

## FROM THE INSTRUCTOR

In his prize-winning essay, “Hwa-Byung: The “Han”-Blessed Illness,” Wooyoung Cho taps a global skill set to shed new light on how culture shapes definitions of mental illness. His paper is an outstanding example of student-driven inquiry. I had never heard of the Korean culture-bound mental illness called hwa-byung when Wooyoung proposed this project. But even if I had, I would’ve had no idea where to find narratives about hwa-byung written by young men, let alone be able to translate them from Korean. (Are you curious yet?)

In his research, Wooyoung learned that scholarly studies of hwa-byung have focused on middle-aged women and interpreted their symptoms as reflections of Korea’s patriarchal social structure. When he discovered that today more young men are being diagnosed with hwa-byung, he wanted to understand the social causes of their distress. One way he gathered evidence was by searching a Korean online forum and reading posts by young men about their hwa-byung experiences.

When students in Marisa Milanese’s “Global Documentary” class read a draft of Wooyoung’s essay in a cross-section peer review exercise, they were understandably skeptical about his methodology. They asked for “a clearer understanding of why analyzing narratives is a credible method to gain insight into this illness.” Wooyoung responded with a revision that provided the theoretical framework necessary to explain the kind of authority those anonymous online posts have in the context of his project. He was wise to listen carefully to his readers. Marisa’s students pinpointed what readers from outside our class—including the *WR* editorial board—would need to be persuaded by his argument.

Wooyoung’s fascinating essay provides one small example of what international students contribute to a Boston University education. It was a delight to teach him and to learn from him.

Sarah Madsen Hardy  
WR 150: Representing Illness

## FROM THE WRITER

The topic of my paper, “hwa-byung,” is a culture-bound mental illness that is specific to my home country, Korea. Initially, I didn’t intend to write about anything like hwa-byung (HB) for my research paper in “Representing Illness.” As a matter of fact, I had thought of HB as a “dead” mental illness that is only used metaphorically, much like hysteria. However, I soon found out HB is still very much “alive.” As a matter of fact, as a mental illness closely associated with the Korean culture, HB is more about the current Korean culture than its symptoms. Hence, I hope that this paper will help readers learn a fraction more about Korean culture.

**WOORYOUNG CHO** is a Korean sophomore in the College of Engineering who will be taking a leave of absence for the next two years. Staying less than five years in each, he has lived and studied in five different countries: United States, South Africa, Vietnam, United Arab Emirates, and South Korea. He would like to thank Professor Madsen Hardy for her teachings about not just writing but also about illnesses and different paradigms for understanding illnesses. He would also like to thank his peers in “Representing Illness” for creating an amiable atmosphere in class and making the writing experience enjoyable.

## HWA-BYUNG: THE "HAN"-BLESSED ILLNESS

**Abstract:** Hwa-byung (HB) is a Korean culture-bound illness that includes symptoms of insomnia, depression, and somatization in the lower abdomen. This illness is unique in that it is found mostly, but certainly not only, in middle-aged Korean females. Previously, the research approach to HB has been predominantly sociological and focused on middle-aged females. Consequently, the cultural significance of HB has been understood in relation to female gender roles and patriarchal social structure. However, by analyzing online narratives of HB from the Korean website Naver, the current cultural significance of HB can be described using the Korean emotion of "han." The online narratives suggest that HB is not just a response to gender inequality, but also to social concerns of different populations, including young men. Learning more about the cultural significance of HB will facilitate the communication between HB patients and clinicians.

"Clinicians and scientists will perhaps acknowledge that reading novels and poems might contribute to one's being a well-rounded person, but probably wouldn't contribute much to the design of an experiment nor help a surgeon perform a triple bypass, even if the patient happens to be an English professor."

—Lennard Davis and David Morris, "Biocultures Manifesto"

As illustrated by Lennard Davis and David Morris's analogy, it is very common to conceptualize culture and biology as two polar entities that are incapable of interacting with each other, much like oil and water. In the same context, it is equally easy to categorize illnesses *only* as biological entities. In fact, even in the case of mental illnesses such as depression, recent research has been focused heavily on neuroscience. As such, the current research has strived to classify all illnesses as biological phenomena, explained with hormones, viruses, bacteria, and specific parts of the human anatomy. However, the connection between biology and culture does exist. Illnesses have both inextricable biological and cultural aspects that have been focused and researched by many. For instance, bioethicists try to understand how cultural values affect medical choices; the medical educators study how narratives affect therapies, and the list goes on (Davis and Morris 413). Judy Segal, a scholar of health rhetoric, claims it is impossible to separate the cultural aspect and the biological aspect of a disease because not only do people tell narratives of diseases but also the narratives of diseases tell a story about the people (10). This approach to illness as both a cultural and a biological phenomenon is called a "biocultural" approach and it helps understand illnesses beyond the scope of science.

With this connection between culture and disease in mind, one category of illnesses that highlight this connection is culture-bound illness. Culture-bound illnesses are illnesses that occur

specifically in certain cultures. One notable example of culture-bound illness is hwa-byung (HB). HB is a Korean mental illness where the patients experience symptoms of depression and insomnia along with somatization in their abdomen (Lin 107). Though there is some controversy as to whether the disease should be instead classified as a subset of major depressive disorder, HB is still considered as a distinct illness due to its characteristic differences from depression. Whereas depression often induces an impulse for suicide, HB has not been found with the same effect and, in fact, found in some cases to give the patients the will to live (Kim 497). Also, HB has a unique set of symptoms such as shortened temper, an increase in talkativeness, and somatization in the form of heat (Kim 497). The most important distinction of HB is that it is associated with building up of anger that generally develops over a long time (Kim 497). In addition, HB is claimed to be somewhat common in Korea, affecting approximately 5% of the general population (Kim 497).

Due to such prominence and uniqueness, sociological and statistical research has been conducted to gain a better understanding of HB. In their article, "Hwa-byung Among Middle-Aged Korean Women: Family Relationships, Gender-Role Attitudes, and Self-Esteem," Kim and colleagues collect surveys from 395 women who are aged over forty and recruited from the four major metropolitan cities of Korea (Seoul, Incheon, Daejeon, and Busan). The paper analyzes the causes of HB in middle-aged Korean women, based on their outcomes, and calls for further research on the effect of family relationship problems and gender roles on HB. Similarly, other sociological research on HB has been conducted to expand the understanding of HB. "Gender Differences in Factors Affecting Hwa-byung Symptoms with Middle-age People," by Kim and Lee, takes a similar approach to subjects that included men as well as women and "A Review of the Korean Cultural Syndrome Hwa-byung: Suggestions for Theory and Intervention," by Choi and colleagues, provides a new sociological model to studying HB. These sociological approaches to HB are useful methods for enhancing our understanding of the illness. However, by analyzing contemporary online discourse about HB, we can see how HB "tells a story" about Koreans. Analyzing these stories will lead to fuller understanding of the cultural aspect of HB.

Most of the current research focuses on HB as a product of patriarchal social structure and gender inequality. For instance, in their article, "Hwa-byung Among Middle-Aged Korean Women: Family Relationships, Gender-Role Attitudes, and Self-Esteem," Kim and her colleagues survey 395 Korean women aged forty years or over, from four metropolitan cities of Korea (500-501). From the analysis of their results, Kim and colleagues claim the main causes of HB in middle-aged women to be family conflicts and their social roles as mother and wife (506). Also, in "A Review of the Korean Cultural Syndrome Hwa-byung: Suggestions for Theory and Intervention," Lee claims the cause of HB to be the patriarchal social structure: "Hwa-byung is the syndrome that is fundamentally associated with the Korean traditional male dominant culture and the patriarchal social system" (60). The similarity between these articles is that they identify gender roles and Korean features of patriarchal social structure, such as marital conflicts with in-laws, to be the main cause of HB (Lee 60, Kim 498). In these manners, the papers of the past have mostly implied HB to be an expression of the gender inequality that has been faced by Korean women.

It is undeniably true that part of HB's cultural significance is its representation of gender inequality and familial structure that has manifested in Korean culture throughout history. However, it is also important to note that the cultural significance of HB is not limited to these few particular social issues, though it appears so in many papers. In fact, a fundamental issue with this implication is that this explanation is applicable to only the female patients. For the male patients, the cultural

experience of their HB could not be formed by the patriarchal social structure. This issue arises from the fact that previous research is lacking on the recently increased numbers of male HB patients. Analyzing the online HB narratives in the context of the Korean emotion “han” reveals the cultural significance of HB as a representation of social issues that reflect the male patients and the consequent change in its cultural significance. By using the Korean emotion of “han” and taking a biocultural approach to HB, it is evident that HB is not tied only to gender inequality but can also be a response to social concerns that affect men, such as military service, isolation, and hostile working environments.

## **HAN**

To understand the cultural significance of HB, it is useful to understand its relationship with the emotion of “han,” as suggested by Hwang in his article, “A Study of Hwa-Byung in Korean Society: Narcissistic/Masochistic Self-disorder and Christian Conversion.” “Han” is a unique Korean emotion that cannot be directly translated to a corresponding word in English or many other languages, much like “schadenfreude” or “weltschmerz” in German. Although varying definitions of “han” exist, the definition of “han” worked with in this paper will be that of Young Hak Hyun, who defined it as “a sense of unresolved resentment against injustice suffered, a sense of helplessness because of the over-whelming circumstances, a feeling of total abandonment a feeling of acute pain of sorrow in one’s guts and bowels making the whole body writhe and wriggle, and an obstinate urge to take revenge and to right the wrong—All these to a greater or lesser degree in combination” (Hwang 32). Comparing this definition with the description of HB given in the introduction, there are various connections that can be drawn between “han” and HB. The “resentment,” “sense of helplessness,” and “urge to take revenge” that defines “han” can be generalized as a form of anger, which may be a part of the piled-up anger that is said to trigger HB. Also, the metaphorical description of “a feeling of acute pain of sorrow in one’s guts and bowels making the whole body writhe and wriggle” is represented verbatim in the somatization symptoms of HB. With these striking similarities, it is evident that there may be a close connection between HB and “han.” In fact, Hwang defines the relationship of HB and “han” to be the following: “the term ‘Han’ refers to the various kinds of emotional states of mind which result from experiencing Han-full (heart breaking) incidents, ‘Hwa-Byung’ refers to the psychiatric term designating a psychosomatic illness caused by Han-full incidents” (35). In other words, “han” can be perceived as the emotion that can be felt from being heart-broken, angry and vengeful that, if accumulated too much, may cause HB in an individual.

## **HWA-BYUNG (HB) IN NARRATIVES**

Although the relationship between HB and “han” already seems somewhat evident, the relationship between the two becomes more definite through the analysis of HB narratives found online. “Han” appears in various forms and emphasis in these HB narratives. Furthermore, associating HB with “han” facilitates the understanding of the cultural significance of HB beyond gender inequality. Upon analyzing the narratives of HB in the context of “han,” HB seems to reflect the major issues of different social groups in Korea, such as hardships in Korean national service, isolation, and hostile working environments.

In contrast to the gender inequality explanation of HB, HB narratives by young males tend to contain some form of “han” against the national service. For instance, in one anonymous online

narrative by an anonymous Korean male HB patient in the Korean website Naver Knowledge-in, the author writes his personal account of his life with HB and reveals his “han” towards the Korean military. Naver KnowledgeiN is a very popular website sponsored by a major Korean portal called Naver that often features personal questions or stories to which the author feels the need for replies. While posts to Naver KnowledgeiN can’t be considered a reliable source of accurate information, they do offer insight into how the current generation of Koreans thinks and talks about HB. In this particular narrative, the anonymous male writer in his twenties shares his personal life experience as a HB patient. In this narrative, the man confesses he has had some temper control issues since childhood due to the bad relationship between his parents. Moreover, the man also admits to being subject to peer pressure due to his short temper. However, the man claims his symptoms had worsened and developed into HB after his national service duties in Korea. His words become especially emotional when he starts talking about the national service. The writer claims, “Because of the strict hierarchical structure of the military, I couldn’t complain or express my anger to anyone and had to obey my superior’s commands, regardless of how unjust or how old he was. [These things] were exactly what I was afraid of before I went to the military... and things turned out just as I had expected.... [My heart tells me] that locating every single one of those superiors and killing every single one of them should cure my HB, but I can’t.”<sup>1</sup> From these words, the “han” of the man can be identified. The feelings of injustice and the hierarchical structure that forced him to suppress his emotions are revealed through the author’s sense of helplessness in his tone and sentence structure. Also, his rather frightening desire for revenge, along with his sense of helplessness, is an essential part of “han.” Therefore, it can be seen that the man blames the emotion of “han” that he has felt during his national service duty for his worsened symptoms of HB. Moreover, similar observations can be made in other narratives about HB. Many young men have posted narratives about HB identifying national service as the major source of their symptoms and indicating similar emotions of injustice, vengeance, and anger: “A guy in the military always caused anger in my body to rise”<sup>5</sup>; “Sometimes I even dream about getting my revenge. My biggest mistake was not taking my revenge before I left the military.”<sup>6</sup> Hence, from the patterns in these narratives, it can be seen that these young, male HB narratives tell us a story about their writers; the narratives seek to share and represent their writer’s discontent with the national service, not gender inequality.

Isolation is another common issue that frequently appears in online narratives of HB. In another HB narrative from an anonymous but apparently male writer who claims that he has had HB for seven years since high school, the writer blames the stress he has gained from familial conflicts for his symptoms: “During high school, I got into conflicts with my father because I was caught fighting another kid in school. From then on, my family and the school has treated me as if I’m a criminal; and I think I’ve gotten HB due to the mental stress that I’ve received from them.”<sup>2</sup> In this narrative, the writer points out his feeling of helplessness that he felt from his family and peers as the main cause of his HB. Also, though it is hard to directly translate to English, his word choice in Korean reveals signs of anger that, together with his sense of helplessness, show his “han.” Regardless of the ethical validity of his treatment by his family and peers, this case illustrates that isolation can cause “han” and in turn, lead to HB. Other narratives reveal a slightly different effect of isolation in their HB experience. In one narrative by a man who says he has been diagnosed HB for over ten months, the writer does not associate isolation as the *cause* of his HB. Rather, he refers to it as a major side effect *after* he was diagnosed with HB: “Because HB doesn’t really display any visible symptoms, no one around me understood my hardships and I had a hard time in my social life.”<sup>5</sup> From these narratives, it can be seen that HB is also closely related to social isolation. Not

only can isolation cause HB, but also HB can cause isolation that in turn, worsens the experience of HB.

Another cultural significance of HB commonly shown in HB narratives is “han” felt from a hostile working environment. A blog post by a traditional Korean medical professional, Im Hyeong Taek, describes his experience of dealing with HB patients. The analysis of this blog post illustrates the relationship between HB and “han” given from the eyes of a clinician:

Just a few years ago, most of the HB patients that used to visit me were female housewives in their fifties and sixties. Nowadays more male HB patients in their thirties and forties come and visit me.....The thirties and forties male HB patients usually have worked in the same company for over ten years and feel like they have no one on their side, although they do work with other people. Occasionally, they get the credit for their work stolen by partners or bosses and receive undeserved hatred and discrimination due to their friendship with certain personnel.<sup>3</sup>

Similar to the previous narratives, the elements of “han” can be seen in various parts. The feeling of “helplessness” is expressed in the form of “feel[ing] like they have no one on their side” and the unfair hatred and plagiarism of work corresponds to the unjust element of “han.” The most important thing to note, however, is the fact that the doctor has experienced an increase of male HB patients in their thirties and forties. Furthermore, the doctor notes that these patients have different causes for their HB than the middle-aged female patients studied in previous research. This differing experience of HB within different groups of people and the increasing number of HB patients illustrate that the social significance of HB is not limited to gender inequality in the patriarchal social elements of Korea. HB represents different types of “injustice” for different groups of people and consequently illustrates the social issues that change with time and demography.

It is important to note that patriarchal social structure is still a factor in the cultural makeup of HB. Many middle-aged women diagnosed with HB still identify patriarchal social structure to be the main cause of their HB. Hence, previous research, which has been mainly focused on middle-aged female patients, was partially justified to associate HB with the patriarchal social structure. However, focusing on sociological and statistical research on HB in the middle-aged female HB patients gives the false impression that HB is *only* a feminine disease that arises from the gender inequality of Korea. The different online narratives of HB illustrate different social issues, such as national service, isolation, and working environment, showing that this is not the case. As Segal has claimed in another context, the HB narratives “tell a story” about their writers and the Korean social issues that they feel “han”-full of. The emotion of “han” represented in these HB narratives comes from different origins that show different social issues in Korean culture. As suggested by Kleinman in his article “Culture and Depression,” it is important to understand these cultural contexts of depression-like illnesses, such as HB, in order to learn how the experiences of HB differ for different subcultural groups (952). Using this knowledge, the clinicians and patients can cooperate to deal with HB together and establish a better relationship (Kleinman 952).

It is worth noting that the missing, important key to developing our knowledge about illness perhaps isn’t extra surveys or new experiments. Perhaps it isn’t sociological models based on complex statistical analysis. Perhaps it is reading novels or poems or any form of illness narratives that will contribute to expanding our understanding.

## NOTES

1. "I Am Going Insane Due to Hwa-byung." *Naver KnowledgeiN*, Naver, 05 Feb. 2016, [http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=244823966&qb=7ZmU67ORI OuCqOyekA&enc=utf8§ion=kin&rank=6&search\\_sort=0&spq=0](http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=244823966&qb=7ZmU67ORI OuCqOyekA&enc=utf8§ion=kin&rank=6&search_sort=0&spq=0). Accessed 6 Nov. 2016. The essay's author has translated this and all subsequent quotations from this website from their original Korean.
2. "How Can I Cure HB." *Naver KnowledgeiN*, Naver, 21 Jan. 2015, [http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=216034307&qb=7ZmU67ORI OuCqOyEsQ&enc=utf8§ion=kin&rank=7&search\\_sort=0&spq=0](http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=216034307&qb=7ZmU67ORI OuCqOyEsQ&enc=utf8§ion=kin&rank=7&search_sort=0&spq=0). Accessed 6 Nov. 2016.
3. Im, Hyeong Taek. "Records of Treatment Cases of Young 30s and 40s Working Patients." *Naver Blog*, Naver, 11 Feb. 2016, <http://blog.naver.com/drlimht/220623650063>. Accessed 3 Nov. 2016.
4. "I can't get rid of HB even after my service." *Naver KnowledgeiN*, Naver, n.d., [http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=212220446&qb=6rWw64yAI O2ZlOuzkQ&enc=utf8§ion=kin&rank=3&search\\_sort=0&spq=0](http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=212220446&qb=6rWw64yAI O2ZlOuzkQ&enc=utf8§ion=kin&rank=3&search_sort=0&spq=0). Accessed 12 Nov. 2016.
5. "I've been suffering from HB for years... Help." *Naver KnowledgeiN*, Naver, n.d., [http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70305&docId=125537860&qb=6rWw64yAI O2ZlOuzkQ&enc=utf8§ion=kin&rank=6&search\\_sort=0&spq=0](http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70305&docId=125537860&qb=6rWw64yAI O2ZlOuzkQ&enc=utf8§ion=kin&rank=6&search_sort=0&spq=0). Accessed 12 Nov. 2016.
6. "Am I HB?? What is happening to me??" *Naver KnowledgeiN*, Naver, n.d., [http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=117698638&qb=6rWw64yAI O2ZlOuzkQ&enc=utf8§ion=kin&rank=5&search\\_sort=0&spq=0](http://kin.naver.com/qna/detail.nhn?d1id=7&dirId=70109&docId=117698638&qb=6rWw64yAI O2ZlOuzkQ&enc=utf8§ion=kin&rank=5&search_sort=0&spq=0). Accessed 12 Nov. 2016.



## ANNOTATED BIBLIOGRAPHY

### BACKGROUND:

1. Lin, Keh-Ming, M.D. "Hwa-byung: A Korean Culture-bound Syndrome?" *American Journal of Psychiatry*, vol. 140, no. 1, 1983, pp. 105–07.

A peer reviewed article on Hwa-byung cases and analysis of symptoms, this article illustrates three instances of Hwa-byung and analyzes and discusses the symptoms of Hwa-byung and seeks to spread awareness on Hwa-byung so that physicians have a better understanding of the illness and Korean culture when treating potential Korean immigrant Hwa-byung patients. The authors call for further research on Hwa-byung is perhaps impeded in part due to the prolonged description of individual cases. Nonetheless, the article explains the phenomena with some helpful details and facts that do go along with the examples that he gives.

### EXHIBIT:

1. *Naver Knowledge IN*. Naver, n.d., <http://kin.naver.com/index.nhn>. 19 Oct. 2016.

A Korean community driven question-and-answer site founded and sponsored by a Korean major portal website called "Naver." Similar to many Q&A format sites, this website features questions about numerous topics made by individuals. Due to its many features such as rankings, approved professionals that answer questions, including clinicians and scholars, it was prolific as a Q&A source and functions solidly as a Q&A site. However, there are some issues with this site, such as prevalence of posts that are in actuality advertisements. This source will be useful as a provider of exhibit source of male narratives on HB that I shall analyze, as many posts often feature narratives to describe their situation/problems. Also many posts are made for the sole purpose of writing their story anonymously and are not really questions but rather narratives. Yet, I should be careful to weed out any possible advertisements. There will be about total of six narratives that I will use as exhibit sources from this source.

2. Im, Hyeong Taek. "Records of Treatment Cases of Young 30s and 40s Working Patients." *Naver Blog*. Naver, 11 Feb. 2016, <http://blog.naver.com/drlimht/220623650063>. Accessed 3 Nov. 2016.

A Korean blog post from a Korean blog called 'Naver blog.' As it may already be apparent, this blog site is also a service provided by the Korean website Naver, the same company as Naver Knowledge-in. The author claims that he is a Korean traditional doctor and, judging by his former posts and revealed information, seems to be true. However, due to the informal and uncertain nature of these posts, this source cannot be a reliable source for facts, regardless of how seemingly qualified the man appears to be. Regardless of whether the man is actually a doctor or how good of a doctor he is, the blog posts by him are also narratives about HB that is part of the cultural representation of HB.

## ARGUMENT:

1. Kim, Eunha, Ingrid Hogge, Peter Ji, Young R. Shim, and Catherine Lothspeich. "Hwa-byung Among Middle-Aged Korean Women: Family Relationships, Gender-Role Attitudes, and Self-Esteem." *Health Care for Women International*, vol. 35, no. 5, 2013, pp. 495–511.

A scholarly article from a journal on nursing, this article analyzes the causes of Hwa-byung in middle aged Korean women from the Korean culture and calls for further research on the effect of family relationship problems and gender roles on Hwa-byung. It argues that Korean male are responsible for not changing patriarchal values and consequently causing Hwa-byung in females. It also states that the level of female depression is much higher than the males. This article is valuable in that it is one of the few peer reviewed scholarly articles that have been published relatively recently on Hwa-byung. Yet, the author's call for more research on gender-role and family relationship problem is not supported using any specific reference or example, perhaps due to potential word limit or the diversity of these issues. Nonetheless, this article is used as an argument source to which I argue against its possible implication that this is the only cultural implication of HB. It is also used as a background source for some facts about HB (as the primary sources that it quotes are hard to find).

2. Lee, Jieun, Amy Wacholts, and Keum-Hyeong Choi. "A Review of the Korean Cultural Syndrome Hwa-byung: Suggestions for Theory and Intervention." *Journal of Asia Pacific Counseling*, vol. 4, no. 1, 2014, pp. 49–64.

A scholarly article that provides a new ecological model to studying HB, this article makes few claims about causes of HB in female HB patients based on other scholarly articles. Though this article suggests a new model of research for HB, few sources that support her model are old and makes some statements about HB that are not necessarily true, such as its definition of HB as a disease arising only in females from female inequality (which cannot be true because there are statistics, narratives, articles, records of male patients as well). Nevertheless her model is not particularly relevant to my research and this article can still be used as an argument source for my paper as it makes some claims on generalized causes of HB that I dispute against by doing my research on male HB.

3. Kim, Nam-Sun, and Kyu-Eun Lee. "Gender Differences in Factors Affecting Hwa-byung Symptoms with Middle-age People." *Journal of Korean Academy of Fundamentals of Nursing*, vol. 19, no. 1, 2012, pp. 98–108.

A Korean scholarly article which attempts to fill in the missing research on difference between male and female HB patients. This source compares and analyzes statistics based on a survey from male and female HB patients. However, this source doesn't include any narratives that could accompany their findings. Nonetheless, this source is useful as an argument source as a source of an argument that I will be somewhat be challenging as I focus on the cultural side of HB rather than the sociological aspect that this paper focuses on.

## THEORY:

1. Kleinman, Arthur. "Culture and Depression." *New England Journal of Medicine*, vol. 351, no. 10, 2004, pp. 951–53.

A scholarly article from a medical journal that claims a strong relationship between culture and depression. Urges clinicians to understand the patient's cultural background when diagnosing depression. This source is useful for my paper as depression is closely related to HB, and has many symptoms in common and discusses the importance of studying culture in relation to depression in great detail. Provides an interesting view on culture and many illustrations of how culture is related to treatment of depression but doesn't focus on specific examples or data. Regardless, this source can be utilized as a theory source as it justifies the significance of the critical lens of "bioculture," which I use to look at my topic of HB.

2. Hwang, Yong Hoon. (1995) *A Study of Hwa-byung in Korean Society: Narcissistic/masochistic Self-Disorder and Christian Conversion (Doctoral dissertation)* Retrieved from ProQuest. (Order No. 9530825).

A scholarly article arguing the connection between narcissism, religion (Christianity) and HB. Describes HB thoroughly and even goes into some possibly relevant historical context. This source offers the theoretical model of linking HB with the Korean emotion of "han" that I would like to explore and utilize in more detail. Provides an interesting relationship between two seemingly distinct phenomena: HB and masochism. However, the article is not too effective in delivering its point (over 200 pages) and uses a special definition of masochism that is a bit complicated to understand. Yet, the source offers various explanation of HB that includes history, emotion and culture, which cannot be seen in any other work and its definition of "han" serves as one of the critical lens through which I analyze HB.

3. Segal, Judy Z. "Breast Cancer Narratives as Public Rhetoric: Genre Itself and the Maintenance of Ignorance." *Linguistics and the Human Sciences*, vol. 3, no. 1, 2008, pp. 4–23.

A scholarly article arguing that the narratives of breast cancer contribute to the ignorance of breast cancer. This article describes a link between narratives and diseases that I will use to justify my choice of narratives as my main exhibit sources. The source effectively illustrates how the narratives contribute to the shaping of our breast cancer knowledge through various examples of narratives and analogies, but isn't directly related to my topic. However, it is still used as a theory source to justify the lens of narratives that I will be using.

4. Davis, Lennard J., and David B. Morris. "Biocultures Manifesto." *New Literary History*, vol. 38, no. 3, 2007, pp. 411–18.

A scholarly article arguing the strong relationship between biology and culture, and the formation of an academic field called "bioculture." This article describes the link between biology and culture that is a more general form of the explanation of the link between disease and culture. The source uses somewhat informal language and hypothetical analogies that help the material be more understandable. However, on the same note, the examples are

hypothetical and general overall, so may not be a great background source or exhibit source. Nonetheless, serves as a theory source that goes along with the Segal's article. Also serves as the source of the hook analogy for my essay.