

35th International Conference on

Psychiatry & Psychosomatic Medicine

November 01-02, 2018 | Brussels, Belgium

A qualitative study of the therapeutic process in emotional freedom techniques program for Hwabyung patients

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Background: Hwabyung, listed as culture-bound syndrome in The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), is a Korean somatization disorder which resulted by repressed anger and feeling of unfairness. EFT (Emotional Freedom Techniques) is one of the energy psychology techniques. During an EFT session, the patients tap the specific points with fingers, using affirmations.

Objectives: The objective of this study is to describe the development of Hwabyung, participation experience of EFT group program and recognition about future prognosis of its patients.

Methodology: Five Hwabyung patients have participated in the four weeks program of EFT group treatment. After the end of EFT group program, participants were interviewed semi-structurally and qualitative analysis was conducted. In particular, Giorgi's phenomenological methodology was used.

Results: First, Hwabyung patients were classified into 2 types, repressive type and eruptive type according to their expression patterns. They were chronically suffered by various persistent factors. Second, Hwa-byung patients experience doubts, symptom relief, limit/frustration, self-control/acceptance, and self-esteem improvement through the EFT program. Symptom relief was experienced as cool and calm. Tapping was effective in the repressive type, and affirmation was effective in eruption type. Third, the perception of the future was 'It's up to me' and 'I cannot escape', and the repressive types tend to think they cannot escape, and the eruption types tend to think 'It depends on me'. Patients' future coping strategies appeared to be mind-controlled, avoidance, and seeking professional treatment.

Conclusions: The new finding in this study is that the effect of treatment may be different depending on the type of Hwabyung pattern. This result needs to be confirmed more clearly through further studies. According to the results of this study, it may be possible to apply different treatments considering the type of Hwabyung pattern in clinical practice and clinical trials.

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