DSM-5 definitions of obsessions and compulsions are reviewed, and the changes to the description of obsessions are highlighted: the term *urge* is used instead of *impulse* so as to minimize confusion with impulse-control disorders; the term *unwanted* instead of *inappropriate* is used; and obsessions are noted to *generally* (rather than always) cause marked anxiety or distress to reflect the research that not all obsessions result in marked anxiety or distress. The authors review the remaining DSM-5 criteria, that OCD symptoms must cause distress or impairment and must not be attributable to a substance use disorder, a medical condition, or another mental disorder. They discuss the two specifiers: degree of insight and current or past history of a tic disorder. They briefly explore the differential diagnosis, noting the importance of considering anxiety disorders and distinguishing the obsessions of OCD from the ruminations of major depressive disorder. They also point out the importance of looking for comorbid diagnoses, for example, body dysmorphic disorder and hoarding disorder.

This brief case, presented and discussed in less than three pages, leaves the reader with an overall understanding of the diagnostic criteria for OCD, as well as a good sense of the changes in DSM-5.

*DSM-5 Clinical Cases* is easy to read, interesting, and clinically relevant. It will improve the reader's ability to apply the DSM-5 diagnostic classification system to real-life practice and highlights many nuances to DSM-5 that one might otherwise miss. This book will serve as a valuable supplementary manual for clinicians across many different stages and settings of practice. It may well be a more practical and efficient way to learn the DSM changes than the DSM-5 itself.

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## ***Guía de Consulta de los Criterios Diagnósticos del DSM-5: Spanish Edition of the Desk Reference to the Diagnostic Criteria From DSM-5****, by the American Psychiatric Association. Washington, DC, American Psychiatric Publishing, 2014, 490 pp., $69.00.*

Spanish is the second most commonly spoken language in the world, with over 400 million people using it as their first language, making it second only to Mandarin. In the United States alone, 60 million people speak Spanish currently, 40 million as a first language and 20 million as a second or "foreign" language (1). While the DSM system was designed primarily for the United States and Canada, starting with DSM-III, this set of criteria has had ample diffusion all over the world, and the manual has been translated into many languages. Spanish translations of DSM-III-R and DSM-IV have been completed mainly in Spain, and these have had limitations given the linguistic and idiomatic differences between the Spanish spoken in Spain and that of Latin American countries.

Translation is a complex process, as well described in a passage from the Spanish novel *Don Quixote*, by Miguel de Cervantes: "Translating from one language to another … is like looking at Flemish tapestries from the wrong side, for although the figures are visible, they are covered by threads that obscure them and cannot be seen with the smoothness and color of the right side." A contemporary scholar referring to cross-cultural translation stated that the process "requires a keenness of insight surpassing that of most mortals" (2). Since DSM is often called "psychiatry's bible," it is befitting to mention the *Bible*, the most translated document in the world, starting with the translation of the Old Testament from the original Hebrew into the Greek Septuagint and then the New Testament from the original Greek to the Latin Vulgate, followed by the multiple translations into most world languages. In the preface of the 1611 edition of the King James version, the first English translation of the *Bible*, the translators included the following passage:

> Translation is that openeth the window, to let in the light; that breaketh the shell, that we may eat the kernel; that putteth aside the curtain, that we may look into the most Holy place; that removeth the cover of the well, that we may come by the water, even as Jacob rolled away the stone from the mouth of the well, by which means the flocks of Laban were watered [Gen 29:10]. Indeed without translation into the vulgar tongue, the unlearned are but like children at Jacob's well (which is deep) [John 4:11] without a bucket or something to draw with; or as that person mentioned by Isaiah, to whom when a sealed book was delivered, with this motion, "Read this, I pray thee," he was fain to make this answer, "I cannot, for it is sealed" [Isa 29:11].

*Bible* translations undergo revision after revision by theologians and scholars, some of them validated with the *nihil obstat* of some superior authority. Interestingly, the English missals used by the 78 million U.S. Catholics were recently retranslated from Latin in efforts to recapture the essence of the original version, diluted more than 40 years ago by lax translations resulting from the notion of "dynamic equivalence."

While literary translations may allow for a good deal of freedom, as evidenced by Gregory Rabassa's English translations of works by Latin American authors (Rabassa, "one of the best translators who ever drew breath," according to William Kennedy, is so gifted that even Gabriel Garcia Márquez, author of *One Hundred Years of Solitude*, said he preferred Rabassa's English translation to his own original), technical translations, such as the translation of survey or measuring instruments, involve a more tedious and methodic routine and need to adhere to specific guidelines. Decades ago, our research group learned the complexities and nuances of this exercise when we did the first Spanish translation of the Diagnostic Interview Schedule, a structured interview for diagnosing DSM-III disorders in the Epidemiologic Catchment Area Study (3), and confronted the difficult task of translating documents developed for one culture/language into another. We also learned that it is quite difficult, if not impossible, to obtain a version that fits all the Spanish-speaking people in Latin America and Spain. Brislin et al. (4) articulated the state-of-the-art methodology and guidelines for cross-cultural translation of instruments since the 1970s. The process needs to take into account cultural, conceptual, and structural equivalence and should make use of back translation, bilingual subjects' testing, and expert panels. Moreover, it is recommended that the source instrument to be translated employ simple

sentences, use the active tense, and avoid metaphors and colloquialisms, as well as subjunctive and conditional verbs. The DSM-5 process paid particular attention to cultural issues. Thus, DSM-5 Task Force members, along with members of the various DSM-5 workgroups, sought input from international colleagues and experts in cross-cultural diagnosis, not only for changes in criteria and formulation of new diagnoses but also for writing the text of the diagnostic criteria and the descriptive information included in the manual. The DSM-5 "writers" had these guidelines in mind for the preparation of the manual, and this may facilitate the work of translators. However, certain English terms and idioms customarily used to define certain patterns of behavior have become part of the tradition, so that words such as "binges" and "craving," as well as many others, continue to filter in and pose a challenge to translators. Here, it may be proper to remember Voltaire's warning: "Woe to the makers of literal translations, who by rendering every word, weaken the meaning! It is indeed by so doing, that we can say the letter kills and the spirit gives life."

The book reviewed herein is the first Spanish translation of one of the new DSM-5 manuals; in this instance, an abridged document called *Desk Reference to the Diagnostic Criteria From DSM-5*. Interestingly, the title was changed in the translation to *Guía de Consulta* (literally, Guide of Consultation), since literal translation of the "desk reference" term would sound odd in Spanish. The translation was done under the aegis of the APA because it was published by American Psychiatric Publishing. I assume that the "target" population for this translation includes all the Spanish-speaking psychiatrists and practicing clinicians in the United States, Latin America, and Spain. It is not clear, however, how the translation was actually done, since no details are given in the text, other than that the translation was done by Burg Translations, a company whose headquarters is in Chicago, and that it included, as expert consultant, Dr. Ricardo Restrepo, a Colombian-born psychiatrist practicing in the United States. The choice of a Colombian-origin expert is not surprising, since the Spanish spoken in Colombia appears to be more "neutral" relative to that spoken in Spain and other Latin American countries. When compared with the original version, this translation appears to be of very good quality. Ambiguous terms and idioms such as "binges" and "craving," as well as many others, have been translated well in my opinion. There are a few things that could have been done differently, such as translation of the new diagnosis "hoarding disorder," for which "trastorno de acumulación" was used. Because the notion of "hoarding" goes well beyond simple accumulation, a more drastic term, possibly "trastorno de acaparamiento," could have been used instead. Also, changing the order of certain words and terms could have made the translation a bit closer to the original, but most of these would be rather trivial changes. For example, in page 364, the authors translate personality disorders as "trastornos de la personalidad limite, histrionica, narcisista, etc." An alternative translation could be "trastorno limite, histrionico o limite de la personalidad," but these are clearly minor, debatable points.

*No dudo en recomendar esta traducción a todos los colegas hispano-parlantes y felicito a la APA por asumir la responsabilidad de publicar este importante trabajo. Esto refrenda la excelente iniciativa del editor del* American Journal of Psychiatry *de traducir los títulos y los abstractos en la versión electrónica de la revista.*

(I recommend this translation without hesitation to all Spanish-speaking colleagues and congratulate American Psychiatric Publishing for assuming responsibility for this important work. It adds to the initiative of the *American Journal of Psychiatry*, of translating into Spanish the titles and abstracts in the electronic version of the Journal.)

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***The Pocket Guide to the DSM-5 Diagnostic Exam**, by Abraham M. Nussbaum, M.D. Washington, DC, American Psychiatric Publishing, 2013, 281 pp., $65.00.*

While DSM-5 is not drastically different from its predecessor, DSM-IV-TR, there are a few important changes of which clinicians and researchers must be aware. Notable changes include the loss of subtype classifications for variant forms of schizophrenia, deletion of the bereavement exclusion for depressive disorders, and elimination of Asperger's syndrome as a distinct classification. Additionally, the most important advances, according to the architects of DSM-5, are the elimination of the multiaxial system and introduction of "dimensions" used to measure psychiatric symptoms.

As with any large "bolus" of information, time and energy are required to digest it. *The Pocket Guide to the DSM-5 Diagnostic Exam*, by Abraham Nussbaum, M.D., is intended to assist with this process, serving as a pragmatic companion to DSM-5 in diagnostic interviews. The book mirrors the structure of DSM-5 and is divided into three sections. The first section introduces the diagnostic interview, discussing how DSM-5 alters this information gathering process. The second examines how to put DSM-5 diagnostic criteria to use in clinical practice. Finally, the third equips the reader with diagnostic tools, including useful assessment measures. The clear purpose of this book is to help the reader accurately diagnose a person with a mental disorder under the guidance of DSM-5 while establishing and maintaining a strong therapeutic alliance.