

You Burning in the Fire ... I Swallowing Frogs...

Anger, Culture and Illness

A Comparative Overview Between the Culture-bound syndromes *Hwabyung* (Korea) and *Swallowing frogs* (Brazil) and Acupuncture Treatment Insights.

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Abstract

This work aims to draw a comparative profile between two Culture-bound syndromes (CBS) called *HwaByung* (Korea) and *Swallowing frogs* (Brazil) that are considered to belong to the same general category of Anger syndromes and to analyze the distinctive characteristics, the similarities. In different cultures, chronic anger and suppression may have different names, but it should be considered a universal phenomenon in human societies. We analyzed and used *Hwabyung* as the main reference because there are already established models within Oriental Medicine for this syndrome. Our focus in this paper is on the role of acupuncture treatment approach for *Swallowing frogs* which is inspired by the *Hwabyung* treatment models and not blindly copied or transposed but instead designed to respect the unique cultural characteristics of each syndrome.

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Introduction

Culture-bound syndromes (CBS) are mental conditions or psychiatric syndromes whose manifestation or incidence are associated with cultural aspects and which as follows explain management and comprehension from a cultural context.¹

The term ‘culture-bound’ syndromes were initially suggested by Yap (1967), he thought that each syndrome was bound to a particular culture or ethnic group. However, the review of available literature has revealed that in some cases similar syndromes can be found in many cultures, without being bound to one particular cultural unit.²

Global migration has enabled the ability to export, as well as change, symptoms. Understood this way, the CBS are a group of salient experiences that bring distress in forms that are most meaningful and understood by the communities in which they occur.³ While some mental disorders as a result of emotional stress occur culturally, others are more likely to be linked to specific cultures. Godman argues that many of these "Culture-Bound Syndromes" are culturally sanctioned responses to overwhelming negative emotions.⁴

The term culture-bound syndrome sometimes describes conditions that may not meet the definition in a strict sense. Cultural factors impact every kind of psychopathology to some extent – whether or not it is predominantly psychological or biological in nature.⁵

Some culture-specific syndromes include certain somatic symptoms (pain or abnormal function of a body part), while others are purely behavior-based. Some CBS appear with similar features in several cultures, but with locally specific traits, such as penis or vulva panics, i.e “Koro” in China and Southeast Asia.⁶

To date, there are about 26 culture-bound syndromes, including *Ataque de nervios* from Latin America, *Brain fog* from West Africa, *Zar* from the Middle East, *Amok* from South Asia and *Hwabyung* from East Asia, *Mal de ojo* from Mediterranean cultures, *Shenkui* from China, and *Taijin kyofusho* from Japan. The conventional diagnostic categories of DSM-IV-TR is inconclusive about the classification of CBS. However, it does include a “Glossary of Culture-Bound Syndromes” in Appendix I.⁷

Hwabyung : A Korean Culture-Bound Syndrome.

Concepts

¹ Tseng, W. (2006). From Peculiar Psychiatric Disorders through Culture-bound Syndromes to Culture-related Specific Syndromes. *Transcultural Psychiatry*, 43(4), pp.554-576.

² Ibid.

³ Lopes, I. (2013). Culture-Bound (or Culturally Salient?) : The Role of Culture in Disorder. Ohio: John Wiley & Sons, Inc.

⁴ Godman, M. (2016). Cultural syndromes: Socially learned but real. *Filosofia Unisinos*, 17(2).

⁵ Tseng, (2006), op.cit.

⁶ Chiang, H. (2015). Translating culture and psychiatry across the Pacific: How koro became culture-bound. *History of Science*, 53(1), pp.102-119.

⁷ Paniagua, F. (2018). ICD-10 Versus DSM-5 on Cultural Issues. *SAGE Open*, 8(1), pp.1-14.

Hwabyung [hõa p-yən][hwäp-yən pronounced hop yong](火病) is a Korean pronunciation of two Chinese characters, ‘Hwa [hõa]’ and ‘Byung [pyən]’. Hwabyung is known as a Korean culture-related syndrome. In Korean, *Hwa* (火) means anger as well as fire. *Byung* stands for sickness. Therefore, Hwabyung came to be known as an anger illness or anger disorder. Hwabyung was first introduced by an American psychiatrist in 1983, who published an article about a South Korean woman’s depression-like symptoms that he called anger syndrome.⁸

A group of psychiatrists proposed that Hwabyung develops due to anger and its incomplete suppression, accumulation, and somatization. This is a characteristic present in several Culture-Bound Syndromes and currently, there are academics suggesting a distinct category of Culture-Bound Syndromes related to anger. This an important issue that we will be discussed in the course of this work.⁹

Definitions

Individuals, commonly middle-aged, middle-class women (40-60 years), who experience Hwabyung report on both physical (somatic) and psychological (behavioral) symptoms. The disorder unveils when the emotions of anger have been suppressed for a long period of time (even for as long as 30–40 years). Specifically, somatic symptoms include chronic digestive disorders, loss of appetite, abdominal pain, a mass in the stomach or epigastrium, a heat sensation rising up the chest or traveling in the body (including hot flushing or intolerance to the hot environment), feeling of stifling, choking, difficulty breathing, and headache.¹⁰

The psychological symptoms comprise discontentment, frustration, concern, anxiety, exasperation, resentment, hate, pessimism, depressed mood, hate and *Haan*, a concept that will be discussed later in this work. An impulse to go-out or to escape from closed rooms, and dry mouth as well as general neurotic symptoms¹¹, frightening easily, many thoughts, and much pleading¹² In spite of their depressed mood, the patients are very talkative. If given the chance, typical patients with Hwabyung tend to talk for a long time (‘hasoyeon’) with many tears and sighs, about how they have suffered from unfairness and how they have nevertheless controlled their hatred and revengeful thoughts.¹³

It is important to rule out clinical depression. There are specific questionnaire which include sensitive family matters, such as a spouse’s offensive behavior or extramarital relations, the unexpected death of the woman’s partner or son, low educational attainment, quarrel with her mother- or sister-in-law, or a combination of these.¹⁴

⁸ Lee, J. (2014). *A cross-cultural study of Hwa-Byung with middle-aged women between native Koreans in South Korea and Korean immigrants in the United States.* Ph.D. University of Iowa.

⁹ Min, S. (2004). Treatment and prognosis of hwabyung. *Psychiatry Invest.*, 1, pp.29–36.

¹⁰ Lee, J., (2014), op.cit.

¹¹ Min et al., (1987) and Min & Kim, (1998), cited in Min, S. (2004), op.cit.

¹² Min, S. (2009). Hwabyung in Korea: Culture and Dynamic Analysis. *World Cultural Psychiatry Research Review* 2009, 4(1): 12-21, 4(1), pp.12-21.

¹³ Ibid.

¹⁴ Min, S., (2004), op.cit.

Hwabyung is evoked by an inadequate release of acquired anger leading to psychological and somatic manifestations, as a result from long-term partially treated negative emotions, its symptoms are complex and associated with other psychiatric disorders. The psychological symptoms consist of an inadequate expression of anger and trait anger.¹⁵

Theoretical Models of Hwabyung

There are also a number of theoretical models of HwaByung. The biomedical, often termed “western medical” model identifies HwaByung as a chronic psychosomatic illness occasioned by the partial repression of negative emotions such as anger or the projection of anger into the body. The Oriental medicine model considers HwaByung as a state of disharmony between *yin* (negative force) and *yang* (positive force). This disturbance in the balance between *yin* and *yang* causes a sense of heat (“fire”) in the body.

In addition, there are psycho-social models. According to Park et al.’s model, some known characteristics, such as quick-tempered and strongly committed to traditional family’s value and their life circumstances affect them to feel victimized.¹⁶ Some individuals when experience adverse or traumatic life events (distressing life circumstances), tend to experience high levels of emotional discomfort. Rather than processing the indicated emotions, though, they restrain the negative emotional reactions such as anger, hatred, frustration (internalization), which subsequently lead to the development of Hwabyung symptoms.¹⁷

Lee et al. (2014) propose an ecological model, the MultiSystemic Model of Hwabyung (MSMH), which incorporates individual factors from previous individual factors.¹⁸

Dynamic Meaning of Symptoms

Hwabyung is similar to an inactive volcano, under which there are boiling lava and hot flame ready for eruption. Some symptoms seem to symbolize the nature of fire (anger). Talkativeness, crying and sighing seem to symbolize the release of anger. Fleeing from hot, stuffed, closed conditions seems to symbolize avoiding suppressed anger-related conditions. Opening doors and windows seem to symbolize cooling-down or ventilation of stuffed respiration (fire-smoke anger). Mainly, a mass in the epigastrium/chest seems to be due to an “accumulation and becoming dense” with anger, which is sometimes referred to as ‘Hwa’. Many random thoughts (雜念) seem to combat anger.¹⁹

¹⁵ See Spielberger, C. D., & Sydeman, S. J. (1994). State-Trait Anxiety Inventory and State-Trait Anger Expression Inventory. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcome assessment* (p. 292–321).

¹⁶ Park et al, (2002), cited in Lee, H. et al, (2018). Effect and safety of acupuncture for Hwa-byung, an anger syndrome: a study protocol of a randomized controlled pilot trial. *Trials*, 19(1).

¹⁷ Lee, J., Wachholtz, A. and Choi, K. (2014). A Review of the Korean Cultural Syndrome Hwa-Byung: Suggestions for Theory and Intervention. *Journal of Asia Pacific Counseling*, 4(1), pp.49-64.

¹⁸ Ibid.

¹⁹ Min, S., (2009), op.cit.

A number of authors²⁰ point out that the Hwabyung group had more somatization, generalized anxiety, major depression, panic, or obsessive-compulsive disorders. While it is a unique diagnosis, Hwabyung does have frequent comorbidity with anger disorders, generalized anxiety disorders, and major depressive disorders.²¹

Exposure to stressors exerts a significant influence and plays an important role in psychogenic disorders. Changes are not so clearly noticed, they can arise as cardiovascular or cardio-respiratory phenomena, gastrointestinal or mood disorders, sometimes they are subtle changes, not represented in the function in an expressive way, but they will manifest themselves at some point. Although Hwabyung patients are aware that their illness has psychogenic origins, seek treatment by a psychiatrist or psychologist is very unlikely.²²

Patients with anger syndromes similar to Hwabyung may be found in other cultures as well. The establishment of an anger disorder would serve as a good example of the conceptualization of a new disorder based on research on the diagnosis of the culture-bound syndrome and also explore giving better treatment to these patients based on the bio-psycho-social model of an anger disorder.²³

Swallowing frogs: A Brazilian Culture-Bound Syndrome.

Linda-Anne Rebhun, a medical anthropologist studied an interrelated group of syndromes in northeast Brazil and first described in 1994 that “northeast Brazilian women use the term “swallowing frogs” to describe the act of suppressing anger, hatred, or irritation and putting up with unfair treatment silently”.²⁴

The Dicioline presents the following definition for “swallowing frogs”: “To do something belly-aching (malcontent), be insulted and not react, not to fight back when provoked, to accumulate resentment”.²⁵ There are situations and tasks that come up against desires, values or beliefs. Sensations such as lack of freedom, right or courage to respond appropriately, impotence or convenience may arise.

In Latin America folk medicine, emotion is perceived as a powerful factor that generates sickness. The physical and psychological also combine in social aspects of folk medical diagnosis. For example, to say that one is suffering from “swallowing frogs”, is to describe both a set of symptoms and a psychosocial situation²⁶

²⁰ Min, S. K., Namkoong, K., & Lee, H. Y. (1990). An epidemiological study of hwa-byung. *Journal of Korean Neuropsychiatric Association*, 29,867-874. And Park, J. H., Min, S. K., & Lee, M. H. (1997). A study of the diagnosis of hwabyung. *Journal of Korean Neuropsychiatry Association*, 36, 496-502.

²¹ Min, S. K. & Suh, S. Y. (2010). The anger syndrome hwa-byung and its comorbidity. *Journal of Affective Disorder*, 124, 211-214.

²² Park, Y. J., Kim, H. S., Kang, H. C., & Kim, J. W. (2001). A survey of Hwa-Byung in middle-age Korean women. *Journal of Transcultural Nursing*, 12 (2), 115-122.

²³ Min, S. (2008). Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder. *Psychiatry Investigation*, 5(3), p.125.

²⁴ Rebhun, L. (1994). Swallowing Frogs: Anger and Illness in Northeast Brazil. *Medical Anthropology Quarterly*, 8(4), pp.360-382.

²⁵ Guedes, G. (2019). Dicionário de expressões populares, gírias e jargões. [online] Dicionariodeexpressoes.com.br. Available at: <http://dicionariodeexpressoes.com.br/> [Accessed 22 Apr. 2017].

²⁶ Rebhun, L.,(1994) , op.cit.

Emotional stress, in particular, anger, depression, and anxiety, significantly impact physical and psychological dysfunctions.²⁷

The term “Frogs” may reflect the challenges of living in society. Feeling coerced and unassertive can cause illnesses such as gastritis, depressed mood, dermatitis, irritable bowel syndrome, and affective disorders, also the distress, diminishing self-esteem, and frustration. Such complaints may constitute what occurs when individuals may not live up to the emotional expectations of their cultures, or when emotional expectations are contradictory (a common feature with Hwabyung), convoluted, or in flux.²⁸

"Swallowing frogs" is always a setback and this leads to frustration. Reactions are subdivided into two main groups: Type A is related to the shy and more restrained person. It hardly verbalizes its wills or setbacks. Its level of tolerance can oscillate between fear and desperation to counteract. This type can “swallow frogs” even in contexts with emotional or physical abuse. Type B tends to be less tolerant, more explosive. Those are more impulsive, with a lower tolerance threshold for setbacks. It shows a more confronting personality and temperamental. Generally, both can become sick. Type A, more passive, is affected by diseases with physical characteristics, such as autoimmune. Because it tolerates more, the disease occurs slowly, such as autoimmune diseases (vitiligo, ulcerative colitis, lupus and cancer). Type B, more authoritarian, may develop aspects of panic. Its reactions are immediate, but in the medium and long term, it keeps the body under constant alertness. They are usually affected by diffuse syndromes such as fibromyalgia and insomnia.

According to Vera Martins, psychologist and specialist in behavioral medicine, people who "swallow frogs" often avoid conflicts by suppressing their own desires. Their cultural beliefs are based on a mental model that favors passivity in situations where one feels threatened or at risk of loss. This induces the development of anger and can even lead to health problems (allergies, bronchial asthma, dermatitis, irritable bowel syndrome and fibromyalgia).²⁹

²⁷ Spielberger et al., (1995) cited in Lee, J. (2014) op.cit.

²⁸ Rebhun, L.,(1994) , op.cit.

²⁹ Martins V 2019, personal communication,11 December.

Based on Hwabyung, Min (2009) proposed an anger disorder, grouping different diseases into a large category called 'Anger Syndromes', from which subdivisions into specific Culture-Bound Syndromes are created. Similar syndromes or symptom complexes related to anger have been reported³⁰

A Comparative overview between Hwabyung and Swallowing frogs

Hwabyung and Swallowing frogs share similarities (see Table 1). Hwabyung is a syndrome of repression of anger that develops into somatic symptoms, Swallowing frogs is an expression of anger that originates from having to endure an increase in anger over time and can also develop into somatic symptoms. In collectivistic cultures, people are socialized to internalize stress and repress negative emotions such as anger, hostility, and psychological distress to maintain harmonious social relationships.³¹

Another aspect is that Hwabyung is fundamentally associated with the Korean traditional male-dominant culture and the patriarchal society³² an aspect also seen in the Brazilian culture and social relationships.

Swallowing frogs also share some aspects with Hwabyung related to *Haan*. Choi (1996) defined Haan as feelings of grief and resignation caused by perpetual hopelessness.³³ Min (1991) asserted that HwaByung follows as a result of Haan when emotions of Haan cannot be overcome or when the situations that cause Haan keep reoccurring. 'Haan' results from chronic suppression of anger or frustration³⁴, resulting not only from the tragic collective national history but also from a traumatic personal life. The cultural context of anger under Swallowing Frogs, according to Rebhun, was not the expression of anger, hatred, fear, envy, worry, sadness, grief and depression, but rather the suppression of these emotions that were seen as causing sickness³⁵. Accordingly, Swallowing frogs would share some roots with Haan.

The patriarchal structure of society, where the male plays a central role in the family is another distinctive feature shared by the Brazilian and the Korean anger syndromes as well. So as a result women suffered and endured much hardship and injustice in both cultures.

The risk factors for developing Hwabyung and Swallowing frogs are also similar and always gravitate around aspects such as those regarding the individual disposition, troubled marital relationships (psychosocial stress) or a high demanding life impasse.

³⁰ Some examples are Aggressive disorder by Yudofsky et al.(1998); Irritability syndrome by Snaith et al. (1985); Anger attacks by Fava et al.(1990, 1998, 2005) and aggression in personality disorders by Coccaro et al. (1997, 1998) are all cited in Min, (2008), op.cit.

³¹ Chiao, J. Y. (2015). Current emotion research in cultural neuroscience. *Emotion Review*, 7, 280–293.

³² Lee, J. (2014), op.cit.

³³ Choi, (1996), cited in Min, S., (2008).

³⁴ Min, (1991), cited in Lee,J. (2014).

³⁵ Rebhun, L (1994), op.cit., p.365.

Lasting negative emotions over a long period of time is known to be a root cause of Hwabyung, family conflicts, financial loss or poverty.³⁶ Other sources include social unfairness such as suppression, violence, deprivation, discrimination, exploitation, unfair trial, betrayal or swindling.³⁷

In both syndromes, patients report the suppression or inhibition of their anger to not put at risk the peace in the social or familial relationships or that expression of anger has been blocked. According to their explanation, if such unfair situations are recurrent, suppressed (抑) anger (火), a feeling of unfairness (‘uk-wool’ and/or ‘boon’) “increases and gets dense (鬱鬱)” and generates the symptom. Most patients are aware that their Hwabyung is a psychogenic disorder.³⁸ The same applies to the case of Swallowing frogs.

³⁶ Kim, J., Kwon, J., Lee, M., & Park, D. (2004). Development of Hwa-Byung diagnostic interview schedule (HBDIS) and its validity test. *The Korean Journal of Health Psychology*, 9, 321-331.

³⁷ Min, S., (2008), op.cit.

³⁸ Min, S., (2009), op.cit.

Table 1 - Common points and similarities between *Hwabyung* and *Swallowing frogs*.

	Hwabyung	Swallowing frogs
Prevalence	Middle-aged women Low-social class or socioeconomic status Rural areas	Most related by middle-aged women Former rural residents, urban areas
Causes	Extern events: psycho-social distress (spousal infidelity, in-law troubles) or Child's illness	Extern events: suppression of strong or unpleasant sentiment due to psychosocial distress
Clinical Diagnostic	The combined form of depression; anxiety and various somatic symptoms	Anxiety and various somatic symptoms
Encountered features	Coping strategies, somatic symptoms, long lamentation with deep sighing	Coping strategies, somatic symptoms
Dynamics	Experience anger in a passive way, directing (it) inward instead of outward	Experience anger in a passive way (self-sacrificing, compassionate, selfless), mostly directing (it) inward
Psychological and somatic symptoms	suppressed anger, hate, despair, the holding of a grudge or feelings of "everlasting woe"; as well as to disorders of anxiety, depression and obsession compulsion. Pervasive depressive mood, regret or guilt, anxiety, destructive impulses, weak and sensitive mind, irritability, paranoid feelings, and hypochondriasis	Suppressed anger (raiva, cōlera), hatred (ódio), irritation, fear (medo) shock, envy (inveja), worry (preocupação) distress (angústia), resentment, sadness, grief (pena), depression (abatimento)
Physical symptoms	headache, dizziness, weakness/fatigue, palpitation, blurred vision, stifling/oppression, sexual dysfunction, insomnia, anorexia, indigestion, weight loss, flushed feeling, mass in the throat or epigastrium, heat sensation, intolerance to heat, multiple pains, sighing, dry mouth and a sensation of pushing-up in the chest	Trembling; limping; hot suffocating, unrelieved pressure; headache, bruises (thighs and arms), nausea, dizziness, faint; stomach ache
Other culture-specific disorders	Haan Amok, Dhat, Koro, Latah, Pibloktog, Taijin Kyofusho, hsieh-ping, shin-byung	Nerves (nervos), shock sickness (susto), blood-boiling bruises, evil eye (mal olhado) and open chest (peito aberto)
Etiology	Suppression of anger	Suppression of anger

Designing multidisciplinary models to the treatment of Culture-Bound Syndromes.

In this review, anger is understood as a distinctive feature shared by both syndromes as being like a sleeping "volcano"³⁹. The universal character of anger (a reaction to a perceived injustice to oneself or one's group) broadens the discussion and allows an attempt to intersect symptoms. Our proposal is to provide some insights that could build up into a platform represented by the transposition of the Hwabyung treatment so that it can be adapted to the symptom complexes of Swallowing frogs, as they would be in the same category as the Anger syndromes. Anger, when repressed for long periods, adds to Haan, in the case of HwaByung, or to ailments in the case of Swallowing frogs.

In its universal context, what would be the possible reason for such individual expressions of anger? The suppressed anger in our proposition does not appear as a single element, it forms a kind of complex-aggregate, that is, it demands a "catalyst factor" to elicit the symptoms. The catalyst are psychological factors such as intense emotions, traumatic experiences or stress: a betrayal, physical violence, emotional abuse, coercion, family and interpersonal conflicts (bullying).

A number of researchers also recommended relaxation techniques, meditation, psychotherapy, mindfulness, and social skills development training as potentially useful individual interventions for Hwabyung patients.⁴⁰ Also, The EFT (The Emotional Freedom Technique), a meridian-based psychological therapy, showed improved psychological symptoms and physical symptoms on Hwabyung patients.⁴¹ In terms of Oriental Medicine, there are therapies like body acupuncture, scalp acupuncture, pharmacopuncture, and Korean Sa-am acupuncture treatments for Hwabyung. Moxibustion and cupping are useful, relieving various somatic symptoms of Hwabyung.⁴²

Most traditional herb physicians recommended Chinese medical treatment (34.4%) that are used to suppress "hwa-ki" (force of fire) in the body. The traditional Chinese medical prescription theorizes *water-ki* (force of water) can cure the ill condition due to *fire-ki* (force of fire). Many Korean patients with hwabyung receive also herb tonic (bo-yak)⁴³

Sasang Constitutional medicine is a unique traditional Korean medical approach that classifies the human constitution into four types. Some constitutional types are more

³⁹ See Min, S., (2009), op.cit., p14.

⁴⁰ Cho et al., (2013); Min, (2004); Park et al., (2004); Song et al., (2012) cited in Lee et.al ,(2018), op.cit.

⁴¹ Suh, J., Chung, S., Kim, S., Lee, J. and Kim, J. (2015). Anxiety and Anger Symptoms in Hwabyung Patients Improved More following 4 Weeks of the Emotional Freedom Technique Program Compared to the Progressive Muscle Relaxation Program: A Randomized Controlled Trial. *Evidence-Based Complementary and Alternative Medicine*, 2015, pp.1-9.

⁴² Kang, H., Lee, S., Lee, J., Park, B. and Lyu, Y. (2013). Clinical Guidelines for Hwabyung IV. (Medications & Acupuncture and Moxibustion). *Journal of Oriental Neuropsychiatry*, 24(spc1), pp.37-46.

⁴³ Lee et.al ,(2018), op.cit.

susceptible than others to manifest Hwabyung. This approach can enhance and personalize treatments.

Insights On Acupuncture Treatments for Hwabyung and Swallowing frogs

Previous clinical guidelines designed in Korea proposed the use of acupuncture to treat HwaByung based on previous evidence and noted that individualized treatment which considers the specific disposition and level and type of stress must be simultaneously provided.⁴⁴

For an initial choice of acupuncture points, Lee HJ et al (2018) proposed GV-20, CV-17, and ST-36. They are selected based on the points that are traditionally widely used and known to be effective from previous research, textbook information, and guidelines. HT-7 was selected based on a previous study that revealed positive effects on HwaByung.⁴⁵

When we examine the case of Swallowing frogs, the core emotions herein considered for treatment are anger, sadness, and grief. Sadness includes the emotion of regret. They affect the Lungs and Heart. Anger would affect the Liver, Stomach and Heart.⁴⁶

In all cases, we consider relevant to choose the Back Shu points or Bei Shu Xue (背俞穴) that could be associated with its correlated Alarm Points or Mu Xue 募穴 acupoints. Other suitable treatments are floral remedies therapy, diet therapy, aromatherapy, etc.

In both Hwabyung and Swallowing frogs, anger should be interpreted broadly such as resentment, repressed anger, irritation, rage, feeling aggrieved, animosity or bitterness, frustration, and indignation. If they persist for a long time, any of these emotional states can affect the Liver, causing stagnation of Liver-Qi, stasis of Liver-Blood, rising of Liver-Yang or blazing of Liver-Fire. Many of the symptoms and signs will manifest in the head and neck, such as headaches, tinnitus, dizziness, red blotches on the front part of the neck, a red face, thirst, a bitter taste and a red tongue with red sides.⁴⁷

Our initial considerations applying the acupuncture treatment are as follows: Heart and Pericardium meridian acupoints as PC-4 and PC-6 are of primary importance because they directly treat the Heart and the Shen. In cases anger accumulated over many years resulting in body aches, and to clear Heart-fire we suggest Kidney K-3, K-6 ; in cases of people that suffered (or are suffering) bullying and seeking for revenge we remind the importance of Liver meridian acupoints like LIV-2, LIV-3, LIV-5, LIV-13 and also Ren Mai acupoints such as Ren-4, Ren-5, Ren-6, Ren-17 and Ren-24); to calm the race thoughts we must consider the Stomach and Spleen meridians and use acupoints such as SP-4, SP-15, ST-36, ST-41. Here we remind that

⁴⁴ The Korean Society of Oriental Neuropsychiatry. Clinical guidelines for Hwabyung. Seoul: Jipmoon; 2013. p. 65-6.

⁴⁵ Lee, H. et al. (2018) op.cit.

⁴⁶ Maciocia, G. (2009). *The Psyche in Chinese Medicine*. St. Louis: Elsevier Health Sciences UK. pp. 192-195,202.

⁴⁷ Ibid., p. 192.

the harmonious digestion is seen as a prerequisite for pacifying the Shen; to clear the vision and mind we recommend acupoints located on the head (Stomach, Gallbladder meridians, e.g. ST-8, GB-34, GB-40) and also distal acupoints of Spleen Meridian (SP-3, SP-6).

In almost all patients is very important to clear and calming heat using acupoints belonging to the Gallbladder meridian (e.g. GB-23, GB-24, GB-44). The acupoints of the Lung meridian are mainly used to prevent heart disharmony related to malnutrition of Qi and Blood (LU-4, LU-9). Other acupoints proposed by Deadman P. et al (2017) to the treatment of emotional disorders seem to be suitable for this treatment approach and are seen in Table 2.

It is relevant to put a strong focus on treating (nourishing) the Shen when the patient has a history of deep emotional suffering from the past, and we could use HT-7 an acupoint that also has an analgesic effect and Ren-15.⁴⁸ Previous studies showed positive effects for HT-7 on Hwabyung related to serotonin regulation. Other evidence-based clinical applications of HT-7 are, among others, on psychological stress and modulation of parasympathetic system (attention, motivation and reward).⁴⁹

For treating anger we can think in acupoints such as LIV-3, GB-20, Du-19, GB-13, and HT-7 and for resentment, sadness and regret as when one regrets a certain action or decision in the past and the Mind is constantly turned towards that time (frequently reported by patients affected by both syndromes) we could focus on acupoints like LU-7, Du-24, Ren-15, HE-7, BL-13 and Du-12.⁵⁰

Table 2: Acupoints frequently used for the treatment of emotional disorders.⁵¹

Indication	Suggested acupoints
Anger	BL-18, GB-21, GB-23, LIV-2, LIV-13, LIV-14, REN-12, DU-8.
Heart Spirit	HE-5, HE-7, BL-15, P-4, P-7, SJ-10, REN-14, REN-15, DU-12, DU-16, DU-20.
Venting emotions	LIV-2
Psycho-emotional disorders	ST-23, SP-15, HE-5, HE-7, SI-7, BL-10, BL-17, KID-9, P-5, P-6, P-7, P-8, GB-9, GB-12, L.I.-5, REN-14, REN-15, DU-16, DU-20, DU-24, DU-26.

Auricular acupuncture treatment is also an option to be considered and our initial treatment suggestion includes investigate and possibly use areas/points such as

⁴⁸ Ibid., p. 747.

⁴⁹ Son, C. (2019). Clinical application of single acupoint (HT7). *Integrative Medicine Research*, 8(4), pp.227-228.

⁵⁰ Maciocia, G., (2009), op.cit., p. 194; 205.

⁵¹ Deadman, P., Al-Khafaji, M., Baker, K. and Kennedy, T. (2017). *A Manual of Acupuncture*. [online] App.amanualofacupuncture.com. Available at: <https://app.amanualofacupuncture.com/book/pages/indexes-and-glossary/indications-index/>

shenmen, sympathetic, kidney, anxiety, adrenal glands, muscle relaxation, liver yang and vagus nerve⁵² and the auricular-amygdala acupuncture.⁵³

CONCLUSION

Further studies comparing symptoms and treatments in the proposed field of Anger Syndrome are very important. Patients affected by Anger Syndromes similar to Hwabyung and Swallowing frogs are also found in other cultures as well with Amok and Ataque de Nervios being the most suitable for wider comparative studies. Future studies aimed at consolidating and expanding a treatment approach for these Culture-Bound Syndromes may also look to deepen in sources of Chinese Medicine. An interesting example that could be considered in the case of the syndrome 梅核气 *meiheqi* or *plum pit qi*. The illness name refers to the patient's subjective sensation of something lodged in the throat, although medical investigations reveal that there is no physical reason for the discomfort.

In the West, plum pit qi is known as globus hystericus⁵⁴ and as in the case of the syndromes studied in this study, this syndrome affects much more frequently middle-aged women.

We remind once again that the suppressed anger in our proposition should not be understood alone, as a singular causal factor, because in the etiopathogenic of these syndromes there is always a presence of other "catalyst factors" such as intense emotions, traumatic experiences or stress that triggers to elicit the symptoms.

Hwabyung and Swallowing frogs have interrelationships that reflect the difficulties caused by suppressing emotions and convincing oneself to feel what is socially expected while maintaining proper emotional demeanor.

Individuals experiencing emotional turmoil in their life are likely to be hesitant to reveal their distress.⁵⁵

Some studies suggested the best ways of dealing with the issues of negative feelings and emotions depending on cultural backgrounds.⁵⁶

This is an important point because although both syndromes have similarities, they also have distinctive peculiarities that need to be considered because they play a decisive role in both identifying and defining efficient syndrome treatment strategies. Here care and special attention must be taken not to fall into the trap of generalization.

⁵² Souza, M, (2013) Pereira de Souza, M. (2007). *Tratado de auriculoterapia*.

⁵³ Liebell, D. (2019). The Science of Auricular Microsystem Acupuncture: Amygdala Function in Psychiatric, Neuromusculoskeletal, and Functional Disorders. *Medical Acupuncture*, 31(3), pp.157-163.

⁵⁴ Garvey, M. (2001), 'Hysteria', *Clinical Acupuncture and Oriental Medicine*, vol. 2, no. 4, pp. 221-227 . See also Qu, L.F. & Garvey, M. (2006), 'Shen-zhi Theory: Analysis of the Signs and Symptoms of Mental Disorder', *European Journal of Oriental Medicine*, vol. 5, no. 2, pp. 4-17.

⁵⁵ Choi, M. and Yeom, H. (2011). Identifying and treating the culture-bound syndrome of Hwa-Byung among older Korean immigrant women: Recommendations for practitioners. *Journal of the American Academy of Nurse Practitioners*, 23(5), p.227.

⁵⁶ Lee, J. ,(2014), op.cit.

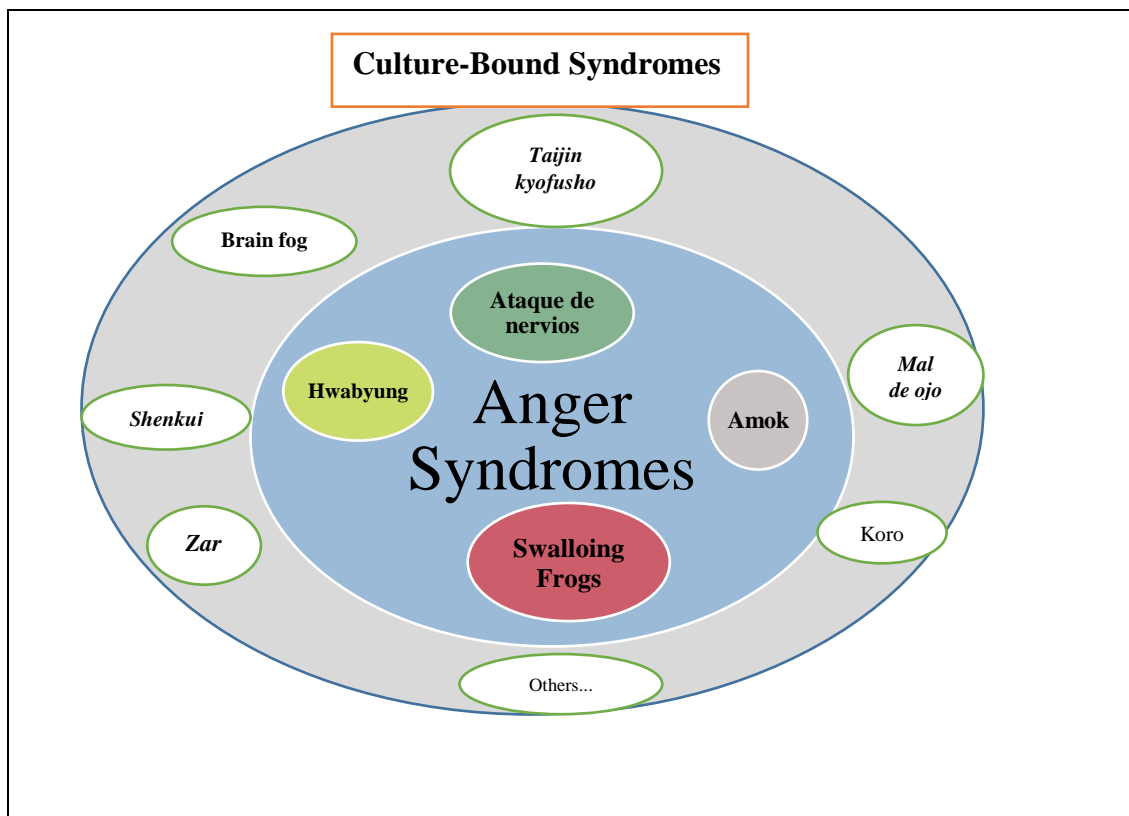
The fact that these syndromes are currently being classified and grouped into a general category of anger syndromes does not mean that the treatment of all of them should follow a single pattern. This would strip out the cultural context of these conditions and oversimplify and make it difficult or even impossible for a therapist to identify and draw up appropriate treatment plans.

The fact that both syndromes are classified into a general category of *Anger Syndromes* does not mean that treatment should be universal as in these cases it is precisely the cultural aspects that are most important and decisive in both the identification and treatment approach.

The core is not solely on giving culturally relevant care for certain ethnic groups or minorities, but, mainly, addressing the needs of different age groups in specific clinical settings.⁵⁷

Understanding the symptoms and build awareness of the elements involved of Hwabyung and Swallowing Frogs will assist health care providers inappropriately assessing individuals and they may be referred for suitable treatment.

Picture 2 - Examples of Culture-Bound Syndromes in the Mental Health Literature



⁵⁷ Tseng, W. S., & Streltzer, J. (Eds.). (2004). Cultural competence in clinical psychiatry. Arlington, VA: American Psychiatry Publishing.p.64.

References

- Chiang, H. (2015). Translating culture and psychiatry across the Pacific: How koro became culture-bound. *History of Science*, 53(1), pp.102-119.
- Chiao, J. Y. (2015). Current emotion research in cultural neuroscience. *Emotion Review*, 7, pp. 280–293.
- Choi, M. and Yeom, H. (2011). Identifying and treating the culture-bound syndrome of Hwa-Byung among older Korean immigrant women: Recommendations for practitioners. *Journal of the American Academy of Nurse Practitioners*, 23(5), p.227.
- Deadman, P., Al-Khafaji, M., Baker, K., Kennedy, T. and Simants, K. (2008). A manual of acupuncture multimedia DVD-ROM. Hove, East Sussex: Journal of Chinese Medicine Publications.
- Garvey, M. (2001), 'Hysteria', *Clinical Acupuncture and Oriental Medicine*, vol. 2, no. 4, pp. 221-227 . See also Qu & Garvey 2006 Qu, L.F. & Garvey, M. (2006), 'Shen-zhi Theory: Analysis of the Signs and Symptoms of Mental Disorder', *European Journal of Oriental Medicine*, vol. 5, no. 2, pp. 4-17.
- Godman, M. (2016). Cultural syndromes: Socially learned but real. *Filosofia Unisinos*, 17(2).
- Guedes, G. (2019). Dicionário de expressões populares, gírias e jargões. [online] Dicionariodeexpressoes.com.br. Available at: <http://dicionariodeexpressoes.com.br/> [Accessed 22 Apr. 2017].
- Kang, H., Lee, S., Lee, J., Park, B. and Lyu, Y. (2013). Clinical Guidelines for Hwabyung IV. (Medications & Acupuncture and Moxibustion). *Journal of Oriental Neuropsychiatry*, 24(spc1), pp.37-46.
- Kang, H., Lee, S., Lee, J., Park, B. and Lyu, Y. (2013). Clinical Guidelines for Hwabyung IV. (Medications & Acupuncture and Moxibustion). *Journal of Oriental Neuropsychiatry*, 24(spc1), pp.37-46.
- Kim, J., Kwon, J., Lee, M., & Park, D. (2004). Development of Hwa-Byung diagnostic interview schedule (HBDIS) and its validity test. *The Korean Journal of Health Psychology*, 9, 321-331.
- Lee, H., Kim, J., Kim, M., Kim, A., Park, H., Kwon, O., Cho, J., Chung, S. and Kim, J. (2018). Effect and safety of acupuncture for Hwa-byung, an anger syndrome: a study protocol of a randomized controlled pilot trial. *Trials*, 19(1).
- Lee, J. (2014). *A cross-cultural study of Hwa-Byung with middle-aged women between native Koreans in South Korea and Korean immigrants in the United States.*. Ph.D. University of Iowa.
- Lee, J., Wachholtz, A. and Choi, K. (2014). A Review of the Korean Cultural Syndrome Hwa-Byung: Suggestions for Theory and Intervention. *Journal of Asia Pacific Counseling*, 4(1), pp.49-64.
- Liebell D , 2019 Liebell, D. (2019). The Science of Auricular Microsystem Acupuncture: Amygdala Function in Psychiatric, Neuromusculoskeletal, and Functional Disorders. *Medical Acupuncture*, 31(3), pp.157-163.
- Liebell, D. (2019). The Science of Auricular Microsystem Acupuncture: Amygdala Function in Psychiatric, Neuromusculoskeletal, and Functional Disorders. *Medical Acupuncture*, 31(3), pp.157-163.
- Lopes, I. (2013). *Culture-Bound (or Culturally Salient?) : The Role of Culture in Disorder*. Ohio: John Wiley & Sons, Inc.
- Maciocia, G. (2009). *The Psyche in Chinese Medicine*. St. Louis: Elsevier Health Sciences UK. pp.192,194,195,202, 205,747.

- Min, S. (2004). Treatment and prognosis of hwabyung. *Psychiatry Invest.*, 1, pp.29–36.
- Min, S. (2008). Clinical Correlates of Hwa-Byung and a Proposal for a New Anger Disorder. *Psychiatry Investigation*, 5(3), p.125.
- Min, S. (2009). Hwabyung in Korea: Culture and Dynamic Analysis. *World Cultural Psychiatry Research Review 2009*, 4(1): 12-21, 4(1), pp.12-21.
- Min, S. K. & Suh, S. Y. (2010). The anger syndrome hwa-byung and its comorbidity. *Journal of Affective Disorder*, 124, pp.211-214.
- Min, S. K., Namkoong, K., & Lee, H. Y. (1990). An epidemiological study of hwa-byung. *Journal of Korean Neuropsychiatric Association*, 29, pp.867-874.
- Paniagua, F. (2018). ICD-10 Versus DSM-5 on Cultural Issues. *SAGE Open*, 8(1), pp.1-14.
- Park, J. H., Min, S. K., & Lee, M. H. (1997). A study of the diagnosis of hwabyung. *Journal of Korean Neuropsychiatry Association*, 36, 496-502.
- Park, Y. J., Kim, H. S., Kang, H. C., & Kim, J. W. (2001). A survey of Hwa-Byung in middle-age Korean women. *Journal of Transcultural Nursing*, 12 (2), pp.115-122.
- Pereira de Souza, M. (2007). *Tratado de auriculoterapia*. Pp.105,139,143,157,159,163,171,177,185,193,195.
- Rebhun, L. (1994). Swallowing Frogs: Anger and Illness in Northeast Brazil. *Medical Anthropology Quarterly*, 8(4), pp.360-382.
- Son, C. (2019). Clinical application of single acupoint (HT7). *Integrative Medicine Research*, 8(4), pp.227-228.
- Souza, M, (2013) Pereira de Souza, M. (2007). *Tratado de auriculoterapia (PAGINAS?)*.
- Suh, J., Chung, S., Kim, S., Lee, J. and Kim, J. (2015). Anxiety and Anger Symptoms in Hwabyung Patients Improved More following 4 Weeks of the Emotional Freedom Technique Program Compared to the Progressive Muscle Relaxation Program: A Randomized Controlled Trial. *Evidence-Based Complementary and Alternative Medicine*, 2015, pp.1-9.
- Suh, J., Chung, S., Kim, S., Lee, J. and Kim, J. (2015). Anxiety and Anger Symptoms in Hwabyung Patients Improved More following 4 Weeks of the Emotional Freedom Technique Program Compared to the Progressive Muscle Relaxation Program: A Randomized Controlled Trial. *Evidence-Based Complementary and Alternative Medicine*, 2015, pp.1-9.
- The Korean Society of Oriental Neuropsychiatry. Clinical guidelines for Hwabyung. Seoul: Jipmoon; 2013. p. 65-6.
- Tseng, W. (2006). From Peculiar Psychiatric Disorders through Culture-bound Syndromes to Culture-related Specific Syndromes. *Transcultural Psychiatry*, 43(4), pp.554-576.
- Tseng, W. S., & Streltzer, J. (Eds.). (2004). *Cultural competence in clinical psychiatry*. Arlington, VA: American Psychiatry Publishing. p.64.