

would be better off dead or should have died with the deceased person; 3) morbid preoccupation with worthlessness; 4) marked psychomotor retardation; 5) prolonged and marked functional impairment; and 6) hallucinatory experiences other than thinking that he or she hears the voice of, or transiently sees the image of, the deceased person.

V62.3 Academic Problem

This category can be used when the focus of clinical attention is an academic problem that is not due to a mental disorder or, if due to a mental disorder, is sufficiently severe to warrant independent clinical attention. An example is a pattern of failing grades or of significant underachievement in a person with adequate intellectual capacity in the absence of a Learning or Communication Disorder or any other mental disorder that would account for the problem.

V62.2 Occupational Problem

This category can be used when the focus of clinical attention is an occupational problem that is not due to a mental disorder or, if it is due to a mental disorder, is sufficiently severe to warrant independent clinical attention. Examples include job dissatisfaction and uncertainty about career choices.

313.82 Identity Problem

This category can be used when the focus of clinical attention is uncertainty about multiple issues relating to identity such as long-term goals, career choice, friendship patterns, sexual orientation and behavior, moral values, and group loyalties.

V62.89 Religious or Spiritual Problem

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution.

V62.4 Acculturation Problem

This category can be used when the focus of clinical attention is a problem involving adjustment to a different culture (e.g., following migration).

V62.89 Phase of Life Problem

This category can be used when the focus of clinical attention is a problem associated with a particular developmental phase or some other life circumstance that is not due

DIAGNOSTIC AND STATISTICAL
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MENTAL DISORDERS

FOURTH EDITION

DSM-IVTM



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Course. The course is generally chronic and marked by remissions and exacerbations. Most often the exacerbations occur when there is mild anxiety or depression.

Impairment. The degree of impairment is usually minimal, but may be exacerbated by the presence of associated features such as anxiety or fear of insanity.

Complications. Hypochondriasis may be a complication of this disorder.

Predisposing factors. Fatigue, recovery from Substance Intoxication, hypnosis, meditation, physical pain, anxiety, depression, and severe stress, such as military combat or an auto accident, predispose to episodes of Depersonalization Disorder.

Prevalence, familial pattern, and sex ratio. No information.

Differential diagnosis. The symptom of depersonalization, even if recurrent, that does not cause any social or occupational impairment, must be distinguished from Depersonalization Disorder.

In Schizophrenia, Affective Disorders, Organic Mental Disorders (especially Intoxication or Withdrawal), Anxiety Disorders, Personality Disorders, and epilepsy, depersonalization may be a symptom. In such cases, the additional diagnosis of Depersonalization Disorder is not made.

Diagnostic criteria for Depersonalization Disorder
A. One or more episodes of depersonalization sufficient to produce significant impairment in social or occupational functioning.
B. The symptom is not due to any other disorder such as Schizophrenia, Affective Disorder, Organic Mental Disorder, Anxiety Disorder, or epilepsy.

300.15 Atypical Dissociative Disorder

This is a residual category to be used for individuals who appear to have a Dissociative Disorder but do not satisfy the criteria for a specific Dissociative Disorder. Examples include trance-like states, derealization unaccompanied by depersonalization, and those more prolonged dissociated states that may occur in persons who have been subjected to periods of prolonged and intense coercive persuasion (brainwashing, thought reform, and indoctrination while the captive of terrorists or cultists).

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