool* and *boon* are deeply connected to Koreans' notion of *haan,* especially *won-haan*, which can be expressed as the desire for revenge and resignation. Yol-kyu Kim contends that Koreans' *hwa-byung* is a consequence of *hwa* caused by historical and intercultural *won-haan* with other countries.[99] In the definition of *won-haan*, there are inherent cognitive aspects of *haan*directly related to feelings of unfairness— *uk-wool* and *boon*. Compared with *hwa,* which is an immediate emotional reaction, Koreans' concept of *uk-wool* and *boon* are more associated with individuals' previous experiences of injustice and unfairness, and it is similar to the concept of *haan*. Taking a critical approach to Korean literature, Kim notes that Koreans' *won-haan* creates *hwa-gi* (화기, 火氣), which burns like a fire inside and outside of one's body with anger, and results in the development of *hwa-byung*.[100] From a psychiatrist's perspective, Min notes that "*hwa-byung* [is] an individualized illness behavior and expression of *haan*."[101] Thus, Koreans' feeling of unfairness should be considered as an emotional reaction of victims who are blocked or persecuted by injustice or the unfair socio-cultural power dynamics. There are similar cultural terms for *boon,* such as *boon-sim* (분심, 憤心) and *wool-boon* (울분, 鬱憤). Like the term *uk-wool* or *boon*, *wool-boon* (울분, 鬱憤) is used to portray the collective and national emotional reaction to the injustice and unjustified inequalities in terms of socio-cultural and socio-political issues.

Moreover, the feeling of *uk-wool* and *boon* can be re-defined as profound sources of resistance that the oppressors might seek to challenge. Here, Jin Kim adds one more

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[99] Yol-Kyu Kim, "Hwa-byung and Culture of Han," in *Formation and Creation 2-1: Formation and Creation 2-1: Koreans' Hwa-Byung—The Psychocultural Assessment and Treatment*, 10.

[100] Ibid.

[101] Sung Kil Min, "A study on the Concept of *Hwa-Byung*," *Journal of Korean Neuropsychiatric Association* 28, (1989):604–661, quoted in Young I. Song and Alice Moon, eds., *Korean American Women: From Tradition to Modern Feminism* (London, UK: Praeger Publisher, 1998), 230.

critical issue, asserting that Koreans' *hwa* should not be considered just as a matter of individual' personality or culture-related consequences.[102] According to Kim, there are many external etiological sources, including social, political, and international dynamics, that result in Koreans' *hwa* and the feeling of unfairness (*uk-wool* and *boon*), which can characterize the Korean "culture of resistance" toward foreign powers. Due to the tragic history of Korea, Koreans internally react to their situations with great amounts of *hwa,* such as anger, seeking revenge, or revolutionary change by having *won-haan* (원한, 怨恨), and the feelings of unfairness (*uk-wool* and *boon*). These feelings can be transmitted to the next generation and impact on them in many ways.

Observing African American communities, Patricia Hill Collins finds structural and systemic domination of power that "corrupts and distorts these sources of power within the culture of the oppressed which provide energy for change."[103] Regarding to the historical facors of slavery, Collins' findings are sufficient enough to describe the pains and sufferings of African Americans, and their yearning to be free from the bondage of the traumatic memories and the wounded identity as the powerless and helpless. Against the prejudice of anger or anger-related emotions, it is necessary to recognize these inherited emotions as a great need or desire of the oppressed to transform or repair the inequity of power in the world and heal their wounded spirit. Therefore, the etiological factors and symptoms of *hwa-byung* should be re-examined so as to have a more balanced view and macro-level views for understanding health and mental disorders.

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[102] Jin Kim, "Discussion the Relationship between Won-Han and Symptoms of Hwa II," in *Formation and Creation 2-1: Koreans' Hwa-Byung—The Psychocultural Assessment and Treatment*, 34.

[103] Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Perspectives on Gender (New York: Routledge 2009), 182.

Haan (한, 恨)

Koreans' *haan* has been known as a culture-related emotional entanglement. In the existing literature and studies, *haan* has been used to describe Korean women's lives filled with experiences of unbearable pain and suffering in the patriarchal and Confucian cultural context. Because current studies of *haan* have focused more on the socio-cultural or systemic issues for Koreans, this study examines extending Koreans' concept of *haan* to the national level and to cross-cultural dynamics of traumatic events, and investigates how they impact *haan* and how it relates to physical, psychological, and spiritual heath in connection with *hwa-byung.* As previously noted, it has been said that there is a strong bond between Koreans' *haan* and *hwa-byung*, despite having different symptomatic results and manifestations. Hence, it is crucial to examine the historical and cultural formulations of Koreans' *haan* from an intercultural perspective, and find its meaning and relationship with various symptoms and manifestations of *hwa-byung.*

Koreans' *Haan* and Shamanism

The term *haan* originated from the Korean shamanistic tradition. In the past, a shaman (*mu-dang* in the Korean community) tried to resolve *haan* as the unresolved entanglement of the dead, the bereft, and the down-and-out in a religious ritual called *gut.* When Koreans are confronted with a life-hardship or crisis, they seek advice from a *mu-dang* who mediates between people and spirits, summons the spirits of the dead, and soothes those spirits by exploring or releasing their *haan.* Koreans' unique cultural term, *haan,* contains a person's accumulated emotions and spiritual struggles rooted in a personal story throughout his/her life. Thus, it is extremely difficult to define or articulate

the deep and broad meaning of *haan* with few words, even in Korean.

To raise the recognition of Koreans' uniqueconcept of *haan* in an increasingly global society, it is necessary to translate *haan* into English and other European languages for appropriate understanding in Western psychiatry. In the process of translation, however, many mistakes and misinterpretations of cultural terms or culture-related idiomatic expression are made in defining Koreans' *haan*. Koreans' *haan* is usually translated with a few English words, such as suffering and/or pain. This is not sufficient in describing the depth and intensity of *haan*. In the Korean-English dictionary, *haan* is translated into English as "grudge," "rancor," "spite," "regret," "grief," "lamentation," "hate," or "everlasting woe."[104] Korean pastoral theologian Andrew Sung Park sees *haan* as "the abysmal experience of pain."[105]

Compared to the concept of *hwa*, Koreans' *haan* can be seen as more passive and indirect results of traumatic emotions. In some academic articles, Koreans' *haan* has been described as negative or tragic components and its consequences. However, that seems a simple labeling of human emotions. We can describe a certain phenomenological event as negative or tragic, but a person's emotion or emotional reaction to the event might not be evaluated in that way, the reason being that human emotions are natural with regard to the internal and/or external sources of the human experiences. Hence, Koreans' *haan* is subjective, emotional, and spiritual as is the given nature of humans. Therefore, it is important to emphasize that *haan* should be understood as culture-related, subjective, and

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[104] Jin Kim, "Discussion the Relationship between Won-han and Symptoms of Hwa II," *Formation and Creation 2-1: Koreans' Hwa-Byung—The Psychocultural Assessment and Treatment*, 34.

[105] Andrew Sung Park, *The Wounded Heart of God : The Asian Concept of Han and the Christian Doctrine of Sin* (Nashville: Abingdon Press, 1993), 15.

spiritual explorations of human suffering in trauma.

Suffering and Longing for Healing

Koreans' *haan* should be accepted as a way of suffering and longing for healing. Sun-Tae Moon sees *haan* not as a real wound but its scar that reminds one of the painful memories caused by the traumatic events.[106] According to these descriptions, *haan* can be seen as a result of emotional wounds or hurts. This means that Koreans' *haan* is engraved in the mind and memory of the trauma survivors. In another sense, *haan* is a way to express an individual's emotional wounds caused by various situations and experiences. Andrew Sung Park describes *haan* as broken-heartedness or woundedness of heart.[107] If Koreans' *haan* is blocked or suppressed for too long, a negative or pathological consequence, such as *hwa-byung,* may result. Thus, to understand Koreans' *haan*, it is critical to articulate Koreans' unique emotionality and the symbolic meanings in connection with Korean culture and history.

By conceptualizing a unique emotion called *haan,* Koreans try to express pain, sorrow, sadness, and regret—even feelings of hatred and revenge—which are embedded in their culture and history. *Jeong-haan* (정한, 情恨) is a longing for a missing loved one. *Won-haan* (원한, 怨恨) has a component of hatred and revenge. *Hoe-haan* (회한, 悔恨) is *haan* caused by regrets. *Tong-haan* (통한, 痛恨) indicates pains of *haan*.[108] These specific descriptions are a combination of causes and symptoms of *hwa-byung*, and reveal that

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[106] Sun-Tae Moon, "Discussion the Relationship between Won-han and Symptoms of Hwa I," *Formation and Creation 2-1: Koreans' Hwa-Byung—The Psychocultural Assessment and Treatment*, 23.

[107] Park, *The Wounded Heart of God*, 15

[108] Min, "Hwa-Byung in Korea: Culture and Dynamic Analysis," 15.

Koreans' *haan* is usually caused by both major and minor traumatic experiences associated with multi-dimensional relationships. Considering the various types of *haan*, some Korean scholars claim that *won-haan* is a more active and aggressive *haan,* usually developing into *hwa-byung*. Hence, *hwa-byung* should be considered a personal and individualized expression of emotions, as well as a socio-culturally constructed behavior toward external sources.

Koreans' *haan* is caused by traumatic experiences, and has been defined as a result of the traumatic experiences from a tragic history. Min defines *haan* as the result of personal or collective trauma, unsatisfied desire, suppressed anger, or *uk-wool*/*boon*.[109] Korean, female theologian Hee-sun Kim claims that "*haan* refers to the long-term, often intergenerational effects of unrelieved trauma on persons, families, and communities. . . . *Haan* is a wound of the heart, the sense of sadness, frustration, and anger that results when the human spirit is dominated and destroyed through evil systems."[110] Further, the concept of *haan* explains the consequence of the long-term and repeated traumas including war, the oppression of poverty and deprivation, interpersonal and family violence, addictions, etc. These elements of *haan* reveal the strong relationship between *haan* and *hwa-byung* as a trauma-related anger disorder.

Koreans' *haan* has two dimensions, individual and collective. *Haan* does not only result from personal or interpersonal hardships, such as betrayal, but also from systemic unfairness and social injustice. Koreans' *haan* results in a person's emotional responses such as sadness, deep anger, and frustration. Although these emotional responses are

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[109] Min,"Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder," 127.

[110] James N. Poling and HeeSun Kim, *Korean Resources for Pastoral Theology : Dance of Han, Jeong, and Salim* (Eugene: Pickwick Publications 2012), 72-73.

personal and individual, they can become collective as they develop solidarity among those who have been unfairly treated, oppressed, and victimized by social and systemic powers. Thus, Andrew Sung Park describes *haan* [111] as cultural and particular to certain a group of people called *minjung*. The term *minjung* can be explained as "people who have been politically oppressed, economically exploited, socially alienated, or culturally despised for a long time."[112] Thus, it is significant for *minjung* to recognize individuals' subjective feelings and social awareness, even in the midst of suffering, in order to develop the solidarity of the oppressed and the powerless. In this sense, I would like to suggest that Korean *hwa-byung* points to the collective and national level of *haan* toward the social-injusice, hisotical tragedy, and political inequity in connection with power dynamic. Korean female theologian Hyun-kyung Chung describes *haan* as the sin of the oppressed who internalize anger, hatred, violence, and ignorance perpetuated by the oppressor. The Korean concept of *haan* can be seen as passive and non-violent emotion of the oppressed, but it becomes violence on their own bodies. Chung says that "the unexpressed anger and resentment stemming from social powerlessness forms a 'lump' in their spirit. This lump often leads to a lump in the body, by which I mean the oppressed often disintegrates bodily, as well as psychologically."[113] This reveals the strong relationship between Koreans' *haan* and the somatic symptoms of *hwa-byung*.

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[111] For this notion, Park actually uses the term *han* instead of *haan*, but this paper uses *haan* (한) for the flow of writing. The reason to use *haan* (한, 恨) instead of *han* (한, 韓) because there are distinguished elemnts of Koreans' haan but it was mixted with another term *han* (한, 恨) which means oneness, sameness or depth. In "A Comparative Study of the Korean Terms "Haan" and "Han", by Chang-Hee Son." Th.D Dissertation, (Boston University, 1997).

[112] Young-Hak Hyun, "Minjung the Suffering Servant and Hope," unpublished paper presented at Union Theological Seminary, New York, 13 April 1982. Cited in Andrew S. Park, *Racial Conflict and Healing: An Asian-American Theological Perspective*, (Eugene: Wipf and Stock Publisher, 2009), 161.

[113] Hyun Kyung Chung, *Struggle to Be the Sun Again: Introducing Asian Women's Theology* (Maryknoll, N.Y.: Orbis Books 1990), 42-43.

Furthermore, Koreans' *haan* can be transformed into power and hope for survival. A trauma victim's accumulated sorrows and pains are turned into *haan* as a wound of the heart. Many Korean *hwa-byung* patients indicate they have lived a *haan*-ridden or *hwa*-filled life. In fact, they experience various and repeated traumas, violations, separations, and sudden losses without properly grieving these experience. In the clinical interviews, *hwa-byung* patients seemed to explore their accumulated emotions by having somatic pains and/or telling their painful narratives. These aspects of *haan* connect with the illness behaviors and somatic symptoms of *hwa-byung*. Thus, Korean pastoral theologian Suk-Mo Ahn argues that the notion of *haan* has been composed not only of strong repressed emotions, but also by Korean women's narratives, spirituality, images, and symbols.[114] Once it is successfully sublimated, *haan* can also become a motivation and energy source to endure hardships and resist the interruptions.

To summarize, Koreans emotionality and understanding of mental illness have been rooted in their history and culture. *Hwa-byung* can be regarded as a socially and culturally constructed way to deal with emotions resulting from traumatic events. People's reactions toward traumatic events can be various based on their previous experience of trauma, cultural coping mechanisms, and family history. These elements can have an impact on the person's subjective feelings toward the traumatic experience such as *hwa*, *uk-wool* and *boon*, and *haan*. In particular, it is essential to learn more about the image of fire, called *hwa,* based on Korean culture and communal values in order to understand the nature of *hwa* and its impacts on the definition and manifestation of *hwa-byung*.

[114] Suk Mo Ahn, "Toward a Local Pastoral Care and Pastoral Theology: The Basis, Model, and Care of Han in the Light of Charles Gerkin" Ph. D Dissertation, (Emory University, 1991), 321.

Clinical Courses and Manifestations of *Hwa-Byung*

Symptoms of *Hwa-Byung*

Koreans' *hwa-byung* is well-known in Korea. And while some researches note that about 4.2 percent of the Korean population[115] and about 11.9 percent of Korean Americans[116] are struggling with various symptoms of *hwa-byung,* specific studies or clinical research on the condition have not yet been attempted sufficiently to help sufferers. The culturally naïve view of *hwa-byung* makes *hwa-byung* patients or sufferers more isolated from social and communal supports, leaving them without proper treatment. Many Koreans still consider *hwa-byung* as a cultural phenomenon or disorder that is bound with individuals' personality and personal traits, especially anger or *hwa.*

Compared with the Western concept of emotions, specific Korean emotions such as *hwa, haan*, and *jeong* are mixed with more than one emotive condition and contain multiple layers of meaning and aspect. Thus, it can be hard for Western mental care providers to understand the complexity of Koreans' emotional expressions and their symptoms. The concept of *wool-hwa* is a good example of Koreans' specific way of understanding people's emotions and symptomatic results of emotional reactions.

Depressive Symptoms of Hwa-Byung

Understanding the literal meaning of *wool-hwa* reveals that two contradictory conditions *wool* and *hwa* combine to develop *hwa-byung* and its symptoms. In the

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[115] Min et al., "An Epidemiological Study on Stress and Hwa," 867-873

[116] Keh-Ming Lin and etl. "Hwa-Byung. A Community Study of Korean Americans." *Journal of Nervous and Mental Disease* 180, no. 6 (Jun 1992): 6.

clinical interview, most *hwa-byung* patients have symptoms of both depression (e.g., *wool* and anger, or *hwa*). This indicates that *hwa-byung* or *wool-hwa-byung* is an exploration of two contrasting emotive conditions—*wool* (울, 鬱) and *hwa* (화, 火). Koreans believe that *wool* is the other face of *hwa,* so *wool* and *hwa* can occur separately and simultaneously. This makes the diagnostic process of *hwa-byung* complicated in the absence of understanding the cultural particularity and personal subjective feelings toward traumatic events.

Classification of co-morbidity with other disorders, such as depressive disorders or somatoform disorders in Western terms, can be a basic step in forming an effective diagnostic system for *hwa-byung*. Based on clinical studies and a review of the literature, Min suggests that there are many other mental disorders co-morbid to *hwa-byung,* such as Major Depressive Disorder (MDD), Dysthymic Disorder, Generalized Anxiety Disorder (GAD), Panic disorder, PTSD, and Somatoform Disorder. While interviewing patients with *hwa-byung,* it became apparent that most of them had been diagnosed with MDD or GAD, but suffered from PTSD. The issue is that *hwa-byung* can be identified based on the patients' perception of their situation and condition. According to Korean history, most Koreans are trauma survivors and their families. Thus, *hwa-byung* sufferers do not consider that their situation is special and critical enough to warrant professional help and social support. Instead, most *hwa-byung* patients emphasize explaining their physical symptoms and emotional distresses as they are led by Western practitioners. As a result, many *hwa-byung* patients have been misdiagnosed with MDD or other mood disorders. Keh-ming Lin, who was the first to introduce *hwa-byung* in the Western clinical literature, defines *hwa-byung* as a culturally patterned way for Koreans struggling with major

depression to express their subjective distresses through somatic symptoms.[117]

But, the clinical correlates of *hwa-byung* seem to be different from those of depressive disorders in Western terms.[118] While the *hwa-byung* patients clearly recognize *hwa*-inducing events as violent and traumatic, they do not know when their depressive symptoms start or get worse. This means that *hwa-byung* starts from an individual's reaction with the pent-up *hwa* and turns into the depressive symptoms or manifests as *hwa-byung*. Relying on the recent studies using the diagnostic criteria of the DSM-IV and *hwa-byung*, Min reports that "the fact that about 15 percent of *hwa-byung* patients are diagnosed with only *hwa-byung* without any other disorders suggests that the current DSM-IV seems to fail for diagnosing *hwa-byung* or anger syndrome because they do not include any criteria for the evaluation of anger and the anger-related symptoms."[119]

Unlike depressed patients, *hwa-byung* patients are very talkative and actively plead their feeling of unfairness: *uk-wool* and *boon*. Their talkativeness and much pleading, which is called *ha-so-yeon* in Korean cultural term, is one of the non-somatic symptoms of *hwa-byung*. Different from people in depressive moods, *hwa-byung* patients show more active, often aggressive ways of expressing their feelings to others. This often creates social and relational troubles, and is suggestive of *wool-hwa*, which appears as emotionally depressive-like behavior but produces vigorous bodily reactions. Hence, the depressive symptoms of *hwa-byung* show the culturally constructed way of trauma reactions, how to manage traumatic distress, and how to react to emotional and/or

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[117] Keh-Ming Lin, "Hwa-Byung: A Korean Culture-Bound Syndrome?," *American Journal of Psychiatry* 140, no. 1 (1983): 107.

[118] Min, *Study of Hwa-Byung*, 117.

[119] Ibid.

physical pains.

To provide accurate diagnoses, therefore, Koreans' *hwa-byung* should be distinguished from depressive disorders in Western psychiatry, which is dominated by "certain language categories and epistemologies of scientific objectivism."[120] Relying on information from clinical cases, it appears that most *hwa-byung* patients have been misdiagnosed and excluded from early, accurate diagnosis and proper medical treatment. Thus, it is essential to develop new diagnostic criteria for *hwa-byung* to prevent further development of chronic symptoms and manifestations. Koreans do not simplify human emotions and emotional expressions.

Somatic Symptoms of Hwa-Byung

The American Psychiatric Publishing Textbook of Psychiatry describes somatic symptoms of *hwa-byung* as "afflicted individuals (*hwa-byung* patients) complaining of a feeling of oppression or pressure in the chest, a 'mass' in the epigastrium or stomach, a hot sensation traveling up the chest or in the body, indigestion, dyspnea, fatigue, sighing, and headache."[121] These somatic symptoms of *hwa-byung* seem to illustrate the cultural image of anger like fire and suppression of fire and anger. They are also deeply related to Koreans' indigenous beliefs about remembering pains and sufferings. The DSM-IV illustrates "a feeling of a mass in the epigastrium"[122] as one of the common symptoms of

[120] Juan E. Mezzich and Jr. Horacio Fabrega, *Culture and Psychiatric Diagnosis: A Dsm-Iv Perspective*, 1st ed. (Washington, DC: American Psychiatric Press, Inc., 1996), 12.

[121] Albert C. Gaw, "Cultural Issues," in *The American Psychiatric Publishing Textbook of Psychiatry*, ed. Robert E. Hales and et al. (Washington D.C.: American Psychiatric Publisher, 2008), 1537.

[122] Merriam-Medium medical dictionary defines "epigastrium" as 1) lying upon or over the stomach; 2) *a*: of or relating to the anterior walls of the abdomen <*epigastric* veins>*b*: of or relating to the

hwa-byung. Regarding such symptoms, Western practitioners explain that, after running the test on the epigastrium, no physical mass was found in *hwa-byung* patients. However, they seem to overlook the word “feeling” in the Korean idiom, which describes not a real or physical mass, but the physiological reaction toward emotional or psychological distress. In other words, the epigastric mass symbolizes the weight of their feelings of fright or being overwhelmed. It is curious that Korean *hwa-byung* patients specifically mention the epigastrium as the location of their painful feelings, and interesting that most somatic symptoms of *hwa-byung* occur around the epigastric area.[123]

According to Korean folk belief, the epigastrium was seen as the gate of life, which means the center of the body. Koreans believe that the epigastrium also produces vital energy and stores the remaining emotions. The term “epigastrium” can be translated in Korean as *gahsum* (가슴), which means chest or heart. Koreans believe that emotional distresses caused by traumatic experiencescan be stored and remembered in *gahsum*. It is not in the brain but in the body, especially the heart, that the story is remembered and experienced by *hwa-byung* patients. This matches with the assessment of *hwa-byung* in Korean traditional medicine. According to Korean traditional medicine, if a person experiences a trauma or shock, he/she will have *hwa-gi,* which blocks the circulation of *gi* and damages the function of heart. Using this cultural consideration, there is another folk disease called *gahsum-ari* (가슴앓이) , which can be translated as “a pain of heart” or “heartburn.” Individuals’ repressed emotions result in the development of *gahsum-ari*, which is similar to *hwa-byung* in terms of its causes. Regarding the concept of *hwa-*

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abdominal region lying between the hypochondriac regions and above the umbilical region <*epigastric* distress>http://www.merriam-webster.com/medical/epigastric (2/12/2016).

[123] Sandra L. Somers, "Examining Anger in Culturebound Syndromes", 1.

byung and *gahsum-ari*, Koreans' indigenous beliefs strongly impact the cultural understanding of mental illness and its symptomatic expressions around the epigastrium.

Koreans' somatic symptoms of *hwa-byung* seem to symbolize or configure the accumulation and suppression of *hwa* and anger. In my clinical interviews, most patients with *hwa-byung* were wrestling with various physiological symptoms linked to Koreans' culture-specific images of anger, such as fire, a sensation of having a mass in the throat, heat sensation in epigastrium, and dry mouth. These somatic symptoms seem to be deeply influenced by Koreans' cultural understanding of anger or the explosiveness of anger like fire or flame. In this regard, *hwa-byung* patients' symptoms or illness behaviors can be seen as a cultural product, the socially and culturally allowed way by which to explore their *hwa* or trauma-related anger. The body is a locus of social and cultural practice. Further, an individual's *hwa-byung* is caused by the repression of emotions associated with traumatic experiences, resulting in the development of multiple somatic symptoms of *hwa-byung* in relation to Korean culture and culture-related emotional reactions.

Embodiment: Trauma, Culture and Bodily Memory

Understanding the somatic symptoms of *hwa-byung* reveals a strong relationship between trauma, culture, and bodily memory. Culture, including cultural beliefs, meaning, and value, informs people as to how to remember and express their emotional distress. According to Korean culture, an individual's body remembers significant experiences and reacts to them with patterned reactions. In Korea, it is believed that a mothers' body remembers the delivery pains of birth such that mothers commonly

complain of their bodily pains or unpleasant feelings every year in the month they delivered their baby. A mother can forget the date of her child's birth, but her body cannot and remembers the date. In this vein, Koreans have been already aware of the bodily process of traumatic experiences, which transforms the intrinsic and extrinsic stressors into physical or physiological symptoms or pains, called "embodiment."

Considering somatic symptoms of *hwa-byung,* Koreans believe that not only the brain but the body also has stored the scars of traumatic experiences, including man-made disaster, violence, and oppression. Such cultural understanding has led Koreans to conceptualize *hwa-byung* as "a psychogenic or reactive disorder that results from our painful and traumatic life distresses with psychological and physiological symptoms."[124] In particular, Koreans uniquely react to traumatic experiences with somatic symptoms or fire-like bodily reactions. Without losing face, it is possible for an individual to use somatic symptoms of *hwa-byung* as a communication tool for drawing social recognition to or emotional understanding of his/her struggles in order to create a caring environment. In fact, the illness behaviors or physiological symptoms of *hwa-byung* are more familiar and easily accepted in Korean community. Somatic symptoms of *hwa-byung* can be seen not only as personal or subjective practices, but also as communal or collective. Therefore, somatic symptoms of *hwa-byung* can be regarded as the embodied memories of trauma victims and their communities.

In many clinical cases, the etiological factors of *hwa-byung* are not necessarily related to or have a strong relationship with its symptoms. This is common among people struggling with trauma-related stresses. Even after the traumatic event ends, *hwa-byung*

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[124] Min, *Study of Hwa-Byung*, 1.

sufferers repeatedly react to the stimuli of *hwa* with psychological, physiological, and spiritual symptoms. Thus, they react not to the trauma itself but to the memory of the trauma, which is a product of the interaction between an individual's experiences and his/her culture. Memory of trauma is not just personal or subjective, it is also cultural and collective. Most *hwa-byung* patients desire to remove all memories associated with trauma, but the memory is usually embodied or somatized. In other words, somatic symptoms of *hwa-byung* can be viewed as a means to manage their traumatic memories and express traumatic distress. There is a strong relationship between bodily distress and the memories of trauma victims. Thus, it is important to acknowledge the memories to which *hwa-byung* patients attempt to react to and what they try to communicate through somatic symptoms they evidence, all of which relate to Korean history and culture.

Based on a personal and/or cultural value, *hwa-byung* patients usually re-interpret traumatic experiences and re-organize them as memory. *Hwa-byung* patients also attempt to search for a meaning in the embodied memories of pains and sufferings, which leads to existential inquiries. *Hwa-byun*g patients' embodied memories of trauma make connection between past, present, and the anticipated future. In Western psychology, people struggling with traumatic distress are usually described as being locked in the past memory of trauma. In contrast, *hwa-byung* patients' experiences point to the significance of understanding "embodied traumatic memory," which has universal, ubiqutos, and timeless impacts.

When *hwa-byung* patients are exposed to other traumatic events, their body will enact the embodied memories so that they will struggle with the same level of emotional and physical symptoms. It is a process of re-traumatization. The body enacts the past

without consciously thinking, and memory keeps the past alive. For the victims, there is no "post"-traumatic stress because their bodies react to all traumatic events they face as real and present. This reveals the universal aspects of *hwa-byung* as a trauma-related anger disorder. Hence, *hwa-byung* is not only applicable to Koreans but also to all trauma victims or survivors that struggle with emotional and somatic symptoms as a result of embodied traumatic distress.

Consequently, *hwa-byung* should be considered as universal, and a more culturally-tuned and socially-shaped reactive responses toward the memory of trauma, life distresses, hardships, and pains. Trauma victims store the psychological distress in their bodies. Koreans have carried painful memories of socio-political-cultural trauma and are significantly impacted by them. Koreans, as powerless victims, then explore their sufferings and pains through their bodies. It is Koreans' *hwa-byung*, especially the somatic symptoms of *hwa-byung*, which Western mental health professionals, who simply rely on scientific theories and empirical data, appear not able to understand. Following the entire trajectory of *hwa-byung* patients, therefore, it is significant for mental health care practitioners to encourage and support *hwa-byung* patients to exhibit their capabilities to overcome the memory of trauma, re-create their own narratives, and re-find the meaning and purpose of life.

Developmental Stages of *Hwa-Byung*

In most clinical cases of *hwa-byung*, the duration of suffering is usually longer than ten years. Regarding the period of suffering, Si-Hyung Lee and says that *hwa-byung*

develops through four different stages—reaction, adjustment, result, and somatization.[125] These stages of *hwa-byung* are not linear but cyclic. According to Lee, the physical and emotional expressions of *hwa-byung* are predominant in the early stage, but become suppressed and accumulated in the body of patients. The developmental stages of *hwa-byung* show that *hwa-byung* and its manifestation include dynamic changes and/or abrupt progress in response to the impact of trauma.

In the first stage in the development of *hwa-byung* "reaction." In this stage a person becomes traumatized by injustice or unfair social trauma such that his/her hot temper and/or anger manifests with a great deal of anxiety and irritability. *Hwa-byung* patients react to traumatic distress by embodiment or somatization of pains and/or sufferings. Such somatization and biological manifestation is usually related to acute anger and complex *hwa*. In clinical interviews for this study, the reaction stage can be also described as acute *hwa-byung*.

"Adjustment" is the second stage in the development cycle. It is compounded by various social and cultural contexts, as well as the external causes of *hwa-byung*. According to Western standards, the adjustment stage can be explained by the concept and symptoms of PTED. Although the concept of PTSD is based on life threatening issues as an etiological factor, Koreans' *hwa-byung* develops as a result of individuals' interpersonal conflicts and casual life events. Personal and subjective feelings are included in the etiological factors and how they impact on *hwa-byung* patients. Within the patriarchal and hierarchical Korean family system, Korean women have been victimized or sacrificed to avoid systemic or relational conflicts, and in order to maintain

[125] Ibid. 1; Lee, "A Cross-Cultural Study of Hwa-Byung with Middle-Aged Women between Native Koreans in South Korea and Korean Immigrants in the United States," 25-27.

the harmony of the community. When their efforts for liberation fail, Korean women tend to react with disguised anger, numbing, and repression.

During the third stage of the development cycle, “result,” *hwa-byung* sufferers attempt to release a sense of frustration, anger, or other traumatic distress caused by failing to solve the continuous conflicts. This creates a cycle of frustration in which *hwa-byung* patients experience unbearable and unbreakable pain. Thus, they decide to give up self-agency, no longer motivate themselves, and accept as fate whatever it is they are facing. This leads to a sense of helplessness and hopelessness in most *hwa-byung* patients. It strengthens the issue of identity as a victim in *hwa-byung* patients, such that they become re-trapped in the cycle of trauma. *Hwa-byung* patients are stuck in the cycle of both trauma and frustration. From the result stage, individual’s *hwa* will be turned into a sense of *wool-hwa*, which results in the development of more depressive mood and somatic symptoms. In the younger Korean generation, the second and third stages of *hwa-byung* development are shortened, and symptomatic results become more aggressive and violent than for the older generation or in the traditional model of *hwa-byung*.

“Somatization” is the fourth stage of the *hwa-byung* developmental cycle. During this stage a conversion of symptoms from psychological to somatic occurs. Due to the heaviness of personal, cultural, and historical trauma, *hwa-byung* patients in the somatization stage suffer the emotional and biological manifestation as the outburst of their pains and sufferings. In this stage, *hwa-byung* patients’ explosive *hwa* will be turned into the complex *haan* as a state of sorrow and lamentation. This leaves them with *haan*-ridden lives. Further, as *hwa-byung* patients move into the somatization stage, the embodied traumatic distresses are expressed through the body.

Understanding the four developmental stages of *hwa-byung* is necessary in order to provide accurate diagnosis and proper treatment. The developmental stages show that *hwa-byung* is not static but dynamic and progressive, and changing in its manifestations. These stages in the development of *hwa-byung* can be combined with Min's pathogenesis of *hwa-byung*, which illustrates the development of *hwa-byung* as trauma-related and psycho-neurotic in relation to Koreans' unique cultural emotions (*See* Figure 2).

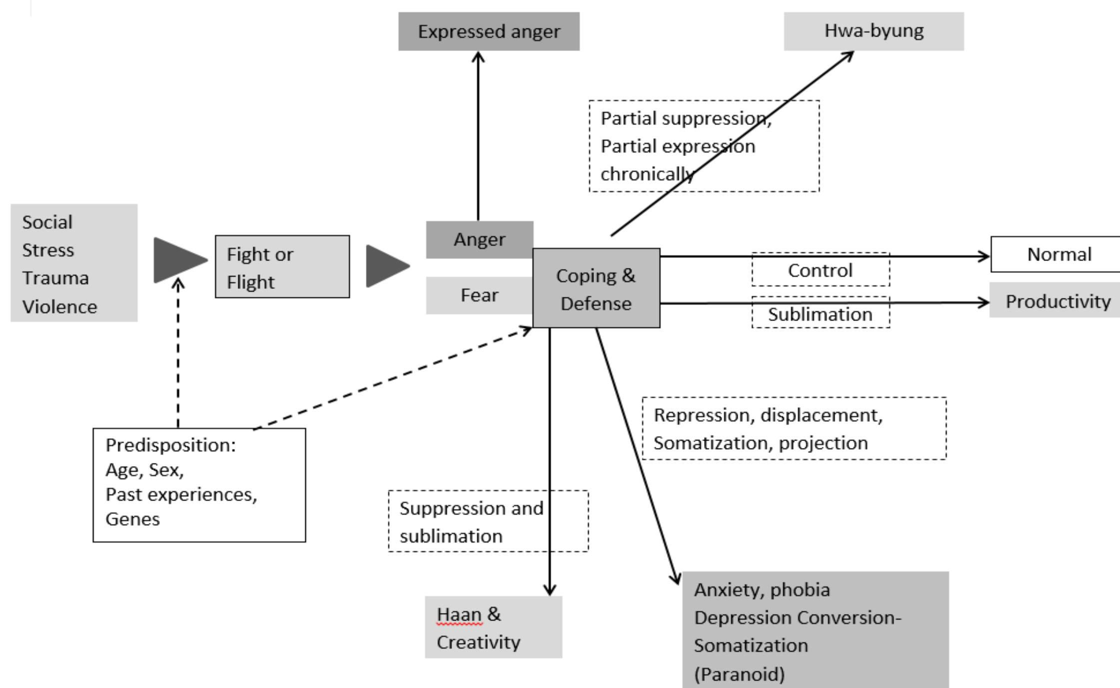

Figure 2. Pathogenesis of *hwa-byung*, *haan* and other psychoneurotic disorders, and normal healthy productive behavior related to acute anger.[126]

Commenting on the pathogenesis, Min says, "The basic clinical feature of *hwa-byung* is suppression of reactive anger to unfair socialtrauma."[127] As the time progresses, *hwa-byung* patients' suppressed anger will be embodied and transformed into various

[126] Min, *Study of Hwa-Byung*, 59.

[127] Sung-Kil Min et al., "Posttraumatic Stress Disorder in Former Comfort Women " *The Israel Journal of Psychiatry and Related Sciences* 48, no. 3 (2011): 167.

physical, emotional, and spiritual pains. In fact, multiple symptoms of *hwa-byung* become embodied and explored as somatic pains and sufferings in the last stage. Regarding the diagnosis of *hwa-byung,* therefore it is essential to investigate socio-cultural and historical etiological factors, especially trauma-related events, and examine their effects on *hwa-byung* patients.

Socio-Cultural and Historical Etiological Factors of *Hwa-Byung*

Koreans' collective culture and values of interdependence are strongly embedded in the notion of *hwa-byung*. In the Western notion of post-traumatic stress syndromes such as PTSD and PTED, the main cause of trauma is an individual's experience of a stimulus, with the result involved in an interpersonal relationship. However, Koreans conceptualize the interpersonal conflicts and problematic relationships as causes of traumatic stresses. According to James N. Poling and Hee-Sun Kim, Koreans' particular emotions are rooted in human relationality, mutuality, and interconnectedness.[128] This is reflected in the concept of *jeong* (정, 情) and Korean family system based on Confucian cultural values.

Jeong (정, 情)

Koreans' concept of *jeong* helps in understanding the complicated dynamics of relationships in Korean culture. *Jeong* (정, 情) is often translated in English as "endearment." *Jeong* is also compared with the Western concepts of empathy, affinity,

[128] Poling and Kim, *Korean Resources for Pastoral Theology*, 72-73

attachment, bonding, affection, and love. However, Koreans' *jeong* is not entirely definable or translatable because it reflects complicated dynamics of human relationships. *Jeong,* as a culture-related emotion, has a complex nature of loving, caring for, and nurturing others in connection with Koreans' collective culture. Unlike the Western concept of love or attachment, Koreans' *jeong* should be seen not only as a private or individualistic emotional state, but also as a shared, collective feeling, which includes the socio-cultural and historical meaning of a relationship.

There are two different dimensions of understanding *jeong* — individualistic and collective. First, Koreans' *jeong* as an individual emotional state has a strong relationship with the developments of *hwa-byung*. Reflecting the relational elements, it should be emphasized that there are "different kinds" of *jeong*; mother-love; *mo-jeong* (모정), friend's love; *woo-jeong* (우정), romantic love; *ae-jeong* (애정) or *yeon-jeong* (연정). Luke I. Kim contends that Koreans' *jeong* functions like aglue to sustain an emotional bond with others.[129] This implies that Koreans believe that different types and/or conditions of relationship can create a different sense of *jeong*. Thus, it is not possible to compare one type of *jeong* with another in terms of its nature and intensity. Further, any kind of relational conflicts or betrayal can break an individual's *jeong*-filled relationships, leaving him/her with a sense of *jeong-haan* (정한, 情恨). This means that individuals' interpersonal relationship can lead to the development of *jeong*. However, if the relationship becomes broken, *jeong* transforms into another emotion called *haan* or *jeong-haan*. This results in a person's sorrow and lamentation for relationships.

[129] Luke I. Kim, "The Mental Health of Korean American Women," in *Korean American Women: From Tradition to Modern Feminism*, ed. Young I. Song and Alice Moon (London, UK: Praeger Publisher, 1998), 220.

Secondly, Koreans' *jeong* can be viewed as they understand *haan*, as Koreans' cultural and collective emotions. Koreans' *jeong* then brings into togetherness, sharing, and bonding in relationships and communities.[130] Regarding the concept of *hwa-byung*, Koreans see *jeong* as a collective cultural product, which can reflect the uniqueness of Koreans' emotional reaction. Connected to one another by *jeong*, Koreans have a collective effort toward a common goal, overcoming crises, and group survival.

Korea, as an agrarian society, has cultivated various forms of mutual help that are reflected in terms such as *pum-asi* (품앗이), *doo-rae* (두레), *gye* (계) and *hyang-yak* (향약), which contribute to deepening relations and increasing solidarity. *Pum-assi* (품앗이) is a type of collective working for the benefit of the community, without taking account of the value of each person's labor contribution. *Doo-rae* (두레) is a type of collective laboring operation. Farmers in a village work together on each other's farms so to support one another by reducing the work load. *Gye* (계) is a type of mutual financial and social help within small farming communities. *Hyang-yak* (향약) is a village council that resolved disputes, encouraged good morals, and provided for community members in times of hardships.[131] These traditional forms of communal assistance reveal a strong cultural value of mutuality and belongingness in social relationships. This characterizes a *jeong*-driven relationship in which they build up a communal identity of "we" not "I".[132] This also is reflected in Koreans' communal and folk culture, and *jeong*-based we-ness.

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[130] Irene J. Kim, Luke I. C. Kim, and James G. Kelly, "Developing Cultural Competence in Working with Korean Immigrant Families," *Journal of Community Psychology* 34, no. 2 (2006): 152-53.

[131] Anna Zamora, "South Korea," in *Encyclopedia of Social Networks*, Vol. 1, George A. Barnett, ed. (Los Angeles, CA: SAGE, 2011), 807; Il-joong Kim, "Cultural Value of Hyang-yak and its applicability to Local Government," Document of Presentation for *10th Nam-goo Forum*, Gwang-Joo, 2007; Yol-Kyu Kim. *The Myths of Korea* (Seoul: Iljogak, 1976).

[132] Chung and Cho. "Conceptualiation of Jeong and Dynamics of Hwa-Byung": 9.

Koreans' *jeong*-based we-ness often times results in an interruption of personal boundary. Hee-Sun Kim descries Koreans' *jeong*-based we-ness or collective identity as "collective madness".[133] Based on the ciritical evaluation of Korean cultural value *jeong*, Kim also explains that, "When a particular event happens, it sweeps the whole nation. There is almost no room for other voices to be heard."[134] Therefore, *jeong* has a strong impact on the Korean communal culture and collective identity, and finally results in the concept of *jeong*-based we-ness.

Jeong-Based We-ness and *Hwa-Byung*

Koreans believe that all individuals should be mingled and interconnected with one another in diverse communities. This is reflected in Koreans' communal culture and *jeong*-based we-ness. In terms of Koreans' *jeong*-based we-ness, Koreans accept a tragedy or trauma that occurs to an individual or a group of people or at the national level, and attempts to react to the incident collectively. In Korea, many traumatic events, such as crimes, violence, even natural disasters, have not been considered as an individual matters. Rather, they are viewed as communal incidences. This perspective is connected in the Korean folk community to both shamanistic culture and ancestor worship, which is influenced by Confucianism. If something bad or negative happen to a person or a community, Koreans believe that they are punished because the spirits of their ancestors or the dead, who had an unsolved *haan* (called *won-haan*) or died with a sense of *uk-wool* or *boon*, become upset. Koreans believe that even the spirits of the dead

[133] Poling and Kim, *Korean Resources for Pastoral Theology*, 71

[134] Ibid.

have the subjective emotions and desire to express themselves within a community. Through public or communal shamanistic rituals, Koreans attempt to comfort the spirits of the dead and ask them to go wherever they need to be. In this process, shamans usually function as mediators between the living and the dead, and between individuals and the community, helping both sides to be freed from the trauma impacts. While dealing with the repeated encounters with continuous loss, separation, and traumatic experiences, Koreans become connected and attempt to overcome the traumatic impacts together because of *jeong*-based we-ness.

This *jeong*-based we-ness has a strong relationship with Koreans' *hwa-byung*. Chung accordingly defines *hwa-byung* as a reaction to intolerable betrayal called *jeong* violation.[135] Koreans believe that all individuals should be mingled and interconnected with one another in diverse communities. This is reflected in Koreans' communal and folk culture and *jeong* based relationships. However, as a consequence of repeated invasions and exploitations of interpersonal relationships, Koreans have developed a chronic sense of helplessness against overwhelming feelings of unfairness and injustice, which violates Koreans' essential value of *jeong*.

Not only life threatening events, but also the negative casual life events, such as relational conflicts or divorce, can be seen as perceived as a trauma impact on both individuals and communities. If the *jeong*-based we-ness is failed or violated, individuals may feel traumatized and suffer from multiple somatic symptoms of *hwa-byung* and a rising sense of *hwa*, *haan*, *uk-wool,* or *boon.* In this process, *hwa-byung* patients develop a "wounded collective identity" as the weak, the helpless, and the powerless. This

[135] Chung and Cho, "Conceptualiation of Jeong and Dynamics of Hwa-Byung," 9.

indicates that the violation of *jeong*-based culture and relationship leads to the distortion of not only people's health but also their identity.

Confucianism and Korean Family Systems

Korea has a long history of being influenced by Confucianism, which has resulted in a strong patriarchal and hierarchical Korean family structure and culture. Koreans' collective culture is mainly influenced by the Confucian values of collectivity and harmony in relationships. To sustain a harmonious relationship, Korean women have been sacrificed and eliminated from the male-centered hierarchical society, which is formed by Confucianism. Another issue in the Korean family system is the unfair treatment of women and children. Since Confucianism is a male- and adult-centered system, women and children have little power or voice to speak in this family system. The unbalanced relational dynamic in the traditional model of the Korean family has gradually changed, but a strong gender and age discrimination still remain in the Korean patriarchal family system.

Confucian Values in the Korean Family System

Nam-Jon-Yu-Bi (남존여비, 男尊女卑)

*Nam-jon-yu-b*i is one of the Confucian teachings which declares that Korean women's social status is inferior to that of men. The meaning of *nam-jon-yu-b*i relates to the principles of *yang* and *yin,* which considers male principle as *yang* (heaven) and female principle as *yin* (earth). Just as heaven dominates the earth, it is accepted in

Korean culture that men dominate women. This notion informs the relationship between a husband and a wife in Korean families, and reveals the hierarchical, socio-cultural forces at work in the Korean family system. It also relates to another Confucian virtue or ethic for woman called *sam-chong-ji-do*.

Sam-Chong-Ji-Do (삼종지도, 三從之道)

Confucianism has the virtue of s*am-chong-ji-do,* which means women have to obey three male figures in all phases of their lives—her father at home, her husband after marriage, and her son after being widowed. Younger couples are gradually reducing the impact of this notion upon their families and creating a new dynamic between husband and wife. Still, this Confucian teaching has strong power in the Korean family culture because Korean women's obedient attitudes and behaviors are learned in order to survive in the family system. In reality, the Confucian virtue *sam-chong-ji-do* has presented a tremendous burden for women in Korean families, as a woman should be or is required to be under the authority of a man in her entire life. As a result, many Korean women wrestle with various symptoms of *hwa-byung* and suffer in silence in the family system.

Two main Confucian virtues *nam-jon-yu-bi* (남존여비, 男尊女卑) and *sam-chong-ji-do* (삼종지도, 三從之道), have strongly influence the development of the male-centered Korean family system. According to a Korean pastoral theologian Suk-Hwan Jeong, Korean family system was linked with Confucian patriarchal function and shamanistic maternal function. Confucian systems such as Korea's are typified by dominance of the patrilineal or father-son dyad.[136] Based on Confucian culture, the eldest son will inherit the

[136] Jeong, "Korean Pastoral Theology Based on Korean Culture." 144-145.

leadership of the family and has the responsibility to take care of the parents in their old age. After the father dies, family members agree upon the authority of the eldest son and give power to him instead of to the mother. In reality, Korean mothers can be easily isolated and depressed in the relationship with their husbands who hold the power and authority. As a result, the mother pulls one of her children, usually the weakest, to create a triangle between the father, mother and weakest child (usually a daughter). Mother usually chooses a daughter because of the strong emotional bond between mother and daughter. In the triangle, both mother and daughter, neither of whom have power in the family system, have to rely on the father or the father-son dyad. Thus, Korean women learn to accept their powerless or helpless status in the family, with those feelings usually being passed on generation to generation of Korean women. Finally, Korean women's struggle has an impact on their children, who are the weakest and the most powerless in the family.

The Korean family system has a lack of flexibility and objectivity, especially with regard to women and children. In the Korean Confucian family, there is no regard for the Korean women's healthy identity as a person. *Hwa-byung* patients, mostly Korean women, do not have a constructive self-identity, nor a keen social awareness of the abusive systemic power against which they struggle. In fact, there is no adequate social support or cultural learning for Korean women's aspiration for autonomy. Korean women have been repressed and abused, not only socio-politically, but also socio-culturally. This has resulted in Korean women's struggle with emotional confusion and conflicts with their own identity in both intrapsychic and interpersonal level of relationships. My clinical interviews reveal that Choi, who had been physically abused by her father for an

extensive period, did not have an awareness of the victimization, but was left alone and immobilized by fear and anxiety in an interpersonal relationship. Choi attempted to forget what happened to her and her family, but this led to the development of active forgetting as part of her *hwa-byun*g symptoms. Choi's situation demonstrates that Korean women have never been seen as subjects of human affairs, particularly in the family system, which is deeply rooted in Confucian values.

Historically, Korean women have been oppressed socially, economically, and politically in various ways. They have been also asked to sacrifice themselves in support of family, and to endure pains resulting from family conflicts so as not to threaten harmonious relationships, which are highly valued in traditional Korean culture.[137] Barrett B. Mesquita and Robert Walker claim that East Asian cultural models do not value personal agency to control situations. Rather they stress fate, the multi-determination of events, and the interdependence of an individual and his/her (social) environment.[138] Differing from the Western individualistic culture, the collective culture of Korea prohibits women from building up self-agency and a personal sense of control. Korean women have not been considered as subjects who are able to be responsible and have control over the human affairs they face. Thus, Korean women may be subject to trauma and being out-of-control, or abused, and then pursue help from others. Kleiman says that illness behavior is shaped and governed by cultural rules to get helps.[139] In this sense, *hwa-byung* can be seen as a form of help-seeking behavior for the survival of

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[137] Chae So, "An Ethnographic Study on the Experience of Middle-Aged Women with Hwa-Byung," Ph.D. Dissertation., (Keimyung University Graduates School: Daegu, SK, 2002).

[138] Mesquita and Walker, "Cultural Differences in Emotions: A Context for Interpreting Emotional Experiences," 785.

[139] Arthur Kleinman, Esinsberg Leon, Byron Good, "Culture, Illness and Care Clinical Lessons from Anthropological and Cross-cultural Research", *Annals of Internal Medicine* 88, no 2, (1978): 252.

Korean women who have been victimized and oppressed. Korean women also come to have a deep sense of *haan*, which manifests as a chronic feeling of helplessness and struggle with multiple symptoms of *hwa-byung*. As such, it is clear *hwa-byung* should be seen as a culturally constructed illness and that the majority of *hwa-byung* patients are Korean women.

Korean women attempt to make their voices heard and speak about their sufferings by evidencing various symptoms of *hwa-byung*. In this regard, it is helpful to re-think *ha-so-yeon* as an example of help-seeking behavior of *hwa-byung* patients. Why do *hwa-byung* patients engage in talking to get help from others? This behavior seems to connect to the Confucian family system, which does not permit women and children to talk freely, even in family or casual gatherings. Talking is a great way to release the neurological pains or psycho-somatic energy of *hwa-gi,* but it has been prohibited by the systemic power. Thus, many Korean women and children repress or internalize their pains and sufferings. Sadly, thereafter they suffer due to the accumulated and condensed pains, such as a gastric masses or heat sensation as a result of *hwa-byung*. *Hwa-byung,* then, should be considered as a help-seeking behavior in trauma victims and trauma survivors, as they have been neglected and eliminated from social and communal support.

To survive repeated man-made traumas, violations, and interpersonal conflicts, Korean women adopt their own defenses and coping mechanism, such as pseudo-altruism and pseudo-safety of non-feeling, so called "numbing."[140] Through the process of numbing, Korean women, as the oppressed, internalize pains and suffering, and develop symptoms of *hwa-byung* with a strong sense of detachment and estrangement from

[140] Chung, *Struggle to Be the Sun Again: Introducing Asian Women's Theology*, 42-43.

others. Chung illustrates this as “a sin of the oppressed,” which leads to “horizontal violence” among Korean women as a victim of socio-culatural, and historical oppression. The traumatic impacts of the continuous oppression ends up with the destruction of women’s community.[141] Therefore, it is essential for mental health care providers to empower Korean women to strengthen their identity and be confident enough with the subjective consciousness to explore narratives.

In-Family Trauma

The socio-cultural prejudice and pre-understanding of the traumatic event is used to interrupt and create a safe space for the trauma victims in Korean family system. The Ministry of Gender Equality and Family survey in Korea in 2010 indicates that “53.8 percent of 2,659 couples said they experienced violence. More than 51 percent of the women said they were physically abused, with over 30 percent of them having received medical treatment for their injuries. Men were also seemed to fall victim to violence, with 34.6 percent of them responding that they were physically hurt.”[142] This survey shows three significant issues relating to *hwa-byung* as a trauma-related anger disorder.

The first issue is that there are many social and cultural taboos in Korea, especially within the Korean family system and unhealthy interpersonal relationships. Among the many cultural issues, the issue of “in-family trauma” as an important etiological cause of *hwa-byung* in the Korean family system must be raised up. There are many trauma victims of domestic violence, such as battering and child abuse, in Korean

[141] Ibid.

[142] Joo-hee Lee, "Assembly Moves to Tackle Domestic Violence: Recognition of Spousal Abuse as Major Crime Slowly Grows," *The Korea Herald*, 2012-12-04 2012, http://khnews.kheraldm.com/view.php?ud=20121204000819&md=7004506_AP (Accessed 2/12/2016).

family systems. These issues are, however, considered family affair (*jip-an-il*) that should not be interfered with. Further, legal action against these issues is regarded as taboo. Using the concept of *jip-an-il,* many victims of domestic violence in Korea are not able to ask for help. Thus, they have been isolated from communal aid and silently struggle with symptoms of *hwa-byung*. This explains the rigid boundary of the Korean family that separates it from other communities and keeps family secrets. In this insular family system, Koreans have learned to accept suffering as a part of human life. Thus, they have not named their experiences as trauma, which needs a professional help and proper treatment, and have endeavored to tolerate them.

The second issue relating to *hwa-byung* as a trauma-related anger disorder is that anyone can be exposed to negative or traumatic life experiences in Korean family system, not just Korean women. The impact of Confucian cultural values continues to be diminished such that Korean women gain more power and authority in the contemporary Korean family system. Thus, Korean women have to overcome the depleted self-identity of weak or powerless, and re-author a new constructive narrative for themselves for the future. The survey further explains that it is possible for Korean men to also become victims of domestic violence, and suffer from *hwa-byung.* This is almost a concept diametrically opposed to the Confucian cultural value, but it is happening in the contemporary Korean family. This demonstrates that *hwa-byung* should not be considered as a fixed or static phenomenon, especially in Korean women because it is influenced by societies and cultures, which are always in transition.

Finally, there is no consideration or evaluation of children as trauma victims who suffer from *hwa-byung*. The reason for this is apparently due to the adult-centered and

hierarchical structure of Korean families. Typically, Korean children are asked to listen to their parents or the elderly, not to talk. This is extremely problematic given the high rate of child abuse within Korean families, as the culture seems not to allow children to talk about their sufferings or ask for help. Children are the weakest of the weak in the Korean family. With this imposed silence, there is highly likely that children may experience multiple traumatic events, including abuse, violence and negligence of basic care, and be left on their own to cope. Thankfully, social awareness is increasing in modern Korean society and people are becoming more sensitive to the needs of children and their proper care. Still, in the transition, it is critical to acknowledge the presence of Korean "in-family trauma" and its trauma victims, whether they be male or female; adults or children, who are isolated from proper protection from the family system.

In Korea, the rigid family system often violates the basic human desire to be cared for, loved, and supported, and it makes the weak and the powerless feel threatened or traumatized. Thus, *hwa-byung* should be reconsidered as trauma-related anger disorder, having the personal, cultural, and universal aspects of post-traumatic symptoms. *Hwa-byung* as a cause of post-traumatic distress may be universal, but the ways of exploring distress is culturally formed and learned. Thus, *hwa-byung* is not limited to Koreans or just Korean women, as there are many other sufferers who have been hidden or excluded from proper care due to cultural taboos. This means that *hwa-byung* is universal and experienced across gender, age, and culture. Additionally, *hwa-byung* is personal. Everyone has different ways of interpreting and reacting to a traumatic experience. Thus, it is critical to observe and recognize the personal expressions and particularities of *hwa-byung*, as *hwa-byung* has universal, cultural, and individual features.

Historical Etiological Factors: National Traumas

Koreans have been exposed to numerous traumatic experiences in the course of continual invasions and threats from neighboring countries. Thus, most Koreans now living are the children of trauma survivors who experienced the modern history of Korea and the traumatic historical events during the twentieth century. There are many historical events, including Japanese colonization, the Korean War, Westernization, and rapid industrialization. Thus, the historical and cultural dimension of *hwa-byung* impacts all Koreans. Therefore, a review of Korean history is essential in order to understand *hwa-byung* and its symptoms, and to afford an accurate diagnosis of the condition.

Japanese Colonization (1910-1945)

Korea, as a peninsula, holds a strategically important geographic position among China, Japan, and Russia. In times of peace, Korea had served as a bridge between these aggressive neighboring countries. However, for most of history, Korea has been used as the battleground of its aggressive neighbors and fallen victim to the power dynamic. Japan modernized its army in the late nineteenth century and built a strong military. With that military power, Japan invaded Korea and northern China in the early twentieth century and expanded its imperial territories.

Korea was ruled by Japan from 1894 to 1945. Under the power of the Japanese colonizers, Koreans and their own culture were destroyed. Most Korean males were conscripted and used as human shields on battlefields during World War II. Many Korean females were hunted and forced into sex slavery for the Japanese military. In its effort to

eradicate Korean culture and identity, Japan in 1938 banned the use of the Korean language in schools, forced Koreans to abandon Korean names and take Japanese names. The Japanese colonizers plundered Korea's cultural assets at the time of the invasion. Further, the Japanese coerced Koreans to adopt their religion, *Shinto*, which is the natural spirituality of Japan and the Japanese. Koreans who did not worship in the *Shinto* tradition were discriminated against, even killed, by Japanese for maintaining their Korean religious identity and values. Thus, Japanese colonial rule was a time of persecution for Koreans who were uprooted from their own identity, culture, and spirituality. Further, the Japanese tried to eliminate Koreans' spirituality by removing important cultural symbols and representations, including language, names, and artifacts. In the clinical interview with Park, she spoke of her childhood experience during the Japanese colonization. She said that no one could speak Korean in school, so she learned Japanese, which was very difficult. She remembers living with great fear and anxiety. Even at age 80, Park can speak Japanese fluently but she notes that "I like to speak Korean, neither Japanese nor English." This indicates Park's *haan* as a result of losing her own language.

Korean Comfort Women

As we consider the many tragic historical events of Korea, it is important to mention the Korean comfort women as an example of trauma survivors. They continue to carry in their bodies, minds, and spirits the impact of the historical traumatic events suffered under the power of Japanese colonizers. Many Korean girls, even those who were not yet women, were forced to have sex with the members of the Japanese imperial

army and treated a sex-slaves. The innocent young Korean women were deceived, hunted, and stolen, forced into service as sex slaves by the Japanese government. This was true not only for Korean, but for women in many other countries the Japanese army invaded and ruled. Many women were disconnected from their families, located in a dangerous place, and ruined by the brutal Japanese colonizers. This forced service ordered by Japanese government is one of history's most horrible instances of human trafficking. As a result of the historical tragic event, many Korean women had suffered from the traumatic memories and various somatic pains.

Based on a clinical study of PTSD in former comfort women, Min suggests that the historical trauma associated with Japanese colonization results in various symptoms of PTSD, which appear to have many common features with *hwa-byung.*[143] In particular, trauma experienced as a sex salve contributed to the development of PTSD in many Korean former comfort women. However, the clinical characteristics that present are slightly different from those associated with general PTSD. Min classifies PTSD in former comfort women as complex PTSD, which is characterized by intensified levels of anger, sadness, and feeling of unfairness (*uk-wool* or *boon* in Korean).[144] The complex PTSD has many elements, especially anger and feelings of unfairness, in common with *haan* and *hwa-byung.* The Korean comfort women wanted desperately to receive the official apology of Japanese government. Thus, the former comfort women struggle with *hwa-byung,* not only as a result of personal traumatic experiences, but also as a result of the national collective trauma, unsatisfied desire, and suppressed anger (*uk-wool/boon*).

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[143] Min et al., "Posttraumatic Stress Disorder in Former Comfort Women " 167.

[144] Ibid.

The Western concept of PTSD is not adequate to describe the accumulated and complex pains, agonies, and desire for revenge held by the former comfort women. The lack of social awareness concerning their trauma and the Korean cultural value of endurance continued to isolate these women and caused them to live with the burden of social stigma. The former comfort women were abandoned by their own families and suffered alone the various physical and emotional symptoms caused by their trauma.

There are few surviving comfort women who are living witnesses to the unbearable and dehumanizing historical trauma perpetrated by the Japanese imperial government. And despite a sense of shame and overwhelmed feelings, the women stood up for themselves and demanded the official apology of the Japanese government. They wanted to increase awareness of these historical and national traumatic events, as well as receive sincere apology and proper compensation. But despite the presence of these historical victims, the Japanese government denied the claims of the comfort women, and, instead, humiliated them. The reaction of the Japanese government re-provoked the accumulated *hwa*, *haan*, *uk-wool* and *boon* of the Korean and re-traumatized them with repeated unfair socio-cultural, historical, and political trauma. This indicates that Japanese colonization results not only in the development of personal trauma, but also inflicts communal and national trauma, which cannot be considered separately from Koreans' *hwa-byung* as a trauma-related anger disorder.

The Division of the Korean Peninsula

After Japan surrendered to the allied forces in August of 1945, the Japanese occupation of Korea was ended. Koreans were liberated from Japan's colonial power, but

the Korean peninsula was immediately divided by the allied forces (United States, Russia and England) at 38th parallel of the country without consulting the Koreans. The division of the peninsula was a consequence of an international political power dynamic. Korea was, once again, victimized and ruled over by foreign powers. In place of Japan, which led World War II and dehumanized people in a colonized territory, Korea was re-victimized by the divided ideological power dynamics in place by virtue of the division.

As a result of the ideological hegemony, two competing provisional governments were formed, the Republic of Korea (ROK, South Korea) in the south, backed by United States, and the Democratic Peoples Republic Korea (DPRK, North Korea), established in the north under the supervision of Russia, with support from communist China. As a result of the political division between the north and south, Korea once again was sacrificed and controlled by the international political power dynamics. Further, innocent civilians in North Korea, who were threatened and persecuted by the communists, left their hometowns and moved to South Korea. These civilians were called s*il-hyang-min* (실향민, 失響民), which is translated as "displaced people," losing their homes as they escape the communist government and sought survival in South Korea. This was an extremely chaotic episode during which people stood against each other without fully understanding the two different ideologies vying for control, and the impact that power struggle would have. After the Korean War, the concept of *sil-hyang-min* expanded to encompass people who left their hometowns in the north of Korea. The social and ideological conflict finally led to a fratricidal war that took place on the Korean peninsula in 1950.

In this study of *hwa-byung*, it is interesting to discover the strong relationship between *hwa-byung* and the history of Korean emigration. Koreans' emigration began

during the Japanese colonization of Korea. It was not volunteer, but forced emigration by and in the interest of Japanese government. John Wilson notes three situations that may exist due to forced migration.[145] First, the situation may be dangerous, or considered dangerous, and the authorities might decide to evacuate the region. Next, the area is considered an unsafe place where a new violent event could happen anytime. Finally, the community decides to leave because the area is considered unsafe. Korean emigration started began as a forced migration to evacuate the dangerous region controlled by the colonizers and to build up the foundation for the reconstruction of Korea from outside of the country.

Most of the populations forced to migrate between 1910 and 1940 had political reasons for escaping the colonial power of Japan and the increase of political and economic power to liberate Korea from the power of Japanese colonization. There were three groups of migrant Koreans in Mongolia, Russia, and Japan. In 1910, Korean immigrants established schools and the foundation of an independent movement in Manchu and moved to the maritime province of Siberia. From the time the Japanese government established rule over Mongolia in 1930, many Koreans were forced to leave Korea and move to Manchuria for the purpose of developing that area. Before and during the World War II, more than one million Koreans, who lost family, homeland, language and culture, were conscripted as soldiers or mobilized as forced laborers to work without pay in Manchu, Sakhalin in Russia, and in Japan. The Japanese government took many people from the countries they had colonized and forced them to do hard and dangerous

[145] John P. Wilson and B. Drožđek. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. (New York: Brunner-Routledge, 2004).

work without payment.[146] Often in Korea, people were robbed of their rights and dehumanized by the power of colonizers.

Sadly, most of these emigrants unable to return to their homeland, and died in a foreign country. These groups of emigrants developed their own identity based on the time/location of the migration to which they belonged—Chosun-Jok (조선족, 朝鮮族) in Mongolia and China, Koreyo-In (고려인, 高麗人) in Russia, and Korean-Japanese (재일교포) in Japan. Hence, the relocation for survival in face of the power of oppressors or colonizers results in the additional destruction of the collective identity and estrangement from one's own culture and history. This phenomenon is called *sil-hyang-min* (실향민, 失響民), which means subjugation and victimization by the political power struggles and national traumas. Lee Hee-pal was twenty years old when he became a forced worker. He was separated from his family and moved from his hometown to work in Sakhalin, Russia under Japanese colonial rule. He returned to Korea and tried to reveal this historical truth and report about the unspeakable life of forced workers. He also assisted the survivors of the forced workers program to return their hometowns in Korea.[147] Considering the great losses and traumatic experiences, *sil-hyang-min* has caused many etiological features of *hwa-byung* and pains throughout the lives of many Koreans.

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[146] http://wiliamunderwood.org/uploads/Japan_Focus_2010-7-26_redress_crossroads_in_japan.pdf (accessed 02/25/2016)

[147] http://www.archives.go.kr/archivesdata/upFile/palgan/1372744106281.pdf (accessed 02/25/2016)

The Korean War (1950- 1953)

Due to lack of power, Koreans, who managed to survive the brutalities of Japanese colonization, were expected to overcome another trauma—the Korean War which began on June 25, 1950, when North Korea invaded South Korea. The Korean War is usually regarded as a result of an ideological confliction between the communist in the north of Korea and the democratic government in the south. However, the reality is that most Koreans did not have their own ideology and/or reason to fight against their Korean brothers and sisters. It was the international political power struggle and ideological confliction between the Communists and the West that eventually resulted in the Korean War. The Korean War was one of the bloodiest wars in human history, with an estimated military casualties of about 1.5 million (including 37,000 American soldiers) and civilian casualties that totaled about 2.5 million. In addition to the high death toll, almost ten million families were separated as a result of the war between South and North Korea.[148]

Unfortunately, Korean men, who had returned home from their time as forced labors, were required to fight against and kill Korean combatants who might be their extended families and neighbors. Thus, having war-related traumatic experiences, Koreans men go through the process of re-traumatization and wrestle with immeasurable post-traumatic distresses. This is in opposition of the most important cultural value of *jeong,* and breaks the collective identity as *woo-ri*. In her book, *Soul Repair,* Rita Nakashima Brock describes the morally injurious experience that occurs when people

[148] *Encyclopedia Britannica* (1995).

reflect on traumatic memories related to war or war-related experiences.[149] Beyond the intensity and cruelty of war experiences, Korean combatants often struggle with feelings of shame, despair, and identity confusion. Indeed, there were many women and children who survived the dangerous environment caused by the Korean War.[150] Korean comfort women, who survived sex slavery and abuse under the power of Japanese colonization, face another traumatic event when the Korean War erupted. Indeed, with the advent of the Korean War, everything was destroyed or lost, and people were separated from loved ones. This confronted Korean trauma survivors with a new set of complicated moral and ethical challenges while still struggling with pre-existing trauma impacts.

The Korean War remains an incomplete national tragedy and creates post-colonial poower. The armistice agreement was signed by United Nations, North Korea, and China in 1953, dividing Korea at the 38th parallel into North and South Korea. At that time, the United States mainly provided sponsors to South Korea and the United States troops stayed in South Korea. It was a start of an American military dictatorship, and entailed the unequal political, economic, and cultural relationships between Korea and the United States. Since that time, Koreans have been influenced by the American culture and have internalized American cultural values and meanings.

The Korean is not yet completed for Koreans. Even fifty years later, South Koreans continue to live with war-related stresses and the fear of North Korea's sudden attack. Moreover, the surviving ten million separated families have not been able to be

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[149] Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War* (Boston Beacon Press 2012).

[150] S. J. Paik and D. S. Kim, "Revisioning of Family Reunion: A Case of Korean American Women and Their Families Separated by War," in *Korean American Women: From Tradition to Modern Feminism*, ed. Young I. Song and Alice Moon (London, UK: Praeger Publisher, 1998), 256-58.

clearly verified until now. Even if family members were located in the other part of Korea, it is not possible to visit or communicate with them. Many Korean War survivors still live with trauma-related stresses and suffer the pain that they have carried for several decades. In addition to Koreans' national tradgies, Clinical interviews with Korean-Americans suggest the the historical and national level of trauma still have a great impact on Korean-Americans who left Korea and live in a different culture.

The Immigaration of Korean

After the Korean War, many Koreans immigrated to the United States. There were three major waves of immigration.[151] The first, from 1903 to 1905, consisted of about 7,500 Koreans, mostly men, who went to work as contract laborers on Hawaii's sugar plantations. Much of this immigration wave was not volunteer, but was forced by the Japanese government as a revenue source for Japan. Thus, these forced immigrants were victimized by the colonizers' need for cheap labor and foreign investments to develop the country's industry.

The second wave of Korean immigration to the United States, beginning in 1950, consisted of women who married American soldiers, and Korean children adopted into American families. Nearly 100,000 so-called "internationally married women" or "military brides" entered the United States between 1950 and 1989. Approximately 300,000 Korean adoptees entered the United States beginning in 1953. The third wave of immigration began in 1967 and consisted of Koreans who came under the occupational and family reunification preferences of the 1965 Immigration Act. These waves of

[151] http://www.naka.org/resources/history.asp (accessed 02/25/2016).

immigration followed growing United States involvement in Korea during the twentieth century.

As a result of the Korean War, many Koreans have carried the pains of their own traumatic experiences from the past. They have sought better living environments for surviving the traumas. However, the hopes of Korean immigrants were not always realized as they experienced social discrimination and other types of trouble in the foreign country to which they immigrated. In clinical interviews, both Kim and Park shared their experiences of racism and social discrimination. They also indicated that it was extremely difficult for Korean immigrants to adjust to a new environment and successfully assimilate into the American culture.

The history of Korean immigration discloses the depth of the pain and loss the weak and the powerless endure. These are people who lost their own names, their language, culture, even their country, and who had to suffer social, cultural, and racial discrimination, as well as segregation in order to survive. Many mental health professionals have studied *hwa-byung* in Korean immigrants, especially Korean-Americans. Considering the nature of *hwa-byung* as culturally-related, it might be assumed that Koreans who live in a different social and cultural context would be released from the impact of *hwa-byung*, or that the incidence of people struggling with *hwa-byung* would be lower than in Korea. However, the rate of *hwa-byung* among Korean-Americans and Korean immigrants in America is higher than in Korea.[152] This suggests that Koreans' *hwa-byung* can be transmitted or delivered into the next

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[152] Si-Hyung Lee, Kang-Sup Oh, So-Yeon Cho, Seok-Joo Bae, Sung-Hee Lee & Young Chul Kim, "A Clinical Study of Hwa-Byung (II): Hwabyung as the Reaction of Anger," *Journal of Koryo General Hospital* 12, no. 1 (1989).

generation so the descendants of Koreans still struggle with *hwa-byung*, despite a change of context. The multi-generational transmission does not only apply to Koreans' *haan,* but to *hwa*. In fact, Korean immigrants have profound losses, including their own culture and language, and often experience unfair social treatment as members of minority groups. This finally leads to the development of *hwa-byung* in Korean immigrants.

To summarize, the failure of Koreans' resistive actions toward these momentous historical and international events evoked the most basic culture-related emotions of *hwa, haan*, *uk-wool*, and *boon*. In this sense, these emotions and emotional expressions can be seen as psycho-neurotic reactive symptoms toward traumatic experiences. Koreans, as trauma survivors, have continued to accept pain-filled and subjugated lives as their fate, and thus avoided their emotional power as the subjective desire for revenge. Moreover, there are strong cultural impacts interwoven with the external threats, which provoke Koreans' strong sense of shame and unique emotional expressions, while maintaining the ethnic values and ethos. The silenced sufferings of Koreans finally result in the development of *hwa-byung* and its symptomatic expressions, by which the concealed emotions and spiritual wounds become seen and recognized. Instead of focusing on anger or anger-related reactions of *hwa-byung*, I suggest that it is more significant to re-visit and re-evaluate the historical and national traumatic experience as an etiological factor. Conseqeuntley, Koreans' *hwa-byung* should be understood as trauma-related or post-traumatic anger disorder in response to both personal and communal/national traumatic experiences.

Summary

Multi-dimensions of Korean cultural factors, especially Korean folk understanding of health, impact on the interpretation of traumatic events and ways of expressing or coping traumatic distresses. Most *hwa-byung* patients wrestle with various symptoms, including a loss of meaning in their lives, physical arousal, and somatic and mental disturbances. These symptoms are usually associated with not only personal but also communalexperiences of traumatic events involving abuse, loss, conflict, violence, injustice, and war. In this sense, the development of *hwa-byung* is the result of not only an individual's biological causes or personal traits, but also the traumatic impacts of systemic and structural injustice, violation, and all other types of power abuse. In this trajectory, Koreans' *hwa* and *hwa*-related emotions serve not only as defense mechanisms to protect them from potential harm or danger, but also as resistive silence toward the tyrannical power of the oppressors. Thus, *hwa-byung* should be re-defined as a post-traumatic or trauma-related anger disorder, which is not only individual but also relational and transgenerational in its causes and symptoms. Not only *hwa-byung* but also other mental disorders are interrelated with multi-layers of relational, structural and systemic issues. Therefore, it is critical to acknowledge different historical and cultural variables embedded in the definition and manifestation of mental disorders.

Chapter 4

Psychological and Experiential Understanding of *Hwa-byung*

In a multicultural era, human science and technology are breaking physical boundaries, and the world is becoming a global village. However, there are is still evidence of cultural differences in expression of emotions, and emotional reaction toward traumatic events. The evidence is deeply related to issues of human subjectivity, as well as subjectiveness of human sufferings. Therefore, this chapter intends to explore the meaning of difference across cultures and human subjectivity in relation to the embodied pains and memories of traumatic experiences. Included is a perspective of how Korean socio-cultural understandings of subjectivity impact the manner and symptoms of *hwa-byung*.

Human Subjectivity and Cultural Difference

Human Subjectivity and the DSM-IV

While evaluating the concept of *hwa-byung* in the DSM-IV, there continues to be the issue of normality in relation to the definition and clinical manifestation of mental disorders. A reason to consider is the DSM-IV attempts to universalize Western core values, and cultural norms to diagnose patients with mental disorders. Chapter Two of this paper presents the main criticism of the DSM-IV as an official manual of Western psychiatry, and its failure to recognize the social, cultural, political, and historical context of mental disorders along with their subjective explorations. The social, cultural, and historical differences in human experiences leads to the development of distinctive

emotions, or other culture-related explorations, however no consistent approach has been accepted or fully recognized in the DSM-IV. The resulting conclusion is a serious rejection of human subjectivity in approach to human suffering. There needs to be a discussion of human subjectivity, and the development of cultural differences in human suffering.

The DSM-IV universalizes Western standards of emotional or psychological reactions toward certain triggers, and rejects the socio-cultural aspects of human emotions and emotional reactions. In other words, the DSM-IV does not overcome the "I–other" and "subject–object" dualities. DSM-IV does not in fact concentrate on the internal or psychological process of human subjectivity. While evaluating the history of the DSM, it is obvious that all human beings and their struggles are not seen as subjective entities and treated equally or fairly. Mental disorders, particularly trauma related disorders, will not be fully understood and treated in an effective way without examining cultural and historical layers of causes. Thus, it is significant for mental care providers to rethink the process of approaching human struggles in modern psychiatry in relation to human subjectivity.

Human mental disorders are triggered by complex etiological factors and have a holistic impact on body, mind, and spirit exhibiting a variety of symptoms. Drawing from the studies of human distress and psychopathology, Regeser-Lopez and Gurarnaccia suggest, "both internal factors, such as values and beliefs, and the external factors, such as cultural expectations and harsh environment, can affect the expression of distress and psychopathology."[153] The study indicates a mental disorder is caused by various

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[153] Regeser-Lopez and Gurarnaccia, in *Mental Health Professionals, Minorities, and the Poor*, ed.

etiological factors based on its social and cultural context. Regarding the causes and symptoms of mental disorders, there are many differences and heterogeneous features Western practitioners do not understand. Before objectifying human struggles based on certain standards such as the DSM-IV, Western mental health practitioners should be aware of their limits in understanding “different kinds of human sufferings.” Then, the practitioners should thoughtfully and carefully approach individuals’ subjective feelings toward traumatic events in relation to culture and history.

Human Subjectivity and Cultural Differences

Clifford Geertz characterizes culture as a social phenomenon and a shared system of intersubjective symbols and meanings that a society uses for communication. Geertz essentially defines culture as "an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about, and their attitudes toward life."[154] In *The Interpretation of Cultures*, Geertz introduces the notion of “thick description,”[155] which is an interpretation of what natives are thinking, feeling, and experiencing from the perspective of an outsider of the native’s culture. Geertz claims analyzing the whole of culture, as well as its basic parts, is required to develop a thick description which details the mental processes and reasoning of the natives. Geertz’s concept of “thick description” helps one acknowledge the hermeneutic aspects

Michael E. Illovsky (New York, NY: Brunner-Routledge, 2003), 66.

[154] Geertz, *The Interpretation of Cultures*, 89.

[155] Ibid., 6.

of culture, as well as the need for great attention to a multilayered analysis of human conflicts caused by cultural difference.

In the concept of thick description, I observe there are two different viewpoints of the role of culture, from the inside, as well as an outside perspective. To approach differences across culture, it is necessary to look at them both from the inside to the outside, and from the outside to the inside. Kenneth L. Pike identifies the perspectives as the "emic" and "etic" perspectives.[156] Michael W. Morris and his colleagues contribute to an explanation about the perspectives. They note "1) the *inside* perspective of ethnographers, who strive to describe a particular culture in its own terms, and 2) the *outside* perspective of comparativist researchers, who attempt to describe differences across cultures in terms of a general, external standard."[157] Using Pike's two different perspectives regarding culture, Geertz's concept of thick description can be considered a result of the etic perspective or the outside view. Although the emic/etic perspective is contrasted in many aspects of cultural understanding, these views are complementary. Therefore, it will be more beneficial and effective to integrate two different views, further developing an integrative explanatory framework to approach culture. This will avoid limitations of purely emic or purely etic findings. In other words, the combination of emic and etic perspectives can result in a balanced understanding between generosity and particularity for approaching different cultures.

Relating to Pike's emic and etic perspectives, it is required to have both emic and

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[156] Kenneth Lee Pike, *Language in Relation to a Unified Theory of Structure of Human Behavior* 2nd ed. (The Hague, Netherlands: Mouton, 1967).

[157] Michael W. Morris et al., "Views from inside and Outside: Integrating Emic and Etic Insights About Culture and Justice Judgment," *Academy of Management Review* 24, no. 4 (1999): 781.

etic perspectives to understand the subjective exploration of mental disorders and/or other forms of human sufferings. *Hwa-byung* patients attempt to see them and explain their pains from the inside view. Western doctors attempt to understand *hwa-byung* patients and their conditions from the outside. Thus, both *hwa-byung* patients and Western doctors explain the condition based on their subjective understanding of health, disorder, and trauma. Due to the given difference between the emic and the etic perspective, both *hwa-byung* patients and the Western doctors have "a partial understanding of the problem and a fragmented approach to treatment."[158] Hence, it is more effective to integrate both perspectives to achieve a balanced understanding of cultures.

In light of Geertz's findings, Western doctors need to carefully observe *hwa-byung* patients and examine their symptoms with illness behaviors in order that they be interpreted as a special form of communication, which consists of several characteristics, meanings, and cultural values. In other words, *hwa-byung* patients' symptoms and behaviors can be interpreted as a method to communicate with others, and to search for meaning in the face of traumatic experiences. It is also necessary to understand the story from the inside author of the event, and their desire to be acknowledged and re-connected with others. Such understanding will lead the therapist to become attuned to cultural differences in order to help *hwa-byung* patients express subjective feelings toward traumatic events. It also allows for a respect of shared knowledge associated with somatic symptoms and/or other unique manifestations of *hwa-byung* and is a source of accurate diagnosis.

Living in a global era, people are exposed to many differences, which include

[158] Judith L. Herman, *Trauma and Recovery* (New York: BasicBooks 1997), 118-19.

race, class, nation, culture, and language. Among the many differences existing among people, there is both visible and invisible space, which needs to be filled with the full humanity in us. Borrowing an insight of T. S Eliot, Homi K. Bhabha conceptualizes the space as "culture's in-between."[159] This space also relates to an issue of the "part-in the whole" of the minority within a nation's space. Using the notion of the "in-between area," Bhabha describes "culture-as-difference," which reveals a unique trait of culture's borderline, called "unhomely space and time."[160] Bhabha defines a borderline as "a vague and undetermined place created by the emotional residue of an unnatural boundary."[161] To stand out among various cultural differences makes people uncomfortable, uneasy, and unhomely. To properly deal with cultural differences Western practitioners should become accustomed to firmly standing in an intermediate "space" instead of in their own territory or certain place. Furthermore, practitioners should approach mental disorders from both a subjective and an objective perspective rather than relying only on the fixed view of the empirical data coupled with results of multiple medical tests.

Considering Pike's viewpoint, the integrative perspective of emic and etic can provide a bigger picture of the image and views beyond the cultural differences. Both perspectives need to be accepted and applied in order to gain the complete understanding of human sufferings beyond the cultural differences. Levinas observes that the concrete other traumatizes me, but also constitutes me. Echoing Levinas, Farley states, "Differences of human beings create multiplicity and remain a task of alterity of the

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[159] Homi K. Bhabha, *The Location of Culture* (London, New York: Routledge, 1994), 1-2.

[160] Ibid

[161] Stuart Hall and Paul Du Gay, *Questions of Cultural Identity* (London: Sage, 1996), 92.

other."[162] Humans as relational beings have an ability to alter, adjust, and harmonize many differences in our own uniqueness. If a person is confident and mature enough to play within the differences, his/her subjectivity can be a "shared wisdom" to understand each other beyond the differences. Pamela Cooper-White explains that the real interaction and reciprocity emerges in therapy when the helper shares not only objective knowledge or information, but also subjective states and feelings.[163] Returning to Bhabha, a culture's borderline as a third space is potential and intersubjective. In the third space, Bhabha connects the idea with a concept of love in Toni Morrison's *Beloved*. Bhabha observes cultural and communal subjective knowledge are a kind of self-love, which is also the love of the "other." This love is constituted in a communal, intersubjective, and intercultrural space, the cultural borderline. Emphasizing the value of diversity in God's creation, Emmanuel Y. Lartey says that the conceptual love should be truned into the actual event or pactice of love in a community.[164] This view of love is in common with Koreans' concept of *jeong*.

Hwa-byung patients suffering for the result of *jeong*-violation used to be disconnected and dislocated from a community. Due to the distinctively painful experiences, *hwa-byung* patients feel that they are different from others so there is a great possibility of being misunderstood by others because of the differences. To effectively approach to *hwa-byung* patients, thus it is requied to have the integrated understanding by

[162] Edward Farley and Robert R. Williams, *Theology and the Interhuman: Essays in Honor of Edward Farley*, 1st edition. ed. (Valley Forge: Trinity Press International 1995), 39.

[163] Pamela Cooper-White, *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective* (Minneapolis, MN: Fortress Press 2007), 57.

[164] Lartey, *In Living Color*, 29-30.

combining the inside and the outside view, and to create an intersubjective space to encounter the differences. In this intersubjective space, we can certainly experience to be loved and love others.

On the basis of a critical evaluation of CBS in the DSM-IV, I believe that Koreans' *hwa-byung* stands in the culturally intermediate area of understanding trauma, where trauma and culture are intertwined to create the constructions of society and individual victims. *Hwa-byung* is one of the culturally sanctioned ways Koreans communicate intolerable physical, psychological, and spiritual pains caused by traumatic experiences throughout history. As a result of having different expressions of suffering from the Western, however, most *hwa-byung* patients have not received proper care from healthcare providers. Further, many of them have been denied communal support, often mistrusted and mistreated even by their own families. In this regard, the DSM-IV should be challenged in order to overcome cultural differences in the concept of human subjectivity.

To live in a multicultural context, therefore it is significant to acknowledge various cultural factors by focusing on the construction of the self, the interpretation of traumatic stressors, coping strategies, and the expression of people's sufferings in terms of cultural idioms of distress, psychopathology, and/or other hardships. Augsburg states, "Diversity can be a source of harmony, rather than a source of conflict. Uniformity can destroy rather than advance civilization. A single world culture is not a desirable goal."[165] Hence, a therapist's identity of where he/she stands will decide the cultural differences to be used as a source for diversity, or as a basic need for social recognition. Here I like to

[165] David W. Augsburger, *Conflict Mediation across Cultures: Pathways and Patterns*, 1st ed. (Louisville: Westminster John Knox Press, 1992), 6-7.

claim that the different expressions and/or subjective feelings of *hwa-byung* patients do not disguise the realities of human suffering. Rather, they reveal multiple layers of culture-related emotions such as *hwa, haan, uk-wool,* and *boon*. There are also distinctive emotional and physical reactions toward traumas such as various somatic symptoms. Consequently, it is significant to create an intermediate and intersubjective space in which people are able to deconstruct cultural differences and re-create new, harmonized understandings of human suffering.

Human Subjectivity and Trauma

Understanding Trauma across Cultures

"Being traumatized" should not be considered as "being pathological" or "being crazy." Rather, it should be understood as "being wounded." The reason to consider being traumatized as being wounded is that traumatic reactions appear to be pathological. However, they are reasonable and fair in the victims. Judgment of being pathological in trauma survivors is an outsider's view, the view of someone who may have never been the victim of trauma. I have repeatedly affirmed the experiences of many trauma victims and assured them that they are not crazy, or going to be crazy. As trauma victims delve into their traumatic memories, the power of *hwa* or *hwa-gi* often drives them to seemingly insane and aggressive reactions toward someone who is not a predator or abuser. To non-trauma victims, this seems to be abnormal or pathological behavior. However, to trauma victims whose life, core values, and meaning have been threatened or damaged, it is normal or legitimate behavior.

I am not suggesting that trauma victims and their odd behaviors should be completely accepted by non-trauma victims. But, they should be given ample time to get over their internal and external wounds, as well as grieve the great losses that have resulted from the experienced trauma. In particular, Korean *hwa-byung* patients who are viewed as "displaced people" (실향민) lose their comfort zones and experience a disruption of deep inner peace. At this stage, patients will describe the process as a "deathlike experience." In the clinical cases studied for this paper, the interviewees stated they do not worry about the death. Rather, they consider their painful life under the power of death, which seems lived in vain and lifeless. Here the subjective exploration of trauma victims should be understood on the basis of "heterogeneity" of human sufferings.

The DSM-IV does not provide enough attention to the different kinds and different qualities of human sufferings. There is an interrelation between the national and historical embeddedness of trauma and the impact of trauma. Without examining cultural and historical layers of causes, Korean *hwa-byung* will not be fully understood and effectively treated. The principle writers of the DSM-IV are Westerners, in particular, American psychologists and mental care providers who have never been exposed to the continuous oppression, colonization, and victimization resulting from international political power struggles, which have been the case for many Koreans. Lawrence C. Kolb emphasizes the "heterogeneity" of post-traumatic stress disorder, which "is to psychiatry as syphilis was to medicine. At one time or another [this disorder] may appear to mimic every personality disorder. . . . It is those threatened over the long periods of time who suffer the long-standing severe personality disorganization."[166] The implication is that

[166] Lawrence C. Kolb, "Letter to the Editor," *American Journal of Psychiatry* 146, (1989): 811-

Western practitioners do not realize the depth of the national and historical embeddedness of trauma, especially the experience of killings, persecution, and dehumanization during the time of colonization and war.

The unending cycle of trauma, which seems unbreakable or uncontrollable, has resulted for Koreans in a fragmented body, mind, and spirit. In the course of the cycle of trauma, the culturally distinctive symptoms of *hwa-byung* and the cultural psyches of the victims such as *hwa* and *haan* begin to develop. Repetition and continuity can make a huge difference in various traumatic experiences. If traumatic events repeatedly happen, this will have a serious impact on an individual's body, mind, and spirit. The impact will lead to the development of certain cultural psyches or unique symptoms in the victims as a response to traumatic events.

Many *hwa-byung* patients who have been exposed to repeated or continuous trauma experiences are locked in the cruel cycle of trauma. This struggle results in a sense of powerlessness and meaninglessness. I have observed that traumatized persons, such as *hwa-byung* patients, live within the presence of potential dangers based on their memories. Therefore, these patients easily become frightened, and find it difficult to fall asleep. Various historical and socio-cultural forces have had traumatic impacts on Korean *hwa-byung* patients in an individual, as well as at the national level. As a result of Korean social and cultural impacts on trauma victims, Koreans' *haan* becomes gradually transformed into a state of *hwa,* and accumulates it in a victim's body until there is an eruption of various somatic symptoms resulting in *hwa-byung* at some point in their lives. In the process of somatization, *hwa-byung* patients usually struggle with ultimate

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emptiness, existential inquiries, and traumatic memories. The memories are not visible. However, they cause the body to re-experience and recognize harm, danger, and a threat to its existence.

Regarding the recent diagnostic system of the DSM-IV, Judith L. Herman states that chronically traumatized people, who suffer from the complex aftereffects of trauma, are still commonly misdiagnosed and suffer without receiving proper care.[167] However, they usually suffer in silence instead of complaining or expressing their needs because they know their complaints will not be understood. This is exactly what *hwa-byung* patients experience with most Western doctors. Despite of being misdiagnosed by Western doctors, most *hwa-byung* patients do not complain at all because they do not expect others will recognize their pain. *Hwa-byung* patients experience a tremendous sense of frustration and hopelessness, which further creates a reluctance to voice needs and concerns. Before objectifying human struggles based on certain standards such as those in the DSM-IV, therefore a therapist should examine symptoms, manifestations, and the process of post-traumatic reactions across cultures.

Koreans' Subjective Expression of Hwa-byung and Post-Traumatic Embitterment Disorder (PTED)

Culture shapes the ways individuals, families, and larger systems cope with and adapt to the consequences of trauma.[168] Through socio-cultural and psycho-physiological processes post-traumatic wounds have been shaped and explored. In terms of *hwa-byung*,

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[167] Herman, *Trauma and Recovery,* 117.

[168] John P. Wilson, *Trauma, Transformation, and Healing: An Integrative Approach to Theory , Research, and Post-Traumatic Therapy*, Brunner/Mazel Psychosocial Stress Series (New York, N.Y.: Brunner/Mazel, 1989).

Korean culture influences symptoms, manifestations, and outcomes of post-traumatic distress. This determines clinical presentation of problems, as well as help-seeking behaviors. However, the DSM-IV does not explain the whole spectrum of post-traumatic wounds, which includes core beliefs, changes, dissociative moments, ruptures in growth and development of a victim's personality, and co-morbidity, such as depression or substance abuse.[169] There are numerous causes and symptoms of trauma-related or post-traumatic phenomena listed in the DSM-IV, not just PTSD. Herman explains that a presenting symptom of trauma survivors is usually disconnected, or does not match with their traumatic experiences.[170] According to Herman, the disconnection is not due to the peculiarity of traumatic experience, but rather to current inaccurate diagnostic concepts and models for trauma survivors. Therefore, Western doctors should not attempt to incorporate *hwa-byung* patients into existing diagnostic systems without listening to their patients' subjective expressions.

PTED[171] is a special form of adjustment disorder triggered by a normal life event such as a relational conflict, unemployment, retirement, divorce, loss or separation, the death of a relative, or severe illness. The trigger event usually violates an individual's basic belief. In considering PTED in the DSM-IV, the definition of a traumatic event should not just include war-related and life-death matters associated with PTSD. PTED

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[169] Ronnie Janoff-Bulman, *Shattered Assumptions: Towards a New Psychology of Trauma* (New York: Free Press, 1992).

[170] Herman, *Trauma and Recovery*, 118-119.

[171] Linden et al., *Embitterment: Societal, Psychological, and Clinical Perspectives*, 255-56. The authors note that embitterment as a state of human emotion have been ignored and forgotten in Western psychiatry. Linden clearly mentions that, Different from anger, it has the additional quality of self-balame and a feeling of injustice." (1) Therefore, embitterment is not listed in any diagnostic system, such as the ICD 10 or the DSM-IV, but worthy to examine as a source of posttraumatic impacts.

usually develops as a result of relational conflicts and interpersonal hardships. Thus, PTED fills the gap between life-threatening trauma and traumatic experiences in normal lives. In this regard, Christopher Chung views the Western concept of PTSD to not be sufficient in considering the complexity of *hwa-byung*.[172] *Hwa-byung* can develop from not only war-related or serious systematic problems, but also relational issues or other casual life events.

Although PTED is a Western concept for trauma and trauma impact, it helps to understand the historical or modern etiological factors of *hwa-byung* embedded in Korean socio-cultural system. Emphasizing the etiological factor, PTED can be considered the Western version of *hwa-byung* resulting from negative casual life events, such as betrayal or divorce, which are similar in Korean culture to a *jeong* violation. Casual life events or relational hardships can be considered to be traumatic in Korean culture. This view is congruent with the Western concept of PTED, and covers various symptoms and emotional reactions of patients with *hwa-byung* as trauma-related disorders. PTSD does not adequately include all of the additional symptoms and reactions of patients.

Regarding the historical factors of *hwa-byung,* Korean psychologist Chang-Su Han views PTED as a consequence of significant social changes in Korea. Han suggests a sense of embitterment and PTED are deeply connected in Korean culture, which includes losing face, inequality and alienation, and the resulting impact on Koreans' emotional and mental health. A person feels hurt or betrayed resulting from a trigger event. That results in a desire for revenge, as well as a sense of helplessness and hopelessness. The

[172] Chung and Cho, "Conceptualization of Jeong and Dynamics of Hwa-Byung": 50-51.

ambivalent feelings can be associated with despair and aggression, and result in a person's emotional vulnerability. In particular, Han states, "In Korea (South), social injustice during rapid industrial development and protracted unemployment associated with the Asian economic crisis might be leading causes of embitterment."[173] During the rapid social transition, Koreans also struggled with high competition, physical exhaustion, and emotional distress. People are unable to support one another or enjoy relationships filled with *jeong*. This resulted in a great loss of the Korean cultural value *jeong* and *jeong*-based we-ness, which are entwined in Koreans' communal self and collective identity. This might be traumatic to Koreans and result to the development of Koreans' *hwa-byung*. Following Han's idea, it is essential to acknowledge historical and environmental factors as predisposing trauma experiences which can impact Koreans' *hwa-byun*g.

Among of the four clinical case interviews, Lee's case is helpful in exploring the concept of PTED as a response to life stressors. Lee was exposed to a series of negative life events, including the emigration of Lee's family to Korea, the return to the United States, and many relational and financial difficulties. In particular, Lee explained the direct *hwa*-inducing event as being an experience of betrayal which occurred in Texas. A sense of embitterment, overwhelmed emotions, and multiple somatic symptoms resulted as a holistic reaction for Lee toward the traumatic experiences. She also had suicide ideation, as well as self-damaged or passive aggressive behaviors presented before family members. Considering the concept of PTED helps us understand that Lee struggled with

[173] Changsu Han, "Embitterment in Asia: Losing Face, Inequality, and Alienation under Historical and Modern Perspectives," in *Embitterment: Societal, Psychological and Cultural Perspective*, ed. Michael Linden and Andreas Maercker (New York: Springer, 2011), 168.

a strong sense of embitterment and self-destructive behaviors. This resulted in an impact on her external locus of control and pessimism. Thus, Lee's case reveals that the continuous negative casual life events result in multiple symptoms of *hwa-byung*, triggering physiological, emotional, and spiritual vulnerability.

Several Western doctors diagnosed Lee with depression, which was only partly accurate in light of Lee's symptoms. It seems Western practitioners ruled out a diagnosis of PTSD because the etiological factors of Lee's condition are not due to a natural disaster, war-related, or a result of other life-threatening events. The diagnosis of depression indicates that Western doctors did not pay much attention to the causes of Lee's struggle. Rather, they focused on the symptomatic results.

Lee had many predisposing traumatic experiences before the *hwa*-inducing event. Lee exemplifies a typical Korean American immigrant who might be traumatized by countless losses, hardships, and various differences. The challenge for Lee (and others who suffer similarly) is making the effort to overcome the results of trauma in order to survive each day of her ordinary life. Many immigrants, including Lee, are isolated from people in the dominant culture, and their subjective exploration of emotions can be misunderstood or ignored by others. Ultimately, most immigrants have suffered consequences of *haan*-ridden lives and various *hwa*-inducing life events. Therefore, the subjective and symbolic explosion of anger and self-destructive behaviors in Lee should receive more attention in order to understand the consequences of various traumatic experiences and her own interpretation of them.

Understanding the concept of PTED and *hwa-byung* leads us to see the intermediate impacts of trauma and intercultural features of the traumatic experience

coupled with many cultural differences. The main emotional or psychological result of traumatic experiences of both *hwa-byung* and PTED is similar to anger. *Hwa-byung* patients usually display the subjective feelings of *hwa*, *haan*, and a sense of unfairness, such as *uk-wool* and *boon*. Despite having completely different cultural features, the range of emotions are interrelated in the result of PTED embitterment. Michael Linden and colleagues suggest, “Embitterment is a distinctive state of mood. It differs from depression, hopelessness, and also anger as such, though it can share common emotional features or exist in parallel with each of these other emotions.”[174]

Like *hwa,* embitterment can be understood as a complex mass of subjective emotions as a reaction toward negative life events. In American culture, the essential emotion of trauma-related experience is described as “stress,” as “embitterment” based on European culture, particularly German culture, and as “*hwa*,” based on Korean culture.[175] Sufferers’ subjective emotions should be defined based on their own culture. Consequently, it is momentous to examine the relationship between Koreans’ subjective expressions of traumatic experience and the inmost cultural value of *jeong*, which stands at the center of Koreans’ collective identity.

Koreans’ Subjectivity and Cultural Value of *Jeong*

The Western notion of human subjectivity has a strong relationship with the selffocused on an individual. In other words, Westerners focus more on an individual self

[174] Michael Linden et al., *Posttraumatic Embitterment Disorder : Definition, Evidence, Diagnosis, Treatment* (Cambridge: Hogrefe 2007), 22.

[175] See the concept of Post-Traumatic Stress Disorder (PTSD) in *DSM-IV* (2000), 424-427.

rather than a communal self. Thus, the Western concept of subjectivity views an individual as a basic subject who can accept and interpret an object or other matters on his/her own. However, human subjectivity is not always individualistic. It is also cultural and collective. Individuals' subjectivity can result in personal and/or cultural particularities of their feelings, thoughts, or behaviors. If individuals' subjectivity is merged with a social or cultural meaning system such as language or ritual, there will be a culturally unique view of the self and subjectiveness, which results in the culture-related subjective expression of emotions and/or thoughts.

Koreans' view of subjectivity is deeply embedded in the concept of *jeong*, which correlates the communal self to the cultural emphasis on belongingness. In contrast to the Western concept of individual self, the idea of communal self (which cannot be separately considered from the community) developed in Eastern cultures, especially among Koreans. Individuals do not only constitute the community, they are a community. Christopher Chung comments that *jeong* is deeply related in the "we-ness" or "we collectivism" of Koreans, which in Korean is translated *woo-ri* (우리) (see the Figure 3).[176]

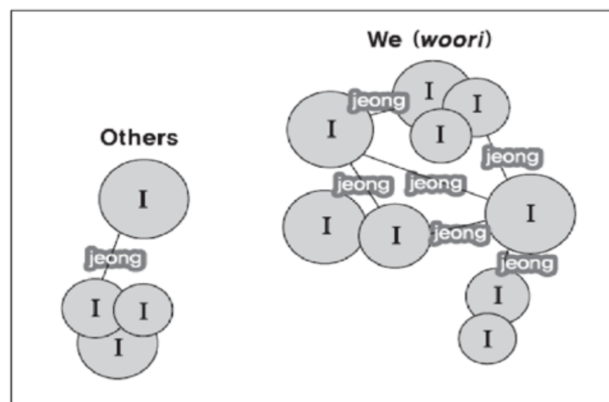

Figure 3. Conceptualization of *jeong* and dynamics of *hwa-byung*.

[176] Chung and Cho, "Conceptualization of Jeong and Dynamics of Hwa-Byung": 48.

From this perspective, Koreans believe “I am we” (*woori*). Western thought focuses on individual self, I versus others. However, the Korean cultural concept of communal self emphasizes we versus others. From a Korean perspective, there is no “my spouse,” “my parents,” or “my family,” but rather “our spouse,” “our parents,” or “our family”. In contrast to individualistic Western cultures, Koreans consider an individual’s identity develops based on the community, which is not mine but “our family”, “our church,” and/or “our country.” Hence, the cultural value of *jeong* and *jeong*-based we-ness show the process of constitution of the subjectivity and subjective identity in Korean culture.

The dilemma is one of determining boundaries. There is a possibility that certain boundaries of relationships become fused in the name of *woo-ri*, and people in the fused relationship can be interrupted by others. Thus, it is extremely important to manage a healthy boundary in *jeong*-based relationships. If a *jeong*-based relationship fails, *hwa-byung* will develop, not only in an individual, but also in a group of people or in a community. The clinical with Park revealed she suffered due to a fused boundary with her daughter, who experienced an abusive marital relationship. In spite of recognizing the domestic violence, Park asked her daughter to stay the marriage due to social prejudice directed toward divorced women. To help her daughter, Park chose to live with her daughter. Park, too, was victimized by the son-in-law, which resulted in layers of unexplored *hwa*-related emotions in her. The fused boundary with *jeong* between Park and her daughter did not allow Park to avoid the abusive relationship her daughter experienced. Considering the cultural concept of *woo-ri*, Park and her daughter became “we” as a victim, and shared subjective pain and suffering. By sharing *jeong,* Park and her daughter attempted to overcome the abuse and violence perpetrated by Park’s son-in-

law. Thus, the Korean concept of *jeong* can result in the development of both a fused relationship and a support system in the midst of suffering.

When the *jeong*- based relationship was continuously violated by Park's son-in-law, the result was *hwa* or *hwa*-related emotions in Park and her daughter. Furthermore, the situation caused the development of *hwa-byung* in all family members. After interviewing Park, I met her son and daughter-in-law. They reported that not only Park, but all family members have a great amount of *hwa* and *boon* toward Park's son-in-law, and suffer from different levels of *hwa-byung*. The suffering was a reaction to the death of Park's daughter, and the husband's betrayal. The family developed a wounded collective identity as victim, with communal emotional reactions resulting from the traumatic events.

In Park's case, human subjectivity was shown to express pain and suffering, and the subjective expressions were usually internalized. If the subjective emotions become outbursts such as somatic symptoms of *hwa-byung*, they result in holistic impacts on human body, mind, and spirit — both in individuals and in communities. Hence, *hwa-byung* has both individual and communal aspects in relation to Koreans' culture-related emotion of *jeong*. In other words, human subjectivity is based on individuality, as well as on communality. Furthermore, the violation of a *jeong*-based relationship is deeply interconnected with Koreans' collective wounded identity, along with communal level of emotional and spiritual reactions such as *hwa-byung*.

The Korean concept of *jeong* indicates human subjectivity is not only based on individuality, but also on communality. In a variety of relationships, individuals share their thoughts and feelings toward their experiences, and construct both individual and

communal knowledge from them. Cooper-White calls this "subjective knowledge." She also points out that "knowledge" covers "not only rational but also emotional and embodied factors or dimension."[177] There is no pure subjective knowledge because subjectivity is based on human relationality, especially mutuality and multiplicity of relationships. Koreans' concept of *hwa-byung* is an example of a shared or co-constructed knowledge of trauma-related or posttraumatic disorder.

In reviewing the culture and history of Korea, we find that Koreans' *hwa-byung* was recognized as a folk disease before being officially documented. Thus, the concept of *hwa-byung* is a product of subjective and collective knowledge of Koreans who suffer and survive from traumatic events. Koreans developed the shared knowledge of *hwa-byung* as diagnosable pathological conditions. Moreover, Koreans' most value *jeong* and its relationship with traumatic experience reveals how culture permeates the whole process of traumatization and recovery from traumatic stress. Despite having many commonalities with those suffering from PTSD and PTED, *hwa-byung* patients also have personal, cultural, and national influences on traumatic causes and results. The socio-political-cultural context in which trauma occurs is key to responding to, comprehending, and recovering from trauma.[178] Further, mental health care providers should not forget the particularity of *hwa-byung* patients, and the various dimensions of pain based on the types and conditions of their suffering.

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[177] Pamela Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling* (Minneapolis: Fortress Press 2004), 55.

[178] Wilson, *Trauma, Transformation, and Healing: An Integrative Approach to Theory , Research, and Post-Traumatic Therapy*.

Human Subjectivity and Hermeneutical Aspects

Human subjectivity is related to both human relationality and cultural differences in exploring human suffering. The differences also apply to trauma victims and their subjective memories. While experiencing traumatic events, the victim experiences a similar process of interpretation of their own life experiences. Trauma victims' memories reflect their own interpretation of the real events, which cannot be separated from cultural effects. Human relationships are built on the basis of human subjectivity and the symbolic way of communicating subjective feelings, thoughts, and aspirations. The effect of traumatic experience consists of four different dimensions: biological, psychological, social-interpersonal, and spiritual. These four dimensions are interrelated. The dimensions imply that victims experience a holistic impact of trauma on their body, mind, and spirit. Further, the consequences of traumatic experiences are not just temporal, but can also be permanent if they are not treated properly so that the victim might overcome multiple stimuli of triggering traumatic memories.

In the clinical interview with Park, she stated, "My family treated me like a crazy person, but I am not. I like to remove all the painful and *haan*-filled memories, but I can't. I feel I live in the continual presence of ghosts. No one listens to me and cares for my feeling of unfairness: *uk-wool* and *boon*."[179] The indication here is that *hwa-byung* patients wrestle with the tension between the subjective and the objective understanding of suffering, as well as the tension between realities and fantasies in their own traumatic memories. Therefore, in order to mediate the features of sufferings, the *hwa-byung* patient's body functions as a transitional object in an intermediate space.

[179] Park, interview by author, Duluth, GA, June 2012.

Throughout Korean history, *hwa-byung* has been one of the culturally sanctioned ways of communicating intolerable physical, psychological, and spiritual pains caused by traumatic experiences. Compared to the Western emphasis on the psychological trauma effect, Korean *hwa-byung* patients with trauma typically embody and/or somatize their pains and traumatic wounds. Robert T. Carter states, "Asians are more likely to express psychological conflicts somatically and to present their problems in a much more symbolic and circuitous manner than their counterparts."[180] The somatic symptoms of *hwa-byung* should be considered as symbolic expressions of repressed *hwa* or anger, which is registered as neurological pain and interrupts the flow of energy known as *gi*. The challenge here is that the somatic symptoms are not merely explainable in scientific or empirical tests of mental status.

Trauma, Memory, and Body

Trauma survivors often wrestle with unbearable pains and timeless memories. A person's reaction to trauma memories can be divided into two dimensions—forgetting and remembering. By remembering, an individual's experience becomes transformed into one's memory, and the memory repeatedly evokes trauma effects. Coupled with *hwa-byung*, there is no exact relationship between etiological factors and symptoms of *hwa-byung*. Nonetheless, most *hwa-byung* patients know who or what triggers their *hwa-byung,* and explores them in their memories. Even following trauma, the process of remembering allows the *hwa-byung* patient to re-experience trauma, causing reactions which include physiological, psychological, and even spiritual symptoms. Trauma

[180] Robert T. Carter, *The Influence of Race and Racial Identity in Psychotherapy: Toward a Racially Inclusive Model*, Wiley Series on Personality Processes (New York: Wiley, 1995), 293.

victims or survivors, including *hwa-byung* patients, react not only to the trauma event itself, but also to the memory of trauma, which greatly damages and devastates them.

The traumatic memory is usually associated with many subjective sensory images such as vision, smell, and touch. Ironically, the destructive memory of trauma often causes the victims to remain in pain and silence. Utilizing a diagnostic process to explain symptoms and pains of *hwa-byung,* there are three central dimensions of human beings to consider. Those dimensions are subjective, relational, and intersubjective beings. If *hwa-byung* patients as subjective objects open themselves in a therapeutic relationship, they will enter the intersubjective space with a therapist by communicating their traumatic experiences. The language of trauma is conscious and unconscious, as well as verbal and non-verbal.

Using a psychoanalytic approach, the diagnostic practice of mental disorders reveals the systemic factors of *hwa-byung* in language and fantasy. Despite of having divergent targets and terminologies, Winnicott and Lacan share an interest in the nature and origins of the human subject, and in the problems of sustaining a separate self. In the wisdom of Winnicott, somatic symptoms of *hwa-byung* are described as a result of "primitive agonies," which is an expression of an infant's existential anxiety going into pieces in an encounter with environmental deficiencies. Both the infant and the *hwa-byung* patient like to speak, but they do not have proper language to express overwhelming feelings caused by a traumatic experience. In a same way, the somatization or embodiment of traumatic pains and memories can be perceived as a language of trauma, which is a symbol of pains and suffering in their bodies. Hence, the language of trauma is built on the memory of trauma, which is instinctive, informative,

and interpretative. Following a traumatic event, the victims' overwhelming feelings and pains are broken into sensory images and encoded in their bodies in the form of memories.

"Mind memory" and '"body memory" are two results of remembering trauma. Not only the brain, but also the body stores an individual's experiences and emotional expressions, which encodes them into their own being. The process of encoding is known as "psychologizing" and "somatizing." Body memory is less reducible or controllable than mind memory since body memory patterns and permeates the body. The implication is that somatic symptoms in *hwa-byung* patients delay the reduction of pain. The concept of somatization or somatic pains is actually based on the Western dualistic perspective of the person, which emphasizes the distinction between body and mind. From the perspective of Eastern medicine, there is no solid distinction between somatic or mental issues since the human body and mind are already interconnected with one another. Despite having completely different understandings of health, both Western and Eastern medicine accept the notion of somatization and somatic symptoms as a way of expressing emotional distress caused by trauma experiences. The issue is that people with somatic symptoms are confronted with various dimensions of socio-cultural and historical events, meanings of health, and cultural bias to accept or understand mental illness.

By forgetting, a trauma victim or survivor desires to remove and be disconnected from all memories of trauma. Most trauma victims attempt to remove the memory of the traumatic event from their consciousness in order to survive the unbearable pain or painful experience. Most *hwa-byung* patients instinctively respond to specific stimuli of *hwa* with a strong reaction, even after lengthy periods of time following the traumatic

event. The response can often appear to be strange and eccentric. The destructive memory of trauma causes the victim to remain powerless and struggle with fear and anxiety. As a result of forgetting, many *hwa-byung* patients struggle with active forgetting, or numbing themselves. They often place their memories in an area of unconsciousness, or somatize their pains and emotional distresses at the unconscious level. Suppressing the results of distress is a way of surviving the immense pain triggered by traumatic experiences.

Thus, it is important for trauma survivors to learn how to forget and how to remember the painful experiences according to the two dimensions of reaction to traumatic memory. Understanding the complexities of memory, trauma victims and survivors should recognize the persistent impact of loss, separation, and the various types of suffering caused by traumatic events. The result will restore self-agency, a "capacity to exercise control over the nature and quality of one's life." Also, they should re-build power or capability to discover meaning and purpose in their lives. Consequently, Korean *hwa-byung* patients as trauma victims should reconstruct the trauma memories and liberate themselves from the internal and the external bonds to the sources of suffering.

Human Subjectivity, Relationality, and Differences

In the clinical interviews, Park's family explained her symptoms of dissociation and split personalities, which were extremely difficult for them to understand related to a personality disorder. Park experienced repetitive trauma caused by systemic power abuse. She needed space in silence disconnected from others in order to overcome a sense of unfairness, as well as other emotions associated with the trauma. Paradoxically, Park's

passivity and somatic expressions of suffering can be viewed as a strong desire to be recognized by others. Human beings, as subjects, have a strong desire to be recognized and treated with dignity by others. *Hwa-byung* patients desire to be recognized, not only as individuals, but also as a group of sufferers or trauma survivors, which connects to Koreans' view of subjectivity as communal. Failure of social recognition leads to a sense of annihilation and loss of community, resulting in estrangement of *hwa-byung* patients. The result strengthens the collective wounded identity of Korean *hwa-byung* patients.

However, the subjective expressions of *hwa-byung* are neither objectively measurable nor scientifically proven since they result from subjectivity in relation to one's own history and cultural narrative. Based on human relationality, two or more subjectivities encounter and interact with each other in human relationships. This connects with Winnicott's well-known concept of 'the intersubjective space.'

Winnicott explains the intersubjective space as an area that is not challenged, but rather interrelated with internal and external realities, or subjectivity and objectivity.[181] In this concept, the presence of the otherness is not the real presence of the object, but an integral part of the subject. Thus, Winnicott's concept has been regarded as an intrapsychic dimension of intersubjectivity, which points out the intersubjective experience within subjectivities. Then, Winnicott associates the concept of intersubjective space to his notion of play in order to define a therapeutic relationship. Thus, he suggests a therapist needs to consider how to connect two different subjectivities, and create a new interwoven subjectivity (intersubjectivity) between a client and a therapist in therapy sessions. In this sense, I demonstrate that the subjective

[181] Donald W. Winnicott, *Playing and Reality*, ed. Ted Hughes (Harmondsworth, England: Penguin 1971), 2.

exploration of *hwa-byung* patients should be understood based on the "heterogeneity" of sufferings and a different view of human subjectivity.

Using Winnicott's concept of intersubjectivity, Ialso attempt to explore the importance to interrelate with different expressions of human subjectivities beyond the cultural differences in the intersubjective space. In a similar view, Pamela Cooper-White notes that human intersubjectivity can be described as "a shared subjective knowing."[182] People not only interpret differences externally, they also internally interpret differences in oneself and others, and mutually influence them. Hence, human intersubjectivity arises in any relationship, which can be understood interpretative and collective. In Winnicott's concept of intersubjective space, individuals' subjectivities merge, influence one another, and develop a shared knowledge. Influenced by culture and history, the shared knowledge of mental disorder can create another dimension of cultural difference.

To conclude, Koreans' notion of subjectivity is associated with their own understanding of the self as communal, as well as a collective identity. From a psychological perspective, it is also essential to realize Koreans' *hwa-byung* reveals a strong relationship with human subjectivity and identity on the basis of relationality. The the unending cycle of trauma leads to the development of passive-aggressive behaviors, culturally distinctive emotions and somatic symptoms of *hwa-byung.*

Summary

This chapter has examined the differences of human subjectivity and subjective expressions toward the external source of human distresses. Unlike the Western view of

[182] Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*, 44.

human subjectivity, Koreans have develop the collective view of human subjectivity in relation to the inmost cultural value in Korean context, called *Jeong*. In this regard, Korean culture can be described as culture of *jeong* and *jeong*-based relation. Thus, *hwa-byung* patients' subjective expressions reveal not only individual but also collective and hermeneutic aspects. The repetition and continuity of traumatic events in Korea results in the development of certain distinctive emotional and physical reactions toward traumas such as various somatic symptoms of *hwa-byung*. As a result of Korean collective culture, Koreans conceptualize the communal self and the *jeong*-based we-ness. In this sense, Koreans' *hwa-byung* can be viewed as a result of shared wisdom and collective knowledge of Korean folk culture. Therefore, Koreans' *hwa-byung* should be redefined on both an individual and a national level.

Chapter 5

Theological Reflection on *Hwa-Byung*

This chapter explores theological reflections on human sufferings in connection with the culture-related emotion called *hwa* (like anger) toward traumatic events. It examines human nature as physical, spiritual, and relational, and its relation to various reactions toward human suffering. Utilizing the insights of Andrew D. Lester and Kathleen J. Greider, I attempt to demonstrate the importance of understanding anger as vital, passive, and violent in the face of evil and injustice, and re-think the pastoral approach to anger as a trauma reactive emotion and its relationship with physical or somatic issues and traumatic memories. This chapter also constructs the theology of trauma in relation to embodiment and symbolization of pains and traumatic memories.

Theological Anthropology

Human Nature

Humans as Physical and Spiritual

God creates human beings in the image and likeness of God (Genesis 1:26-27), which is physical and spiritual. In Genesis we read, “The Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life, and man became a living being” (Genesis2:7, NIV). The first man, Adam, actually his body, was made from the dust of the ground. Thus, the name Adam (אדם) is derived from the Hebrew word for ground (אדמה) (Genesis 2:7, Pslam 103: 14, Job 10:9, Isiah 64:8, 1 Cor. 15:47). When God provided the breath of life (חַיִּים נְשְׁמַת), the man became a living soul (היחנֶפֶּשׁ). This

shows that humans are bearers of the image of God, and were created as spiritual beings as God is.

רפע + מַשְׁנְת םיִּחַ = שֶׁפֶנֶ חיה

Dust Breath of life The Living soul

In the preceding schema, the breath of life (תמַשְׁנְ םיִּחַ) can be interpreted as the spirit of God (חַוּר [*ruach*], Genesis7:22). Thus, man cannot be a living being without the spirit of God. The traditional Korean concept of “fire of spirit” (혼불[hon-bul], 魂火) can be in dialog with the biblical description of “breath of life” (Genesis1:27). Koreans believe that if an individual’s fire of spirit fades away, he/she dies and returns to the world of the dead. This implies that there is a strong conceptual connection between fire and life, a notion deeply rooted in Korean culture, and between breath and life in Hebrew culture.

Beyond the different cultural descriptions of human life, it is still true that humans as spiritual beings need to be connected with God as the origin of life. Adam and Eve hid themselves from the presence of God after breaking God’s command not to eat of the tree of the knowledge of good and evil (Genesis 3:8). As a result of that sin, human beings were dislocated and disconnected from God, destined to die and return to the dust (רפע) without the granted breath of God (חַוּר [*ruach*]). Thus, “when you hide your face, they (the living souls: שֶׁפֶנֶ) are troubled (להב); when you take away their breath (חַוּר [*ruach*]), they die and return to the dust (רפע)” (Psalm 104:29, NIV). This implies that humans’ physical death can be considered like returning to the dust, which means breathlessness, lifelessness, and the absence of the spirit of the living God. The term “להב” points out the overwhelming feelings man had as a result of the great loss and separation.[183] In fact,

[183] *Barnes’ Notes on the Bible*. The Hebrew term “להב” means to tremble, to be in trepidation, to

separation from God provokes a fear of abandonment in spirit and ends in physical death. This illustrates the interconnection between the human body and spirit, and opens a discussion regarding the existential anxiety experienced in the encounter of death or death-like experiences, such as significant losses, violation, and other types of trauma.

The human body, as a product of God's creation, is interconnected with the spirit. Thus, they influence one another. While experiencing the loss of home and insecurity, humans reaffirmed their identity as creatures and wrestled with the ultimate fear of death or annihilation. For example, Cain became anxious and afraid of estrangement from the presence of God and physical death after he was sent away from God (Genesis 4: 13-14).[184] The anxiety Cain experienced is similar to Tillich's concept of ultimate concern. Tillich says that, "man is ultimately concerned about that which determined his ultimate destiny beyond all preliminary necessities and accidents."[185] Human beings, accordingly, are seeking the presence of God's spirit, searching for the meaning of life, and have the courage to be present while experiencing overwhelming feelings caused by traumatic events such as war, oppression, violence, and systemic injustice. Although the purpose of human life is to actualize its potentialities, it is not always possible because of the existential reality of human being's finite nature. It is especially hard for trauma victims to empower themselves and actualize their potential because they already feel broken down and at a loss of all capacities to deal with the dangerous world.

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be filled with terror, to be amazed, to be confounded. When man recognized the loss, they were terrified (NIV), dismayed (ESV), and panic (NLT).

[184] Cain said to the Lord, "My punishment is more than I can bear. Today you are driving me from the land, and I will be hidden from your presence; I will be a restless wanderer on the earth, and whoever finds me will kill me."

[185] Paul Tillich, *Systemic Theology I*, (Chicago: University Of Chicago Press, 1973), 14.

Shelly Rambo describes the trauma survivors' life as living on despite the presence of death without anticipated future.[186] Trauma survivors have been exposed to death-like experience, not physical death. Still, after the traumatic events, they feel like dying and desire to be saved from the death-like memories and the darkness of their lives. For trauma victims, death does not simply mean physical death. It is also spiritual emptiness, abandonment, estrangement, and meaninglessness. In other words, traumatic experiences of *hwa-byung* patient can result in the deprivation of the self, the destruction of relationships, and, finally, spiritual death. In fact, trauma victims witness and experience others' death. Many do not externalize their feelings but they internally mourn for the dead and grieve the losses they have faced. Korean Minjung theologian Yong Hak Hyun notes that

> *Haan* is a sense of unresolved resentment against injustice suffered, a sense of helplessness because of the overwhelming odds against a feeling of total abandonment ("Why has Thou forsaken Me"), a feeling of acute pain and sorrow in one's guts and bowels making the whole body writhe and wiggle, and an obstinate urge to take "revenge" and to right the wrong all these constitute.[187]

The subjective feelings and spiritual struggles of trauma victims are expressed by somatic pains or other bodily symptoms. In keeping with Tillich's concept of ultimate concern, trauma victims confront the existential reality of human finitude in the intermediate space of death and life.

Considering the interconnection between body and spirit, it is easy to see how trauma victims' struggles encompass the physical, emotional, and spiritual dimensions of their lives. The human body should not be considered as a prison or a static storehouse of

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[186] Rambo, *Spirit and Trauma: A Theology of Remaining,* 25-26.

[187] Yong-Hak Hyun, "Minjung: The Suffering Servant and Hope," in *Lecture, Union Theological Seminary* (New York: Union Theological Seminary, 1982). Recited in Wouned Heart, Andrew Sung Park's book titled *The Wounded Healer,* 19.

the spirit. Rather, it is a symbolic, experiential, and sacred space that houses the Spirit of God. In a similar way, Wayne Grudem sees the human body as part of the image of God.[188] In the field of modern psychiatry, however a spiritual approach to mental health has been rejected or devalued. Indeed, the Western dualistic view of human health is institutionalizing the separation of body, mind, and spirit. Anthony Marsella criticizes "institutionalizing the separation of body, mind and spirit" based on Western science and technology. Marsella argues that this institutionalization leads to the loss of theological concepts and language for discussing people's physical pains and the somatic symptoms of their struggles. Table 2 diagrams that criticism.

Institutional Representations

Levels of Human Functioning	Roles	Facilities	Knowledge
Body	Physicians Physical Biological Scientists Nurses	Hospitals Clinics Laboratories	Medicine Physiology Anatomy Chemistry
Mind	Mental Health Professionals	Hospitals Clinics Rest Homes Laboratories	Psychology Theology Psychiatry
Spirit	Priests Ministers Psychics	Churches Temples Shrines	Philosophy Theology Mysticism

Table 2. Institutionalizing the Separation of Body, Mind and Spirit[189]

Humans as physical and spiritual beings experience ontological anxiety, fear, and anger as a result of traumatic events. Those responses are, then, interpenetrated in the

[188] Wayne A. Grudem, *Systematic Theology: An Introduction to Biblical Doctrine* (Grand Rapids: Zondervan, 2000), 445-49.

[189] Antony J. Marsella, "Culture and Mental Health: An Overview," in *Cultural Conceptions of Mental Health and Therapy*, eds. Anthony J. Marsella and Geoffrey M. White (Dordretch, NL: Reidel Publishing, 1982), 366.

body, mind, and spirit. While studying trauma and trauma-related disorders like *hwa-byung*, I have found that the human body immediately reacts to the external threats and dangers with immediate and instinctive energy called the "fight-or-flight reaction" in trauma theories. However, most *hwa-byung* patients indicate that they shared in church their emotions or feelings toward traumatic or death-like experiences. However, they did not speak about the somatic or bodily pains. During clinical interviews, Park stated she believes that someone who has a strong faith in God needs to overcome physical pains and serve others. Thus, Park had never shared her physical pains or strange patterned behaviors with members of her church. She said, "I do not want to bother pastors who are already busy to take care of other congregations." However, the real reason she did not reveal her physical pains or strange patterned behaviors is that she did not expect to get help for the physical needs from the church. Furthermore, pastors and/or pastoral caregivers do not consider physical problems, which they can manage. Even though the human body is a product of God's creation that reflects the image of God, the human body becomes an unknown or restricted area for theologians or pastoral caregivers.

God creates humans with a physical nature, and that nature helps us prepare to defend ourselves. Thus, it is reasonable, even required, to learn how to listen to your body and be aware of its physical, emotional, and spiritual needs. Alexander C. McFarlane and Bessel van der Kolk place greater emphasis on being attuned to the physical and bodily reactions towards traumatic events and experiences. They identify trauma as a "crisis of the spirit,"[190] and recognize the strong interconnection between

[190] Bessel A. Van der Kolk et al., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, Paperback edition. ed. (New York: Guilford Press 2007).

spiritual crises and psychosomatic reactions in relation to trauma. Thus, humans should not indulge in physical pleasure, but be aware of the physical suffering and pains of victims and the spiritual agony it causes, and search for the presence of God in the process of healing.

Here I am reminded of the on-going debate between healing and cure of human problems. In mediating that debate, Richard E.YaDeau suggests that

> recognizing, then, that the triune being [the human] is composed of a physical entity, and a psycho-social entity, and a spiritual entity, curing becomes that endeavor which rectifies a disease or a disorder in one component of the triune being, while healing addresses the integration of these three components into a single entity, and is independent of the extent to which an individual's physical body is cured.[191]

Humans, as physical and spiritual beings need, a holistic view of healing that opens up spiritual dimensions of human sufferings and theological intervention. YaDeau is not a theologian or pastor, but a secular psychiatrist recognizing and making the claim for the spiritual needs of trauma victims. Therefore, pastoral caregivers should reconsider the meaning of healing for trauma victims and recognize the work of God as a creator in human beings to better understand trauma victims' needs and desire to be re-connected with the spirit of God and others.

Humans as Relational

God created human beings as relational and psychosocial. Humans consciously and unconsciously have a longing for relationship with others. In Genesis, God said, "It is not good for man to be alone. I will make a helper suitable for him" (2:18). We humans have a fundamental need for relatedness, and the need arises from the fact that we were

[191] Richard E. YaDeau, "Healing," *Word & World* 2, no. 4 (1982): 317.

created for relationship with God and others. Human relationality links to the eschatological destiny of the new humanity as the representation of God within creation. The biblical concept of the *imago dei* helps us understand God's intention for humankind, from the beginning, and to find its fullness in the eschatological new creation. In other words, *imago dei* is ultimately Christ as the new humanity and consists of those who are consequently transformed into the image of God in Christ. Thus, the pathway between humankind and the *imago dei* leads through the church as the prolepsis of the new humanity and the relational self as, ultimately, the ecclesial self.

The image of God is in the relationality of persons in community. God is triune in that the three persons mutually indwell and relate to each other. In Genesis 1:26, the Hebrew word אלהים (elohiym), which is the plural form of אלוה (elo'ah), is used to describe God as the three strong powerful one. This is linked to the Christological concept of *perichoresis,* which expresses the dynamic of the divine life. This points out the interdependence of the Christ deity and humanity, and then provides a ready way of describing the relations among the Trinitarian persons. The term *perichoresis* explains the relational aspect of the Trinity, that the personhood of the three is relationally determined, and that each person is a person-in-relationship to the other two. The connection between person and his/her ecclesial self must be given its full Trinitarian-theological cast. In this manner, human beings as divine image bearers are also created to relate to God and to others. Asian women theologians conceive the image of God as "the community in relationship"[192] and project their own experiences to understand God. Asian women also understand that only in community can humans reflect God and fulfill

[192] Chung, *Struggle to Be the Sun Again: Introducing Asian Women's Theology*, 48.

the image of God in which we were created for mutual relationship. Ultimately, individuals' relationships and understanding of God can greatly impact their interpersonal relationships.

The initial relationship of human beings was with God. Human beings have a fundamental desire to belong to community and be connected with others. The desire can extend to having a relationship with the great object, God. For object relations psychologists, human experience and the development of personhood are usually based on interpersonal relationship. Object relations theorists usually emphasize the importance of the infantile relationship with parents because it influences on the person's future relationship, even the relationship with God. According to object relations psychoanalytic theory, an individual's image of God is the result of his/her projection of internalized objects or experiences.

Using Donald Winnicott's notion of internalization and projection,[193] we humans internalize the external experiences with the primary caregiver and project the internalized image of parents or caregivers onto God. Thus, we create an image of God on the basis of human experiences. The image of God, which relates to the primary experience with parents, will influence all other relationships. Ana-Maria Rizzuto emphasizes the similarity in the clients' relationship with their father and with God.[194] Thus, images of God are formed through the internalized relationships with people, especially mothers and fathers. Rizzuto also argues that it is "one's image of God as a

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[193] Donald W. Winnicott, 'From Dependence toward Independece in the Development of the Infant'(1963) recited in *The Maturational Process and The Facilitating Environment,* 84.

[194] Ana-Maria Rizzuto, *The Birth of the Living God: A Psychoanalytic Study* (Chicago: University of Chicago Press, 1979), 11.

dynamic and creative part of the self which can grow and change particularly as our perceptions of our parents, the original models for the God-image, grow and change."[195] Humans can reflect the image of God as they meet in the interpersonal encounter. Hence, parents, as representatives of God's image, need to function as mediators between God and their children by transferring God's love and grace.

Korean *hwa-byung* patients who experience oppression, violence, and abuse are struggling with a parental and/or hierarchical image of God. It results from the transmission of sins and the trans-generational effects of spiritual and relational struggles. Unfortunately, many Korean parents, who were exposed to traumatic events, fail to provide a sufficient care environment and the result is distorting the image of God for their children. Scripture tells us, "He [God] punishes the children and their children for the sins of the fathers to the third and fourth generation" (Exodus 34:7). We can interpret this as meaning a child is more prone to committing transgressions than his/her father as a result of the parent's sins. The parents consciously or unconsciously transfer their sin to children, and the children take the familiar image of God ingrained into their existence.

Challenging the solidarity of the human family, however, Andrew Sung Park describes that the unfair transmission of parents' proclivities to their children is not sin, but *haan*.[196] Emphasizing the need to distinguish *haan* from sin, Park explains the four inherent aspects of *haan*—biological, mental and spiritual, social, and racial. Considering the concept of *haan,* its aspects show that social and historical trauma form a structure of *haan* and illustrate how it is transferred to the next generations and imprinted on their

[195] Ibid.

[196] Park, *The Wounded Heart of God,* 74-75. Park uses the term *han* instead of *haan* but these terms have same menaing and can be described by Chinese character 恨(한).

memories. According to Park's view, there is a strong relationship between human traumatic experiences and the transmission of the structure of *haan*, which is concomitant with the relationship with God and the image of God. I think that the significant contribution of Park is to claim the tramsmission of the relational traumatic impacts from a theological perspective in connection with Korean culture and history. This indicates that the dynamic of persons deprived of adequate caring in childhood, who in turn deprive their own children, might be seen as a way in which the sins of the parents are passed on to the succeeding generations.[197] Daniel Price accordingly says that, "There is therefore no human being who is isolated, static, or purely individual. Isolation from God and others is the essence of brokenness and sin."[198] If a person is stuck in the cycle of trauma and develops a sense of victimhood with passivity, the image of God will be distorted and the person will be detached from God, others, and themselves. This is called total estrangement, which is Tillich's understanding of sin.

The fundamental outcome of *hwa-byung* patients' traumatic experience is the total estrangement from God and it is related to the image of God. From a feminist perspective, Rosemary R. Reuther argues that "it is blasphemous to use the image and name of the holy to justify patriarchal domination. . . . The image of God as predominant male is fundamentally idolatrous."[199] Considering Confucian virtues, the patriarchal and

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[197] Stanton L. Jones and Richard E. Butman, *Modern Psychotherapies: A Comprehensive Christian Appraisal* (Downers Grove, Ill.: InterVarsity Press 1991), 108.

[198] Daniel Price, "Karl Barth's Anthropology in Light of Modern Thought: The Dynamic Concept of the Person in Trinitarian Theology and Object Relations Psychology," (Unpublished Dissertation: University of Aberdeen, Scotland, 1990), 233. recited in Deborah van Deusen Hunsinger, *Theology and Pastoral Counseling: A New Interdisciplary Approach* (Grand Rapids: William B. Eedermans Publishing Co., 1995), 50.

[199] Rosemary R. Reuther, *Sexism and God-talk: Toward a Feminist Theology* (Boston: Beacon Press, 1983), 23.

hierarchical image of father impacts Korean Christians' image of God. Using the term God-language as a religious symbol, Simone Sunghae Kim explains that Korean Christians' God-language will impact on their image of God and their relationship with God.[200] Kim says that the original God-language of Korean Christians was *Hananim*, which is a gender-neutral expression of God. However it was turned into a paternal image or the patriarchal figure by using the suffix *abuji*, which means father.[201] Kim warns that the God-language of *Hananim-Abuji* as father can impose the paternal or patriarchal image of God on Korean Christians, and it can be dangerous for Korean *hwa-byung* patients who experienced various types of trauma, such as violence, rape, and abuse (physical, verbal, emotional, and sexual), perpetrated by their father or other father-figures.

Sadly, most *hwa-byung* clients have experienced domestic violence, in various forms or manners, perpetrated by males. In clinical interviews, Kim, who was physically abused by her father, said she was not able to begin the Lord's Prayer (which opens with "heavenly father"), because of the repressed anger she harbored toward her father and God. The core issue in working with trauma victims such as Kim is transforming the destructive images of father and relating the transformed image to that of God. Clinical work with Kim indicates how language as a religious symbol impacts one's understanding of God. In line with Kim's experiences, patriarchal and/or hierarchical images of God generated by God-language can lead to the re-enactment of trauma or traumatic memories and make *hwa-byung* clients feel threatened. To help these victims

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[200] Simone Sunghae Kim, "A Korean Feminist Perspective on God Representation," *Pastoral Psychol* 55, no. 1 (2006): 36-37.

[201] Ibid.

better relate to God, Simone Kim suggests that Korean Christians should use *Hananim* rather than *Hananim-Abuji* in referring to God, and should recruit more female leaders in an effort to re-build the image of God for *hwa-byung* clients.

Humans, as relational beings, develop dynamic and progressive images of God based on their experience with parents and others in significant relationships. A person's image of God is intermingled with the effects of the social, cultural, and historical traumatic events to which their parents were exposed. Because of human transgression and its consequences, people come to have a distorted image of God, which hinders genuine encounters with God. Korean *hwa-byung* patients, as trauma victims, struggle to approach God because of abusive and violent relationships with their own parents. This is true not only for Koreans, but also for African Americans who refuse to accept the controlling Caucasian images of God because of their inherited pain and suffering of slavery experiences. Thus, clinical psychologist Na'im Akbar claims that Caucasian images of God can be enacted as a form of "psychological slavery" for African Americans so they feel threatened and disturbed, and so miss genuine encounters with God.[202] Both Koreans and African Americans, as victims of violent and unequal relationships, are striving to restore the distorted image of God, and seeking for God's intervention to overcome their pains and reconnect with God and others through the provision of God's grace.

In short, God created human beings as physical, spiritual, and relational. These basic aspects of human nature always impact relationships with others, and produce certain consequences. Humans are created as both physical and spiritual beings. The

[202] Na'im Akbar, *Chains and Images of Psycholgical Slavery* (New Jersey: New Mind Publications, 1984), 7.

condition and quality of individuals' relationships can impact both physical and spiritual stability. Thus, it is important to approach human suffering from a holistic perspective in order to bring the power of healing into that suffering. Such a process demands the keen social awareness and recognition of emotional distress in order to deal with the relational conflicts or other negative consequences. In working with *hwa-byung* patients, therefore, it is crucial to understand human emotion, especially anger or anger-related emotions and their impacts.

Human Emotion: Anger

All human emotions, as gifts of God, are innate, natural, and subjective. There is no positive or negative emotion. However, anger is considered a negative emotion that should be controlled or minimized. Thus, the social and cultural stigmatization of anger seems to make people ignore or forget the God-given value, worth, and dignity of human emotions. Emotions, especially anger, indicate that something has happened in human relationships, and readies us to prepare for the response. In terms of *hwa-byung* and its symptoms, anger (*hwa*) is a reaction toward threats, dangers, or other traumatic events experienced in relation to Korean culture and history. Pastoral theologian Andrew D. Lester says that "anger occurs when you, or those important to you, are threatened."[203] Lester sees anger as an emotional response toward harms, dangers and threats.

Andrew S. Park disagrees with Lester. Park conceptualizes "guilt anger" as the aggressive anger of offenders, and distinguishes this from "shame anger," which is the anger of the offended. Park says that "aggressive anger is not a response to a threat, but

[203] Lester, *Coping with Your Anger: A Christian Guide*, 54.

people's belligerent hostility toward their victims."[204] Park's concepts of anger are not intended to contrast with Lester's understanding of anger, but to draw more attention to the collective history and the existential reality of the victims. With this perspective, Park's work contributes to deepening the understating of systemic or structural causes of oppression and the collective response of the oppressed. To fully understand the Korean concept of *hwa-byung*, the exploration of anger as one of the etiological factors of *hwa* is critical, not only in caring for individuals' mental health, but also for the transformation of social structures and the eradication of social injustice. To do this, victims and the oppressed must acknowledge and communicate their anger in constructive ways.

Human emotions and emotional expressions as products of subjectivity have important meanings and messages in them. There is a strong social stigma against anger in both Western and Eastern communities. Due to its violent and destructive power, anger has been eliminated from proper study or intensive clinical research in the mental health field. While sustaining the multi-layers of relationships, individuals' anger or aggressiveness contributes to the recognition of the ambiguity and reciprocity of human relationships. Lester reminds us of the potential destructiveness of anger when he states that human anger or the explosive expression of anger can lead to sin, which disturbs or destroys relationships.[205] In church, anger is considered to be an emotion people must control in order to be mature Christians in their quest for complete sanctification. Despite the pervasive social stigma on anger, it is important to re-evaluate the fixed ideas or prejudices regarding anger, and re-think the original meaning and value of that

[204] Andrew S. Park, *From Hurt to Healing: A Theology of the Wounded* (Nashville: Abingdon Press 2004), 52.

[205] Lester, *Copingwith Your Anger*, 47-49.

emotion. To that end, a consideration of the three aspects of anger as sources of survival—vital, passive, and violent—follows.

Anger as Vital

Anger can be viewed as a life force, an indication of vitality. Greider argues that recent literature and theories try to connect anger or aggression to violence, not to vitality.[206] Following Edward Faley's view, Greider defines the vitality as an essential passion and/or longing for life in the midst of something larger than the self.[207] If someone or something has vitality, they have energy, liveliness, and hope for future. Thus, the vital aspects of anger can be used to sustain individuals' life, aid in surviving dangers or threats, and resist physical death, emotional ambiguity, and meaninglessness. Koreans conceptualized *hwa* as vital energy, or as an enlivening psychosomatic force to sustain life. Thus, anger/*hwa* is not negative but vital for living or surviving. Good enough anger/*hwa* is a source of powerful human vitality. In the Korean context, the heart and its functions are deeply connected with *hwa.* If anger/*hwa* becomes repressed and/or accumulated, it will damage the function of the heart, the center of vitality in the human body. Hence, it is important to recognize the vital energy of anger and determine how to use it in a constructive way.

Vitality of anger impacts on the nexus of human relations and their complexities. Greider explains that vitality as the passion for life can be extended to an action of resistance in human relatiosnhips. According to John Macmurray, the vitality can be

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[206] Greider, *Reckoning with Aggression : Theology, Violence, and Vitality*, 65.

[207] Edward Farley, *Good and Evil: Interpreting a Human Condition* (Minneapolis: Fortress Press 1990), 180; Greider, *Reckoning with Aggression : Theology, Violence, and Vitality,* 65.

connected with “the centrality of agency to the person and the unity of action to the interpersonal relationship.”[208] A feminist theologian Carter Heyward describes the vitality as passion and characterizes it as “power in relation.” Heyward explains that “a person of passion endures both the power and ecstasy of relation and the pain and trauma of broken relation whenever she witnesses or is involved in the destruction of human relation.”[209] Applying the concept of passion to trauma victims’ life, the vital energy of anger helps people find meaning and passion for life and tolerate the unbearable pains and sufferings of relational traumatic experiences.

Moreover, anger plays a role as an indicator of danger and/or threats. Andrew D. Lester sees that there is a process of trauma: the traumatic event → (the victim’s interpretation of the event) →victim becomes anxious → victim feels angry. In this process, a sense of anger or *hwa* leads to the mobilization of the human body to defend and escape dangers, harm, or other traumatic experiences.[210] Thus, Lester emphasizes the significance of acknowledging and clarifying anger before controlling it. In this same vein, Paul talks about anger in Ephesians 4:26. The New English Bible translates the verse, “Do not let anger lead you into sin.” Paul does not say that people should not feel or experience anger. Rather, he gives a warning about the power of unrecognized anger, which can be destructive and lead to sin. This indicates that anger as a gift of God can be used as the basic source for physical, emltional, and spiritual sensitivity for survival in the face of threats and/or harms.

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[208] John Macmurray, *Persons in Relation,* (New York: Harper & Brothers, 1961), 118 recited in Greider, *Reckoning with Agression: Theology, Violence, and Vitality*, 66.

[209] Carter Heyward, *Redemption*, (New York: Harper, 1989), 54 recited in Greider, *Reckoning with Agression: Theology, Violence, and Vitality*, 64.

[210] Lester, *Copingwith Your Anger*, 69.

Instead of judging or socially ostracizing those who express anger, therefore it is essential to develop new and different views and reactions to the feeling of anger and aggression. To effectively deal with anger/ *hwa*, it is necessary to clarify the reasons for people's anger or aggressive behavior, especially in a culture, which is characterized by pervasive emotions associated with socio-political-cultural unfairness and injustice, emotions such as *hwa, haan, uk-wool*, or *boon*. Finally, anger, as a human emotion, has power and energy vital for surviving trauma and sustaining normal life.

Anger as Passive

Because its power is potentially violent and destructive, people refuse to acknowledge the anger within them or they push anger out of consciousness. Lester names these reactions "denial" and "suppression," which result in disguised and misdirected anger. Although anger already indicates potential harms or threats, people's ignorance of its presence worsens the consequences of the emotion. The passivity of anger can be regarded as avoidance of power and injustice, which results in silence and disguised anger. Lester lists examples of disguised anger as hostile humor, sexuality, nagging, and withdrawal, procrastinating, and forgetting.[211] These passive behaviors of anger can be viewed as people "being underpowered, neglecting to cultivate our power and/or failing to seek spiritual liberation from the efforts of others to disempower us."[212] Despite the destructive power of anger, trauma victims may go through the moment of trauma in silence and internalize their pains and sufferings just for survival.

[211] Lester, *Coping with Anger*, 55-60.

[212] Greider, *Reckoning with Aggression: Theology, Violence, and Vitality*, 63.

However, the power of anger cannot be dismissed or eliminated from one's physical system. Lester says, "Anger is like energy which does not disappear, but can be transformed. Anger, therefore, that is ignored or swallowed is pressed down into this unseen part of the self where it becomes demonic."[213] Thus, the energy of anger should be released or directed at target so as to explore it in relationship. If an individual's anger is directed at the self, the anger attacks his/her body, mind, and spirit with a destructive power. In particular, somatic symptoms or physical pains of *hwa-byung* can be seen as a result of the internalized anger or the passive expression of *hwa*. In silence, therefore trauma victims' anger and desire of revenge are all repressed and/or hidden.

According to a number of Asian women theologians, the internalization of self-hate and ignorance can be seen as the sin of the oppressed. Hyun Kyung Chung notes that Korean women have strong culture-related attitudes and behaviors resulting from the sin of the oppressed. One is Korean women's pseudo-safety of non-feeling, called "numbing."[214] Through the process of numbing, Korean women become separated or disconnected from themselves, others, and the God of life. Another symptom of numbing in the oppressed is *haan,* the most prevalent feeling among Korean women, especially most *hwa-byung* patients. This submissive expression of anger can be understood based on Koreans' value of the unquestioned loyalty that is required for the interpersonal relationship in a collective culture. These trauma victims do not expect that other people understand them or recognize their internal wounds. This repression of anger strongly connects to Erik Erikson's concept of "basic trust" in the early stages of childhood.

[213] Lester, *Coping with Your Anger***,** 54.

[214] Chung, *Struggle to be the Sun Again*, 41-42.

Instead of expressing anger outwardly, *hwa-byung* patients blame themselves for their unfortunate lives. There are some cultural idiomatic expressions most *hwa-byung* patients often use to describe their lives. Three of those expressions are “I am not blessed” (내가 박복해서), “I have bad luck” (지지리운도 없어서), and, “God does not care about me” (하늘도 무심하시지). *Hwa-byung* patients believe that external dominion and uncontrollable powers such as fate or luck, as well as the power of the divine and ancestors are involved in their struggles, so they accept the state of their lives. These culture-specific idioms reflect the pervasive pessimistic views of self and the internalized self-hate of Koreans. The internalized anger leads to “horizontal violence” among women and results in the destruction of women’s community. Thus, the passive expression of anger results in the loss of self-agency, and the vital aspects of anger become the basic drive for relationality. This leads to the separation from self, others, and God.

Anger as Violent

Humans are created as relational beings. Thus, they should live with others in community. This relational nature can cause many troubles and suffering in the world, which can evoke people’s anger or aggression. Greider accordingly understands individuals’ expression of anger or aggression in relation to human relationships and power.[215] There are countless traumatic events or man-made disasters such as oppression, violence, rape, abuse, crime, and war that happened in the world. These experiences result in the development of human suffering and various trauma-related struggles at the physical, emotional, and spiritual level. In the course of these events, we notice that

[215] Greider, *Reckoning with Aggression*, 63.

trauma victims become aggressive and revengeful toward their predators, oppressors, or abusers. That behavior is often described as evil-like or the sinful power of anger. Thus, we must ask, “What is the meaning of evil and sin?”

The systemic violence of countries that control the international, political, and economic power and dynamics contributes to numerous deaths, losses, and separation among the weak, the powerless, and the innocent. Despite the great pain that stems from systemic violence, those in power and with authority ignore the suffering and force the powerless to repress their subjective anger, pain, and yearning to survive. Many victims and the powerless learn to avoid feeling angry at or aggrieved by the historical and personal trauma that resulted from the systemic and international violence, oppression, and injustice. In the context of the Korean family system, Confucianism indirectly insists women sacrifice themselves in order to serve others. Because women obey this implicit rule, the system is able to function well and others in the system take the advantage of its functions. The structure may appear balanced, harmonized, and peaceful, but the peace and the harmony in the Korean family system come at the painful expense of women. Korean women should have the right to overturn this rule and express anger in the defense of themselves. This is what Andrew Sung Park conceptualizes as shame anger, the anger of the offended. He says, “Violent or hostile expressions of anger often result from experiences of shame, rather than guilt. . . . However, extreme or prolonged anger will lead the wounded to harming others and themselves”[216]

People do not express their anger to the strong, or to those with power and authority. Much like what Park terms shame anger, Lester describes this as distorted

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[216] Park, *From Hurt to Healing: A Theology of the Wounded*, 52.

anger. It is experienced by the “easy targets” in the family system, mainly women and children, who are those victimized, abused, and traumatized as a result of men’s externalized anger. In the context of the Korean family, there are also many women who experience battering, intimate partner violence, or physical, emotional, and spiritual abuse. Further, children are often the target of misdirected anger and are exposed to multiple abuses, victimization, and violence within the family.

If the husband-wife dyad becomes stressful or intense, the father or the mother may express the anger or *hwa* related to the marital relationship toward their weakest children as the weakest. In clinical interviews, it was revealed that Choi’s father physically abused Choi for a long time. The father’s anger toward Choi, an unwanted child, is expressed in severely violent and destructive ways. His anger/*hwa* is caused by the threat of his personhood and self-esteem resulting from the on-going failure to find employment. Sadly, Choi, as a target of *hwa-pu-ri*, became a victim of domestic violence enacted by her husband. Not having protection, Choi was exposed to the threat of physical death from the destructive power of anger.

The confrontational or aggressive expressions of anger create a vicious cycle of trauma. In light of the relationship between PTSD and feelings of anger, Ira Gabler and Andreas Maercker explain that “Hyperarousal as part of PTSD may intensify the experience of anger depending on the characteristics of the offense.”[217] Post-traumatic hyperarousal may cause dispositional anger or hostility, which leads to feelings of revenge. Unless trauma victims overcome a sense of victimhood and get out of the cycle

[217] Ira Gabler and Andreas Maercker, "A Theoretical Process Model of Revenge," in *Embitterment: Societal, Psychological and Clinical Perspectives*, ed. Michael Linden and Andreas Maercker (New York: Springer, 2011), 50.

of trauma, there will be two different results of the destructive power of anger.

On one hand, the destructive anger can create a chain reaction in which there is no distinction between predator and prey, oppressor and oppressed, or abuser and victim. According to Park, destructive anger can be related to shame anger.[218] It is the assertive anger of the offended as a response to social injustice, evil power, or other external threats. In the violent system of trauma, the victim becomes another aggressor for revenge at any time in their lives. This suggests that the victims, who cannot express their anger, create another system of power and unfair relationships with a strong desire for revenge. This creates a vicious cycle comprised of action and reaction. At issue is who has more power in the relationship over the system and who takes the advantage of the social injustice or inequity of power?

On the other hand, the destructive power of prolonged or accumulated anger results in self-harm or self-destructive behaviors of trauma victims. A sense of powerlessness and helplessness in the victims leads them to internalize their anger and experience it in silence. Such disparaging ways of expressing anger or aggression often end up manifesting as various somatic symptoms and harmful behaviors in trauma victims. This correlates with Park's contention that *haan* of the oppressed is a counterpart to the sin of the oppressor. Differing from the passive expression of anger, this is more active and aggressive on the victim self. Park, however, criticizes the present doctrines of sin as relying heavily on the individualistic interpretation. Thus, it is not adequate for dealing with the historical embeddedness and the socio-cultural interpretation of sin.

In keeping with Park's thinking, it can be noted that Korean *hwa-byung* patients'

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[218] Park, *The Wounded Heart of God*, 81-82.

expression of anger is rooted in the collective wounded identity, which is intermingled with the conscious and unconscious level of *haan* beyond history. Therefore, the destructive power of anger can threaten the victim's own existence and bring about self-loathing or other self-hatred behaviors. Given this irrational fury, interviewee Lee noted the frequent, multiple, self-destructive behaviors that occurred as a result of the relational hardships she experienced while living in Texas. In contrast to her usual passive and obedient personality, Lee became extremely violent and aggressive, exhibiting an explosive anger within her family system. Lee's case illustrates the ways in which repressed anger can be expressed with violent power and energy, which not only interfers with the relationship but also harms the self.

Anger is similar to the Korean concept of *hwa*, which can be vital, passive, and violent. Both anger and *hwa* can be easily identified in most cases of trauma and in trauma reactions. Considering Koreans' traumatic history, *hwa* can be re-defined as a reactive emotion toward the external threats, dangers, and harms in the face of traumatic events. In this view, the destructive power of anger can be seen as a method of self-protection. However, the Bible warns that ignorance of the destructive power of anger, or *hwa,* will lead to sin.

Consider Cain's story. It is meaningful to examine God's instruction to Cain before Cain murders his brother: "So the LORD said to Cain, 'Why are you angry? And why has your countenance fallen? If you do well, will you not be accepted? And if you do not do well, sin lies at the door. And its desire is for you, but you should rule over it'" (Genesis 4:4-7, NKJV). Revealing the hidden anger in Cain, God kept awakening in Cain the capacity to think rationally and reflect on how he did with his offering. This

means that humans can have emotions that are reactions toward people, objects, or situations, but they should not be overruled or controlled by the emotions. Thus, God said there still is an opportunity to recognize anger in Cain, and God asked him to take the responsibility to rule over it. This story indicates that the avoidance of emotional power, such as anger, can lead people into sin. Further, the disguised anger contributes to the cycle of victimization of the powerless, suggesting the accumulated and repressed anger can be dangerously harmful. It can control or drive people to commit sin. So, it is essential to acknowledge anger and find ways in which to constructively express it so as to release the emotional power and energy in an interpersonal relationship where they can feel *jeong* and safe enough to reveal themselves and re-gain power to trust self.

Theology of Trauma

Evil, Injustice, and Trauma

Human lives are filled with suffering, tragedy, and trauma. Based on the results of clinical interviews, it appears that trauma and traumatic memories are not integrated into one's understanding of the world. Further, they interrupt daily life functioning. This suggests that trauma is like an open wound, with trauma victims oftentimes confronted by the inability to process their reactions to the trauma or reflect on its meanings and impact on their lives. Trauma is now perceived as part of the human life cycle. Thus, it is not an exceptional or special life event that occurs in a particular group of people or nation. However, trauma survivors exhibit different reactions and trauma-related symptoms are based on the depth and quality of the experiences, environments, personalities, and other

factors. This means that all people react to a traumatic event in a unique way, and the reaction depends on the victim's social status, power, and opportunities. This finding opens a discussion about the evil and sinful intentions of the oppressors in relation to traumatic events in the world.

In scripture, Jesus' anger is a genuine reaction toward the evil intention of the oppressors:

> And He entered the synagogue again, and a man was there who had a withered hand. So they watched Him closely, whether He would heal him on the Sabbath, so that they might accuse Him. And He said to the man who had the withered hand, "Step forward." Then He said to them, "Is it lawful on the Sabbath to do good or to do evil, to save life or to kill?" But they kept silent. And when He had looked around at them *with anger*, being grieved by the hardness of their hearts, He said to the man, "Stretch out your hand." And he stretched it out, and his hand was restored as whole as the other (Mark 3:1-5; Luke 13:10-16; John 5:9, 9:14).

In particular, in Mark, Jesus looked around at the Pharisees with anger (3:1-5). Mark uses the Greek word ὀργῆς to describe Jesus' emotion, which can be translated as "anger." Jesus' anger was triggered by the Pharisees' unfair application of the law with evil intention. In the story, the Pharisees were intentionally watching Jesus, waiting for the opportunity to manipulate the law and accuse him. Jesus was aware of their intentions and asked them, "Is it lawful on the Sabbath to do good or to do evil, to save life or to kill?" His inquiry pointed out the Pharisees' evil intention and their misuse of the law for their own purposes. In questioning them, Jesus is also reminding the Pharisees of the original intention of the law, which is to do good and save people's lives not to literally apply the law. Some contend that Jesus, as a son of God, can be angry and that his anger is holy and divine. I suggest that perspective overlooks Jesus' full humanity, that it misunderstands the purpose of Jesus' life and work in this earthly life.

Because the Pharisees abused the law and their power, people in pain— like the man with a withered hand—were sacrificed and alienated, and did not receive the proper care that they need. When the Pharisees watched Jesus to see if he would heal on the Sabbath, they knew the man's need for healing, but they ignored that need. This biblical story teaches the significance of structural and systemic abuse of power, which oppresses, exploits, and victimizes the oppressed, the powerless, the marginalized, and minorities. Taking the Christian perspective, Terry D. Cooper notes that self-centeredness or pride is seen as a form of idolatry identified as a sin.[219] Accordingly, he argues that "pride, the desire to be their own God, moved them to distort what God has made."[220]

To secure their systemic position, people in power or authority attempt to control or rule over the powerless, and attack someone or something by which they feel threatened. They consciously and unconsciously distort what God has made and intended, and impose their own thoughts, values, and beliefs as the standard to which all must adhere. Thus, some theologians, such as Andrew S. Park and Donald M. Chinua, argue that the standard for the oppressors and the oppressed should be different. Emphasizing the need for oppression-sensitive pastoral care, Chinua remarks that the oppressors and their norms should not be applied to the oppressed.[221] Park also attempts to distinguish between the concept of sin of the oppressor and the oppressed.

The Bible story demonstrates the significance of the structural and systemic abuse of power, which oppresses, exploits, and victimizes the oppressed, the powerless, and

[219] Terry D. Cooper, *Sin, Pride, & Self-Acceptance: The Problem of Identity in Theology & Psychology* (Downers Grove, Ill: InterVarsity Press 2003), 8.

[220] Ibid., 30

[221] Donald M. Chinua, "The Tasks of Oppression-Sensitive Pastoral Caregiving and Counseling," in *Injustice and the Care of Souls*, ed. Sheryl A. Kujawa-Holbrook and Karen B. Montagno (Minneapolis, MN: Fortress Press, 2009), 137.

minorities. Jesus used anger with vitality to protect the powerless and to resist abusive power and structural manipulation. The oppressed need power, knowledge, and social awareness to fight for their own rights against the evil intention and sins of domination, oppression, injustice, and violation, and in order to have equal opportunities and fairness in relationships. In *Injustice and the Care of Souls*, Chinua elaborates:

> The common understanding of peace is the absence of war or strife. It is the absence of riots, social unrest, revolution, civil war, terrorist attacks, international war, or general upheaval. Strifeless peace is false peace or negative peace, in that it depends on the acquiescence of the oppressed to the forces of evil. It thrives on oppression or suppression; for example, women's acquiescence to discrimination in this society in order to keep the peace or not rock the boat is not peace. It is *contained violence*. Such peace obscures and shields obscene oppression, exploitation, and dehumanization. It is ungodly and contributes to unspeakable pain, suffering, and sorrow. This kind of peace corrodes and corrupts the social fiber at the same time that it twists and torments the human psyche. It is insufferable, diabolical, and intolerable."[222]

Chinua describes the historical rootedness of socio-cultural injustice and its traumatic effects on the oppressed. He argues for the need of social activities. In the view of Chinua, Korean *hwa-byung* patients suffer from the "contained violence," which contributes to unspeakable pain, suffering, and sorrow. The concept of contained violence is deeply related to the theological discussion of sin.

In light of such unfair dynamics of power, Andrew S. Park states that the traditional Christian concept of sin is oriented to the sinners/oppressors. Thus, it is essential to distinguish the sin of the oppressed from the sin of the oppressors. According to Park, *haan* can be perceived as an alternative concept of sin for the victimized and the oppressed. He says, "Sin may be forgiven by the repentance of the oppressors, whereas

[222] Ibid., 135

haan can be resolved through reconciliation of the oppressors and oppressed by means of the healing of the latter.[223] In comparison to Park' concept of *haan*, Nelson uses the term "brokenheartedness"[224] to re-conceptualize sin for the victims. In spite of using different terms, both Park and Nelson draw people's attention to finding the etiological causes of human suffering in a hierarchical power dynamic. Asian women theologians also contend that human sin has a collective and systemic character.[225] Thus, they distinguish between the sin as the oppressor's sin and the sin of the oppressed.

The oppressor's sin is manifested through colonialism, neo-colonialism, capitalism, racism, classism, and sexism. The oppressed sin is the internalization of self-hate and disconnection from the self, others, and God. The concept of oppressed sin leads us to ask these questions:

- What can be the best way for the victims or the oppressed to respond to the injustice and unfair systemic environments, which are used to overpower or abuse individuals?
- Is it legitimate that the system asks for the oppressed to give up their voices to speak in order to keep the harmony of the community?

In line with the arguments of Park, Nelson, and Asian female theologians, there are two different reactions to the threats, harms, and dangers of oppression. The oppressors will react to them by using or abusing their power to repress the desire of the oppressed for equality, reciprocity, and interdependence in relationships. To the contrary, the oppressed will defend themselves from the attack, violence, or abusive actions of the

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[223] Park, *The Wounded Heart of God*, 77.

[224] See Susan L. Nelson, *Healing the Broken Heart: Sin, Alienation and the Gift of Grace* (St. Louis; Chalice Press, 1998) for more detailed discussion of Nelson's concept of sin as brokenheartness.

[225] Aruna Gnanadason, "Women's Oppression: A Sinful Situation," edited by Virginia Fabella and Mercy Amba Oduyoye, *With Passion and Compassion: The Third World Women Doing Theo*logy, (Eugene, Oregon: Wipf & Stock Publisher, 1988), 73.

oppressor with the enthusiastic and vital energy of anger. Hence, there are strong relationships among power, injustice, anger, and sin which can make people oppressed and/or victimized in the power of trauma. In this view, *hwa-byung* patients and their traumatic experiences should be reconsidered not as an issue of personality but as a result of systemic and/or structural injustice.

Existential Inquiries

In the face of trauma, human beings are confronted with two existential questions: 1) Why is there suffering in human life? and, 2) What are the causes of suffering? These questions give us direction for finding spiritual and transcendental issues in the cases of *hwa-byung* patients as trauma victims. They also help us find the universal or ubiquitous aspects of *hwa-byung* as a trauma-related disorder.

The first question opens the door to explore the bitterness and pains of sufferers. It questions the legitimacy of using God's power to determine or control human affairs as an explanation for suffering. Using the concept of providence, Calvin explains that God plans for the world and all people, so that whatever happens in our lives it is guided by God's will or providence.[226] Even if it is hard to believe this is the case in terms of trauma, people should believe that suffering and/or other painful events are planned by God. In the mids of sufferings, God suffers with the victims and comforts them. Thus, Calvin says that humans should accept the mysteriousness about human lives and believe that there is a spiritual or transcendental dimension to all human affairs.[227]

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[226] John Calvin, *Institutes of the Christian Religion Library of Christian Classics*, ed. by John T. McNeill and trans. by F.L. Battles, 2 vols. (Philadelphia: Westminster, 1960), 1:217 (1.16.5).

[227] Ibid.

According to Tillich, there are two different dimensions of the world: humanistic and spiritual. The spiritual world is a dimension for theology, not science.[228] Tillich emphasizes that theologians and pastoral caregivers should acknowledge the spiritual dimension of human suffering and help find how to overcome the presenting issues by having hope and faith in God. In reality, trauma survivors and victims' families are struggling with great fear, anxiety, and a sense of hopelessness in their lives. They often ask. "What is wrong with me? Have I done anything wrong?" They feel their lives have nothing left. It occurs to me that these are not questions of emotional distress, but are the soul's suffering of longstanding spiritual battles. This being the case, *hwa-byung* can be perceived as an exploration of the soul's suffering and a deep yearning to find meaning or value in physical, relational, and spiritual struggles.

The second question (What are the causes of suffering?) points out etiological issues or events of sufferings. Connected with existential inquiries, individuals' subjectivity is related to the issues of identity, emotionality, and spirituality. Individuals' subjective reactions to a traumatic experience or its memories tell us who they are, how they feel, and what they experienced before the trauma. This question can be answered in relationships with self, others, and God. It indicates that human subjectivity corresponds to human relationality and spirituality. To find the cause of human suffering, systemic contexts, which are composed with socio-cultural, socio-political, and historical issues, should be examined, in addition to personality or personal traits. Cultural or national suffering results in the development of group identity and the shared traumatic events become an integral part of that identity, which interconnects the members of a

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[228] Paul Tillich, *Systematic Theology III*, (Chicago: University of Chicago Press, 1963), 270-76

community. Furthermore, it is significant for trauma victims to recognize and name the spiritual fall out that results from human suffering or trauma.

In *The Insptired Afirican Mystical Gospel*, Ishmael Tetteh attmpts to provide core beliefs and practice of African religions and interpretations of their cultural proverbs, wise sayings, and symbols. He aims to awaken the realization that not only the Africans' traditional culture, but also their spirituality was destroyed and abrogated by the Christain minsitries.[229] Emmanuel Y. Lartey argues that Ishmael Tetteh is a person who stands out for "the restoration of African mystical religious culture and identity." Adopting Tetteh's insight, Lartey demonstrates that, "the destruction of people's cultures is the destruction not only of a people's identity but also their spirituality and creativity."[230] This reminds us of the collective wounded identity of Korean *hwa-byung* patients and their spiritual struggles under the power of Japanese colonization and the continuous oppression of other countries. To be healed and restored, sufficient time is needed for thise victims to accept their painful experiences, comfort themselves, and receive proper treatment for their internal and external wounds. Afterward, they have to freely release traumatic experiences, pains, and memories, then reconnect with self, others, and God.

These existential questions trauma victims have can be seen as what Tillich terms "ultimate concern."[231] Tillich argues that man has lost the religious dimension in human

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[229] Ishmael Tetteh, *The Insptired Afirican Mystical Gospel*, 27 recited in Emmanuel Y. Lartey, *Postcolonializing God: An African Practical Theology* (London: SCM Press 2013), 103.

[230] Ibid. 103.

[231] Paul Tillich, "Lost Dimension in Religion," in *Advantures of the Mind*, ed. Richard Thruelsen and John Kobler (New York: Alfred a Knopf, 1959), 49. See also *Dynamics of Faith* (New York: Harper & Row, 1957), 46-47. In this book, Tillich says that "God is symbol for God. This means that in the notion of God we must distinguish two elements: the element of ultimacy, which is a matter of immediate experience and not symbolic itself, and the element of concreteness, which is taken from our ordinary experience and symbolically applicable to God. The man whose ultimate concern is a sacred tree has both the ultimacy of

nature and spiritual life. Since man started paying too much attention to science and technology in modern society, there has been a great loss of ultimate concern, self, and religious symbols. Tillich describes this as "the lost dimension in religion" or "the loss of the dimension of depth" in industrial society.[232] After witnessing multiple distortions and brokenness under the power of trauma, however, I have witnessed *hwa-byung* patients' return to the ultimate concern and asking these existential questions:

- What is the meaning of life?
- Where do we come from, where do we go?
- What should we become in the short stretch between birth and death?[233]

In the face of the ambiguity of human life, both trauma survivors and *hwa-byung* patients wrestle with the total emptiness and the meaninglessness of life. They search for profound and religious solutions to their emotional and spiritual pains and sufferings. This brings to mind interviewee Park's description of her life as always nothing or even getting worse, in spite of putting much into the effort to thrive. Park said she was afraid of nothing, not even death, because her life had been filled with so many losses and pains. Park said that she did not have much hope for the future because she knew nothing could be guaranteed in human life.[234] What Park expressed was fear, frustration, and disguised anger to deal with two different enemies—life and death. This is a territory like Winnicott's concept of transitional space, which mediates between death and life,

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concern and the conretedness of the tree which symbolizes his relation to the ultimate."

[232] Ibid., 49-50.

[233] Paul Tillich and Mark J. Thomas, *The Spiritual Situation in Our Technical Society* (Macon: Mercer 1988), 41.

[234] Park, interviewed by author Duluth, GA, June 2012.

uncertainty and certainty, fantasy and reality.[235] In that chaotic territory, Shelly Rambo sees that trauma survivors witness the distortion and deconstruction of life and continue to live beyond death without having anticipated future.[236] Hence, trauma survivors stand on the theological territory at the intersection of death and life with their existential inquiries. Tillich sees this as the human capacity to make meaning out of the givenness of the human situation. Gerkin sees that Tillich's view of the hard, unyielding force of the human situation is in connection with the unchanging contour of human life in Ricoeur's theory as the existential reality of finitude.[237] Although the purpose of human life is to actualize its potentialities, it is especially hard for trauma victims who already feel broken down and having lost all capacities to deal with the dangerous world.

Even in the mids of pains and sufferings, humans still desire to communicate the ultimate concern by using the symbols, symbolic language or other types of symbolic expressions. This is deeply related to Tillich's notion of faith in connection with religious symbols. Tillich says that, "Faith is not the belief in such stories but as the accpentance of symbols that express our ultimate concern in terms of divine actions."[238] Thus, *hwa-byung* patients' symbolic ways to express their pains can be perceived as a reflection of their faith and yearning for divine actions. In other expression, *hwa-byung* patients take symbolic ways to express or communicate the ultimate concern with others.

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[235] Donald W. Winnicott, 'The Theory of the Parent-Infant Relationship', (1960) Reprinted in *The Maturational Process and The Facilitating Environment,* 43.

[236] Rambo, *Spirit and Trauma: A Theology of Remaining*, 163.

[237] Charles V. Gerkin, *The Living Human Document: Re-Visioning Pastoral Counseling in a Hermeneutical Mode* (Nashville: Abingdon Press, 1984), 48-50.

[238] Tillich, *Dynamics of Faith*, 47-48

Symbolic Expressions of Traumatic Experience in *Hwa-byung* Patients

Humans are able to symbolize thoughts, feelings, and experiences, and to interpret these subjective and symbolic expressions. *Hwa-byung* patients' subjective feelings, somatic symptoms, and strange behaviors can be seen as a product of the symbolized pains, memories, and experiences of trauma. Existential psychotherapist Rollo May sees these symbols or symbolic expressions as "a bridging of the gap between outer experience (the world) and inner meaning."[239] This is similar to symbolic expressions of *hwa-byung*, including patterned behaviors, somatic symptoms, and embodiment of their traumatic memories, which are interrelated with culture and the history of Korea.

The first symbolic expression of *hwa-byung* patients is storytelling, called *ha-so-yeon* in the Korean context. *Ha-so-yeon* can be seen as a patterned help-seeking behavior of *hwa-byung* patients based on their own interpretation of the traumatic events. In spite of having a depressive mood and a nihilistic attitude, *hwa-byung* patients are very active in appealing to their traumatic lives through *ha-so-yeon*. While listening to my patients, I realized that *ha-so-yeon* is the symbolic expression of trauma impacts and sufferers strong desire to reconnect with others and restore their inner power. In this process, *hwa-byung* patients need someone who can tolerate the repeated, fragmented, and self-centered ways of communication and behaviors. Such a long and aching process finally assists *hwa-byung* patients to restore the ability to trust others and evacuate the space filled with traumatic memories.

The second symbolic expression of *hwa-byung* patients is the somatization and/or embodiment of their sufferings. Trauma results in the pains and sufferings in human life.

[239] Rollo May, *Existential Psychology*, (New York: Random House, 1961), 41.

Through their somatic symptoms, *hwa-byung* patients consciously or unconsciously attempt to explore the destroyed and depleted self, and search for help from others and from God. *Hwa-byung* patients also embody their sufferings and painful memories. In those instances, the human body is the site of conflicted desires to remember or forget the memories of trauma. In clinical interviews, many *hwa-byung* patients struggle with a complete loss of memories in relation to the traumatic events they have endured. Thus, it appears that it is a way to defend the self from the overwhelmed emotions caused by unexpectedly painful experiences and their memories. From this perspective, somatic symptoms and embodied memories of *hwa-byung* patients can be seen as a passive-aggressive reaction to the social injustice and on-going failure of revenge behavior.

Even after the terribly painful moment of trauma or violence has passed, the victims' memories composed of subjective emotions and images of the moment remain in their hearts and bodies, and make them suffer. Memory is not an objective image or perception of the past. Astrid Erll says that "individual and collective memories are never a mirror image of the past, but rather an expressive indication of the past needs and interests of the person or group doing the remembering in the present."[240] Remembering the past experience is a way of interpreting or re-organizing memories, depending on what is meaningful in the present. In fact, trauma victims' memories are composed of multiple sensory images—vision, sound, smell, taste, and touch—which are more effectively associated with the event. Bessel van der Kolk says that

> although the individual may be unable to produce a coherent narrative of the incident, there may be no interference with implicit memory; the person may

[240] Astrid Erll, *Memory in Culture*, Palgrave Macmillan Memory Studies (New York: Palgrave Macmillan, 2011), 8.

> “know” the emotional valence of a stimulus and be aware of associated perceptions, without being able to articulate the reasons for feeling or behaving in a particular way. [Pierre] Janet [1859-1947] proposed that traumatic memories are split off (dissociated) from consciousness, and instead are stored as sensory perceptions, obsessional ruminations or behavioral reenactments.[241]

In the encounter of trauma, victims store the sensory images delivered by specific feelings, impressions, and messages; and organize them as a memory in their body. This implies that the embodiment and somatization of traumatic imapcts are not only cultural but also universal.

In the case of interviewee Choi, the only clue of the lost memory was her fear of the darkness and the corner of the room. For reasons unknown, Choi used to avoid standing at the corner of the room. Interviewee Kim remembered the sound of her parents’ arguments during her childhood as an evidence of domestic violence. She also remembered pain caused by her father’s beating her and that there was no one who stopped him. Accordingly, Koreans believe that the *hwa-byung* patients’ bodies remember pains and the suffering of trauma. Those memories alert *hwa-byung* patients and help them defend themselves from harm or danger. Hence, the embodiment of traumatic memories is universal to all trauma victims, but deeply interrelated to Korean culture and the cultural understanding of body, mind, and spirit.

One reason for using symbolic ways to explore pain is that due to the impact of traumas suffered, these *hwa-byung* patients have lost the common ways of communication and building up relationships. Instead, they use the instinctive and bodily expressions learned from their own culture. Robert Culbertson notes that trauma victims

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[241] Van der Kolk et al, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, 287.

attempt to communicate with others in "primitive ways" which are more attached with body and instinct, and interwoven with physical and emotional needs.[242] Culbertson's concept of primitive ways can be understood as Winnicott's "primitive agonies" toward the threat of annihilation.[243] According to Winnicott, when the mother repeatedly fails to provide good enough care for an infant, the cathexis of the external object is not initiated, and the infant remains in unthinkable anxiety. At that time, the infant experiences the primitive agonies of going to pieces, falling forever, having no relationship to the body, having no orientation in the world, and completely isolated with no means of communication.[244] Therefore, due to the primitive agonies, the infant needs to develop a false self to protect the true self, along with other defensive mechanisms for survival.

Similarly, *hwa-byung* patients as trauma victims encode their own feelings of hurts, pains, and traumatic memories in a form that is difficult for other parties to read or understand. In the meantime, *hwa-byung* patients lose the common ways of communication and attempt to connect with the world by using symbols and symbolic expressions, which need to be interpreted or translated into other forms of symbols. This is connected with Judith Herman's concept of the Complex Post-traumatic Disorder as a syndrome in survivors of prolonged and repeated trauma.[245] Trauma survivors who experience the prolonged captivity or continuous traumatic events used to show

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[242] Robert Culberston, "Embodied Memory, Transcendence, and Telling: Recounting Trauma, Re-Establishing the Self," *New Literary History* 26, no. 1 (1995): 177.

[243] Winnicott, *Playing and Reality*, 112.

[244] Ibid., 146.

[245] Judith L. Herman, "Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma." Jung Sun Kim sees *hwa-byung* as a cultural manifestation of the Western PTSD. However, Christopher K. Chung argues that the Western concept of PTSD cannot cover the repeated and/or prolonged aspects of *hwa-byung*, which is not related to life threatening but associated with individuals' negative casual life experiences, such as relational conflicts and betrayals.

somatization and dissociation as a traumatic impact. Symbolic expressions of traumatic impacts are common in Culbertson's "primitive ways" of expression, Winnicott's "primitive agonies" of the infant, and Herman's Complex PTSD.

The symbolic expressions of *hwa-byung* are difficult for non-trauma victims to read or understand. In many interpersonal relationships, these expressions usually fail to deliver the intended message and meaning in them. In Western psychiatry, subjective feelings and somatic symptoms of *hwa-byung* have not been fully accepted as a source of assessment. Still, pastoral caregivers should not reject the symbolic expressions as they reveal the interconnection of physical, emotional, and spiritual dimensions of suffering in *hwa-byung* patients. Through symbolic expressions, *hwa-byung* patients explore their need and desire to restore the inner power to break the vicious cycle of trauma, rid themselves of various trauma impacts, and recognize the presence of others and God in the midst of sufferings. Finally, the symbolic expressions of *hwa-byung* patients can lead us to re-consider human finitude and the ontological inquiries which are expressed in their own ways of communication with others and God. This opens the door for discussion of *hwa-byung* patients' symbolic expression of traumatic experience and its hermeneutic meanings in pastoral care and counseling.

Symbolic Expression of *Hwa-Byung* and its Hermeneutic Impact on Pastoral Care and Counseling

The clinical interviews for this study make clear *hwa-byung* patients' desire to re-arrange or re-construct their painful lives through re-connecting with the presence of others. Although *hwa-byung* patients try to communicate with people in the world, they

oftentimes fail because of their symbolic expressions and “primitive ways” of communication. This results in the alienation and inner deadness of traumatized persons, and their disconnection from the external sources of power. To help *hwa-byung* patients, therefore, it is necessary for pastoral caregivers to interpret their symbolic expressions, find spiritual meanings in them, and show the constructive ways to cope with the multiple-layers of wounds and pains caused by traumatic experiences.

Primary Speech of *Hwa-byung* Patients

In *Primary Speech: A Psychology of Prayer,* Ann Ulanov and Barry Ulanov describe primary speech as one “which does not begin with words, but starts much earlier in human life, with instincts and emotions and with an infant’s first discriminations of value.”[246] Ann B. Ulanov and Barry Ulanov define prayer as primary speech. In prayer, humans can make the first acknowledgement of our inner self, hidden emotions, and various unconscious images. Drawing from the insightful work of Ulanov and Ulanov, it is possible to interpret symbolic expressions of *hwa* or trauma-related reactions in *hwa-byung* patients as “primary speech” of the wounded trauma victims. *Hwa-byung* patients’ somatic pains and embodied traumatic memories can be seen as the primordial discourse of prayer to confess their needs and desires. Despite ambiguous feelings and images, *hwa-byung* patients motivate themselves for the acknowledgement and discovery of assistance by using “primary speech.” The embodied memories can be used as “primary speech” to acknowledge inner struggles and emotional and spiritual deadness caused by

[246] Ann B. Ulanov and Barry Ulanov, *Primary Speech: A Psychology of Prayer* (Atlanta: John Knox Press, 1982), 2.

trauma, and reconnect trauma victims to reality and allow them to communicate with people in the world. Thus, the "primary speech" of *hwa-byung* patients should be accepted as subjective and courageous self-disclosure in order to reconnect with the self, others, and God.

Western culture oriented norms and views of its objective findings, however, prevent the acceptance of the subjective feelings or somatic symptoms of *hwa-byung* patients. The "primary speech" of *hwa-byung* patients and the presence of their pains and vulnerability are simply rejected by the Western practitioners. The experience of rejection by people in authority deepens the issue of trust in *hwa-byung* patients and causes them a sense of shame and embarrassment. The failure of accepting their "primary speech" also contributes to a deep sense of helplessness and hopelessness in these *hwa-byung* patients. In the course of the clinical interviews, Kim reported that

> In 2008, she went through menopause and experienced a great deal of pain. One day, Kim felt her heart beating too fast to tolerate, and went to the emergency room with her husband. After running some medical test, the doctor said that Kim was fine, even though she was in pain. At that time, Kim's husband trusted the doctor and got angry with Kim. He then left her alone in the hospital. Kim felt like she had been thrown in the street. Despite struggling with a great pain, Kim discharged herself from the hospital and went directly to see an Oriental doctor. Kim said that when she was treated in the emergency room, she felt disrespected and humiliated by the Western doctor. These feelings left Kim in a major depression and feeling abandoned.[247]

Another interviewee, Park, had a similar experience of being discharged from the hospital despite having pains. Lee and Choi are both misdiagnosed as MDD because their somatic symptoms of *hwa-byung* have been ignored. When the Western doctors ignored pains of *hwa-byung* the patients, Kim's and Park's families started to disregard their somatic pains

[247] Kim, interview by author, Duluth, GA, Jun 2012.

and/or patterned behavioral explorations of unbearable pains. In this process, the primary speech of *hwa-byung* patients is ignored and they are left alone in pains.

The Western norms of mental health in Western psychology, especially in the DSM as an official manual of mental disorder, entail the abandonment of *hwa-byung* patients for proper care and the disconnection between *hwa-byung* patients and their families. Carroll Watkins Ali offers a similar criticism, noting that dominant psychological theories are racially oppressive and negate the African American communal experience by promoting the assimilation and internalization of views of the other.[248] Ali also notes that the individualistic approaches of traditional pastoral theology and Western psychology neglect the "totality of care" to address the co-existing realities that serve to frame the context of African Americans' experiences.[249] Informed by Ali's research, I would suggest that Western practitioners should accept the co-existing realities that shape the distinctive explorations of traumatic pains not only in Korean *hwa-byung* patients, but also in many other victims who have been wounded by different kinds or different levels of sufferings.

In order to be liberated from the pervasive evil and oppressive view of human sufferings, I argue that *hwa-byung* patients and other trauma victims should recognize the role and value of "primary speech" as their bodies screaming for survival. Somatization of pains and struggles is usually perceived as self-destructive coping methods of the oppressed. Having the symbolic expressions of *hwa-byung,* however, enables trauma victims to confront the reality of human finitude and the need for transcendental power in

[248] Carroll W. Ali, *Survival & Liberation: Pastoral Theology in African American Context,* (St. Louis: Chalice Press, 1999). 58.

[249] Ibid., 58.

the restoration of human brokenness. In Asian feminist theology, Chung argues that Asian women's spirituality begins with the recognition of the reality of impasses caused by suffering pains, oppression, marginalization, and various types of social injustice.[250] Despite being dis/located and stuck in the situation of impasse, the "primary speech" of *hwa-byung* patients can be interpreted as their crying out with recognition of impasse and struggle to find a gate that leads them to total freedom and the restoration of their full humanity. Through symbolic expressions, *hwa-byung* sufferers are able to acknowledge the forgotten needs, hidden emotions, and unconscious images, motivates their actions, and and re-connect with self, others, and God. The acknowledgement of symbolic expressions can be the foundation of *hwa-byung* patients' emerging spirituality for survival and liberation.

Hwa-byung patients' physical pains and embodiment of traumatic memories cannot be separated from the development of spirituality and the collective identity. Historically embedded traumatic impacts threaten the spirituality of *hwa-byung* patients, damage their personal and collective identities, and destroy a possible vision for the future. Thus, the symbolic expressions of *hwa-byung* should be considered as both individual and communal levels of reaction toward the repeated traumatic events, and as the exploration of their desire for restoration and liberation. In Asian feminist theology, Chung sees that "an inner liberation from the internal and external slaveries" can be successfully completed by affirming themselves and resisting on-going oppression.[251] For this, self-empowerment is necessary but not enough for resistance against the oppressive

[250] Chung, *Struggle to Be the Sun Again: Introducing Asian Women's Theology*, 86-87.

[251] Ibid., 42-43.

power and structured injustice. This is related to the issue of collective wounded identity of *hwa-byung* patients, and a need for communal and public action for liberation.

Drawing from African American experiences, Ali defines survival and liberation as follows:

> What is meant by the term survival is the ability of African Americans 1) to resist systematic oppression and genocide and 2) to recover the self, which entails a psychological recovery from the abuse and dehumanization of political oppression and exploitation, as well as recovery of African heritage, culture and values that were repressed during slavery. By liberation, I mean 1) total freedom from all kinds of oppression for African descendants of slaves and 2) the ability of African Americans as a people to self-determine and engage in the process of transformation of the dominant oppressive culture through political resistance.[252]

Despite the different type of suffering between African Americans and Koreans, we see the common features of traumatic impacts on individuals and communities, and the desperate desire for survival in these trauma victims. The somatic symptoms and bodily memories of *hwa-byung* patients can be a pathfinder for recognizing emotional and spiritual woundedness. In terms of liberation, the acknowledgement of *hwa-byung* patients' "primary speech" can be the point of departure for revealing the power of symbolic exploration of human suffering, re-claiming the value of the victims' subjectivity and dignity, and re-building the power of healing and transformation. In this sense, the "primary speech" of *hwa-byung* patients reveals the interpretive and hermeneutic aspects of human sufferings in the midst of God's praxis.

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[252] Ali, *Survival & Liberation: Pastoral Theology in African American Context*, 58.

Hermeneutic Aspects of *Hwa-Byung* and Theological Reflection

To understand *hwa-byung* patients, a pastoral counselor needs to enter the client's symbolic world and invite him/her to a language world of faith and religion for mutual understanding. From a hermeneutic perspective, Hans-Georg Gadamer explains that both a client and a counselor should bring the pre-understanding of the event on the basis of their own experiences, be intertwined in the dialogical process, and create the intersubjective space.[253] Charles Gerkin insists that human beings are embedded in personal, cultural, and social history so their narratives are composed of multi-layered horizons including historical, cultural, and linguistic horizons. In a therapeutic relationship, two unique horizons of understanding become fused with each other in an intersubjective space.[254] To overcome these layers of differences in human dialogue, William Dilthey conceptualizes the hermeneutical detour to ease the pre-understanding of the event and be ready to participate in others' symbolic worlds.[255] In the "hermeneutic detour," the counselors become confident by having deep self-understanding and self-awareness, and by being ready to encounter the other's language world inhibited by the symbolic images and stories.

However, clinical interviews for this study indicate that Western practitioners seem not ready to accept the different types of exploring sufferings and struggle for survival in *hwa-byung* patients. For example, the Western doctors and Korean *hwa-byung*

[253] Hans-Georg Gadamer, *Truth and Method*, A Continuum Book (New York Crossroads, 1989), 238; Gerkin, *The Living Human Document,* 44.

[254] Ibid. 47-49.

[255] Richard E. Palmer, *Hermenutics* (Evanston: Northwestern University Press, 1969), 117.

patients use completely different images, symbols, and even languages to describe their pains and/or hardships. As described in chapter three, Koreans portray traumatic experiences in relation to the image of fire and the malfunction of the heart. Koreans also see the heart as a container of traumatic symptoms and painful memories. Thus, there are many heart-related or epigastric pains and disturbances associated with emotional suffering, which all *hwa-byung* patients mentioned in the clinical interviews for this study. Further, the Western practitioners that treated those *hwa-byung* patients selectively chose symptoms described by the patients to use in developing a diagnosis. They acknowledged the psychological symptoms of *hwa-byung* patients but negated the particularities of each patient and their symbolic expressions, which are rooted in the cultural understanding of trauma and suffering. Thus, the different types of individual, cultural, and historical sufferings contribute to the gap between patient and therapist.

Challenging the current study of and approach to trauma, Shelly Rambo says, "The personal and distinctively Western European image of the trauma victim expanded to encompass an analysis of the multiple levels of our experience of violence and its impacts on us, communal, institutional, national, and international."[256] Rambo descriptively identifies the salient limits of Western psychology and its approach to trauma victims in other cultures. By adopting the insights of Rambo, Western practitioners and therapists who have never existed in the chaotic territory of surviving, must "track," "sense," and acknowledge the pains and difficulties of trauma victims before assessing them with medical tests or using other empirical diagnostic data. In other words, the Western mental care providers should take the hermeneutic detour in

[256] Rambo, *Spirit and Trauma: A Theology of Remaining*, 27.

order to be more objective and open to the patient. In the process of the hermeneutic detour, Western practitioners should consider the continuity and severity of trauma experienced in the lives of *hwa-byung* patients.

Symbolic Expressions of *Hwa-Byung* and Pastoral Care in the Post-Colonial Era

To enter the symbolic world of trauma victims, pastoral counselors need religious symbols and theological language to interpret *hwa-byung* patients' stories or symptoms, which will open a new perspective on the pains and suffering of these patients. Tillich explains that religion or faith operates at the level of meaning and symbols, and there are many symbols and signs in religion that reflect a variety of traditions and meanings.[257] Nelson S.T. Thayer notes that

> human beings symbolize their experience, and symbols in turn channel and give meaning to experience. This dialectical relation of experience and symbolization is of the essence of human being, it is the matrix of meaning, and religions are the most profound, thoroughgoing, and comprehensive expression of that human essence.[258]

In light of Thayer's statement, it appears that the central task of pastoral caregivers can be seen as a religious meaning-making process with *hwa-byung* patients. In this process, pastoral care providers need to create religious symbols and/or rituals to bear the weight of trauma victims' pains and sufferings.

In *Mighty Stories, Dangerous Rituals,* Herbert Anderson notes, "When easy commerce between the divine and human narratives occurs both in worship and in

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[257] Tillich, *Dynamics of Faith*, 44-48. See also Paul Tillich, "The Religious Symbol," in *Symbolism in Religion and Literature* ed. Rollo May, 76-77.

[258] Nelson S. T. Thayer and Don S. Browning, *Spirituality and Pastoral Care*, Theology and Pastoral Care (Philadelphia: Fortress Press, 1985), 27.

pastoral care, storytelling and ritualizing have the power to transform persons and communities of faith into signs of the presence of God."[259] For this religious intervention in human sufferings, it is to keep in mind that the spiritual aspects of human suffering and their hermeneutic implications are interwoven with culture and history to enlighten the sufferers' trajectories. Emphasizing the multi-cultural and multi-religious praxis of pastoral care, Emmanuel Y. Lartey argues that different religious traditions have their own religious symbols, languages, rites, and rituals to participate in the spiritual and transcendental aspects of human problems. In *Postcolinializing God*, Lartey emphasizes the importance to study the presence and impact of the traditional religious heritages for "healing, guiding, sustaining and reconciling of the troubled persons."[260]

While exploring the historical and/or national traumatic events, however, trauma victims' traditional religions and religious symbols/representatives have been eliminated, distorted, and re-shaped by those of oppressors, abusers, and predators. For example, Japanese colonizers coerced Koreans to take the religion of the Japanese, Shinto, which is an expression of the natural spirituality of the Japanese. At that time, many Koreans who refused to worship according to Shinto were discriminated against, even killed, by the Japanese colonizers. In addition to forcing observance of Shinto worship, the Japanese colonizers attempted to eliminate Koreans' spirituality by removing from daily life their traditional religious symbols and/or representatives. Under the power of Japanese's colonization, Koreans' own spirituality and religious identity were attacked, which impacted the Koreans' image of God.

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[259] Herbert Anderson and Edward Foley, *Mighty Stories, Dangerous Rituals: Weaving Together the Human and the Divine*, 1st ed. (San Francisco: Jossey-Bass, 1998), ix.

[260] Lartey, *Postcolonializing God: An African Practical Theology*. 38.

Another example of the corruption of trauma victims' traditional religions and religious symbols is the white male image of God most Korean Christians hold, even though many Korean indigenous gods are considered to be female. Korean female pastoral theologian Simone S. Kim explains that the Korean traditional image of God, which leans more toward the female figure than toward the male or patriarchal image, has been changed or modified by Western Christians who have a patriarchal image of God.[261] In *The Color Purple*, Alice Walker notes that African Americans, who have been oppressed, abused, and objectified by Westerners, still have a white male image of God, which the Westerners imposed on them.[262] The imposed image of God and religious symbols and rituals can result in a new form of oppression and violation that hinders the total freedom and survival of trauma victims.

In the clinical interviews conducted for this study, most *hwa-byung* patients hold a white male (especially paternal) and individual image of God, which represent the patriarchal and hierarchal systems of which they are a product. In particular, Park and Choi, who were abused and victimized by male figures (father and husband), have never complained and/or expressed their accumulated anger before God. Rather, they seem to be more submissive and devoted in church than do others. Their reaction can be understood as a profound helplessness and as help-seeking behavior for affirmation of their identity by God and others. As a result, Park exhibits various somatic symptoms and strange behaviors. Choi has a complete loss of traumatic memories and engages in

[261] Kim, "A Korean Feminist Perspective on God Representation," 36-37. Kim says that, "there are 740 village gods and goddesses in only three provinces in Korea's South and North Kyongsang and Kangwon providences. The result of study shows that among them, ninety-three gods are male and 226 are female, while 421 are gender unified in the Korean indigenous religions."

[262] Alice Walker, *The Color Purple* (Orlando: Harcourt, Inc. , 2003).

repeated storytelling. Interestingly, Lee, who suffered from the relationship with a female religious leader showed fear and anxiety toward the female image of God. She said that the paternal image of God is intimate and less threatening. These clinical cases reveal that trauma survivors are not free from the impacts of their trauma, especially in the spiritual dimension of their suffering. Further, their symbolic expressions have distinct meaning for the patients in relation to culture and history. Hence, pastoral caregivers as religious meaning makers should not reject or reshape Korean *hwa-byung* patients' subjective and symbolic expressions in order to fit the Western standards for mental health.

Finally, it is crucial for pastoral caregivers to respect the indigenous liturgical practices and/or religious symbols interwoven with people's own culture and history. Lartey suggests that "post-colonial writers and workers have emphasized the imaginative that was present within the colonized community even during empire days. This now blossoms into the creativity with which post-colonial pastoral caregivers engage their clients."[263] Thus, pastoral caregivers, as religious meaning makers, should develop their own languages and religious symbols for interpreting *hwa-byung* patients' subjective and symbolic expressions, thus enabling them to find the hidden meanings in those expressions and engage in theological reflection with the marginalized and victimized trauma survivors. Further, it is necessary to develop indigenous religious symbols and/or rituals for approaching *hwa-byung* sufferers. In this sense, Lartey mentions the "culturally recognizable symbolic forms of interaction" necessary for understanding and helping people in a pastoral care and counseling setting in the post-colonial era.[264] The

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[263] Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 24.

[264] Ibid., 25.

post-colonial method of “the imaginative” is a good way to practice the culturally recognizable symbolic forms of interaction in a therapeutic setting, especially with someone who has been rejected by the dominant culture and its own standard.

Using the post-colonial approach in pastoral care, the culturally embedded religious symbols and rituals need to be re-examined through the “imaginative” interpretation of biblical texts. Lartey points out the significance of using the Bible and its hermenutical analysis in pastoral care situations.[265] Through culturally informed perspectives, Lartey asks for the re-view of the biblical models or examples of pastoral care based on more accurate understandings of reality, the text, and hermeneutical analysis.[266] The interpretation of biblical texts cannot be separated from the hermeneutical voices, which are intermingled with the interpreter’s unique cultural and historical understanding of pastoral situations.

Female Asian theologians are energized by challenging “the culturally imperialistic ways” of understanding the Bible and the generalized biblical message in a variety of human realities. They highlight the importance of bringing “a critical consciousness” of survival and healing for the individual in order to recreate a new narrative of daily life. Writing in *Postcolonial Imagination and Feminist Theology*, Pui-Lan Kwok argues for the “dialogical imagination”[267] as a creative way to interpret biblical truth. The same biblical text can have different meanings and messages for readers based on their individual history, culture, and experiences. Hyun-Kyung Chung

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[265] Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 24.

[266] Ibid.

[267] Pui-lan Kwok, *Postcolonial Imagination and Feminist Theology* (Louisville: Westminster John Knox Press, 2005), 38-44. Recited in Chung. *Struggle to Be the Sun Again,* 107.

also notes, "The Bible becomes a transforming power in human struggles for self-determination and wholeness when biblical stories of liberation are re-enacted in our people's daily life."[268] It gives trauma victims hope for now and for the future. For example, Homer U. Ashby proposes "conjuring," which is derived from an African cultural practice. This is as a form of prayer or petition for a particular god or force to make itself present.[269] Drawing on the richness of black theology, Ashby re-interprets the historical biblical narrative of Joshua to shed light on the traditional practices of conjuring and describe African Americans' strong desire to survive.

As a result of *hwa-byung* and its symbolic expression, *hwa-byung* sufferers are accustomed to being disconnected or isolated from their own community. From a hermeneutic aspect of pastoral care, it is vital to interpret these symbolic expressions of pains and sufferings, and find a meaning in them. In other words, it is necessary to take the risk of confronting the uncertainty in our lives in order to be healed, and develop imaginative ways for intervening in human suffering. It is a painful but fruitful task for those who carry the historical and cultural embedded wounds, who desire to thrive, not simply survive, and find an ultimate meaning in their journey. Therefore, both a client and counselor must take mutual responsibility for supporting and encouraging one another in this endeavor. In the process, both grow up and mature, and can embrace one another beyond any differences or hindrances.

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[268] Ibid., 111.

[269] Homer U. Ashby, *Our Home Is over Jordan: A Black Pastoral Theology* (St. Louis: Chalice Press, 2003), 17.

Summary

God created humans as physical, spiritual, and relational beings. Because of pervasive evil and social injustice in the world, many people are exposed to various forms of trauma and struggle to survive the impact of those events. Symbolic expressions of *hwa-byung* patients should be considered as trauma victims screaming their desire to be restored and reconnected with self, others, and God. Pastoral caregivers must recognize this process, and empower *hwa-byung* patients to acknowledge their silent screaming and stand up for their survival and liberation. Considering the differences between therapist and client, post-colonial theologians emphasize the need to “re-view” traditional religious symbols and rituals to help sufferers express their desperate feelings and yearning to find the presence of God in their sufferings.

Chapter 6

A New Imaginative Pastoral Approach to *Hwa-byung* Patients

This chapter examines Korean traditional coping mechanisms of *hwa-byung*, called *sak-yim* and *pu-ri.* In contrast to Western processes toward trauma victims, Koreans have developed traditional concepts of *sak-yim* and *pu-ri* as culturally shaped coping methods for *hwa-byung*. Based on the ancestor's wisdom in these coping methods, an attempt is made in this chapter to demonstrate the significance of using traditional and imaginative approaches, along with religious rituals, in a therapeutic setting. Further, this chapter provides both clinical and theological reflection on *sak-yim* and *pu-ri*, and introduces a new imaginative pastoral theology of healing.

Introduction to Traditional Coping Methods for *Hwa-Byung*

Sak-yim

Definition of Sak-yim

The term *sak-yim* (삭임) is a noun form of the intransitive verb s*ag-da*[270] (삭다) which means to digest (foods), resolve (issues), mitigate, sooth and appease (emotions). There are two transitive verbs that originated from the intransitive verb *sak-da* (삭다): *sak-hi-da* (삭히다) and *sak-yi-da* (삭이다). The first transitive verb, *sak-hi-da*, can be translated as "ferment or make ripe food," such as *kim-chi*, the Korean traditional food. Its noun form is s*ak-him* (삭힘).

[270] In Korean, the suffix *da* or *ha-da* is usually added at the end of the verb.

In the Korean context, there are many fermented foods, including *kim-chi* which is made from vegetables, rice wine, soy sauce, bean paste, and hot pepper paste. Fermented foods were made through the process of fermentation called *sak-him* (삭힘). *The Oxford Dictionary* defines fermentation as "the chemical breakdown of a substance by bacteria, yeasts, or other microorganisms, typically involving effervescence and the giving off of heat."[271] As a result of this chemical process, fermented foods often have a totally different shape, taste, or smell from their original state. The substance of the fermentation, like flour, needs to wait until the lumps are sufficiently leavened. Like fermentation, therefore the concept of *sak-him* (삭힘) can be perceived as a process of decomposition, the purpose of which is to have the formation of new beneficial consequences.

In the process of *sak-him* (삭힘), substances must go through a process of decomposition, which can be interpreted as a death-like or deconstruction process. Here it is significant to leave the substance in the process of decomposition no longer than just the right amount of time. If the substance is left in the process of *sak-him* (삭힘) too long, the substance will be rotten and perish, which implies real or physical death or deconstruction. The duration of the fermentation time will depend on the intensity or types of flour and leaven, and the quality of their interactions. After spending sufficient time of fermenting, substances like flour become transformed and prepared for the next step of the process.

The second transitive verb, *sak-yi-da* (삭이다), can be translated as "absorb, swallow, appease, and placate" emotions or pains. Its noun form is *sak-yim* (삭임). The

[271] *Oxford Dictionary*, http:www. oxforddictionaries.com/us/definition/ american english/fermentation (accessed 02/22/2016).

term *sak-yi-da* (삭이다) is used, particularly, to describe a way to control or manage Koreans' unique emotions of *hwa, uk-wool,* and *boon*, which are considered as both causes and results of *hwa-byung*. In Korea, there is a cultural idiom: 화 (*hwa*)를 삭이다 (*sak-yi-da*), which is translated as "To control and alleviate your *hwa*." The noun form, *sak-yim* (삭임), can be defined as a Korean indigenous way to appease or ferment an individual's emotions and internal struggles caused by various traumatic experiences. Understanding the linguistic roots of *sak-yim* (삭임) reveals its strong relationship with the fermenting process embedded in Korean culture. Thus, to understand the function of *sak-yim* in a therapeutic setting, it is helpful to examine the fermenting process, which is deeply rooted in Korean culture and history.

Distinguishing from *sak-him*, Yee-Do Choen describes *sak-yim* as an intentional, active and wish-fulfilled phenomenon.[272] Choen sees *hwa-byung* as caused by the failure of the complete *sak-yim.* Choen explains that *sak-yim* is for the elimination or reduction of the negative elements of *haan,* especially *won-haan,* and its sublimation. Min also describes that *sak-yim* is a process of sublimation or transformation of the negative energy associated with emotions toward positive and creative energy.[273] Through the process of *sak-yim* like decomposition or fermentation, the harmful or revengeful energy caused traumatic experience should be decomposed and transformed into the new beneficial elements. In this process, the duration and condition of *sak-yim* is important to have a good outcome. Therefore, *sak-yim* can be seen as a process of waiting for the right

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[272] Yee-Do Choen, Korean Psycho-cultural Center, *Koreans' Hwa-Byung-the Psycho-Cultural Assessment and Treatment* 2vols., vol. 1, Formation and Creation (Seoul: Korean Psycho-cultural Center 1997), 97-98.

[273] Min, Sung-Kil. "Treatment and Prognosis of Hwabyung" *Psychiatr Investigation* 1, no. 1 (2004): 32.

moment to make people's experiences and pains ripe and fermented enough to sublimate them. In this regard, the process of *sak-yim* can be seen not as a completed action but a pre-process for *pu-ri* as another one of the Korean traditional coping methods for *hwa-byung*.

Clinical Process of Sak-yim

The Korean traditional concept of *sak-yim* can be described as a combining process of endurance, called *in-nae* (인내, 忍耐), and sublimation, called s*eung-hwa* (승화, 昇華). First, the process of endurance relates to the notion of *in-nae* (인내, 忍耐), which is well known throughout Eastern culture. *In-nae* (인내, 忍耐) is usually translated in English as "patience" or "endurance." The Chinese letter 忍 (In, 인) is an image of a knife on top of a person's heart, which points to crisis, trauma, or any tragic moment in human lives. To avoid tragedy, the person should not move, but be fully awakened and tolerate the unbearable anxiety of going to be wounded, harmed or killed. Here we see the differences between the East and the West in coping with human distresses. In Asian cultures, especially the Korean culture, human emotions and distresses are not simply prevented or excluded from consciousness. Rather, instead of excluding painful memories or distresses from consciousness, Koreans have learned to accept suffering as part of human life and have learned to live with it.

The concept of *in-nae* is also influenced by the non-verbal expressions of emotions in Korean culture. Koreans have not valued the expression or verbalization of their emotions. Rather, they have learned to internalize and absorb them. This is almost diametrically opposed to the behavior of Westerners, whose verbal expression of emotion

is preferred in the field of psychiatry. Koreans believe that the externalization of emotions, such as verbal or behavioral expression, will be a temporary solution, not a perfect or ultimate one. Further, they believe that internalization with a keen awareness of what happen to them will avoid the instinctive reaction of revenge or the urge to resist the oppressors and abusers.

Without the process of *in-nae,* the victim with extreme anger can be led into destructive experience and be trapped in the cycle of trauma or violence. The unresolved anger, or hwa like a fire, burns not only toward the oppressesors and abusers, but also in the oppressed and trauma victims themselves. Using the concept of *in-nae,* trauma survivors discern between anger for violence and anger for resistance. Hence, the process of *in-nae* strengthens the inner capacity of the trauma victim to contain or nurture the painful feelings and traumatic memories, thus attaining inner peace and maturity.

Second, the process of sublimation is called s*eung-hwa* (승화, 昇華) in Korean, which is a more active and constructive way to deal with pains and sufferings caused by traumas. The concept of s*eung-hwa* is like the fermentation of the negative energy or power of the traumatic impacts. As a result of s*eung-hwa*, trauma survivors can dismantle their emotional distresses, along with the destructive energy and power in them. Koreans believe that the fermentation will ease the body from the unresolved anger, or *hwa* like a fire, which burns not only toward the oppressors and abusers, but also in the oppressed and trauma victims themselves. Also, s*eung-hwa* is a way to sublimate the pains and sufferings of *hwa-byung* patients into optimistic and positive consequences. Accordingly, Shi-Hyung Lee contends that the aggressiveness or revengeful will of *won-haan* is not only diminished, but is sublimated into aesthetic and ethical values through the process of

sak-yim.[274] Through the process of *sak-yim*, Koreans have been pursuing the sublimation of their traumatic experiences that are filled with pain, transforming their *haan* and *hwa* into more positive and creative explorations such as music, art, and dance.

Moreover, sublimation is a way for *hwa-byung patients* to re-find the transcendental meaning of their pains and sufferings.[275] To cope with *hwa-byung*, Christopher Chung and Smason Cho note that, "Sublimation to a higher level of maturity is possible by helping *haan*-ridden individuals connect to different meanings or 'higher' meanings of life through religious or artistic activities."[276] From this perspective, the Korean concept of *seung-hwa* (승화, 昇華) can be seen as related to Henri Nouwen's notion of the wounded healer. Nouwen notes that

> Nobody escapes being wounded. We all are wounded people, whether physically, emotionally, mentally, or spiritually. The main question is not "How can we hide our wounds?" so we don't have to be embarrassed, but "How can we put our woundedness in the service of others?" When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers.[277]

As a result of *seung-hwa* (승화, 昇華), wounds and pains can cease and be sublimated into a source of healing. When this happens, the identity of the trauma survivor is transformed from the "wounded" to "the wounded healer."

Considering Koreans' *jeong*-based we-ness, Andrew S. Park says that, "the strength of *jeong* of affection enables them (Koreans) to transcend many of the tragedies

[274] Si-Hyung Lee, "Psychological Approach to Hwa-Byung," in *Formation and Creation: Koreans' Hwa-Byung: The Psychocultural Assessment and Treatment* ed. Korean Psycho Cultural Center (Seoul: Korean Psycho Cultural Center, 1997), 98.

[275] Min. "Treatment and Prognosis of Hwabyung": 32.

[276] Chung and Cho, "Conceptualization of Jeong and Dynamics Hwa-Byung, 53.

[277] Henri J. M. Nouwen, *Bread for the Journey: A Daybook of Wisdom and Faith*, (San Francisco: Harper, 2006) for July 8. See Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society*, 1st ed. (Garden City, N.Y.: Doubleday, 1972).

of their life—shameful subjugation to the tyrannical Japanese rule, the division of the nation, the Korean War, the separation of families, the oppression of military dictatorships, and the economic exploitation of big corporations."[278] Thus, Koreans' *jeong* can cause *hwa-byung*. But it can also become a basic source of transcendence and sublimation of traumatic impacts. If the sublimation process is successful, it will lead to the provision of restorative, transformative, and creative power, as well as courage for survivors. The process of *seung-hwa* should be combined with the process of *in-nae.* This creates the big difference between *sak-yim* and repression/ suppression as the Western coping method for psychological distresses.

In the Korean context, the traditional coping mechanism of *sak-yim* has been understood as a passive withdrawal from pains and overwhelmed emotions. The traditional understanding has missed the role of community in the process *sak-yim*. This often results in the alienation or total estrangement of *hwa-byung* patients and worsens their symptoms. However, the process of *sak-yim* should be performed in community, not alone. In a same view, Min says that, "The healing of *hwa-byung* cannot be accomplished if the existing *haan*-full social structure, including the oppressive, patriarchal or sexist culture, is not corrected. Experiencing acceptance and respect as an equal human being in the community will facilitate healing."[279] Therefore, the constructive *sak-yim* is a transformative process of fermenting the negative power of traumatic memories by having social and communal supports, and using it to re-generate meaning and hope for the future even in the presence of pains and sufferings.

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[278] Park, *The Wounded Heart of God*, 111.

[279] Min, "Treatment and Prognosis of Hwa-byung": 32-33.

Furthermore, the process of *sak-yim* should be regarded not only as a way to deal with emotions resulting from trauma, but also as a great value and internal strength for coping with the external forces and/or internal struggles, such as *hwa-byung*. In the process of *sak-yim,* therefore, *hwa-byung* patients and *hwa*-sufferers are waiting for the right moment of sublimation and transformation of their painful experiences, preparing for the next step of healing that will release them and free them from the weight of trauma impacts. Finally, Korean *hwa-byung* patients' collective wounded identity can be healed and restored through the process of *sak-yim.*

Pu-Ri

Definition of Pu-Ri

The term *pu-ri* (풀이) is a noun form of the transitive verb *pul-da* (풀다), which means release or ventilate (emotion), solve (problems), or disentangle (a coil of rope, a truth, or a complicate situation). The term *pu-ri* (풀이) is used to describe the resolution or release of emotions such as *haan* and *hwa*. The concept of *pu-ri* can also be found in many shamanistic rituals such as *haan*-(한, 限)-*pu-ri* (한풀이)*, sal-pu-ri* (살풀이)*,* and *ko*-(고 [苦, suffering])-*pu-ri* (고풀이). *Haan-pu-ri* (한풀이) is a shamanistic ritual or ceremony called *gut,* which is designed to connect individuals to the spirit of the dead.[280] *Sal-pu-ri* is also a shaman rituals, which purposes to solve evil or damnation.[281] Thus, *pu-ri* (풀이) can be perceived as an eventful action to perform or visualize the process of healing and comforting the wounded spirits. Further, *pu-ri* (풀이) is not only personal but also collective ways to deal with emotional and spiritual distresses in face with critical crisis.

[280] Min, *Study of Hwa-Byung*, 112.

[281] Min, "Hwa-byung and Anger Disorder" (2008): 132

In the Korean context, all human affairs, including trauma, tragedy, and disasters (natural or man-made), are considered as communal events. Due to the influence of shamanism, Koreans believe that having collective repentance, or communal rituals such as *haan-pu-ri* or other types of *pu-ri*, results in healing power and will bring restoration to the community. The process of *pu-ri* can be viewed as a traditional Korean healing process for both individuals and communities. The process of *pu-ri* reflects Korean *hwa-byung* patients' strong desire to be released from the power of trauma and recover from the impacts of traumatic experiences and sufferings. There are several cultural idioms relating to the concept of *hwa*, such as *hwa-pu-ri* (화풀이) and *sim-hwa-pu-ri* (심화 [心火] 풀이). *Hwa-pu-ri* (화풀이) can be translated as the ventilation or release of *hwa,* but it has also been considered as a misdirected anger release or abusive behaviors toward innocent targets and in response to human behaviors of *hwa-pu-ri* and *boon-pu-ri.*

Clinical Process of Pu-Ri

Unlike Western concept of trauma, the Korean understanding of trauma is more like internal blockage, stuckness, or disharmony. Based on this cultural understanding, "being traumatized" means that some hindrance exists that blocks the interactions among psycho-somatic elements within the person following the person's exposure to a traumatic stressor. According to Korean traditional medicine, psychosomatic energy, such as *hwa-gi* (화기, 火氣) or inner fire, and psychosomatic elements should flow freely, interact with one another; and be harmonized within the human body. Thus, the energy of emotion for survival, such as *hwa-gi* (화기, 火氣), should be released or ventilated from the physical or biological system of trauma victims. If this process fails, the energy creates

somatic symptoms and bodily pains in trauma victims. In the clinical interviews conducted for this study, most *hwa-byung* patients said that they had experienced intolerable heat, heat sensation, and/or some blockage inside of their body as a result of *hwa-byung*. Thus, they needed to go through the process of *hwa-pu-ri* for healing their internal wounds.

In the Korean context, *hwa-pu-ri* has been perceived as the pathological expression of *hwa* directed at a target. The target of *hwa-pu-ri* is always innocent, powerless, or helpless, whether it is human or material object. The target of *hwa-pu-ri* is similar to Winnicott's notion of the transitional object, which is used and often destroyed as a result of an infant's own desire and subjective omnipotence. In the process of *hwa-pu-ri*, if *hwa-byung* patients or *hwa*-sufferers use destructive or violent ways to explore *hwa,* that will create another brutal cycle of revenge and/or abuse of the powerless and the weak. In this sense, *hwa-pu-ri* has been seen as rough-usage, abuse, or victimization of the target.

However, the constructive *hwa-pu-ri* will lead *hwa-byung* patients or *hwa*-sufferers to discharge the negative or destructive energy of anger, freeing them from the power of physical, emotional, and spiritual wounds. To complete the constructive *hwa-pu-ri,* self-motivated action of liberation and letting-go are necessary. In *The Wounded Heart of God*, Andrew S. Park explains that the victim's *haan* will be released or disentangled from the trap of sin through four steps: awakening, understanding, envisagement, and enactment. Park then defines salvation as the relational, dynamic, and affective interaction between sinners (the oppressors) and victims (the oppressed).[282] In

[282] Park, *The Wounded Heart of God,* 74.

this interaction, the offender must do repentance, proper restitution, and offer sincere help in the healing process of the victims. However, there is a distinct possibility that the depth of pains and unbearable feelings toward the abuser can torture trauma victims again and re-traumatize them as they encounter their brutal predators, abusers, or oppressors. Thus, reconciliation is not necessary in the process of *pu-ri*.

In order to develop constructive *hwa-pu-ri, hwa-byung* patients or *hwa*-sufferers must find creative or artistic ways of breaking their emotional mass, which oftentimes requires visualizing the invisible wounds and complicated emotions. This means that *hwa-pu-ri* should not be limited to the psychological process, but must be open to a more active and holistic approach. Koreans' *haan-pu-ri* can be exemplified in the constructive usage of the religious rituals to release the accumulated emotional mass, such as *haan*, through music, dance, poetry, or making pottery. Min says that one of ways of *hwa-pu-ri* is storytelling, or *ha-so-yeon*. In *gut*, storytelling is used to comfort the dead spirits or the ghosts by giving them the opportunity to speak about their *haan*-ridden lives.[283] The storytelling in *gut* is also a way of acknowledging and mending the broken hearts of trauma survivors, their families, and communities. Thus, the therapeutic effects of *ha-so-yeon* are catharsis, abreaction, and debriefing of traumatic experiences.[284] If the victims continue to repeat *ha-so-yeon,* there may be unfinished or unresolved issues in them. In the imaginative process of *pu-ri*, *hwa-byung* patients are enabled to exit both the cycle of trauma and of frustration, and be rid of their wounded identity as victims. This allows for the creation of safe space for hopeful future narratives.

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[283] Min and Suh. "Clninical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder":132.

[284] Min, *Study of Hwa-Byung*, 111-12.

In short, the traditional coping methods for *hwa-byung,* called *sak-yim* and *pu-ri,* are embedded in Korean social, cultural, historical and even religious heritages to approach human sufferings, mental problems and other needs for care. *Sak-yim* and *pu-ri* are very insightful for understanding *hwa-byung* patients' invisible pains and spiritual wounds. At first glance, the images of two traditional coping methods (*sak-yim* and *pu-ri*) are contradictory. However, they are in complementary relations, such as that between emic and etic, between breath-in and breath-out. Without *sak-yim*, the destructive power of *hwa* will be released and will create another victim of *hwa-pu-ri*. Without *pu-ri,* the fermented emotions, thoughts, and traumatic memories will be stuck inside of *hwa-byung* patients, resulting in pathological consequences. Therefore, it is more effective to combine *sak-yim* and *pu-ri* to cope with physical pains and emotional and spiritual distresses as a result of *hwa-byung.*

Theological Reflection on *Sak-yim* and *Pu-Ri*

An exploration of the traditional Korean coping methods for *hwa-byung* reveals there are many religious and spiritual components within these methods. Thus, it is vital to provide theological reflections on *sak-yim* and *pu-ri* and their implications in pastoral care and counseling for *hwa-byung* patients. In particular, the processes of *sak-yim* and *pu-ri* entail soteriological understandings of human suffering and other problems. For this theological reflection, I adopt the insightful understandings of Joshua H. Kim, which uses the parables of growth (Luke 13:18-19, 20:21) to understand the kingdom of God. As such both *sak-yim* and *pu-ri* will be re-considered and evaluated on the basis of Luke's soteriology.

Theological Reflection on *Sak-yim*

Most *hwa-byung* patients desire to experience the presence of God, find the ultimate meaning of their sufferings, and restore hope for the future. Min describes that 12.5 percentage of *hwa-byung* patients pursued help from Christian faith healing and 7.1 percent is from shamanistic rituals.[285] This suggests that these sufferers want to see, experience, and hope in the kingdom of God, even in the midst of their sufferings. In parables of the leaven, Jesus uses the fermentation process, metaphorically, to describe the kingdom of God (Luke 13:18-19, 20-21). In Luke's gospel, Joshua H. Kim says that the kingdom of God is depicted as an entity intermingled with the soteriological event performed by Jesus.[286] Thus, in order to understand the process of *sak-yim*, it is meaningful to examine the biblical parables of growth, focusing on the relationship between the saving event(s) and the kingdom of God.

In the parable of growth (Luke 13:20-21), Jesus compares the kingdom of God to leaven, which actualizes the process of *sak-yim*. Archibald M. Hunter, however, argues that it is not an exact comparison between the kingdom of God and leaven, but a metaphorical use to help people easily understand the function of leaven to reveal the hidden and relational aspects of God's kingdom.[287] By examining the parables of growth, Kim points out the threefold themes of kingdom:

> 1) the significance of the invisible and changeable seed (kingdom), 2) the *relational* network created between man, seed, garden tree, birds of the air, and

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[285] Min, "Hwa-Byung and Anger Disorder," 132.

[286] Joshua H. Kim, "Luke' s Soteriology: Event and Action in Motion" Unpublished Ph.D Dissertation, (Durham University, 2008), 84.

[287] Archibald M. Hunter, *The Parables Then and Now,* (Philadelphia: Westminster Press, 1971), 44, n.1.

> everything that is between them, and 3) the dynamic mobility of the seed (kingdom) as something *flowing*, *becoming,* and *in motion*, revealing the multiple layers (time-spaces) of the kingdom.[288]

In Jesus' soteriological event, Kim says that "the hidden–folded kingdom becomes visualized-unfolded and moves."[289] According to Kim, the parable of growth (Luke 13: 18-19, 20-21) can be defined as *the parable of becoming*[290] based on Luke's view of becoming, which comprises relational/multiple time (emic) in comparison with the perception of absolute/singular/linear time (etic). Thus, the kingdom of God should be understood not only as an event, but also as a process of growth or development.

The Korean concept of *sak-yim* can also be perceived as a process of growth, which comprises multiple actions, times, and spaces. The process of *sak-yim* does not pursue the reduction or the elimination of *hwa*, but seeks its transformation. In the process of fermentation, the substance of flour is visible, not the yeast. However, the yeast is known because of the growth and the leavening in the dough made from the flour. Here I found an important function of pastoral caregiver. We pastoral caregivers should enter clients' struggles and help them enter or at least believe in the kingdom of God in the midst of pains and sufferings although the work is not easy, visible or appreciated. To do this, pastoral caregivers should be a wounded healer as Henri Nowen explains. Through the process of *sak-yim, hwa-byung* sufferers can acknowledge the

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[288] Mike Crang and Nigel Thrift, *Thinking Space*, (London & New York: Psychology Press, 2000), 3 recited in Kim, "Luke' S Soteriology: Event and Action in Motion," 86. Kim sees that Luke describes the word of God not as something static or fixed, but as something grows and spreads (Acts 19:20; cf. 6:7; 12:24). The becoming of the word was operated by "the power of the Lord" signifying the soteriological event (Acts 2:47).

[289] Ibid.

[290] Ibid. Kim defines the biblical parable as "the parable of becoming," to emphasize the lack of static, chronological growth, change or development but the fact of the *becoming* of the kingdom through the dynamic movement of unfolding as a consequence of the soteriological event(s).

hidden power of emotions, unfold the multiple layers of their issues, restore the relational network with others, and believe in the invisible presence of the Spirit in the intersection of death and life. This explains the dynamic of the process of *sak-yim*, which comprises endurance and sublimation.

The process of endurance, *in-nae* (인내, 忍耐), is required for the acknowledgement of emotions in relation to patients' sufferings, and the provision of power and strength to contain multi-faceted struggles while waiting for the time of completedness without losing hope. In the process of *in-nae,* it is essential to learn how to contain or hold the overwhelming emotional mass that blocks the flow of energy and disturbs the function of bodies. Neither acting out nor acting in as a reaction toward the traumatic events, trauma victims are asked to focus on their inside, acknowledge physical, emotional, and spiritual wounds, and work to restore the inner power to heal these wounds. Here the inner power can be interpreted as the image of God and the innate capacity of humans as relational beings. Using the theological concept of the Spirit as the breath of life, Rambo explains that people who have been exposed to traumatic events should reconnect to their own breath and restore a sense of living by fulfilling the Spirit of God in them.[291] In the process of *in-nae*, therefore, *hwa-byung* patients or *hwa* sufferers need to be reconnected to the Spirit of God as an original source of life, thereby recovering human nature as physical, spiritual, and relational, which is damaged as a result of trauma impacts.

Another part of *sak-yim* is the process of sublimation, which pursues the restoration of hope and meaning in life. As a spiritual being, humans have the inmost desire for spiritual fulfillment. However, traumatic experiences make people dis/located

[291] Rambo, *Spirit and Trauma: A Theology of Remaining,* 163.

or disconnected from the relationship with self, others, and God. It is against the dynamic movement of God's kingdom, which has already been completed but is still "in operation" among people.[292] As the hidden or invisible yeast leavens the whole lump of dough, so can the hope for a future like the kingdom of God sublimate the pains and sufferings of *hwa-byung* sufferers, allowing them to continue to live with passion and courage. Instead of being stuck in a vicious cycle of trauma, the process of sublimation helps *hwa-byung* patients stand up and move forward. Following Kim's view, sublimation can be interpreted as the process of becoming and transforming. Hence, the process of sublimation needs to be understood as the transition of multi-dimensional time and space, which are folded in the narratives of the victims and their memories.

In considering the process of *sak-yim*, it is helpful to emphasize the relational aspects of the kingdom of God. About the relational network of God, Kim explains that

> Luke's use of the aorist words labou/sa ("took"), ÎevnÐe,kruyen ("mixed"), and evzumw,qh ("was leaven") in 13:21 point in this direction. Not only do such words disclose the past-present (*being-toward*) reality of the kingdom, but also they are visualized as *dynamic events* (spatializing actions), which create the relational network between God/God's power-authority, the woman, and the ingredients that make up the dough (including water and sugar).[293]

In the metaphorical image of fermentation, Kim focuses on the relational network in which the saving power of God is shown as relational, dynamic, and flowing— authority of God, the woman, leaven, dough, and everything in between them. Following Kim's

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[292] Kim, "Luke' s Soteriology: Event and Action in Motion," 83.

[293] In *The Parables of Jesus*, Hultgren assumes that the kingdome of God has not yet come In contrast, Dunn describes that the kingdome should be understood as a process of growth or development. Based on the critical evaluation of both Hultgren and Dunn, Kim argues that both of them failed to see the dynamic movement of God's kingdome as something *flowing, becoming*, and *in motion*. Then, Kim calls the proables of growth as the parable of becoming. [cf. Ibid.; Arland J .Hultgren, *The Parables of Jesus* : *a commentary*, (Grand Rapids: Eerdmans, 2002), 395; James D. G. Dumm, *Jesus Remembered*, (Grand Rapids: Eerdmans, 2003), 463.

line of reasoning, it can be said that the process of *sak-yim*, like fermentation, needs a dynamic movement in a relational network. In the relational network of *sak-yim*, the multiple layers of relationship will be unfolded, even visualized. Hence, *sak-yim* is not an individual action or event, but a relational and dynamic process in which *hwa-byung* patients feel they belong and are connected with self, others, and God. It has been said that the process of *sak-yim* worsens the condition of *hwa*-sufferers and results in more pathological consequences. The reason for this is that *hwa-byung* patients and *hwa*-sufferers have navigated the process of *sak-yim* alone because the process is regarded as stoic means of ridding one's consciousness of unbearable pains and unacceptable traumatic memories. According to Luke's soteriology, however, the process *sak-yim* should be completed by the interaction between the spirit of God, the *hwa-byung* patient, and the therapist/pastoral counselor.

The dynamic movement of this multi-faceted relationship requires sacred and intersubjective spaces created by the spirit of God. In the clinical interview with Kim, her strong desire for a safe space was explored. Kim felt threatened by the continuous traumatic events she experienced and that disconnected her from herself, others (especially her husband, David), and God. To be healed or restored, Kim demonstrated the need for safe spaces in which to grieve and mourn her losses, pains, and sufferings. For Kim, the spaces are not only physical or static, but also locations that include people, community, and religion where a *hwa-byung* sufferer can feel completely safe and connected. Thus, in the process of *sak-yim, hwa-byung* patients like Kim will be exposed to the multiple spaces for tracking the root causes and memories of traumatic events,

sensing pains, and building up the internal power and maturity to sublimate all traumatic effects. This process will empower the oppressed and victims to break the cycle of wounded identity and find hope for the future.

The process of *sak-yim* also reveals the multi-dimensional time in which people live. While telling the story in the process of *sak-yim*, there is a co-existence of multi-dimensional time that encompasses the past-present-future. In the process of *sak-yim*, *hwa-byung* sufferers and trauma survivors need to disclose their past painful stories, which impact their present, and talk about the anticipated future. In this regard, the DSM-IV names trauma-related disorders by using the term “post.” However, trauma victims live within the memory of traumatic experience even in the present. In Chapter 5, it was noted that the embodied traumatic memories from the past form a virtual reality for trauma survivors, which continues to impact their present. By using a circular rather than linear view of time, the past of trauma victims cannot be separated from their present time, the so-called here and now. In this regard, the different dimensions of time co-exist in *hwa-byung* patients’ experiences and memories.

From a theological perspective, this circular connection of past and present is related to the metaphor of the mustard seed Jesus uses to explain the kingdom of God (Luke 13:18-19). Jesus compares the kingdom of God to a mustard seed, “the smallest of all your seeds” (Matthew 13:32). “It is like a mustard seed that someone took and sowed in the garden, it grew and became a tree, and the birds of the air made nests in its branches” (Luke 13:18-19). Kim points out that this scripture passage addresses the changeable and relational aspects of the kingdom of God.[294] The changeable feature of

[294] Kim, "Luke' s Soteriology: Event and Action in Motion," 84-85.

the kingdom of God means that there are multiple dimensions of time—past, present, and future, which are folded or hidden in the seed and waiting to spread out.

Consequently, *sak-yim*, as a relational and dynamic process, requires multiple spaces and multi-dimensions of time in which *hwa-byung* patients are exposed to trauma memories, pain, and suffering. In this relational and dynamic network, *hwa-byung* patients can be re-connected with God as a source of spiritual fulfillment, decomposing the unsolved emotional distress caused by traumatic experiences, or at least sublimating them to more positive and symbolic meanings or values.

Theological Reflection on *Pu-Ri*

Pu-ri is the means of releasing or setting sufferers free from the power of external and internal brokenness. It connects with the soteriological features of Jesus' ministry as portrayed in Luke's gospel. In fact, Jesus is the savior and healer. In describing Jesus' ministry, Luke uses the term σῴζω (*sozo*) seventeen times in connection with Jesus' healing and some temporal restoration (Luke 6:9; 7:50; 8:36, 48, 50; 9: 24a; 17:19;18:41 and the four insults aimed at Jesus at the cross in 23:35-39), and five times with forgiveness or other eschatological restoration (Luke 7:50; 8:12; 9:24b; 13:23; 18:26). In these events, Luke uses σῴζω (to save) where ιαώμαι or θεραπεύω (to heal) might be expected (Luke 8:36, 50). Pyung Soo Seo says that Luke uses the word σῴζω to reveal the higher purpose of the healing, and the higher purpose is the real reason for the healing.[295] This indicates that the term σῴζω is used for God's saving event. In Luke's gospel, therefore there are many commonalities between healing and salvation.[296]

[295] Pyung Soo Seo, *Luke's Jesus in the Roman Empire and the Emperor in the Gospel of Luke*

The literal meaning of σῴζω is "to save or deliver out of danger or destruction, and into safety."[297] Stories of Jesus' healing do not focus on the event but on the event's soteriological aspects. Jesus heals a crippled woman by saying, "Women, you are released (ἀπολέλυσαι) from your sickness" (Luke 13:12). In that sentence, Luke uses "*avpolu ein,*" which means "to release" or "to set free." Thus, healing means to be released or free from the power of sickness. In this story, however, Jesus saved the woman not only from the sickness (cf. Luke 13:11), but also from the power of Satan because Satan bound/possessed her spirit for eighteen long years (cf. Luke 13:16). Kim describes this "healing" as Jesus visualizing the hidden kingdom of God in the soteriological event, revealing his great desire to release people trapped or possessed by Satan (Luke 13:15-16).[298]

In Jesus' ministry, healing is interconnected with salvation. After Jesus healed the possessed woman, the crowd praised the Lord and rejoiced to see the "glorious things" (Luke13:17). Regarding the "glorious things," Kim explains two significant aspects regarding Luke's view of God's kingdom. First, the glorious things point out that Jesus' saving event discloses the unfolding aspects of the kingdom of God as dynamic, flexible, and changeable. Second, Jesus' healing does not happen only in an individual setting, but within a large audience as a community. This is the relational network of the kingdom of

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(Eugene: Pickwick Publications, 2015), 156.

[296] Ben Witherington, "Salvation and Health in Christian Anqiuity: The Soteriology of Luke-Acts in Its First Centry Setting," in *Witness to the Gosptel: The Theology of Acts*, ed. Howard I. Marshall and David Peterson (Grand Repids: William B. Ederman, 1998), 141-50.

[297] Bible Hub, http://biblehub.com/greek/4982.htm (Accessed 2/22/2012)

[298] Kim, "Luke' s Soteriology: Event and Action in Motion," 84-85.

God.[299] The folded kingdom becomes visualized and unfolded to people, and awakens the realization of their broken hearts and sinfulness, which need God's healing power. These soteriological aspects are interrelated with the process of *pu-ri*, and give clear direction for pastoral intervention with *hwa-byung* patients.

Another example of the interconnectedness of healing and soteriology is found in Jesus' healing of the Samaritan leper. The leper is released, or freed, from leprosy. Jesus then proclaims salvation of the cured, saying "Your faith has made you well" (Luke 8:48; 17:19; 18:42). In these statements, the Greek term σῴζω is used to mean "save" or "made you well," and it connects with πίστις (faith) and ψυχή (soul). In terms of using the term σῴζω, Jesus' intervention in human suffering focuses not only on physical needs, but also on the spiritual dimensions of healing. After Jesus announced the healing of the leper, the soteriological meaning of healing was revealed so the kingdom of God became unfolded and received increased attention from people. In fact, the Pharisees ask Jesus about the kingdom of God. And as the biblical stories indicate, to be saved means to acknowledge spiritual brokenness and be released from the shackles of power by which we are bound or possessed.

There are many commonalities between Jesus' healing ministry and the Korean concept of *pu-ri*. In the process of *pu-ri*, *hwa-byung* patients must allow themselves to share the internal wounds and the frustrated hopes of others, and restore their broken hearts. This healing process is a way to re-member and re-experience God's salvation in the midst of the wilderness of human lives. For trauma victims, healing means to be saved from the on-going dangers and destructions of their body, mind, and spirit.

[299] Ibid.

Therefore, in the process of *pu-ri, hwa-byung* patients need to be released from frozen emotions, broken imagery, and sensations that are bound to return at any moment in the course of living, and demand more attention. *Hwa-byung* patients also need to be released from the fragmented trauma memories, unknown fear, the internalized false beliefs, and their wounded identity. Then, the empty heart can be filled with ultimate peace, passion, and hope for the future. Thus, the process of *pu-ri* will lead *hwa-byung* patients to be confident enough to confront invisible wounds and open a potential space for the ultimate healing of various traumatic impacts.

Consequently, the process of *pu-ri* can be seen as an imaginative way to set trauma survivors free from all grudges so that they might be re-connected with self, others, their communities, and God. To be released from these trauma effects is not a passive action but an active and self-determined process for *hwa-byung* patients. This is a point of departure in the liberation of trauma victims, victims that need to be free from all trauma impacts and a wounded identity in a creative and transformative way. Therefore, *pu-ri* is an eventful action of healing. Also, it is a process in which *hwa-byung* patients need to reconstruct both their trauma story and the flow of their life. Finally, *hwa-byung* patients and *hwa*-sufferers must find a new direction for hope in the process of *pu-ri*.

A New Imaginative Pastoral Theology of Healing

Clinical Case Evaluation of the Processes of *Sak-yim* and *Pu-Ri*

In a modern society, there is much violence, crime, and abuse. Thus, it may not be possible to live without experiencing trauma. This would mean that almost everyone

struggles with different types of symptoms of *hwa-byung,* such as trauma-related anger disorder. The question is how to deal with the symptoms. Due to the influence of Western culture, the younger generations of Koreans readily and more freely express their emotions rather than repressing or internalizing them. This is a reaction against traditional Korean teaching and the cultural value of *in-nae*, which is the internal strength to embrace and/or internalize emotional and spiritual distresses. In exploring anger, younger generations of Korean *hwa-byung* patients show immediate and extremely aggressive reactions toward the etiological factors of *hwa* and traumatic memories. Despite such freedom, however, it can be very dangerous or harmful to release the violent power or energy of *hwa, uk-wool* or *boon,* which can hurt the self and others.

This is an example of the destructive exploration of *hwa* or *hwa-pu-ri* without the benefit of a successful process of *sak-yim*. In the clinical interview with Lee, who was traumatized by relational difficulties, she showed multiple symptoms and manifestations of *hwa-byung*. As a result of traumatic events, the exploration of *hwa* appeared in a negative and pathological way for Lee. In great anger, Lee used to bang her head on the wall or hit herself. She also exhibited various somatic symptoms, including insomnia, lack of appetite, and fatigue, all of which damaged her physical and emotional stability. To cope with *hwa-byung*, *hwa-byung* patients like Lee and all people living in violent and traumatic communities need to build up internal strengths and external/environmental resources rather than inflicting harm and damage on themselves.

The process of *sak-yim* is one of the traditional means of coping with *hwa-byung*. It requires a person's internal power to endure and tolerate uneasiness (which is caused by otherness). It also demands courage to deal with all interruptions and maturity to wait

for a time when the substance is fully fermented and ready to be transformed. Hence, it must be emphasized here that trauma victims do not belong to but become driven by the destructive cycle of trauma. Without full acknowledgement of the traumatic experiences, it is difficult to identify the impacts of trauma, especially those that manifest themselves in human bodies, and effectively use the traditional coping method for *hwa-byung*.

In one clinical case for this study, Choi lost the memory of early childhood after she had been physically abused by her father over a long period time. Choi was not able to even imagine what happened to her in spite of having strong anger or *hwa* toward her father. Choi thought that unbearable *hwa* was caused by her compassionate heart toward her mother, who had also been victimized by her father and subjected to his abusive attitude and rough treatment. However, Choi's *hwa* and deep-seated anger resulted from incomplete *sak-yim.* In order to survive the trauma, as a little girl Choi started the process of *sak-yim*. However, she was not able to complete the process because of the weight of her pains and emotions. Instead, Choi chose to remove the painful memories from her consciousness. When Choi decided to forget the traumatic moments, she was no longer able to select the memories and lost most of her childhood memories, the good ones along with the painful. The anger in Choi's her heart is her only memory of the traumatic experiences of childhood. In Choi's case, it is important to recognize that the traditional coping methods require a certain level of strength in order for the traumatized to tolerate the uneasiness and maintain a capacity for reflecting on the traumatic event and its impacts on them. It is important to keep in mind that children, as well as adults, feel the pains and experience the sufferings related to trauma. Thus, traditional coping methods need to be modified when treating child victims and/or trauma survivors.

For more effective results of *sak-yim* and *pu-ri,* it is necessary to rethink the nature of Koreans' unique emotions *hwa* and *uk-wool/ boon*, and acknowledge our limited capacity to control and manage these emotions. This leads to the provision of good enough environments, including time, space, and temperature. To create these safe, good enough environments will result in more effective and unexpected consequences of the fermentation process. The most significant element of the safe environment is trust. The *hwa-byung* patients must be able to trust the person and feel connected and accepted by that person.

In the clinical interview, Kim, who married an African American man and immigrated to the United States, complained of the lack of a safe environment where she could rely on people and feel connected to them. In Kim's case, one of the etiological causes of *hwa-byung* is social discrimination toward Korean women who marry military men. They experience racism and many other types of unfair treatment, and are considered second-class citizens in the United States, something Kim had never experienced in Korea. This repeated "trauma" for Kim resulted in her inability to trust any social relationship. She was not even able to intimately interact with her husband.

Before the process of *sak-yim* begins, Kim needs to be aware of her desperate desire to be connected to people and communities. Interestingly, Kim described her need for personal space at home, and asked her husband to get a job outside the home. This is a very subjective and symbolic expression of Kim's need to explore her feelings of being invaded or interrupted by the presence of her husband, whom she could not trust or rely on. Kim needs to acknowledge the impacts of the traumatic experiences through the process of *sak-yim*, and be more sensitive toward her real needs and desires. Kim

performed *pu-ri* without combining the process of *sak-yim*. As previously noted, *sak-yim* is the pre-process for *pu-ri*. Without successfully completing the process of *sak-yim,* the process of *pu-ri* can trigger *hwa-byung* patients' fatalism and nihilistic views of life. Because she did not work through *sak-yim* before undertaking *pu-ri*, Kim has a strong sense of helplessness and hopelessness, and feels there is nothing left in her.

Thus, as the process of *sak-yim* becomes harmonized and interacts with *pu-ri*, the *hwa-byung* patient is helped and the multi-faceted burdens lightened. Further, there is exit from the wilderness of life, a secure environment is re-created, and healing and maturity occurs for the trauma victim, others, and their communities. In contrast with Kim, Park went through the process of *sak-yim,* but not *pu-ri.* As a result, Park's life is a journey replete with the endurance of pains and sufferings. As a Korean woman, Park seemed to learn to respect male figures and repress/internalize her emotions and thoughts. She also attempted to sublimate traumatic pains and wounds with her strong faith and a devotional life in church. However, the condensed power of emotions such as anger, regret, and grief seems to prevent the successful process of sublimation, and oftentimes provokes the repressed desire of revenge toward her daughter's ex-husband. As a result of the incomplete process of *sak-yim,* Park and her family still struggle with the collective wounded identity as a victim.

Moreover, Park is not ready or able to release all the traumatic effects she has experienced, as she has not yet gone through the process of grieving her losses. In particular, it seemed especially difficult for Park, as a mother, to accept the death of her daughter, who had been subjugated, abused, and victimized. Park released anger toward her son-in-law, who remarried and became neglectful of his children, Park's

grandchildren. Park seemed to take to the process of *sak-yim* and *pu-ri*, but failed to release the impacts of the cumulative and prolonged traumatic experiences. As a result of the incomplete *sak-yim* and *pu-ri,* Park has been struggling with multiple psycho-somatic symptoms and complicated, inscrutable behaviors. Morover, she was not able to overcome the wounded identity as a victim and disguise her deep pains.

Most *hwa-byung* patients interviewed for this study were not able to successfully complete both *sak-yim* and *pu-ri* because they lacked awareness of trauma and its impacts on human body, mind, and spirit. By examining these clinical cases, we see the strong connection between heart and the exploration of *hwa-byung*. *Hwa-byung* patients think of heart as a space to contain their pains and sufferings, and to be damaged by their *hwa* and *hwa-byung*. In Chapter 3, the cultural understanding of heart, the function of the heart, and its strong relationship with *hwa-byung* and its symptoms has been discussed. Connecting that understanding with the traditional coping methods for *hwa-byung*, it can be suggested that the heart can be an imaginary space in which *hwa-byung* patients can freely explore both pains and sufferings for healing and survival, and restore passion and hope for the future.

Heart as an Imaginary Space for *Sak-yim and Pu-Ri*

In the Korean context, heart has been seen as a center of the physical body, which encompasses physical, emotional, and spiritual dimensions of individuals' lives. Connecting to the traditional coping methods of *hwa-byung*, the heart becomes a transitional space, which embraces the different dimensions and multiple-layers of human

sufferings in process *sak-yim* and *pu-ri*. Rita Nakasima Brock says that "memory dwells in the heart, for in remembering by heart we know in ways that lie deep within us."[300] In keeping with Brock's thinking, *hwa-byung* patients can be described as trauma victims who store the memories, experiences, and stories of traumatic events in their own heart as the core of their bodies. For *hwa-byung* patients, these somatic symptoms and embodied memories of trauma function as bodily connections to the world, and the heart is an intermediate space to contain these bodily connections. Through the process of *sak-yim, hwa-byung* patients must acknowledge and sublimate embodied pains, false beliefs, and memories of sufferings, which have been accumulated and repressed in the heart. Also, *hwa-byung* patients must be released from their wounds and/or vulnerability from their heart, and empower themselves to move forward in hope by the successful process of *pu-ri*. In the process of *sak-yim* and *pu-ri*, the heart can be used as a safe and sacred space for redeeming the bodily memory, renewing the heart knowledge, and re-creating a new narrative for the future.

The creation of a safe space begins with listening to the heart and imagining the repressed and accumulated pains and suffering as the primary speech of *hwa-byung* patients. In this creative and imaginative space, these patients can freely explore the unspeakable pains and overwhelming emotions, sense the presence of other people (especially the presence of other trauma victims) and God, and finally restore a capacity to live on in the midst of where other trauma survivors stand. This therapeutic relationship for *hwa-byung* patients can be regarded as a "trialogue" in which the Spirit is involved in human dialogue. The trialogue is a process of listening to the heart. From a

[300] Rita Nakashima Brock, *Journeys by Heart: A Christology of Erotic Power* (New York: Crossroad, 1988), 14.

psychoanalytic perspective, a pastoral counselor needs to function as a transitional object and provide a holding environment for the patient. The heart becomes an intersubjective space between *hwa-byung* patient and pastoral counselor.

In the concept of trialogue, the Spirit awakens the realization of their invisible wounds, and brings courage to confront with death-like experiences. Thus, both therapist and client need to listen carefully to the Spirit of God, who provides the sacred space and brings the wisdom. Further, the pastoral counselor needs to accept the ambiguity of a client's struggle and make him/her sensitive to the presence and activity of the Spirit in the givenness of human experiences. The therapeutic environment is like an open heart, which embraces the differences and becomes a safe and interconnected space. The heart becomes an imaginative space for healing and reconnection with people, communities, and nature. Figure 3 provides a visual representation of this trialogue.

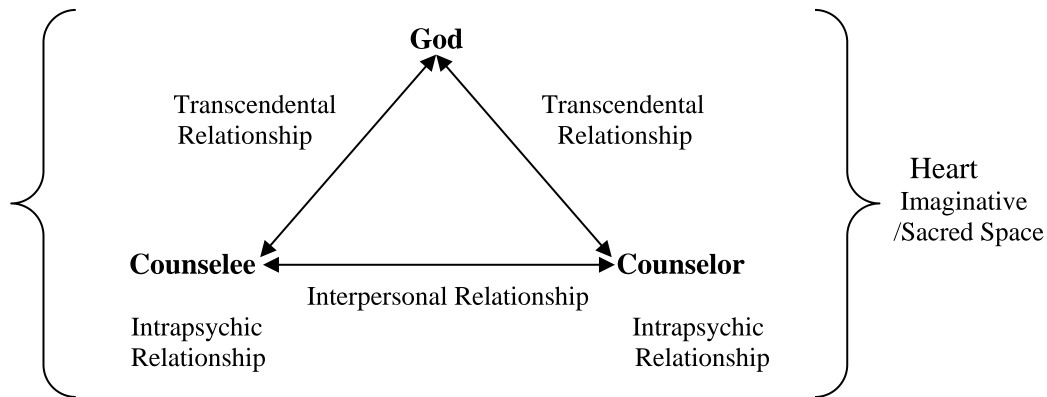

Figure 3. Triaolgue in Pastoral Care and Counseling Setting

Through the fermentation process of *sak-yim*, *hwa-byung* patients can dismantle the aggressive power of anger, acknowledge the invisible wounds and have a new flow and direction for their lives based upon the unifying power of the Spirit. In the process of *pu-ri*, these *hwa-byung* patients actualize and/or visualize the healing process and transform

the conceptual love into an action. Tillich refers to this as the moment of "spiritual presence,"[301] which enables humans to turn toward the ultimate/ transcendental power from all directions.

Using the story of creation in Genesis, pastoral counselors may empower *hwa-byung* patients to reconnect to the breath of life as the spirit of God, and restore the image of God in them. The Spirit, who works in both client and pastoral counselor, will lead both to change the fragmented self-identity and understand the eschatological hope in order to deal with unresolved life difficulties. "We know that the whole creation has been groaning in travail together until now, and not only the creation, but we ourselves, who have the first fruits of the Spirit, groan inwardly as we wait for the adoption as sons, the redemption of our bodies. For in this hope we are saved." (Romans 8:22-24, RSV)

The clinical interviews of *hwa-byung* patients for this study reveal a desperate yearning to explore their pains and search for transcendental power, even through the instinctive and bodily expressions. From the heart, these sufferers want to communicate their deepest longings, anxieties, and fears to God. This can be the point of departure for the healing process that recognizes the invisible wounds of sufferers, experiences the presence of the Spirit, and re-creates a new story for the future. This healing process needs to be composed with process of *sag-yim* and *pu-ri*.

In light of *hwa-byung* patients' coping methods of *sak-yim* and *pu-ri,* storytelling is a way to re-visit and release the traumatic eventsand their memories which are enfolded and hidden in certain time dimensions. The process of *sak-yim* leads to the restoration of sufferers' inner power and help them tell and re-tell their paiful stories.

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[301] Paul Tillich, *Systematic Theology III*, (Chicago: University of Chicago Press, 1963), 270.

Regarding the role of language in a therapeutic relationship, David K. Switzer extends the meaning of storytelling in counseling to a three time dimensions. Figure 4 provides a visual representation of the three time dimensions.[302]

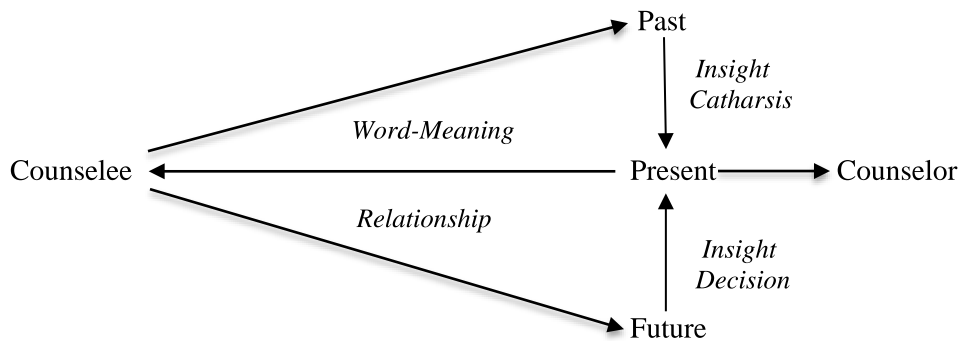

Figure 4. The meaning of storytelling in three time dimensions

Switzer sees counseling as the present, past-present, and future-present relationship, established and expedited by telling individuals' stories. Switzer's idea of three time dimensions relates to Gerkin's metaphor of human beings as a living human document. According to Gerkin, we humans live within three time levels of time: life cycle, socio-cultural/historical time, eschatological time.

The three different levels of time are not separated but intermingled in a person's narrative. Gerkin explains that, "Events and relationships do not have the same meaning when remembered or anticipated at different points within the life cycle."[303] Thus, all stories need to be interpreted and reinterpreted across the three dimensions of time. In light of both Switzer and Gerkin, the claim can be made that the client lives in an interpretive and interactive world, which is intermingled within the multi-dimensional

[302] David K. Switzer, *The Minister as Crisis Counselor*, (Nashville: Abingdon Press, 1986), 48.

[303] Gerkin, *The Living Human Document,* 108.

times. Thus, it is important for pastoral counselors to understand a client's narrative embrace of the multiple phases of time.

While listening to the story of *hwa-byung* patients, a pastoral counselor needs to ask three questions:

1. In what dimensional time is the *hwa-byung* patient standing?
2. Who is the *hwa-byung* patient talking to or with?
3. Where is God in the narrative of *hwa-byung* patients and in counseling?

The first and second questions may help a client find where he/she locates and when he/she develops a relational pattern. The third question may lead a client to be aware of the religious meaning of his/her experiences and explore the ultimate desire to find God's presence in needs across the times. By answering these questions, it is crucial to notice the relational complex of the kingdom of God, which is composed of multi-dimensional times and spaces. In the process of *sak-yim,* therefore, *hwa-byung* patients and other trauma victims, who are locked in the memories of trauma, should remember that God and the spirit of God are working among people in their present lives, but still can heal the past and folded truths of their wounds when they are unfolded. In the sacred space, *hwa-byung* patients can ventilate their unsolved emotions and be released from all trauma impacts through the process of *pu-ri*.

Finally, the purpose of pastoral counseling is to help people realize the presence of God in their sufferings through the pastoral relationship, and encourage the client to keep up hope for the future. Even with the presence of the Spirit, we may not be able to fully eradicate the root-causes of sufferings or completely overcome the multiple traumatic impacts. Through the process of *sak-yim* and *pu-ri*, however it is still possible for *hwa-byung* patients to be released from the bondage of traumatic impacts, find

meaning in spiritual transcendence, and anticipate hope for the future even in the midst of human suffering.

Summary

This chapter expands the discussion of the post-colonial approaches of “the imaginative” and “culturally recognizable symbolic forms of interaction” for approaching *hwa-byung* patients in a therapeutic setting. Koreans’ traditional coping methods for *hwa-byung*: *sak-yim* and *pu-ri* are symbolic and insightful ways to approach *hwa-byung* patients, who deal with the weight of traumatic impacts. Korean cultural understandings of *sak-yim* and *pu-ri* focus on individual efforts while their communal and spiritual aspects are not sufficiently examined. For a successful healing process, however it is essential these *hwa-byung* patients or other trauma victims have a safe space in which they can restore their relational nature and begin to develop their own spirituality. Through a successful application of the processes of *sak-yim* and *pu-ri, hwa-byung* patients should be able to release their overwhelmed *hwa* and re-tell their *haan*-filled narratives in an imaginative and intersubjective relationship where they can feel *jeong* and safe enough to reveal themselves and re-gain power to trust self, others, and God.

Conclusion

The purpose of this thesis has been to investigate the Western individualistic, static, and universal definition of mental disorder in the DSM-IV from multi-layers of social-cultural, political, and historical perspectives of mental disorder suffer/s. Within this framework, I have mainly proposed to rethink the definition of mental disorder, not as individual, static, or universal, but as relational, multiple, and becoming. I have demonstrated it in three major sections: Critical Evaluation of the DSM-IV, In-depth Study of *Hwa-byung*, and Theological Reflections.

Critical Evaluation of the DSM-IV

The Western standards of mental disorder have many cultural and conceptual deficiencies in terms of approaching human struggles and care for their suffering. In particular, the multi-axial diagnostic system of the DSM-IV overly focuses on the reduction or elimination of individual's psychological and/or emotional symptoms without considering social forces and/or other systemic issues such as such as class, poverty, and marginality that work in conjunction with culture to mold people's everyday lives. The DSM-IV also omits the historical and transgenerational aspects of mental disorders. The Western-oriented static view of mental disorders has provoked many diagnostic issues due to the differences in most diagnostic entities in the DSM-VI.

This study demonstrates that the lack of accurate and inclusive concepts of mental diagnostic system in the DSM-IV results to the marginalization of people who deals with different qualities and/or different kinds of sufferings from the Western standard. Based on the critical evaluation of the DSM-IV, this study shows that the cross-culture

variations and historically embedded aspects of mental disorders have been rejected or underestimated for the proper diagnostic elements in the DSM-IV. In this sense, the classification of CBSs can be exemplified as the rejection of the complexity of human struggles in trauma. Introducing the concept of *hwa-byung* as one of the CBSs, therefore I have investigated the multi-layers of social-cultural, political, and historical causes and symptoms of mental disorder/s; and the importance of acknowledging cultural variations of human emotions and subjective emotional expressions in mental illnesses.

This dissertation had examined the conceptual shortcoming not only in CBS but also in PTSD or other mental disorders in the DSM-IV in terms of covering the complexity of human struggles. As a result of the Western's limited view of trauma, the DSM-IV has been used to misdiagnose or overpathologize trauma victims' conditions, and reactive symptoms resulting from traumatic experiences. In a similar view, the current diagnostic manual DSM-V has expanded the conceptual boundary of trauma from one of PTSD in the DSM-IV and created a new diagnostic category of 'trauma-related disorder.' This proves my argument for the need to have a balanced view of mental disorder and construct the diagnostic system, which is based on not only objective or scientific evidence but also subjective view of patients and their narratives as an insider's view. This points to the significance of considering both subjective and objective methods along with both emic and ethic perspectives to approach cultural differences. Finally, this dissertation reveals that it is required to acknowledge a group of heterogeneous conditions and cultural variables of mental disorder in its causes and manifestations.This connects to the second theme of this paper, the in-depth study of *hwa-byung* as one of CBSs.

In-depth Study of *Hwa-byung*

This dissertation has examined the cultural factors of *hwa-byung* and proposed to rethink *hwa-byung* patients' *hwa* or *hwa*-related emotions as an innate defensive emotion, which instinctively protects them from unexpected attacks, threats, dangers or other traumatic experiences; and as an aggressive desire for resistance and revenge toward the tyrannical power of the oppressors. The matter issue is the social and cultural stigma on *hwa* or anger in Korean communities. Due to the potential harms or dangers, Koreans have been taught to repress or eliminate their emotions such as anger or *hwa* without examining the etiological factors and essential functions. The repressed anger and/or *hwa* lead to the construction of Koreans' own emotionality such as *haan*, *uk-wool*, and *boon*; and impact the personal identities and communal consciousness. In this regard, *hwa* cannot be simply translated into the Western term anger because of the complexity of human emotions and their relationship with Koreans' unique cultural values and historical experiences.

Next, this dissertation had investigated that the most cultural value *jeong* which often leads trauma victims to remain in silence or in the site of passive acceptance of the continuous violation or oppression. Koreans' collective culture and values of interdependence are strongly embedded in the notion of *hwa-byung*. This characterizes a *jeong*-driven or *jeong*-based relationship that Koreans value and in which they build up a communal identity of "we" not "I." This is called as *jeong*-based we-ness." If a tragedy or trauma that occurs to a group of people or at the national level, Koreans may attempt to react to the incident together and struggle with collective wounded identity as the helpless and the hopeless. This *jeong*-based we-ness also has a strong relationship with

Koreans' *hwa-byung*.

Connecting the Western concept of PTED, *hwa-byung* can be defined as a reaction to intolerable betrayal called *jeong* violation with a sense of *hwa* and embitterment. Ironically, we can find the *jeong* violation as a result of "in-family trauma." Using the concept of *jip-an-il,* many victims of domestic violence in Korean family systems are not able to ask for help because family is the strongest *jeong*-based relationship. In Korean context, the legal action against in-family trauma is regarded as taboo. In most cases of in-family trauma, the oppressors use the notion of *jeong* or *jeong* based we-ness to resist the resistance of trauma victims and create the structural and systemic constraints. So, the trauma victims have been isolated from communal aid and silently struggle with symptoms of *hwa-byung*.

Korean *hwa-byung* patients have been trapped in a cycle of trauma, which make them feel unbreakable. The continuous exposure to the historical traumatic events leads to the cycle of frustration, in which trauma victims like Koreans become more powerless and hopeless. This cycle of frustration is tied to Koreans' *haan* as an emotion of victimhood. Andrew S. Park describes Koreans' *haan* as frustrated hope, the distorted pain of the heart caused by oppression and victimization. These two cycles pervade Koreans' individual and communal identity, influences their ways of interacting with others in relationships, and leads to transgenerational effects in all dimensions. These two vicious cycles in which many Korean *hwa-byung* patients are locked give them a sense of abandonment and annihilation, and leads to total estrangement in a system, community and all relationships. As a result, *hwa-byung* patients are accustomed to passive expressions of anger, which usually damage the horizontal relationship with others, and

create another power dynamic.

The failure of Koreans' resistive actions toward the traumatic events had resulted to the parlayzation of body, mind and spirit with strong anger and multiple symptoms of *hwa-byung*. This implies that Koreans' notion of *hwa-byung* reflects the bodily process of traumatic experiences and/or a culturalization of trauma impacts. In the context of Korea, people usually take the stressors of *hwa-byung* at the communal level, challenging the unfair and/or pathological environment that results in *hwa-byung,* and create a helping community. In the process, *hwa-byung* patients have been helped or healed, not just by receiving various treatments, but also by recognizing their voiceless and powerless struggles. Here we see the significance of listening to their narratives and drawing together the common or different threads of the etiological factors running through the lives of *hwa-byung* patients. This indicates the significance of considering both subjective and objective methods along with both emic and ethic perspectives to approach cultural differences. Furthermore, this dissertation demonstrates the significance to acknowledge the interactional, transformational, and intersubjective aspects of human sufferings in trauma.

Theological Reflections

In Western psychiatry, the subjective and symbolic expressions of anger and anger-related reactions have been rejected or ignored. From a theological perspective, however, this dissertation had proposed to re-vision human emotions, especially anger and aggressiveness (vital, passive, and violent) as natural and necessary for living and surviving from traumatic human lives. *Hwa-byung* patients' somatic symptoms of *hwa*

and embodiment of traumatic memories reveal the interconnection of the human body, mind, and spirit. This is in keeping with the way in which God created humans. However, this study does not fully examine the multi-phages of anger and its destructive power.

By re-considering the historical and existential realities and traumatic events, this study emphasizes the importance for *hwa-byung* patients, who identify themselves as victims, to acknowledge and overcome their passive-aggressive behaviors toward the external power. The external power can be connected to *hwa-byung* sufferers' image of God. Asian feminist theologians also contend that humans can reflect God and the image of God only in community, where we were created for mutual relationship.[304] From a theological point of view, *hwa-byung* encompasses the ultimate concerns of human existence and finitude, which is both intrinsic and unchangeable. In suffering, human beings are subject to search for the exit and ask to the presence of God in their needs. Thus, a pastoral counselor needs to facilitate *hwa-byung* sufferers' awareness of the human paradoxical identity. This is related to Luke's view of God's kingdom, which is invisible and folded, but becomes unfolded, dynamic, and in motion. In the relational network of healing, both counselor and counselee should sensitive to relationship, experience, event, and symbolic connections in which the presence and activity of the Spirit is recognized. Therefore, the healing process for *hwa-byung* patients should be more relational, dynamic, and progressive in the presence of God.

In this healing process, a pastoral counselor needs to construct the therapeutic relationship and to help a client reform the self for the new understanding of the past through the revelation of the hidden realities. So it is significant for pastoral theologians

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[304] Chung, *Struggle to Be the Sun Again: Introducing Asian Women's Theology*, 49.

to establish the theological understanding of human beings, and restore theological language and religious symbols in order help people in the middle of spiritual ambiguity.

Consequently, this chapter expands the discussion of the post-colonial approaches of “the imaginative” and “culturally recognizable symbolic forms of interaction” for approaching *hwa-byung* patients in a therapeutic setting. Koreans’ traditional coping methods for *hwa-byung*: *sak-yim* and *pu-ri* are symbolic and insightful ways to approach *hwa-byung* patients, who deal with the weight of traumatic impacts. In the concept of *sak-yim* and *pu-ri,* Koreans conceptualize a holistic, dynamic, and relational healing, which is across multiple dimensions of time and space. Mentally and spiritually human beings live, not in linear, but in circular and muti-dimentional time. For a successful healing process, it is essential these *hwa-byung* patients or other trauma victims have a safe space in which they can restore their relational nature and begin to develop their own spirituality. Through a successful application of the processes of *sak-yim* and *pu-ri, hwa-byung* patients should be able to release their overwhelmed *hwa* and re-tell their *haan*-filled narratives in an imaginative and intersubjective relationship where they can feel *jeong* and safe enough to reveal themselves and re-gain power to trust self, others, and God.

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Research Participation Letter

Dal Seok Yoo
XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX
Email: XXXXXXXX

Dear [Name of potential research participants]:

My name is Dal Seok Yoo and I am at Candler School of Theology, Emory University engaged in research for my doctoral thesis for the Doctor of Theology (Th.D) degree in Pastoral Care and Counseling. I am currently seeking research participants, specifically Koreans who have experienced or have been struggling with symptoms of *hwa-byung*.

The aim of this study is to enhance the understanding causes and symptoms of *hwa-byung*, and examine the universal, cultural and personal dimensions of *hwa-byung* through the in-depth interview. Interview participants will receive the diagnosis of *hwa-byung,* which is made according to the *Hwa-byung Diagnostic Interview Schedule (HBDIS)*and *the Hwa-byung scale.* Based on the result of assessment, 5-6 interview participants will be selected to receive 4-5 sessions of pastoral counseling. The data will be used to claim the significance of accepting cultural aspects of mental illnesses including *hwa-byung* to provide an accurate assessment and an effective treatment.

There are minimal risks involved in participating in this study. All participants will be completely voluntary and participants have the right to withdraw from the study at anytime. In addition, there are no costs for participation and no payment will be provided. Information obtained in this research is strictly confidential unless disclosure is required by law. Your name will never be used without your written permission in the reporting of information in any future publications or conference presentations.

If you agree to take part in this study, upon our initial meeting I will provide you with an *Informed Consent Form,* which would require your signature indicating your consent to participate in this study. If you have any questions and/or would like to participate in this study, I can be reached at the phone number or email above.

Thank you in advance for your support and consideration!

Sincerely,

Dalseok Yoo

INFORMED CONSENT FORM

"Culture, Mental Health and Theology
: A Critical Evaluation of Hwa-byung in DSM-IV and a Pastoral Intervention"

PROJECT DIRECTOR: Dalseok Yoo, Th. D Candidate
2088 Brian Way, Decatur, Georgia 30033
Email: dyoo7@emory.edu
Tel. 404-850-8624

SUPERVISOR: Emmanuel Y. Lartey, Ph. D
1531 Dickey Drive, Room 540 Atlanta, Georgia 30322
Email: elartey@emory.edu
Tel. 404-727-6594

I, hereby agree to be interviewed as a participant in the above named research project (detailed description on back of this page), and to have my interview recorded and transcribed. I understand that my interview may be quoted in any final reporting of the project in print or online.

I do   do not give permission to be quoted by name.
I do   do not give permission to be voice-recorded.

I understand that I may stop the interview at any time, have the right not to answer any question(s) and withdraw any or all of these consents at any time up to the final publication of project results by contacting the project director *in writing* at the email or street address listed above. If I have any questions about the project, I may write, email or phone the project director at any time.

I do   do not give permission to be contacted with any followed-up questions following my interview at: Email dyoo7@emory.edu or Tel. 404-750-8624

I would   would not like to receive a summary draft of the final report. (If yes, please enter email or U.S. mailing address bleow)

Signed (Participants) ______________________

Signed (Interviewers) ______________________

Date ______________________

Date ______________________

PROJECT TITLE:

"Culture, Mental Health and Theology
: A Critical Evaluation of Hwa-byung in DSM-IV and a Pastoral Intervention"

PROJECT DIRECTOR

Dalseok Yoo, Th. D Candidate

This Project is being conducted in partial fulfillment of the Doctor of Theology in Pastoral Care and Counseling degree at Candler School of Theology, Emory University.

Purpose of the Project: This study is intended to evaluate various diagnostic elements of *hwa-byung*; toacknowledge historical and traumatic impacts on them; to explore the universal, cultural and personal dimensions of *hwa-byung* through the in-depth interview.

Research Method chosen for this project is a qualitative method that employs an in-depth interview. This research approach seeks to capture a comprehensive understanding of the research participant's experience of *hwa-byung* and its various aspects. The project director provides an open seminar dealing with *hwa-byung* and invite self-diagnosed *hwa-byung* patientsto give an accurate diagnosisat Asian American Resource Center (AARC), which is located in Duluth, GA. Following elements will screen the interview participants: 1) Who is over 18- years old, 2) Who is a self-labeled *hwa-byung* patient, 3) Whose mental status is stable enough to join the interview according to *Korean version of the Mini-Mental State Examination (K-MMSE).*
The diagnosis of *hwa-byung* will be made according to *Hwa-byung Diagnostic Interview Schedule (HBDIS)*. Assessment of *hwa-byung* symptoms will be performed using *the Hwa-byung scale*. Based on the result of assessment, 5-6 interview participants will be selected and receive 4-5 sessions of pastoral counseling.

Projected Outcomes: The data and information obtained in this study will be used to claim the significance of accepting cultural aspects of mental illnesses including *hwa-byung* to provide an accurate assessment and an effective treatment; to explore the relationship between traumatic experiences and symptoms of*hwa-byung*;to re-conceptualize the role of pastoral caregiver to on varied issues of human body, mind and spirit.

Risks/Benefits to the Participants: There are minimal risks involved in participating in this study. The participant may be subject to emotional discomfort or feeling of re-traumatization as a result of sharing traumatic experiences or memories. In these cases, counseling referrals can be made to one of the therapists in the following list.

- David Kim, Ph. D., Adjunct Faculty at Mercer School of Medicine
- Elena Kim, Ph. D., LMFT Grady Hospital

- Sarah Kim, Th. D., Executive Director of Theological Education, Director of Global Theological Education Initiative, and Dean of PATHWAYS.0

The benefits for participating in this study are: 1) to enrich the knowledge of *hwa-byung* 2) to develop more accurate diagnostic criteria of *hwa-byung* 3) to get crucial insights into the range of physiological, emotional and spiritual needs in relation to *hwa-byung* 4) to have a sacred space to explore the internal and external struggles of patients with *hwa-byung*. If you have any concerns about the risks/benefits of participating in this project, please contact the principal investigator at the number of listed above.

Costs and Payment to the Participants: There are no costs for participation in this project. Participation is completely voluntary and no payment will be provided.

Confidentiality: The data and Information obtained in this study is strictly confidential unless disclosure is required by law. All data will be consistently secured in a locked storage cabinet with access limited to the principal investigator. Your name will never be used without your written permission in the reporting of information in any future publications or conference presentations.

Participant's Right to Withdraw from the Study: Participation will be completely voluntary and participants will have the right to leave a study at any time.