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The Effectiveness of Adlerian Therapy for Hwa-Byung in Middle-Aged South Korean Women Ψ

한국 중년 여성을 대상으로 한 아들러 화병집단상담의 효과성 연구

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Abstract

Middle-aged South Korean women are at greater risk of developing *hwa-byung* (South Korean anger syndrome) as compared to men and women of other age groups. In this study, we developed and evaluated the effectiveness of a group counseling program informed by Adlerian individual psychology. Outcome measures included hwa-byung symptoms, depression, and anxiety. We used a cohort-controlled design that compared an intervention condition ($n = 22$) and a wait-list control group ($n = 16$), with a 4-week follow-up. Group comparisons showed statistically significant treatment effects for all three outcome measures, which were maintained at follow-up. Mediational analyses revealed that changes in hwa-byung symptoms and depression were mediated by

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increased social interest. The findings support the effectiveness of a group Adlerian program for middle-aged South Korean women in alleviating hwa-byung symptoms, depression, and anxiety.

초록

한국여성들은 남성이나 다른 연령대의 여성들에 비해 화병(한국의 분노증후군)에 취약하다. 본 연구에서는 아들러 이론을 토대로 화병집단상담 프로그램을 개발하고 화병 증상을 호소하는 한국의 중년 여성을 대상으로 이 프로그램의 효과성을 살펴보았다. 이를 위해, 중년여성 22 명을 처치 집단으로, 16 명을 대기-통제 집단으로 배정하고, 사전, 사후(6 회기 종료 직후), 추후(회기 종료 4 주) 등 세 차례에 걸쳐 화병 증상, 우울, 불안 수준을 살펴보았다. 그 결과, 처치집단 참여자들이 대기-통제 집단 참여자들에 비해 유의하게 낮은 수준의 화병 증상, 우울, 불안을 보이고, 이러한 변화는 4 주 후 추후검사에서도 유지된 것으로 나타났다. 또한 아들러 프로그램의 효과에 영향을 미치는 매개모형을 검증한 결과, 아들러 프로그램이 화병 증상과 우울증상 완화에 미치는 경로를 사회적 관심 증가가 매개하는 것으로 확인되었다. 이러한 결과들은 아들러 이론을 토대로 한 집단상담 프로그램이 중년여성의 화병증상, 우울, 불안을 감소시키는데 효과적일 수 있음을 시사한다.

Keywords

Hwa-byung, Adlerian therapy, program, effectiveness, Korean women

주요어

화병, 아들러 상담, 프로그램, 효과성, 한국여성

Significance of the Scholarship to the Public

In this study, a therapy method based on Adlerian individual psychology is shown to be effective with middle-aged South Korean women suffering from hwa-byung. This study is important because it shows that hwa-byung can be treated using a brief group counseling intervention that focuses on instilling social interest. Given the large number of South Korean women who suffer from hwa-byung, our results may help to alleviate their suffering and increase their quality of life.

Hwa-byung (“anger syndrome” or “fire illness”) is a culture-bound syndrome that occurs uniquely in South Korean culture and is caused by suppression and somatization of anger for a long period of time (S. G. Min, 2009; Roberts

et al., 2006). Traditionally, this response to anger has been linked to aspects of South Korean culture that may discourage outward expressions of anger in order to preserve social harmony (Koo et al., 2011). Hwa-byung has also arisen and been reinforced due to a long history of South Korea being invaded, exploited, and occupied by neighboring countries (e.g., Japanese colonization), which resulted in South Koreans having to suppress their anger to avoid the scrutiny of oppressive forces (S. K. Min, 2009).

The primary symptoms of hwa-byung are physical (e.g., tightness, breathlessness, numbness, headache, and digestion problems), psychological (e.g., hate, resentment, grief, anxiety, depression, nervousness, and regret), and behavioral (e.g., impulsive behaviors, sighing, complaining, overeating, and drinking; S. G. Min, 2009). From a Western medical perspective, hwa-byung can be categorized into several diagnostic categories, including depression, generalized anxiety disorder, panic disorder, somatization disorder, or obsessive-compulsive disorder (S. K. Min et al., 2009). There has been some debate about the nature of hwa-byung, with some experts suggesting that hwa-byung is a culturally specific presentation of major depressive disorder. More recently, however, scholars have found significant differences between the symptom profiles of hwa-byung and major depressive disorder, with many hwa-byung symptoms being more closely related to state anger, including subjective anger, expressed anger, hot sensation, feelings of unfairness, and dry mouth (S. G. Min, 2009).

According to a recent report from the National Health Insurance Review Board in South Korea (Health Insurance Review & Assessment Service, 2015), the number of patients diagnosed with and treated for hwa-byung from 2011–2013 was 215,000 per year; 2.3 times the number diagnosed 10 years ago. In particular, hwa-byung is most commonly observed in women between the ages of 40 and 60, largely resulting from (a) emotional vulnerability associated with menopause, (b) a Confucian culture that regards it a virtue for women to be unselfish, loyal, and willingly self-sacrificing toward their husbands and families, (c) a feeling of loneliness and loss of identity as the time spent with children gradually decreases, (d) the increased role of caring for elderly parents, and (e) financial burdens associated with supporting children and elderly parents (Y. J. Choi, 2004; S. K. Min et al., 2009). Empirical studies have shown that the causes of hwa-byung among middle-aged women include interpersonal stressors (e.g., a husband's infidelity, abuse and excessive drinking, conflict with in-laws, and/or problems with children), parent-related stressors (e.g., regret for disobeying deceased parents), and financial stressors (e.g., poverty and/or becoming victim to fraud; E. H. Kim et al., 2014; M. J. Kim & Hyun, 2010; Park et al. 2001; Shin & Shin, 2004).

Other factors associated with hwa-byung are personality traits (e.g., being short-tempered, highly sensitive, timid, and/or perfectionistic), defense mechanisms (e.g., denial, suppression, somatization, and/or displacement), and coping styles (e.g., avoidance, fatalism, concession, complaining, and/or rumination; E. H. Kim & Hogge, 2013; S. G. Min et al., 1993; Park et al., 2002). In addition, cognitive factors—including traditional gender-role attitudes, negative self-concept or low self-esteem, negative thoughts about others (e.g., "others treat me unfairly and violate my rights"), and a belief that the world is unfair—are recognized in the literature as predictors for hwa-byung (E. H. Kim & Kim, 2015; E. H. Kim et al., 2016; Roberts et al., 2006; Shin & Shin, 2004). For example, in a study with clients in therapy for hwa-byung treatment, E. H. Kim and Kim (2015) found that the participants reported a sense of inferiority and resentment of others who had treated them unfairly. These results suggest the importance of addressing the clients' cognitive patterns in hwa-byung treatment (Park et al., 2002).

Psychological interventions for hwa-byung that have been examined in earlier studies include emotional healing (Song et al., 2014), music, art, and dance therapy (K. N. Kim & Lee, 2015; S. G. Min, 2009), brief support therapy (S. H. Lee, 1977), mindfulness and meditation (J. H. Kim & Choi, 2002), acceptance and commitment therapy (J. Y. Lee & Park, 2015), and emotion-focused marital therapy (Ahn & Choi, 2012). In addition, case studies by E. H. Kim and Hogge (2013) and E. H. Kim and Jang (2015) showed that therapy based on Adler's individual psychology could also be applicable for treating hwa-byung. E. H. Kim and Hogge (2013) described how Adlerian theory could be applied to conceptualize hwa-byung using a case example of a Korean middle-aged woman. E. H. Kim and Jang (2015) provided Adlerian-based individual counseling to five Korean female clients with hwa-byung and found that the clients' hwa-byung and depressive symptoms decreased at postassessment.

Prior research has contributed to developing and testing the effectiveness of psychological interventions for hwa-byung. However, most of these studies were qualitative in nature or had a small sample size. Hence, no quantitative support for hwa-byung treatments exists (E. H. Kim & Jang, 2015). To address this gap in the literature, we developed a hwa-byung group treatment program for middle-aged women, based on the Adlerian theory of individual psychology, and empirically tested the effectiveness of this program.

Alfred Adler developed the Adlerian theory of individual psychology. The defining feature of Adlerian therapy is the assumption that excessive inferiority (called an inferiority complex) caused by dysfunctional parenting styles (such as overprotection or neglect), family relationships, and family atmosphere leads to inappropriate lifestyles such as the avoiding type (passively

coping with life tasks) or getting type (relying on others in dealing with life tasks; Mosak & Dreikurs, 1967). Lifestyle, in this theory, refers to a person's basic orientation to life—the unique ways in which one handles basic life tasks such as work, friendship, and love (Ansbacher & Ansbacher, 1956). In addition, an inferiority complex could lead to an exaggerated effort to compensate by asserting superiority, such as by overestimating one's own abilities and setting up unrealistic expectations for oneself (Adler, 1958).

The main goals of Adlerian therapy are modifying the client's lifestyle and enhancing social interest (i.e. the person's tendency to be concerned about others, to pursue meaningful relationships with others, and to contribute to social changes; Crandall, 1980). According to Adler, lifestyle encompasses several components, including thoughts about oneself, others, and the world (private logic), long-term life goals, and behavioral strategies for achieving life goals (Peluso et al., 2004). One develops one's unique lifestyle based on parent–child relationships, family atmosphere, family values, birth order, and early developmental history (Peluso et al., 2004). The Adlerian therapeutic process involves decreasing the client's feelings of discouragement and inferiority; modifying "basic mistakes" about the self, others, and the world (e.g., overgeneralization, self-critical thoughts, and dichotomous thoughts); addressing maladaptive behavioral strategies to achieve life goals; fostering a sense of community and social interest; and helping the client to become a contributing member of society (Ansbacher & Ansbacher, 1956).

As shown in Figure 1, Adlerian therapy consists of four stages (Carlson & Carlson, 2000). The first stage—engagement—is where the therapist and client develop a collaborative relationship through the therapist's active listening, genuineness, empathy, and encouragement. The second stage—assessment—involves understanding the client's lifestyle by exploring family-of-origin (e.g., parenting style, family relationships, family atmosphere, and birth order), early developmental history, and early memories. The third stage—interpretation and insight—involves the client gaining insight into their lifestyle. In particular, the client becomes aware of errors existing in their thought patterns, inappropriate life goals behind their self-defeating behaviors, and their strengths and resources. Finally, the fourth stage—reorientation and reeducation—occurs when the client engages in new behaviors based on the motivation and insight gained in earlier stages.

Although no published research involving hwa-byung interventions with middle-aged women using therapy based on Adlerian theory is available, South Korean scholars have shown that Adlerian therapy is more effective than control conditions for a variety of psychological issues (e.g., depression, interpersonal problems, eating disorders, and addiction). They have also shown that overcoming an inferiority complex and increasing social interest

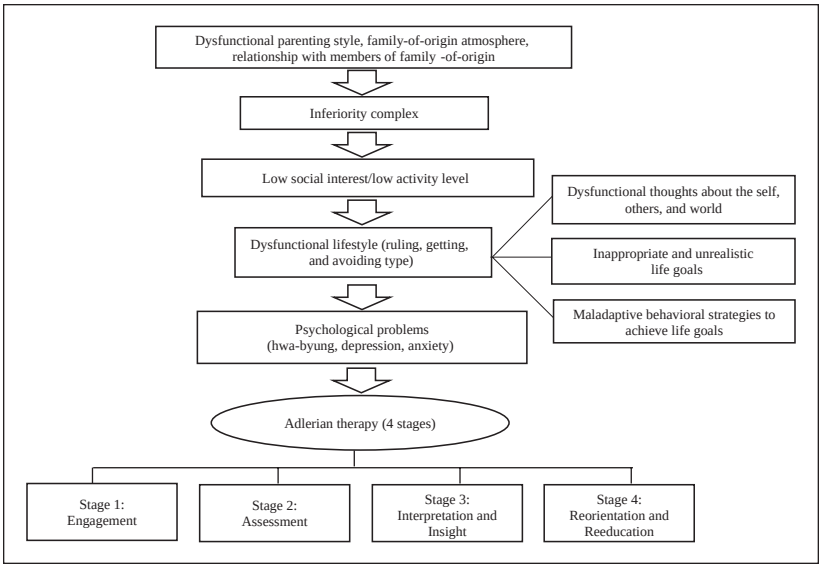


Figure 1. Adlerian theory's case conceptualization and therapeutic process.

are correlated with better mental health and interpersonal outcomes (E. H. Kim & Jang, 2015). More specifically, the effectiveness of the following Adlerian therapy program finds support in previous programs, such as Adlerian career counseling programs, encouragement programs, internet addiction and cyber bullying group therapy programs, community enhancement programs, depression programs, art therapy programs, social skills programs, weight control programs, resilience programs, and social interest enhancement programs. Considering that numerous studies have reported that Adlerian therapy is effective for alleviating depression, anxiety, interpersonal problems, eating disorders, addiction, self-harm, and trauma (Ferguson, 2001; Healey & Craigen, 2010; Horner et al., 2012; Paige et al., 2017; Rasmussen & Dover, 2006), it would be meaningful to develop and test the applicability of Adlerian therapy for hwa-byung treatment.

Adlerian therapy is appropriate for treating mental health issues of South Korean clients, especially those presenting with hwa-byung symptoms, for several reasons. First, unlike other traditional Western counseling theories that focus on autonomy and independence, Adlerian theory's emphasis on the importance of belongingness ('social interest') and community feelings is suitable for South Korean women, who are socialized into a collectivistic culture (Carlson & Carlson, 2000). Second, Adler's tenet that a person's

lifestyle develops in childhood and is influenced by the family system is consistent with South Korean culture, in which the family is the central unit of life (E. H. Kim & Hogge, 2013). Third, unlike existing psychoanalytic theories, Adlerian therapy uses specific counseling goals and active counseling interventions (Carlson & Carlson, 2000), that is congruent with South Koreans' preference for a directive therapeutic style and practical solutions in the clinical setting (Jang, 2003). Fourth, as hwa-byung is accompanied by complex cognitive, emotional, and behavioral symptoms, the holistic and integrated view of Adlerian therapy could be effective (E. H. Kim & Hogge, 2013; Watts & Pietrzak, 2000). Finally, as clients with hwa-byung have internalized "basic mistakes" about themselves, others, and the world, and Adlerian therapy has been found to be effective in correcting these thoughts, Adlerian therapy is likely to be useful for treating hwa-byung (E. H. Kim & Hogge, 2013).

More specifically, some of the core problems emphasized in Adlerian therapy are relevant to conceptualizing hwa-byung among South Korean middle-aged women. For example, South Korean women are at greater risk for an excessive inferiority complex because their sense of self is negatively influenced by Confucianism, a philosophy that emphasizes an interpersonal hierarchy based on age and gender, conformity to traditional gender roles, and adherence to familial and social norms (Choi & Harwood, 2004). As a way of coping with this inferiority complex, Korean women are likely to develop an "avoiding" or "getting" (dependent) type, which can be further reinforced after marriage due to traditional Korean patriarchal family structure (e.g., having to quit work to take care of children after marriage and becoming financially dependent on a husband). Supporting this Adlerian perspective, research has found that Korean women with hwa-byung benefit from interventions to decrease their negative sense of self (T. H. Kim et al., 2019).

Present Study

Although hwa-byung occurs most commonly among middle-aged South Korean women, there is no hwa-byung therapy program specifically designed for this population. As such, the purpose of our study was to develop and evaluate the effectiveness of an Adlerian hwa-byung counseling program for a sample of middle-aged South Korean women. We sought to evaluate this treatment in a naturalistic, community-based context so that the results would be more generalizable to frontline practice settings. Given that clients with hwa-byung symptoms often present with depressive and anxious symptoms (S. K. Min, 2009), three primary outcomes (i.e., hwa-byung symptoms, depression, anxiety) were included in this study. In addition, we also

examined the mediating role of social interest because Adler (1958) noted that social interest is a key prerequisite for positive mental health. We hypothesized that (a) relative to participants in the control group, Adlerian hwa-byung program participants would report decreased hwa-byung symptoms, depression, and anxiety; and (b) changes in hwa-byung symptoms, depression, and anxiety would be mediated by increased social interest.

Method

Research Design

The study was designed as a nonrandomized controlled trial with repeated measures, where an intervention condition (Adlerian hwa-byung program group) was compared to a wait-list control group. Data were collected via questionnaires for both groups at pretreatment, posttreatment, and 4-week follow-up. Each questionnaire required 15 min for completion. We obtained institutional review board approval from the first author's institution. Due to the limits inherent in conducting the study in a community setting (e.g., participants' desire for immediate treatment and the ethical issues of delaying a potentially effective treatment) and the importance of achieving a balance between internal and external validity (Handley et al., 2018), we did not randomly allocate the participants to the conditions and instead adopted a quasi-experimental design.

Participants

Based on a priori power analysis, we required at least 34 participants in order to have a statistical power of 80% to detect a medium effect size (Cohen's $d = 0.50$) at alpha level of .05. Thirty-four middle-aged women (40–60 years old) were recruited in a metropolitan area of South Korea from online sites that this population group often visits (e.g., online moms' groups and online working moms' groups). We posted a flyer on those sites that included information regarding the study purpose, study procedure, and inclusion/exclusion criteria. Inclusion criteria for participation in the study were (a) identifying as a woman between 40 and 60 years old, and (b) having a score of at least 40 on the Hwa-Byung Scale, which serves as a cutoff score representing a moderate level of hwa-byung (Kwon et al., 2008). For screening purposes, we administered the Hwa-Byung Scale to 57 South Korean middle-aged women who initially contacted us, and only 38 women who met the criteria were invited to participate in the study. We excluded participants who were already receiving group therapy or taking medication for psychological conditions.

Table 1. Characteristics of Participants

	Intervention condition		Control condition		Total	
Background variables	*n*	%	*n*	%	*n*	%
Marital status						
Married	17	94.4	14	93.3	31	94
Widow	1	5.6			1	3.0
Divorced			1	6.7	1	3.0
Educational background						
High school graduate	3	16.7	1	6.7	4	12.1
College graduate	10	55.6	12	80.0	22	66.7
Graduate-school graduate	5	27.7	2	13.3	7	21.2
Occupation						
Office and administration	2	11	4	26.7	6	18.2
Sales	1	5.6			1	3.0
Construction	1	5.6			1	3.0
Education and training	1	5.6	1	6.7	2	6.1
Full-time homemaker	13	72.2	10	66.6	23	69.7
Age, *M* (*SD*); range	44.818 (8.427); 41–58		46.688 (6.857); 40–59		45.512 (7.002); 40–59	

A total of 22 participants were allocated to the intervention condition and 16 participants to the control condition. Allocation was based only on the order in which the women contacted the researcher for study participation (i.e., first come, first assigned to the intervention condition). The primary characteristics of the participants are summarized in Table 1. Participation was voluntary; five participants withdrew (four in the intervention condition, one in the control condition). Two participants withdrew after the fourth session (owing to urgent overseas travel and changes in job schedule), and three withdrew 1 week before the date assigned for filling in the follow-up questionnaire (no reason given). All the control group participants were invited to participate in the program after our study had been completed, and nine of them participated in the program.

Data Collection Procedure

Intervention group participants completed the pretreatment questionnaire immediately before the intervention (Week 1), and the posttreatment questionnaire immediately after the final session of the intervention (Week 6). The follow-up questionnaire was distributed and returned online (Week 10). Control group (no-treatment/wait-list group) participants completed the pretreatment questionnaire immediately after the phone information session. The posttreatment (Week 6) and the follow-up (Week 10) questionnaires were distributed and returned online. All questionnaires were completed at

approximately the same time across conditions. The pretreatment and follow-up questionnaires included scales to measure hwa-byung symptoms, depression, and anxiety, and the posttreatment questionnaire included those scales and a scale to measure social interest. Participants were provided with compensation for completing pretreatment, posttreatment, and follow-up questionnaires ($10 each). To prevent the participants from underreporting their problems, the three authors who facilitated the group were not involved in administration or collection of the questionnaire data; the fourth author, who had no in-person interactions with the participants, managed survey data. In addition, the participants knew about the blinding mechanism with the fourth author and were encouraged to be honest in completing the survey. At pretest, posttreatment, and follow-up, we asked the control group participants whether they had been involved in other treatments independent of this study, and they indicated that they had not.

Measures

All measures except the Hwa-Byung Scale (developed in Korean), had been previously translated and validated in South Korea and evidenced high Cronbach's alphas (above .90).

Hwa-Byung Symptoms. Hwa-byung symptoms were measured with the 15-item Hwa-Byung Scale (Kwon et al., 2008) that assesses psychological, physical, and behavioral symptoms of hwa-byung. Each item is rated on a 5-point Likert-type scale, ranging from 1 (*never*) to 5 (*always*), with higher scores indicating greater severity of hwa-byung symptoms. Before developing this scale, Kwon et al. (2008) generated a list of hwa-byung symptoms and agreed upon 15 hwa-byung symptoms that needed to be used for the diagnosis of hwa-byung; some overlapped with depression (e.g., fatigue) and anxiety (e.g., heart palpitation), while others were unique (e.g., subjective anger, heat sensation, flushing of the face and body, and "*uk-wool and boon*" [a Korean cultural sentiment related to social unfairness]). E. H. Kim and Kim (2015) reported that the Cronbach's alpha for this scale was .94. In this study, the Cronbach's alpha for the scale was .93. Examples of items included, "I sometimes have a feeling of something pushing up in the chest," "I feel as if the world is unfair to me," "I feel much heat in my chest," and "I feel uk-wool and boon." According to Kwon et al. (2008), this scale showed good concurrent validity, as scores were significantly and strongly correlated with scores on the somatization, depression, and anxiety scales. In support of discriminant validity, there were significant differences on hwa-byung scores among individuals who were diagnosed with depression, anxiety, or hwa-byung.

Depression. Depressive symptomology was measured with the 20-item Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Each item is rated on a 4-point Likert-type scale, ranging from 1 (*rarely or none of the time*) to 4 (*most or all of the time*), with higher scores indicating greater severity of depression symptoms. The South Korean version of CES-D has been found to have good reliability and validity (Kim et al., 2014). In this study, the coefficient alpha was .91.

Anxiety. Anxiety symptoms were measured with the 20-item State-Trait Anxiety Inventory (STAI; Spielberger et al., 1970). Each item is rated on a 5-point Likert-type scale, ranging from 1 (*never*) to 5 (*very much*), with higher scores indicating greater severity of symptoms of anxiety. The South Korean version of STAI has demonstrated good reliability and validity (J. T. Kim, 1978). In this study, the Cronbach's alpha was .91.

Social interest. Social interest—as defined by one's sense of belongingness, empathy, and concern for others—was measured with the 24-item scale Social Interest Scale (SIS; Crandall, 1975). Each item consists of paired words, with one of the words in a pair reflecting social interest (e.g., considerate vs. intelligent). The participants receive one point for each choice that corresponds to the social interest word. Higher scores indicate higher levels of social interest. The SIS was translated into South Korean and validated with a South Korean sample by Ha et al. (2004). In this study, the coefficient alpha was .90.

Intervention

The structure of the Adlerian hwa-byung group counseling program is summarized in Table 2. A group protocol comprising Adlerian core concepts (i.e., decreasing inferiority, enhancing social interest, and modifying life goals and private logics), exercises, and interventions was delivered via two 2-hr sessions per week for three consecutive weeks. The participants in the treatment group were further divided into two groups (10 participants for Group 1; 8 participants for Group 2). All of the 18 participants, except one, attended all six sessions; one participant missed one session. Both groups were facilitated by the first author, who is a licensed psychologist with extensive training and clinical experiences in Adlerian counseling and hwa-byung treatment. The first author also received peer supervision from an experienced Adlerian therapist while facilitating the intervention. The second and third authors, both licensed counselors, served as cofacilitators. They supported the lead facilitator in each session by asking probing questions, providing one-on-one support while the lead facilitator carried on with

Table 2. Adlerian Hwa-byung Program Schedule

Session	Topic	Subtopic	Strategies/intervention techniques
1	Orientation	Build rapport	♦ Welcome statements ♦ Discuss participants reasons and expectations for doing the intervention ♦ Establish group rules and informed consent ♦ Discuss resources ♦ Provide brief overview of Adlerian counseling ♦ Introduce signs and symptoms of stress, depression and Hwa-byung ♦ Write down "causes of Hwa-byung in my life" and then discuss identified causes
2	Exploring lifestyle	Family constellation	♦ Generate family genogram and explore family-of-origin (e.g., parenting styles, family values, birth order, family relationships)
		Early recollection	♦ Discuss three early memories and what those memories mean
		Lifestyle	♦ Discuss how family constellation and early recollection are related to problems in the present ♦ Explore one's lifestyle type ♦ Set "between-session practice": 1. Notice how participants tend to interpret negative events 2. Explore how participants' identified lifestyle type contributes to Hwa-byung symptoms
3	Understanding lifestyle	Basic mistakes	♦ Provide a brief review of basic mistakes ♦ Identify participants' basic mistakes that are related to Hwa-byung symptoms ♦ Evaluate participants' basic mistakes and develop more functional private logics
		Hidden goals and behavioral strategies	♦ Write down participants' hidden goals associated with problematic behaviors (e.g., yelling at children) and then discuss those goals ♦ Modify participants' goals to more realistic ones ♦ Identify alternative behavioral strategies to satisfy one's hidden goals ♦ Set "between-session practice": 1. Identify areas of growth 2. Identify strengths (at least 30 strengths) ♦ Explore how participants' identified lifestyle type contribute to Hwa-byung symptoms
4	Overcoming inferiority	Alternative thoughts	♦ Evaluate participants' dysfunctional private logics and develop alternative thoughts
		Strengths	♦ Share the identified strengths
		Acceptance	♦ Encourage each other to accept "who they are," including their weakness ♦ Set "between-session practice": 1. Identify creative ways to increase social interest 2. Recreate participants' social support network using the diagram

(continued)

Table 2. (continued)

Session	Topic	Subtopic	Strategies/intervention techniques
5	Improving social interest	Interpersonal patterns	♦ Explore participants' interpersonal patterns with significant others (e.g., communication styles, types of conflict resolution strategies)
		Social interest	♦ Discuss participants' social support network and learn ways to improve social interest (e.g., ways to express empathy, to contribute to community,)
6	Setting life goals and wrap-up	Life values	♦ Explore participants' life values and identify their three most important life values
		Goal setting and planning	♦ Set short-term and long-term goals based on the identified life values and then discuss them
		Wrap-up	♦ If needed, offer posttreatment recommendation ♦ Closure and goodbye

the session, and noted participants' statements and concerns that could be referred back to. Based on the four stages of Adlerian counseling, each session consisted of didactic teaching, group discussions, and experiential exercises. Participants were provided with workbooks to apply and practice the program material, as well as between-session practice assignments.

Results

Baseline Characteristics

Using *t* tests, the treatment and control groups were compared at baseline on age and all outcome variables. No significant differences were found (see Table 3).

Outcome Analyses

We performed outcome analyses using repeated measures of multivariate analyses of variance (MANOVAs) on all outcome variables. Mauchly's test indicated that the assumption of sphericity had been violated on hwa-byung symptoms and depression. Therefore, the degrees of freedom were corrected using the Greenhouse-Geisser estimates of sphericity. Means, standard deviations, and MANOVA statistics for the outcome variables as a function of condition (i.e., intervention, control) and time (i.e., pretest, posttest, follow-up) are summarized in Table 4. All significant interactions for all outcome variables are also plotted in Figure 2. In addition, paired-sample *t*-tests were conducted to examine differences on pretest/posttest

Table 3. Comparison of the Intervention and Control Conditions at Baseline ($n = 33$)

	Intervention condition ($n = 18$), *M* (*SD*)	Control intervention ($n = 15$), *M* (*SD*)	*t*
Age	46.9 (8.6)	44.9 (7.0)	.39
Hwa-byung symptoms	44.8 (6.9)	48.5 (3.7)	−.199
Depression	36.8 (8.8)	40.1 (5.7)	−.97
Anxiety	64.4 (11.3)	64.3 (10.2)	.58

measures and pretest/follow-up measures (see Table 5) and differences between the intervention and control conditions (see Table 6). Effect sizes at posttest and follow-up were also calculated with Cohen's *d*. An effect size greater than 1.2 is considered very large, 0.56–1.2 as large, 0.33–0.55 as moderate, and less than 0.33 as small (Lipsey & Wilson, 1993).

Hwa-Byung Symptoms. The main effects of condition (treatment vs. control), $F(1, 32) = 12.34$, $p = .001$, the main effect of time, $F(2, 31) = 28.06$, $p < .001$, and the interaction of condition and time, $F(2, 31) = 8.89$, $p = .001$, were all found to be significant. These findings suggested that both groups would show a trend

Table 4. Means, Standard Deviations, and MANOVA Statistics for the Outcome Variables as a Function of Condition by Time

			Hwa-byung	Depression	Anxiety
Intervention condition	Pre	*M (SD)*	44.8 (6.9)	36.8 (8.8)	64.4 (11.3)
	Post	*M (SD)*	33.1 (8.2)	27.1 (9.8)	53.2 (10.5)
	Follow-up	*M (SD)*	36.6 (11.5)	24.5 (8.1)	56.8 (13.2)
Control condition	Pre	*M (SD)*	48.5 (3.7)	40.1 (5.7)	64.3 (10.2)
	Post	*M (SD)*	45.8 (3.4)	37.7 (4.3)	61.5 (8.8)
	Follow-up	*M (SD)*	42.4 (2.8)	36.7 (3.1)	63.0 (10.1)
MANOVA statistics	Condition[a]	F(1, 32)	12.34**	17.15***	1.79
	p		.001	<.001	.191
	Time[a]	F(2, 31)	28.06***	21.97***	20.01***
	p		<.001	<.001	<.001
	Condition x Time[b]	F(2, 31)	8.89**	7.35**	7.84**
	p		.001	.005	.001

Note. MANOVA = multivariate analysis of variance.
[a]Main effect. [b]Interaction effect.
*$p < .05$. ** $p < .01$. ***$p < .001$.

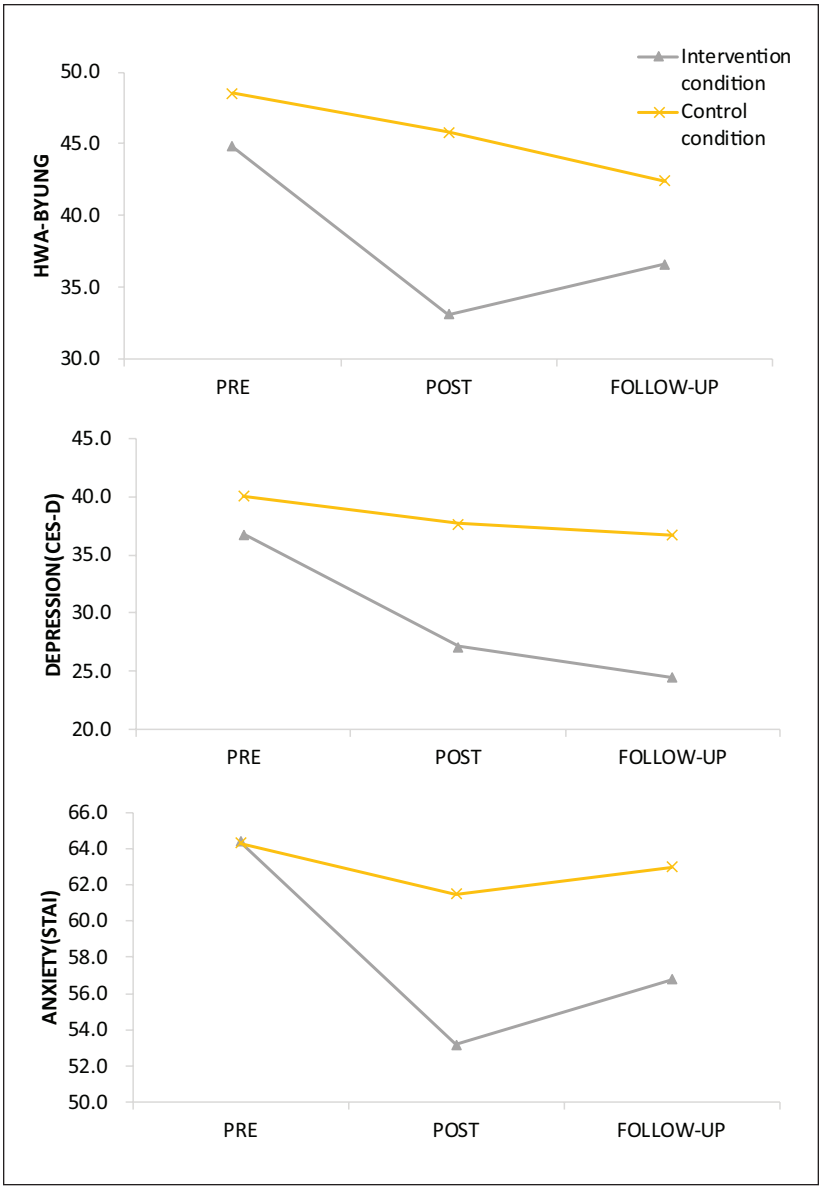


Figure 2. Mean scores on outcome measures at pretreatment, posttreatment, and follow-up.

Table 5. Paired-Sample *t*-Tests for Pre-Post and Pre-Follow-Up Comparison

			Hwa-byung	Depression	Anxiety
Intervention condition	Pre-post	*t*	5.18***	2.95*	4.88***
		p	<.001	.010	<.001
	Pre-follow-up	*t*	3.35**	5.44***	3.45**
		p	.004	<.001	.003
Control condition	Pre-post	*t*	2.64*	2.35*	4.40**
		p	.019	.034	.001
	Pre-follow-up	*t*	5.49***	2.71*	3.02**
		p	<.001	.017	.009

*$p < .05$. ** $p < .01$. ***$p < .001$.

of decreases in hwa-byung symptoms. However, this trend was greater for the treatment group. Paired-sample *t*-tests revealed significant decreases in hwa-byung symptoms from pretest to posttest, $t(17) = 5.18$, $p < .001$, and from pre-test to follow-up, $t(17) = 3.35$, $p = .004$. Effect sizes at posttest and follow-up on hwa-byung symptoms were 1.54 and 0.87, respectively. In addition, a clinically significant change on the Hwa-Byung Scale (below 40) was observed in the intervention condition for 14 participants at posttest (77.8%) and 13 participants at follow-up (72.2%). Among those in the control condition, clinically significant change was not observed among any participants at posttest or follow-up.

Depression. The main effects of condition, $F(1, 32) = 17.15$, $p < .001$, the main effect of time, $F(2, 31) = 21.97$, $p < .001$, and the interaction of condition and time, $F(2, 31) = 7.35$, $p = .005$, were all significant. Both groups showed decreases in depression, but the improvements were significantly greater for the treatment group than for the control group. Moreover, paired-sample *t*-tests revealed significant decreases in depression from pretest to posttest, $t(17) = 2.95$ $p = .010$, and from pretest to follow-up, $t(17) = 5.44$, $p < .001$. Effect sizes at posttest and follow-up on depression were 1.04 and 1.45, respectively.

Table 6. Paired-Sample *t*-Tests for Intervention-Control Comparison

			Hwa-byung	Depression	Anxiety
Post	Intervention-control	*t*	5.98***	4.15*	2.48*
		p	<.001	<.001	.019
Follow-up	Intervention-control	*t*	2.09*	5.85***	1.52
		p	.049	<.001	.139

*$p < .05$. ***$p < .001$.

Table 7. Analyses of Total, Direct, and Indirect Effects

	Point estimates	*SE*	BCa 95% CI	
			Lower	Upper
Hwa-byung symptoms				
Direct effects	.426	1.678	−3.000	3.853
Indirect effects	−3.349	1.333	−6.293	−1.122
Total effects	−2.922	1.521	−6.025	.180
Depression				
Direct effects	−3.830	1.263	−6.402	−1.239
Indirect effects	−2.263	1.155	−4.916	−.184
Total effects	−6.083	1.116	−8.359	−3.806
Anxiety				
Direct effects	−.068	2.517	−5.210	5.073
Indirect effects	−3.015	2.201	−7.820	.953
Total effects	−3.083	2.082	−7.330	1.163

Anxiety. Although the main effect of condition was not significant, $F(1, 32) = 1.79$, $p = .191$, the main effect of time, $F(2, 31) = 20.01$, $p < .001$, and the interaction of condition and time, $F(2, 31) = 7.84$, $p = .001$, were significant. This suggests that scores on anxiety decreased more for the treatment group than the control group. Paired-sample *t*-tests revealed significant decreases in anxiety from pretest to posttest, $t(17) = 4.88$, $p < .001$, and these treatment gains were maintained at follow-up, $t(17) = 3.45$, $p = .003$. Effect sizes for anxiety at posttest and follow-up were 1.03 and 0.61, respectively.

Mediational Analyses

We investigated the indirect (mediational) effect of social interest on each outcome variable at posttreatment using the SPSS macro program created by Preacher and Hayes (2008). Mediation is significant if the 95% bias-corrected and accelerated bootstrap confidence intervals for the indirect effects do not include 0 (Preacher & Hayes, 2004). A dummy variable representing the intervention versus the control groups was created (1 = intervention and -1 = control) and incorporated into mediational analyses. The indirect effects of intervention on each outcome measure through changes in the social interest measure, based on 5,000 bootstrapped samples, are shown in Table 7. The results indicated that social interest fully mediated the relationship between group and hwa-byung symptoms, while it partially mediated the relationship

between group and depression. On the contrary, the indirect effect of social interest on anxiety was not statistically significant.

Discussion

The purpose of this study was to develop and evaluate the effectiveness of a group hwa-byung intervention for middle-aged women, that included four components of Adlerian counseling—inferiority, social interest, lifestyle, and life goals. We developed a group format of intervention instead of individual therapy because clients can experience significant social interaction through group counseling and receive feedback from other group members (C. D. Kim & Kwon, 2000). As a whole, our findings support the effectiveness of an Adlerian program for alleviating hwa-byung symptoms, depression, and anxiety. Results also suggest that some of the treatment gains are mediated by increased social interest.

More specifically, scores on hwa-byung symptoms, depression, and anxiety decreased to a greater extent for the treatment group than the control group. Consistent with findings by E. H. Kim and Jang (2015), female clients reported lower scores on hwa-byung and depression after receiving Adlerian individual therapy. However, no published study has implemented an intervention to investigate the effects of Adlerian group therapy for middle-aged women. Thus, the outcomes in the current study provide preliminary evidence for the effectiveness of Adlerian therapy in a group format.

Although hwa-byung symptoms, depression, and anxiety decreased in both the treatment and control groups over time, the treatment participants reported lower scores on hwa-byung and depression relative to the control participants at the 4-week follow-up. These findings suggest that treatment effects do not diminish in the month following treatment termination. In particular, the treatment participants showed steady improvements in relation to depression from posttreatment to follow-up. For hwa-byung symptoms, a slight increase in scores was observed at follow-up; however, 72% of the participants were below the cut-off score for a moderate level of hwa-byung symptoms. Such results imply that a brief course of Adlerian treatment can have at least a 4-week-lasting impact for hwa-byung symptoms and depression. In addition, no significant differences were found between the treatment and control participants on anxiety at follow-up, suggesting the necessity of more interventions aimed at reducing anxiety after the Adlerian hwa-byung program ends.

In order to clarify the therapeutic mechanisms of the Adlerian hwa-byung program, we evaluated social interest as a mediator of changes for each outcome variable. As a result of bootstrapping analyses, social interest demonstrated indirect effects on hwa-byung symptoms and depression. This

corresponds to previous findings in which lower levels of social interest were associated with psychological problems such as life stress, depression, and addiction (M. R. Kim et al., 2007). According to Adler, social interest is innate but can be developed through prosocial activities, social support, and encouragement (Jeong et al., 2006). As suggested by Adlerian therapists (Clark, 2016; Jeong, 2012; Sweeny, 2009), our protocol placed an emphasis on sharing stories, encouraging and supporting one another, and identifying ways to connect with others, which could contribute to enhanced social interest.

Several limiations of this study need to be considered when interpreting the study's results. The first limitation of this study is that all measures were self-reported. Outcomes that are more objective, such as therapists' evaluations and frequency of problematic behaviors (e.g., yelling), could be explored in future studies. Second, our recruitment strategy raises the possibility of self-selection bias (e.g., self-referral and high motivation for therapy) that limits the generalizability of the results. Third, the study results are limited by our choice of a no-treatment/wait-list group, which does not allow for comparison to other types of programs. Our study targeted individuals in a community-based setting who otherwise would not be likely to receive treatment, so the no-treatment/wait-list condition seems appropriate for the assessed population. Nevertheless, further comparison with other modes of therapy is warranted. Fourth, this study was cohort controlled rather than a randomized trial. Although no significant differences were found between treatment and control participants at pretest, the lack of randomization means that other unmeasured potential differences may have affected the results. Fifth, because the same therapists facilitated all program sessions, outcomes could have been influenced by their particular skills or characteristics that were unrelated to Adlerian therapy. In addition, although a prior power analysis suggested achieving a total sample size of 34, our final sample included 33 participants. This might explain why main effect of anxiety was not significant.

A final, important limitation of this study is the heavy emphasis on understanding the participants' family of origin and modifying their lifestyle (e.g., changing "basic mistakes" and increasing social interest), without greatly considering sociocultural contexts. These interventions could have made the participants feel as if they were solely responsible for their psychological issues. Although we discussed how the Korean contexts of patriarchy and gender-role expectations were related to hwa-byung during our program (e.g., "What does it mean to live in South Korea as middle-aged women?" and "What are the things that South Korean middle-aged women are socialized to give up?"), participants may have benefitted from greater emphasis on these topics. For example, the program could integrate narrative therapy principles (e.g., respecting and not blaming the client) and interventions (e.g.,

externalization) that help participants develop broader cultural perspectives in understanding their experiences (Semmler & Williams, 2000).

Implications for Practice, Advocacy, Education/Training, and Research

Despite these limitations, the findings of this study provide support for the efficacy of Adlerian interventions in alleviating psychological problems. It is noteworthy that a relatively brief, group-format intervention produced significant changes on a wide range of measures. In particular, our results suggest the importance of enhancing clients' social interest through, not only, helping them receive empathy and support from others but also encouraging them to express empathy and support. We recommend that therapists who use other theoretical approaches—such as psychoanalytic, person-centered, or cognitive-behavioral approaches—familiarize themselves with effective interventions aimed at enhancing social interest (e.g., encouragement, interpersonal, community-based techniques). For example, previous scholars have shown that social interest is enhanced by helping clients improve compassion, develop compassion for others, and become actively involved in the social issues of the community (McClure & Russo, 1986; Overhosler, 2010).

Therapists may also keep in mind that a group therapy format is effective for increasing social interest, as interpersonal and environmental factors often contribute to clients' concerns (Adler, 1935). For South Korean middle-aged women, group therapy enables them to find their voices and develop shared stories with others who have similar gender-role development and socialization. In addition, therapists in hwa-byung treatment programs may consider exploring clients' resources and strengths through encouragement, motivating them to reflect on the value of their lives, and collaborating to develop new goals and concrete plans. In doing so, therapists can tailor hope-based or positive psychology interventions that were developed to target self-esteem, such as self-compassion interventions (Neff & McGehee, 2010). However, therapists are encouraged to recall that an inferiority complex and feelings of worthlessness among South Korean middle-aged women with hwa-byung are likely to be influenced by traditional gender roles and negative societal messages. Therefore, interventions should include acknowledging the influence of gender oppression and societal stigma.

Regarding the implications for advocacy, our program included activities that involved advocacy with the individual participant. In particular, our advocacy efforts focused on empowering the participants, including identifying their strengths, recognizing the impact of sociocultural forces on hwa-byung, helping them understand their lives in context, and facilitating the

development of self-advocacy skills. These empowerment strategies could serve as examples for therapists to implement advocacy in practice with women from traditional, patriarchal cultures. Therapists are encouraged to provide outreach to a nonclinical sample of Korean middle-aged women to help them identify their strengths and resources, develop a positive female identity, and find their voices.

Our study also provides important implications for education and training. For example, considering that an Adlerian-based group program was found to be effective for South Korean middle-aged women with hwa-byung, we recommend that students become more informed about how Adlerian theory can be a good fit for clients from South Korea and similar collectivistic cultures. We also encourage counseling psychologists to offer training that encourages students to move beyond their comfort zones (e.g., psychotherapy offices) by immersing themselves in culturally diverse and international communities and participating in community-based research. This could be a compelling opportunity for students to enhance their multicultural and social justice skills (Kozan & Blustein, 2018) and apply these skills to improve the lives of those in the community.

Finally, given our study's results and limitations, there are several directions for future research on Adlerian therapy and hwa-byung. One important area of inquiry is to what extent social interest relates to treatment outcomes when other variables are considered, such as self-esteem, meaning of life, and views on others and the world. Relatedly, the mechanism by which the Adlerian hwa-byung program enhances social interest remains unclear. Although a few studies have found significant results for interventions aimed at increasing social interest (Guzick et al., 2004), more research is needed to better understand how and to what degree this might happen. A second area of study is how the effectiveness of an Adlerian hwa-byung program is affected by different aspects of the therapeutic process, such as therapist characteristics (e.g., gender and age) or therapy duration. Third, given that Koreans tend to stigmatize mental illness and seeking professional help (Cho et al., 2009), future research could benefit from examining how stigma and "saving face" influence the effectiveness of this program, especially in terms of levels of drop-out, treatment resistance, and self-disclosure. Additional studies may identify other key mechanisms of programs that alleviate hwa-byung symptoms, depression, and anxiety and continue evaluating this treatment with sample groups of women with hwa-byung symptoms. Lastly, although the Adlerian therapy was found to be effective for treating hwa-byung in our study, hwa-byung is a cultural-bound syndrome, and Western-based theories could be limited in considering culture-specific components of this syndrome (e.g., modesty and emotional control—considered as virtues,

traditional gender-role expectations, patriarchal structures of family, and South Korean married women's experiences with in-laws). Future research could enhance our Adlerian hwa-byung therapy program by incorporating more culturally sensitive interventions such as assessing the client's and family's needs, increasing culturally congruent self-care activities, identifying culturally related strengths, and validating the client's self-reported experiences of oppression (Hays, 2009).

The present study is one of the first to develop and evaluate the effectiveness of an Adlerian hwa-byung program in a community setting. Given the absence of research on Adlerian counseling for hwa-byung, this study advances our knowledge on this topic by (a) developing an intervention for middle-aged women with hwa-byung that is brief and acceptable to this population, (b) providing support for the hypothesis that Adlerian group therapy reduces not only hwa-byung symptoms but also depression and anxiety, and (c) identifying social interest as a mediator of changes in these areas.

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