The struggle of psychoanalysts against the DSM

by Patrick Landman

For forty years, the struggle of psychoanalysts, mainly in the field of mental health, has been very paradigmatic of a certain evolution of culture in Western countries and of what Freud called his "uneasiness".

Let us return to the year 1975: psychoanalysis is almost hegemonic in psychiatry, its psychopathological models are accepted and used by a majority of practitioners, the other practices that refer to behavioralism are in the minority and psychoanalysts have learned to work with the progress of pharmacology. However, there is already a shadow on the board: Parents of children with autism are opposed to the idea that their child's autism may be causally related to early interaction between the child and the parents or to a fault in the parents' desire, they denounce the guilt-ridden effect of these unproven assumptions, they are convinced that the starting point of autism is to be found in a biological dysfunction of genetic origin without knowing the sequence of causalities that lead to autism and that problems related to interaction are secondary. History will validate their thesis overall.

SOME REASONS FOR THE DECLINE OF PSYCHOANALYSIS RELATED TO DSM

The Autism War

The "autism war" will prove very costly for psychoanalysts for several reasons:
First of all, psychoanalysts were opposed not to professionals but to parents of disabled children; the capital of sympathy and empathy from which parents affected by their child's disability can benefit, a capital from which professionals cannot benefit, has led to a lack detrimental to psychoanalysis. Moreover, the period in the United States where the war on autism began coincides with the rise of the movement of patients known as psychiatric users, some of whom have a strong antipsychiatric connotation.

The fight against authoritarian psychiatry and the fight against psychoanalytical theses were intertwined, which seemed particularly unfair because psychoanalysts worked everywhere to "open psychiatric services" and give patients as much as possible a voice, but by a trick of history, the psychoanalysts who had done so much to humanize psychiatry, to give it a human face, almost in the sense of Emmanuel Levinas, to energize it to avoid chronicization, were accused of apathy or even therapeutic nihilism. Indeed, parents blamed them for neglecting educational methods and "waiting for the child's desire" and thus being responsible for a loss of opportunities. Some parents will seek to adopt and then

impose educational methods that are sometimes close to training, claiming that their effectiveness is scientifically proven, which will prove highly questionable. The DSM will support them first by providing a purely behavioral definition of autism and then by increasing the prevalence of autism by encompassing all or almost all serious and pervasive developmental disorders under the term Autism Spectrum Disorders. However, as its prevalence increases, autism becomes a public health problem that requires political attention and funding, paving the way for dynamic lobbying and even parental activism, based on scientific evidence (Evidence Based Militantism).

The DSM III; pragmatism, atheorism

From the seventies onwards, under pressure from US insurance companies who wanted to rationalize reimbursements and in view of the fact that psychiatrists were unable to give reliable diagnoses, the American Psychiatric Association (APA), which brings together all US psychiatrists, decided to modernize psychiatric nosography with operational criteria and by taking the side of atheorism. The various mental illnesses have become disorders and the emphasis has been placed on utility and above all on inter-judge reliability (probability that two practitioners will give the same diagnosis before the same clinical picture) over

validity. This approach has drawn inspiration from pharmacological research, which includes patients with the same type of symptoms in drug studies in order to be able to make comparisons of efficacy with statistical tools. This farewell to theory may not have been specifically directed against psychoanalysis in the minds of the promoters of the third version of the DSM known as DSM III, but the opponents of psychoanalysis seized upon it to argue the advantages of a psychiatry based on symptoms observable by all, thus limiting as much as possible the bias of the observer's subjectivity. In addition, they denounced psychoanalytical concepts considered too abstract, non-consensual and non-discriminatory, to which the pragmatic interest of an atheoretical manual is opposed. The DSM, a useful statistical tool for pharmacological research and epidemiology, has become over time a training and teaching manual and above all a reference book for establishing a diagnosis. In less than thirty years, we have moved from the "psychoanalytical" generation to the DSM generation, which learns psychiatry based on behavioral observation with a behavioral and pharmacological normative response in the first line.

The Magician of Psychiatric Diagnosis

Long considered discriminatory because it carried a moral or political assessment and a risk of

objectification and ontologization, psychiatric diagnosis were generally not discussed with patients or their families by practitioners. The diagnosis was useful to psychiatrists in determining indications for psychotropic prescriptions, but its unreliability was reported by psychiatrists themselves. For example, it is not uncommon for the same patient for the same symptomatic picture to be diagnosed with bipolar disorder, then schizophrenia and finally a condition that limits what is unthinkable or very rare in somatic medicine. Then the laws changed the situation: the statute known as the duty of information practically forced psychiatric doctors to make a diagnosis and above all "users" organized themselves to request a diagnosis in order to better control or decide, thanks to the information gleaned from the net, on the procedure to follow. Users organize themselves around a diagnosis with associations of people with the same diagnosis, information sites, and social networks. Psychiatric diagnosis becomes a kind of claimed identity. With the diagnosis, one becomes an expert of oneself, one has an expertise of experience that is also, if not more valued than clinical or scientific expertise. In addition, with the DSM, negotiations were held between stakeholders to determine the entry in the diagnostic manual of a particular diagnosis, since psychiatric diagnosis is an opening of rights (disability allowances, support of all kinds, etc.) The consequence could be summarized as follows. Before DSM III the subject

supposed to know the diagnosis was the clinician; after DSM III the subject supposed to know the diagnosis is the diagnostic manual resulting from negotiations between different stakeholders. The diagnosis has become more democratic and is accessible to as many people as possible.

Psychoanalysts as a whole without approving the old regime that governed the diagnosis had difficulty in joining the new regime because their conception of the diagnosis was very different from that of the DSM. Psychoanalysts work with a diagnostic concept related to transference.

This is the diagnosis of structure: Neurosis, Psychosis, Perversion, and Borderline State Autism. The psychoanalyst looks for the structure of the subject as a predominant functioning to adapt the framework of the cure. For example, we avoid interpreting in psychotic cures, we must be more restrictive in borderline cures, etc... but this approach without necessarily being contradictory with the DSM diagnosis has nothing in common with it. However, psychoanalysts will be included in the decline in the role of clinicians.

THE REPLICA OF THE PSYCHOANALYSTS

The anti liberal reply, medico-economics, Big Pharma

It is undeniable that the DSM has been used by medico-economics because it is an instrument used for epidemiology, to determine the prevalence of disorders, to evaluate the nature of the active line of consultations and hospitalization centers, the activity of expert centers, etc . . . As we know that health has no price but that it has a cost, DSM psychiatry has rightly been accused of promoting a public health policy that favors permanent evaluation, cost-effectiveness and shortening hospitalization times through excessive medicalization by eliminating reception, asylum, and living spaces. These political options were based on "liberalism" and its concern for profitability, cost optimization and favoritism towards the private sector at the expense of the public sector.

The DSM is the result of a collective effort by US psychiatrists. However, it turned out that these psychiatrists had major conflicts of interest with pharmaceutical companies. This fact denounced by the American press has rightly fueled the idea that the DSM is a product made by and for Big Pharma.

This anti-liberal retort has politicized the fight against DSM. The supporters of the DSM had no difficulty in encompassing the struggle of psychoanalysts in that of the "outraged" of the former leftists, the altermondialists in a word, the extremists. Sometimes the criticism of Big Pharma was likened to a conspiracy.

It is true that some psychoanalysts have, on the occasion of the anti-DSM struggle, converted their former anti-capitalism into today's anti-liberalism, but others have pointed out that the DSM could also be used for anti-liberal policies, authoritarian bureaucratic policies, etc. The DSM is a tool and it is its use that is problematic. As for conflicts of interest, they are balanced by the influence of other lobbies such as insurance companies or user associations. We must not fall, as they say, into over-simplifications.

The humanist response, the singular opposite the general, the meaning of the symptom

The DSM with its different categories of mental disorders leads to the inclusion of any subject in a diagnostic box and facilitates a standard course of action, a therapeutic protocol. Psychoanalysts have opposed the requirement of case-by-case work centered on the singularity of the subject. This is a strong objection because symptoms are not only a common final path in the sense that all phobias are similar, all compulsions are also similar, but they are correlated with signifiers specific to the subject's story, and care must be taken of this dimension that arises in the speech of each unique subject. This requires not only a diagnosis of behavioral observation but also listening to patients. Without this listening to the singular, there

is a risk of dehumanizing psychiatry. Psychoanalysts have presented themselves as defenders of a humanism threatened on all sides by DSM psychiatry. They are the guardians of a practice which proceeds on a case-by-case basis, from the very different to the tailor-made versus ready-to-wear. This position, which is assimilated to humanism, seems to have moral superiority, but it is resisted. More and more patients are relieved to enter with their symptoms into what Lacan called "the universal of science" in the sense that a diagnosis with gives a name to their a scientific semblance suffering and the idea that science can do something is in itself therapeutic, as therapeutic as the idea for others to find meaning in their depression, anxiety or sometimes even delirium. Moreover, referring to science, neurotransmitters rather than language and signifiers, seems to present nowadays an epistemic superiority.

The anti-naturalist reply, false science, the denial of psychological suffering

Faced with the progress of knowledge about the brain, psychoanalysts were first in denial, then in attempts at collaboration. It is now accepted that cognitive sciences have brought advances with models that lead to applications in the care of psychiatric patients.

For example, in the field of autism, knowledge of sensory disorders of genetic origin has made it possible

to modify the environment and the framework for the care of autistic persons. Some hypotheses have allowed the development of adapted educational strategies etc.... However, these advances are still very modest and do not justify in any way the drifts of scientists, false science, scientific fake news and integral naturalist positions. There is no real biological marker for any mental illness, diagnoses remain clinical, and the importance of neuroimaging is far too great and their correlation with actual mental states are far less specific than we are led to believe. We are in the rhetoric of the promise, biological psychiatry does not yet exist, what exists is pharmacological psychiatry. There is a very precise example of naturalistic drift. Attention Deficit Disorder with or without Hyperactivity Called ADHD which "replaces" hyperkinesia was considered a behavioral disorder until the DSM IV-R and then in the latest version it became a neurodevelopmental disorder like autism. However, in reality, the vast majority of children diagnosed with ADHD are in fact "unmanageable" children who cannot be managed by parents, schools, society, etc. By naming ADHD a neurodevelopmental disorder, i. e. linked to a brain dysfunction, by erasing social, educational or pedagogical problems, we naturalize the unmanageable with the potential political and ethical consequences of this naturalization. Certainly this naturalism is no longer presented as fixed for all time because the notion of cerebral plasticity is

put forward, with an abusive extension, but this tendency to naturalization sometimes goes so far as to lead to a refusal of the existence of psychological reality; only the brain and its information processing exists, the rest is obscure and spiritualism or based on a Cartesian dualism of another time. Psychoanalysts consider it necessary to deal with the psychological suffering of the subject and to support an epistemological and non-metaphysical mind/brain dualism.

The denial of suffering and psychological reality in the 21st century takes up the denial of infant sexuality of the early 20th century

The question of the standard, over-diagnosis, over-prescription.

Freud claimed that in every person, even the craziest, there is a healthy part. If psychoanalysts do not refer to the "normal man" who does not exist, unlike psychiatrists, they still work with a certain reference to the norm. The DSM has lowered the thresholds for inclusion in many disorders as the various editions have been published, and has contributed to the pathologization of many behaviors, particularly in children, leading to overdiagnosis and especially overprescription. Psychoanalysts have entered the fight against excessive medicalization such as bereavement, which according to the DSM V, should only last two weeks,

otherwise it is depression or recently the use of screens.

Paradoxically, this anti-over-diagnosis and anti-over-prescription position is echoed by proponents of the liberal economy who see it as a fight against waste and sick leave.

The alliance with users

Psychoanalysts have become aware of the importance of the role of user associations, which are not all at the service of Big Pharma. Three reasons will justify the alliance of psychoanalysts with users:
First of all, a psychoanalyst before being able to practice has submitted to analytical experience, he is a "user of psychoanalysis" so that he combines in his practice clinical expertise and experiential expertise. Moreover, as in analytical cure, it is the analysand who has the floor, so it is spontaneously easy for a psychoanalyst to admit that users have the floor. Finally more and more psychoanalysts practicing psychiatry have joined forces with psychiatric users' associations to support their fight for rights, by fighting against segregation, under-citizenship, and abusive coercive methods and bureaucratic excesses. They have also provided, faithful to the traditional place of psychoanalysts, through listening to the unconscious and handling the transference, and support about more

complex, subjective things, such as finding a life project, rebuilding, recovering, finding active social interaction, emancipating themselves from the diagnosis, etc...

The entry of psychoanalysts into the assessment

From the 1980s onwards, evidence-based medicine (EBM) became hegemonic in psychiatry with a consensus on a strict hierarchy of the level of evidence. There have been clinical studies to evaluate the effectiveness of psychoanalytic cures for a long time, but psychoanalysts who published mostly single cases have had their publications downgraded to the lowest position in the hierarchy of evidence. They were faced with a dilemma: either rejecting the EBM evaluation system with strong arguments, EBM system being based on the double-blind randomized clinical trials used to demonstrate the efficacy of drugs and see psychoanalysis become non-consensual, or adapting to the EBM system. The debate is not over and the objections to not entering the EBM system are serious and argued, but psychoanalytical researchers have succeeded in demonstrating the effectiveness of psychoanalytical cures, particularly with autistic people, without "betraying" the ethical foundations on which these cures are based.

In conclusion, the struggle of psychoanalysts against the DSM is multifaceted with paradoxes, contradictions,

excesses but it is also thought of as a lucid work of culture and civilization in accordance with the role that Freud assigned to psychoanalysis in his anthropological writings.