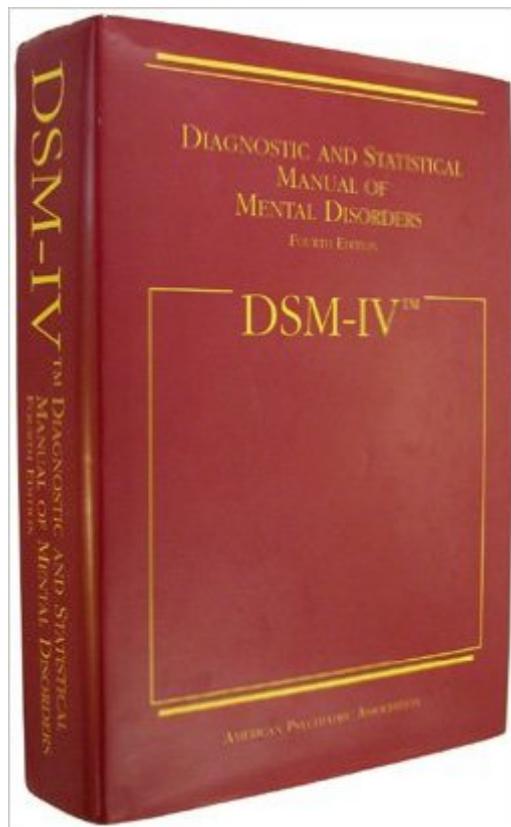


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# DSM-IV: Diagnostic And Statistical Manual Of Mental Disorders



## **Synopsis**

Known as "DSM-IV", the latest version of this mental health manual features a new coding system compatible with the ICD-10. Based on the results of field trials, a number of criteria sets are simplified for use in clinical settings: somatisation disorder; schizophrenia; generalised anxiety disorder; and antisocial personality disorder. The "DSM-IV" text is expanded to maximise clinical utility and educational value. Additional subsections of text are: "Associated Laboratory Findings" to note lab tests that may be relevant to a particular diagnosis; an "Age-Related Features" section, added to most disorders to note how the disorder presents differently throughout the life cycle; a "Gender-Related Features" section including presentations that vary by gender; a "Culture-Related Features" section for each disorder, to discuss how the disorder presents differently in different cultural settings; and the "DSM-IV Substance Use" section discussing each substance in great detail, describing patterns of use and substance-induced conditions.

## **Book Information**

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## **Customer Reviews**

The DSM is very clearly written and can be understood by anyone no matter what his or her educational level. It also contains an exceptional psychiatric glossary and an exceptional psychoanalytically oriented section describing the "defense mechanisms." The public is ambivalent about psychiatry but has embraced the DSM because it provides readers with the illusion that if you read this book you can diagnosis yourself and your acquaintances. What most mental health professional know is that this book is a political document as well as a scientific one. It advances the

cause of the psychobiologists (over the environmentalists) and the alliance of drug companies, insurance companies and psychopharmacologists. What the sub-committees who wrote each section of the DSM have done is to organize the vast array of life problems that we have long thought of as "neurotic" (and stemming from early family experience) and placed them side by side with clearly biological diseases like schizophrenia and manic-depression. Why? The aim is to create the impression that all of the ordinary habitual problems in love and work that pretty much everyone agrees come from the way you were brought up in your family are in fact biological - and probably inherited - illnesses. Chronic unhappiness, for example, is coded with the "mood disorders" like classic manic depressive illness. Another facet of the DSM that is pernicious is that each problem the patient has must be coded separately. There is no way to describe the patient in holistic terms. The patient as described by the DSM (and treated by the psychiatrist guided by this document) ends up looking something like a cubist painting by Picasso.

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