Review

HWA-BYUNG, A KOREAN CULTURE-BOUND ANGER SYNDROME: FROM CONCEPTUALIZATION TO DIGITAL THERAPEUTICS AND CROSS-CULTURAL EXTENSION

Hwa-byung, hội chứng phẫn nộ/tức giận đặc trưng văn hóa Hàn Quốc: từ khái niệm hóa đến liệu pháp số và mở rộng đa văn hóa

Chan-Young Kwon[1*]

[1]*Department of Oriental Neuropsychiatry, College of Korean Medicine, Dong-Eui University, Busan, Republic of Korea*

*Tác giả liên hệ | Corresponding author: beanalogue@deu.ac.kr

ABSTRACT

Hwa-byung is a Korean culture-bound syndrome characterized by suppressed anger and accompanying somatic symptoms, historically recognized within international psychiatric classification and of growing relevance to contemporary traditional and integrative medicine. This narrative review synthesizes a multi-year line of clinical and methodological research on hwa-byung to introduce the syndrome to an international audience. The review begins with the historical and clinical conceptualization of hwa-byung as an anger-related disorder rooted in suppressed emotion and perceived social injustice. It then describes ongoing efforts to improve the original hwa-byung symptom scale, including a machine-learning-based short-form instrument designed to reduce assessment burden, and a subsequent personality-based vulnerability scale developed using comparable methods. Epidemiological findings are summarized indicating that hwa-byung remains prevalent among younger Korean adults and is independently associated with increased suicidal ideation, extending its relevance beyond the traditionally described middle-aged population. The review then synthesizes systematic-review-level evidence on mind-body medicine and psychotherapy for hwa-byung, situates these findings against the 2021 Korean medicine clinical practice guideline for hwa-byung, and describes efforts to translate this evidence into practice through digital therapeutics: a nationwide practitioner survey revealing a gap between guideline recommendations and clinical implementation, the development of a smartphone application grounded in acceptance and commitment therapy, and a pilot feasibility trial demonstrating acceptable adherence and safety. Finally, the review turns to recent survey studies among foreign residents and naturalized citizens in Korea, which found that hwa-byung is associated with experiences of racial discrimination and that awareness of hwa-byung and willingness to use Korean medicine extend well beyond the ethnic Korean population, raising the possibility that hwa-byung reflects a more universal response to perceived injustice and marginalization. Together, these findings illustrate a translational pathway from cultural psychiatric concept to modernized, cross-culturally relevant intervention, with implications for traditional medicine research internationally, including in Vietnam.

Keywords: Hwa-byung; culture-bound syndrome; anger; Korean medicine; digital therapeutics.

TÓM TẮT

Hwa-byung là một hội chứng đặc trưng văn hóa Hàn Quốc, biểu hiện bằng cảm xúc tức giận bị kìm nén kèm theo các triệu chứng cơ thể, đã được ghi nhận trong các bảng phân loại tâm thần học quốc tế và ngày càng có ý nghĩa đối với y học cổ truyền và y học tích hợp hiện đại. Bài tổng quan này tổng hợp một chương trình nghiên cứu lâm sàng và phương pháp học nhiều năm về hwa-byung nhằm giới thiệu hội chứng này đến độc giả quốc tế. Bài viết trước tiên trình bày quá trình hình thành khái niệm lâm sàng và lịch sử của hwa-byung như một rối loạn liên quan đến sự tức giận, bắt nguồn từ cảm xúc bị kìm nén và cảm nhận về sự bất công xã hội. Tiếp theo, bài viết mô tả những nỗ lực đang diễn ra nhằm cải tiến thang đo triệu chứng hwa-byung nguyên bản, bao gồm một công cụ dạng rút gọn dựa trên học máy nhằm giảm gánh nặng đánh giá, và sau đó là một thang đo đặc điểm nhân cách dễ mắc bệnh được phát triển bằng phương pháp tương tự. Các kết quả dịch tễ học được tổng hợp cho thấy hwa-byung vẫn phổ biến ở người Hàn Quốc trẻ tuổi và có liên quan độc lập với gia tăng ý tưởng tự sát, mở rộng ý nghĩa của hội chứng này ra ngoài nhóm đối tượng trung niên vốn được mô tả theo truyền thống. Bài tổng quan sau đó tổng hợp bằng chứng từ các tổng quan hệ thống về liệu pháp tâm - thể và tâm lý trị liệu đối với hwa-byung, đối chiếu với hướng dẫn thực hành lâm sàng y học cổ truyền Hàn Quốc về hwa-byung ban hành năm 2021, đồng thời trình bày các nỗ lực chuyển giao bằng chứng này vào thực hành thông qua liệu pháp số: một khảo sát toàn quốc trên các thầy thuốc y học cổ truyền cho thấy khoảng cách giữa khuyến cáo trong hướng dẫn và triển khai lâm sàng thực tế, việc phát triển một ứng dụng điện thoại thông minh dựa trên liệu pháp chấp nhận và cam kết, cùng một thử nghiệm khả thi thí điểm cho thấy mức độ tuân thủ và an toàn chấp nhận được. Cuối cùng, bài tổng quan đề cập đến các nghiên cứu khảo sát gần đây trên người nước ngoài và công dân nhập tịch tại Hàn Quốc, cho thấy hwa-byung có liên quan đến trải nghiệm phân biệt chủng tộc, và nhận thức về hwa-byung cũng như mong muốn sử dụng y học cổ truyền không chỉ giới hạn ở người Hàn Quốc bản địa, gợi ý rằng hwa-byung có thể phản ánh một phản ứng mang tính phổ quát hơn đối với cảm nhận bất công và sự bên lề hóa xã hội. Các phát hiện này minh họa một lộ trình chuyển giao từ khái niệm tâm thần học văn hóa đến can thiệp hiện đại hóa, có ý nghĩa xuyên văn hóa, với hàm ý đối với nghiên cứu y học cổ truyền trên phạm vi quốc tế, bao gồm cả Việt Nam.

Từ khóa: Hwa-byung; hội chứng đặc trưng văn hóa; sự tức giận; y học cổ truyền Hàn Quốc; liệu pháp số.

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I. INTRODUCTION

Traditional medicine systems across Asia have long recognized clinical syndromes that do not map neatly onto Western nosological categories, yet exert a substantial impact on patient wellbeing and quality of life. Hwa-byung — literally “fire illness” — is one such syndrome, deeply embedded in Korean cultural and medical understanding of anger, emotional suppression, and somatic distress.[1] As international collaboration among traditional medicine researchers continues to expand, syndromes such as hwa-byung offer a valuable case study in how a culturally specific clinical concept can be systematically investigated, operationalized, and ultimately translated into modern intervention through contemporary scientific and technological

methods.

This narrative review aims to introduce hwa-byung to an international audience of traditional and integrative medicine researchers and clinicians by synthesizing a coherent body of research conducted over the past several years, spanning conceptual clarification, ongoing scale improvement, epidemiological characterization, treatment evidence synthesis, the emergence of digital therapeutics, and, most recently, the extension of hwa-byung research to foreign residents and naturalized citizens in Korea. In doing so, this review seeks to illustrate a broader translational model that may be relevant to the study of other traditional-medicine-based, culture-bound syndromes internationally, including within the context of Vietnamese traditional medicine (**Table 1**).

II. MAIN CONTENT

1. Conceptual and clinical background of hwa-byung

Hwa-byung was first described to the international psychiatric community in the early 1980s as a culturally patterned syndrome linked to prolonged anger suppression, and was subsequently referenced as a culture-bound condition in international diagnostic manuals.[1] Clinically, hwa-byung has been characterized as a disorder in which suppressed emotion — most prominently anger arising from perceived injustice, familial conflict, or social hardship — manifests through a constellation of somatic symptoms, including a subjective sensation of heat or a mass in the chest, a symptom pattern often described as "reminiscent of being on fire."[2] Although hwa-byung was traditionally associated with middle-aged and older Korean women navigating restrictive social and familial roles, subsequent research summarized later in this review indicates that the syndrome is not confined to this demographic and continues to be clinically relevant across a broader range of the population.

From a clinical and theoretical standpoint, this conceptualization positions hwa-byung not simply as a set of symptoms but as an embodied response to the appraisal of injustice — a framing that distinguishes it from purely biomedical models of anxiety or depressive disorders. This is precisely what makes hwa-byung difficult to translate into standard psychiatric nosology without losing clinical meaning: reducing it to depression or an anxiety disorder would discard the interpersonal and social-justice dimension that patients and Korean medicine practitioners alike treat as central to the condition. This tension between capturing a culturally specific idiom of distress and making it usable within evidence-based, cross-nationally comparable research has, in practice, shaped much of the subsequent research body described in this review.

2. The hwa-byung scale and ongoing efforts toward its improvement

Early efforts to operationalize hwa-byung produced the original Hwa-Byung Scale, a self-report instrument that has served as the foundational outcome measure for much of the subsequent clinical and interventional research on the syndrome.[3] While this instrument established a durable basis for hwa-byung research, its length and scope present practical limitations for large-scale screening and repeated administration, motivating ongoing efforts to refine it using contemporary methods rather than treating assessment as a solved problem. As a first step, a short-form version of the Hwa-Byung Symptom Scale was developed

Table 1. Overview of studies synthesized in this review

Thematic section	Study	Design and sample	Key finding
Conceptualization	Kwon et al, 2020[2]	Concept / definitional paper	Hwa-byung defined as a disorder of suppressed anger with somatic symptoms
Scale improvement	Kwon et al, 2024[4]	Machine-learning-based scale development	Short-form symptom scale reduces respondent burden, preserves 2-factor structure
	Kwon et al, 2024[5]	Machine-learning-based scale development	Personality-based vulnerability scale refined using comparative ML algorithms
Epidemiology	Kwon et al, 2024[6]	Cross-sectional survey, MZ generation	Hwa-byung symptoms remain common among younger Korean adults
	Kwon, 2024[7]	Cross-sectional survey, MZ generation	Hwa-byung independently associated with suicidal ideation
Treatment evidence	Kwon and Lee, 2024[8]	Systematic review (9 studies, 5 RCTs)	Mind-body medicine shows benefit for hwa-byung symptoms
	Kwon and Lee, 2025[9]	Systematic review	Psychotherapy effectiveness for hwa-byung synthesized
Digital therapeutics	Kwon, 2024[11]	Nationwide survey, 864 Korean medicine doctors	Guideline-practice gap identified; positive attitudes toward DTx
	Kwon et al, 2026[12]	Study protocol, single-arm pilot	Smartphone app (“Hwa-free”) based on ACT developed
	Kwon et al, 2026[13]	Single-arm pilot trial (n=30)	72.6% adherence; no intervention-related adverse events
Cross-cultural extension	Kwon, 2026[14]	Cross-sectional survey, foreign residents (n=601)	Racial discrimination associated with higher odds of hwa-byung
	Kwon, 2025[15]	Cross-sectional survey, foreign residents (n=601)	74.5% aware of hwa-byung; KM utilization intention predicted by prior clinic experience

Abbreviations: ACT, acceptance and commitment therapy; DTx, digital therapeutics; KM, Korean medicine; ML, machine learning; MZ, Millennials and Generation Z; RCT, randomized controlled trial.

using machine-learning-based item reduction — including exploratory factor analysis together with algorithms such as XGBoost, random forest, and support vector machines — substantially decreasing respondent and clinician burden while preserving diagnostic accuracy.[4] Building on this direction, a subsequent comparative machine-learning study extended assessment beyond current symptoms to personality-level vulnerability, using the Hwa-byung Personality Scale to identify data-driven approaches for discriminating at-risk individuals relative to conventional scoring methods.[5] Together, these two studies illustrate a continuing, iterative effort — rather than a single finished product — to make hwa-byung assessment more efficient and feasible for use in busy clinical settings and in cross-national collaborative research, including potential future studies involving traditional medicine institutions outside Korea.

This shift toward machine-learning-based refinement reflects a deliberate methodological choice rather than a purely technical one. Reducing an already validated instrument risks discarding clinically meaningful information, so benchmarking item reduction against multiple algorithms, rather than a single statistical criterion, was intended to guard against that risk. That the resulting short-form instrument preserved two conceptually coherent factors — psychological and somatic symptoms[4] — was a reassuring confirmation that hwa-byung's dual psychological-somatic structure is a stable feature of the syndrome itself, and not merely an artifact of the original 15-item scale.

3. Epidemiological burden in contemporary Korean society

Contrary to the classical portrayal of hwa-byung as a condition primarily affecting older, married women, a nationwide survey of the Korean MZ generation (millennials and Generation Z) found that hwa-byung symptoms remain common among younger adults, indicating that the syndrome has persisted and evolved alongside broader social change in Korea.[6] A related survey study further demonstrated that hwa-byung is independently associated with an increased risk of suicidal ideation within this younger population, even after accounting for other relevant factors.[7] Together, these findings reframe hwa-byung not merely as a culturally interesting historical diagnosis, but as a condition of continuing and, in some respects, growing public mental health relevance.

This suicidal-ideation finding was the most clinically unsettling result to emerge from this line of work. It implies that hwa-byung cannot be treated as a historical curiosity relevant mainly to older generations, but must instead be considered a live risk factor to be incorporated into youth mental health and suicide-prevention efforts, in a country that already records one of the highest suicide rates among OECD member states.[7] It also suggests that Korean medicine practitioners encountering younger patients with anger-related somatic complaints should not assume, on the basis of age alone, that hwa-byung is an unlikely diagnosis.

4. Therapeutic evidence and the Korean medicine clinical practice guideline for hwa-byung

A systematic review of interventional studies evaluating mind-body modalities for hwa-byung — including breathing-based practices, body-oriented techniques, and art and music therapy — identified nine eligible studies, five of which were randomized controlled trials, and synthesized their effects on hwa-byung symptom severity as well as secondary measures of depression, anxiety, and anger expression.[8] A complementary systematic review focused specifically on psychotherapeutic interventions for hwa-byung, synthesizing evidence across a range of psychosocial treatment approaches and clarifying their differential effectiveness.[9] This accumulating evidence base was formalized in 2021, when the Korean Society of Oriental Neuropsychiatry published a national clinical practice guideline of Korean medicine for hwa-byung, which incorporated mind-body modalities and psychotherapy among its recommended treatment approaches.[10] Together, this guideline and the underlying systematic reviews provide Korean medicine practitioners with a formal, evidence-based basis for the non-pharmacological management of hwa-byung.

Read together, these two systematic reviews and the resulting clinical practice guideline mark a turning point at which hwa-byung management shifted from an informal, experience-based tradition toward one that is explicitly evidence-graded. However, the existence of a guideline is a necessary but not sufficient condition for improving patient care: a recommendation that is not implemented in daily practice offers little benefit to patients. This is precisely the question examined in the following section.

5. Toward digital therapeutics: closing the gap between guideline and practice

Despite the existence of a formal clinical practice guideline recommending mind-body modalities and psychotherapy,[10] a nationwide web-based survey of 864 licensed Korean medicine doctors found a substantial gap between these guideline recommendations and actual implementation in routine practice, while also revealing generally positive practitioner attitudes toward digital therapeutics (DTx) as a means of addressing barriers to treatment delivery.[11] Building on this finding, a smartphone application named “Hwa-free,” grounded in acceptance and commitment therapy principles and integrating educational videos, a daily three-line journaling feature, diaphragmatic breathing training, and guided meditation audio, was developed and formalized in a published protocol for a single-arm prospective pilot study assessing user experience and clinical utility.[12] A subsequent pilot feasibility trial enrolled 30 participants (28 in the modified intention-to-treat population), observing a mean application-use duration of approximately 20 days with an adherence rate of 72.6%, and no adverse events judged related to the intervention — supporting the feasibility and preliminary safety of this digital therapeutic approach ahead of larger controlled trials.[13]

The scale of this guideline-practice gap was

less a failure of individual practitioners than a structural problem of delivery: mind-body and psychotherapeutic interventions are time- and training-intensive, and Korean medicine clinics are not typically resourced to deliver them at guideline-recommended intensity within routine visit lengths.[11] DTx were therefore pursued specifically as a response to this structural constraint, intended to extend rather than replace guideline-recommended care. The pilot trial's adherence and safety findings are accordingly best read as a necessary,[13] though not sufficient, first step, to be followed by a larger controlled evaluation of clinical efficacy before any claim of therapeutic equivalence to standard mind-body or psychotherapeutic care can be made.

6. Beyond Korea: hwa-byung among foreign residents and naturalized citizens

Hwa-byung has traditionally been described as a phenomenon specific to ethnic Koreans,[1] but two recent nationwide survey studies of the same cohort of foreign residents and naturalized Korean citizens have begun to test this assumption directly. A cross-sectional study of 601 foreign nationals and naturalized citizens found an overall hwa-byung prevalence of 23.8%, with individuals who consistently experienced racial discrimination showing markedly higher odds of hwa-byung presence than those who experienced it only occasionally, alongside associations with poorer subjective health, higher depression, and higher stress.[14] A companion survey of the same population examined hwa-byung awareness and intention to use Korean medicine, finding that 74.5% of respondents were aware of hwa-byung, although only 18.5% knew it was a formally recognized diagnosis; Korean-language proficiency was by far the strongest predictor of awareness, whereas the intention to use Korean medicine services was predicted only by prior personal experience with a Korean medicine clinic, and not by any demographic factor.[15]

These two findings invite a reconsideration of what it means for a condition to be "culture-bound." The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders listed hwa-byung as a culture-bound syndrome specific to Korea,[16] but the fifth edition replaced this category with the broader framework of cultural concepts of distress, which treats such conditions less as exotic phenomena confined to a single population and more as culturally shaped idioms through which different groups express and make sense of psychological suffering.[17] Viewed through this lens, the pattern observed among foreign residents — in which the odds of hwa-byung rose sharply with repeated experiences of racial discrimination[14] — is consistent with a broader body of minority-stress research showing that chronic exposure to marginalization produces sustained psychological and physiological strain. This suggests that the suppression of anger at the core of hwa-byung's pathogenesis may be less a specifically Korean cultural trait than an adaptive response available to any individual who lacks the social standing to express grievance openly — a response that becomes visible and nameable among Koreans because Korean culture provides a specific idiom for it, and that may exist, unnamed, in other cultural

and traditional medicine contexts as well.

This raises a natural question for readers of this journal: whether Vietnamese traditional medicine recognizes a comparable idiom of distress linked to suppressed anger or perceived injustice, and whether the assessment instruments and digital intervention approaches described in this review could be meaningfully adapted and tested in that context. The author is not aware of a validated Vietnamese equivalent to hwa-byung and does not claim that one exists; this is raised here as an open question for future collaborative research between Korean and Vietnamese traditional medicine communities, rather than as a conclusion that can be established within the scope of this review.

III. CONCLUSION

Taken together, these studies trace a coherent translational pathway for hwa-byung: from historical and clinical conceptualization, through ongoing efforts to improve assessment instruments, to epidemiological characterization within contemporary Korean society, systematic synthesis of treatment evidence formalized in a national clinical practice guideline, the design and pilot testing of a digital therapeutic intervention, and, most recently, an emerging body of evidence suggesting that hwa-byung is not confined to ethnic Koreans but may also be relevant to foreign residents and naturalized citizens exposed to comparable psychosocial stressors.

What unites these otherwise disparate strands is a single underlying argument: that a culture-bound syndrome need not remain methodologically static in order to remain culturally authentic. Refining an assessment scale with machine learning, surveying younger generations, formalizing a clinical practice guideline, building a smartphone-based intervention, and testing the syndrome's relevance among non-Korean populations are not, individually, remarkable methodological choices; what is notable is that they were applied cumulatively to a single culturally rooted concept without dissolving that concept into a generic anxiety or depressive diagnosis. This suggests that traditional medicine syndromes more broadly can be modernized — assessed more efficiently, tested more rigorously, delivered more accessibly, and examined across cultural boundaries — while still preserving the specific clinical and cultural meaning that distinguishes them from biomedical categories. As international collaboration between Korean and Vietnamese traditional medicine communities continues to grow, hwa-byung may serve as a useful reference model for identifying, characterizing, and ultimately developing evidence-based, technology-enabled interventions for analogous culture-bound syndromes recognized within other Asian traditional medicine systems, including those that may yet be documented within Vietnamese traditional medicine. Future comparative and cross-cultural research in this direction is encouraged.

CONFLICT OF INTEREST STATEMENT

The author declares that they have no conflict of interest related to this article.

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